

Governing Body Meeting Part 1 in public
Minutes of the meeting held on Thursday 5 July 2018 Bedford Borough Council Chambers, Borough Hall, Bedford MK42 9AP

Present – voting members

Heather Moulder	HM	Acting Chair
Sarah Thompson	ST	Accountable Officer
Malcolm Miller	MM	Chief Finance Officer
Anne Murray	AM	Director of Nursing and Quality (job share)
Dr Chris Marshall	CM	Locality Chair
Dr Ratan Das	RD	Locality Chair
Emma Barter	EB	Locality Chair
Roland Ginn	RG	Lay Member, Finance and Performance
Saqhib Ali	SAI	Lay Member, Audit & Governance
Alison Borrett	AB	Lay Member, Public and Patient Engagement

Also in attendance

Jane Meggitt	JM	Director of Governance, Risk and Corporate Affairs
Sally Adams	SA	Programme Director of Out of Hospital and Primary Care.
Charlie Wood	CW	Programme Director for Planned and Unplanned Care and Mental Health Commissioning
Maria Laffan	ML	Director of Nursing and Quality (job share)
David McNeil	DM	AD of Governance, Risk and Corporate Services/Board Secretary
Diane Blackman	DB	Healthwatch Central Bedfordshire

Apologies

Dr. David Howard	DH	Locality Chair
Hein Scheffer	HS	Director of Workforce
Dr Sanjay Sharma	SS	Locality Chair

2	<p>Welcome & Introduction</p> <p>HM welcomed members of the public and members of the GB. HM added that this date was also the 70th birthday of the NHS and that a member of staff at the CCG had baked a special birthday cake, decorated to depict the cradle to grave care that the NHS provides. The cake would be cut and slices distributed to members of the public.</p> <p>HM said that this was a meeting in public of the governing body of the CCG. Questions relating to the agenda would be taken at the end of the meeting, any other questions would be taken away and responses returned outside the meeting.</p>
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	HM reminded the GB of the agreed meeting etiquette of respecting colleagues, addressing questions through the Chair and turning mobile phones to silent.
3	<p>Declarations of Interest</p> <p>There were no additional conflicts in respect of the planned agenda or to add to the existing register.</p>
4	<p>Minutes of the Meeting held on the 5 April 2018</p> <p>The minutes were approved as an accurate reflection of the meeting.</p>
5	<p>Action Tracker</p> <p>All actions closed</p>
6	<p>Patient Story</p> <p>JM began by looking back at changes of the last 70 years. She then detailed an experience of one patient, Dee Dillistone, who benefited from the dedication of NHS staff and has experienced excellent care. Dee is a busy working mum with three children and she is grateful to the NHS for the excellent care she received when she broke her back</p> <p>Although this was quite a traumatic experience, Dee said “I felt involved in my care throughout, was kept well informed and was asked about what was needed thanks to the care and kindness of NHS staff”. Dee has made a full recovery.</p> <p>The Governing Body noted the patient story.</p>
7	<p>Chairs Report – Heather Moulder, Acting Clinical Chair</p> <p>The purpose of the report was to update the Governing Body on my work since the last meeting in May 2018.</p> <p>The Chair continued to work closely with the Chairs of Luton CCG and Milton Keynes CCG, particularly on the recruitment of a new Joint Accountable Officer (JAO) and joint Chief Finance Officer (JCFO). Interviews for the Joint AO post are planned for Monday 9 July and shortlisting for the JCFO will begin shortly</p> <p>The Chair met regularly with Sarah Thompson, Accountable Officer, to provide support to the business of the CCG.</p> <p>The Chair noted that this would be the last meeting of Sarah Thompson, the current Accountable Officer, and thanked her for her leadership and stewardship over the last 12 months. The GB also expressed their appreciation of Sarah’s hard work and the positive difference she had made to the CCG; wishing her well for the future.</p> <p>The meeting received the Chairs report</p>
8	<p>Report of the Accountable Officer - Sarah Thompson</p> <p>ST began by reflecting on the NHS 70 years ago in Bedfordshire. In 1948 life expectancy for men was 67 and for women 70. From data in 2014-16 it shows that for men that had increased to 80 and 83 for women. In 1948 there were 7,700 GPs nationally – today there are 51,000, with about 270 in Bedfordshire.</p> <p>This report covered a period from the 27th April to 13th June 2018.</p>

This is the last report of Sarah F Thompson as Accountable Officer whose one year tenure comes to a close on 24th July 2018 in readiness for the appointment of a single joint Accountable Officer for Bedfordshire, Luton and Milton Keynes CCGs on 9th July. Alan Streets, Programme Director – Contracts, will undertake the role of interim Accountable Officer from 25th July until the joint post holder takes up post.

The Accountable Officer expressed her personal thanks to all the staff of the CCG for their immense contribution to the important work of the CCG for the public served.

External meetings

- NHS England a meeting was held on 6th June to review the progress of the Bedfordshire CCG 2018/19 financial plan and preliminary months 1 and 2 (April and May) financial and activity data.
- NHS England have commissioned PWC to undertake a capacity and capability review on 'Financial Sustainability, High Quality and Affordable Services for the population of Bedfordshire CCG'. The report should be received on 9 July for a factual accuracy check.

Governing Body meetings and Appointment of new Acting Chair

Since the last Governing Body meeting held in public on 3rd May 2018 the following Governing Body meetings have been held at which the Accountable Officer has presented papers:

- Extra Ordinary meeting of the Governing Body to discuss CCG Chair leadership arrangements going forward held on 10th May.
- Extra Ordinary meeting of the Governing Body to agree the end of year accounts for 2017/18 and Annual Report held on 24th May.
- Extra Ordinary meeting of the Governing Body to appoint an Acting Chair for four months through to September 2018 held on 31st May.
- Governing Body Development Session held on 7th June.

Heather Moulder, Governing Body Nurse Member, has replaced Roland Ginn, Lay Vice Chair, as Acting Chair from 6th June.

BLMK CCGs Committees in Common

A meeting of the BLMK Committees in Common was held on the 16th May, and the three Chairs have a weekly call to oversee the CCG alignment work programme.

Meetings with Bedford Borough and Central Bedfordshire Councils

The Accountable Officer, director and clinical member colleagues have attended the following meetings:

- Bedford Borough Health & Well Being Development session - 2nd May.
- Bedford Borough Adult Services and Health Overview and Scrutiny Committee - 15th and 22nd May
- Central Bedfordshire Transformation Board – 23rd May
- Bedford Borough Transformation Board – 30th May
- Partnerships Event for Central Bedfordshire Councillors and presentation by Accountable Officer – 12th June

Meetings with Bedfordshire Members of Parliament (MP)

The Acting Chair, Roland Ginn, and the Accountable Officer met with Andrew Selous MP on 10th May.

CCG Member Practice visits

A meeting of the Bedfordshire GP Practices Members Forum was held on 24th May that was attended by the Accountable Officer and Governing Body members.

Bedfordshire, Luton & Milton Keynes Sustainability and Transformation Partnership (BLMK STP)/Integrated Care System

A twelve week NHS England Commissioning Capacity Programme commenced week of 23rd April with the two substantive directors of Governance, Risk & Corporate Services, and Nursing & Quality both participating.

The personal development programme is designed to support individuals plan, prepare and contribute to the STP/Integrated Care System changes going forward.

An STP/ICS BLMK local authority Leaders and NHS Chairs meeting was held on 5th June and attended by Dr Ratan Das, Governing Body member.

The agenda for the fortnightly STP/ICS Chief Officer meetings is shared and discussed at the Executive Committee and has focussed on: the P1 Prevention and P2 Primary Care and Out of Hospital Care work streams; arrangements for a single partial financial control total; and estates capital schemes.

Meetings with Bedfordshire CCG Staff

A staff meeting was held on 8th May and a staff conference 'Towards Tomorrow Together' was held on 22nd May that was attended by the Acting Chair, Roland Ginn, and opened by the Accountable Officer. The event was organised by members of the Staff Involvement Group (SIG) and was a great success. The next staff meeting is arranged for 14th June as the three weekly cycle of staff meetings has been resumed.

Director changes

Martin Fahy, Director of Nursing & Quality (job share), completes his secondment from NHS England on 14th June to enable him to move to a new post with Birmingham & Solihull CCG. Interviews for his replacement were held on the 14th June, where Maria Laffan, Associate Director of Nursing and Quality was appointed.

The Governing Body noted the content of the report.

9	<p>Integrated Quality, Safety and Performance Report</p> <p>The Integrated Performance and Quality report (IPQR) has been populated with the latest nationally published data which is predominantly Month 1 (April). The report provides an update on the CCGs performance and quality of services and links to the strategic objectives. AM highlighted the achievements recorded on page 3(see below).</p>
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**CONSTITUTIONAL AND ADDITIONAL QUALITY INDICATORS ACHIEVED
IN APRIL 2018**

		National Threshold
Cancer 2 week wait following urgent GP referral for suspected cancer	94.07%	93%
Cancer 31 day subsequent treatment for cancer - Surgery	94.12%	94%
Cancer 31 day subsequent treatment for cancer - Drugs	100%	98%
Cancer 31 day subsequent treatment for cancer - Radiotherapy	94.20%	94%
Cancer 62 day 1 st treatment following referral from a Screening Service	100%	90%
90th Centile Ambulance Category 3 calls response time (minutes) - BCCG Patients	117:16	<120
90th Centile Ambulance Category 4 calls response time (minutes) - BCCG Patients	150:58	<180
Trolley waits in A&E over 12 hours	0	0
Urgent Operations cancelled for a second time	0	0
IAPT - people who completed treatment and are moving to recovery – Local Provider Data	51.69%	50%
IAPT – access rate – Local Provider Data	1.41%	1.4%
% people referred to IAPT programme treated within 6 weeks of referral – Local Provider Data	98.86%	75%
% people referred to IAPT programme treated within 18 weeks of referral – Local Provider Data	99.62%	95%
Number of MRSA incidents	0	0
Psychosis treated with a NICE approved care package within two weeks of referral – refreshed data	55.56%	53%

AM continued that there had been some deterioration in delivery (see below)

DETERIORATION IN PERFORMANCE:	Plan	Actual	
Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected.	93%	92.59%	There were 100 patients treated with 24 breaching the 62 day standard. Overall performance against the 62 days standard is challenging for local cancer units. BHT and L&D have challenges in urology and breast services. Referrals for 2ww have increased significantly in recent months due to publicity around prostate cancer. BHT have a recovery plan in place which is monitored by the Cancer Improvement Group. Recovery position not yet agreed but is likely to be September 2018.
Cancer 31 day - 1st definitive treatment from diagnosis	96%	94.68%	
Cancer 62 day - 1st treatment following an urgent GP referral	85%	76%	
Diagnostic tests - % of patients waiting 6 weeks or more	99%	98.43%	The CCG underachieved this indicator with 98.43% against the 99% threshold. There were 7085 patients on the diagnostic tests pathway with 113 breaching the 6 week threshold. Cambridge Community Services has a recovery plan in place and provided a trajectory to deliver compliance however due to ongoing staffing issues in paediatric audiology the Trust have provided a revised trajectory which is showing a deterioration in performance into Quarter 1. The Trust has identified potentially two full time Audiologists and if these posts are successful a revised trajectory will be provided.
Cancelled operations on or after day of admission and not offered another date within 28 days	0	Q3 - 6 Q4 – 17	The CCG write to each provider to request further information on the reason for the breach and this has been confirmed as bed pressures due to higher priority emergency cases displacing elective activity. The only exception to this was at East and North Hertfordshire where 1 breach was due to an administrative error.
Estimated diagnosis rate for people with dementia - Primary Care	60.32 %	58.20%	In April there were 2949 patients aged 65+ with a diagnosis for dementia which gives a worsening position of 58.2% against the 60.32% threshold. GP visits are continuing with all practices having a scheduled visit in place. Applications have been submitted via the Better Care Fund for the further roll out of CANTAB mobile app in primary care. Further detail included in the dementia section of the report. The CCG has a plan in place to meet the 66.7% threshold by September 2018.

Other issues highlighted:

- Still birth rates were above the national average and a full audit was being undertaken. This is discussed at the Quality Contract Meetings and one of the key priorities of the local maternity service Strategic Board is to reduce the rates of still births. **Action: AM to provide an update report to the GB.**
- There will be risk summit review of Herts Urgent Care (HUC) service

- There has been a spike in never events at Bedford Hospital. The CCG is seeking assurance that all is being done, such as WHO check list, **Action: AM to update the GB on the assurance**
- A CQC report on ELFT declared them as “outstanding”. Although there have been concerns over the number of self-harm incidents. AB asked what assurance the GB could have that the CCG was keeping a close eye on this. AM said the process was under constant review in the regular Quality Contract Meetings. **Action: AM to provide an update at the next GB meeting**

HM asked why in April 2018 the CCG underachieved the national 92% target for the incomplete pathway with 91.40%. Eight specialties underachieved: Ophthalmology (89.46%), Trauma and Orthopaedics (79.70%), Urology (90.15%), General Surgery (84.72%), Plastic Surgery (82.88%), ENT (90.79%), Neurosurgery (82.47%) and Cardiothoracic Surgery (75.0%). CW responded that the pathways were being discussed with providers and improvements expected, particularly in Dermatology.

AB asked whether there were improvements in IAPT. SA said that the system had responded well and the target had been met for the last quarter.

After further discussion, the GB received and noted the report

10 Urgent Treatment Centre

The UTC (delivered by Bedford Hospital Trust) will provide an enhanced urgent primary care service which is accessible for both registered and unregistered patients in Bedfordshire and also those who are transient in the community. The service will be available for 12hrs a day, 7 days a week from 11am – 11pm (A proposal is currently being explored for feasibility with the Trust to extend opening hours from 8.00am)

Patients will be encouraged to access the UTC by calling NHS111 who if required will be able to book patients an appointment at the UTC. Patients are able to attend the UTC without an appointment however following triage, may be redirected to a more appropriate service. This redirection could be avoided by first contacting NHS111.

The UTC project is progressing on track to start delivering services on 1 October 2018 as planned. The clinical model has been agreed and is awaiting final sign off subject to a pilot run of the physical pathway i.e. where patients will go and be signposted.

The main key areas of concern are:

1. Staffing levels – The Trust is recruiting to substantive posts along with filling additional hours from Virgin, Hertfordshire Urgent Care Service (HUC) & Bedford On-Call (BEDOC).
2. Capital – The business case went to the Department of Health in June of 2017 and is still awaiting approval. This has been escalated through NHSE and the Trust has proceeded at risk.
3. Extended hours – A proposal is currently being explored for feasibility with the Trust to extend opening hours from 8 – 11.00am – service is currently to open from 11.00am to 11.00pm

RG asked if all the risks had been identified and were being monitored and mitigating controls in place. CW confirmed that risks were being identified and reviewed.

	<p>AB described this as a ‘soft launch’ and wanted assurance that the message would get to the public. CW said that there was a detailed communication and engagement plan in place to ensure this was widely understood by our patients.</p> <p>The GB noted the progress being made on the establishment of the Urgent Treatment Centre for the population of Bedfordshire</p>
11	<p>Extended Access</p> <p>SA said that this was a good news story that supported the requirement of the GP Forward View (GPFV).</p> <p>The GPFV sets out a requirement for general practice to be accessible from 8am-8pm, 7 days a week. During 2018-2020 the CCG will receive ring-fenced funding to commission Extended Access services for the population of Bedfordshire, with 100% coverage commencing from 1st September 2018.</p> <p>The Extended Access programme is funded from GPFV allocation of £3.34 per head of population in 2018-19 (total budget £1.511m) and £6 per head in 2019-20 (total budget £2.715m). The original NHS England mandate was delivery from 1st October 2018, however this has now been brought forward to 1st September 2018. The additional month of service to meet the 1st September commencement date will have a cost pressure implication of approximately £226k within 2018-19 from the GPFV budget. However as the contract will now run 1st September 2018 – 1st September 2020, spend will be reduced within 2019-20.</p> <p>RG said that this issue had been fully discussed at the Finance and Performance Committee and they support the proposal to approve the award contracts for provision of Extended Access services to the providers named.</p> <p>The GB sought reassurance from the GPs on the GB that they were not conflicted on this issue – all conformed that they were not.</p> <p>The GB noted there had been an open and transparent procurement and robust due diligence process, and approved the award contracts for provision of Extended Access services to the providers named in the paper.</p>
12	<p>Commissioning Intentions</p> <p>CW explained that the purpose of the report was to outline the process and timescales for developing 2019/20 BLMK CCG’s Commissioning Intentions, including progressing through BCCG and wider BLMK governance.</p> <p>This approach builds on the BLMK Single Operating Plan for 2018/19 and in the case of Bedfordshire CCG, builds on the second year of the Financial Recovery Plan. The Commissioning Intentions for 2019/20 will set our direction of travel and commissioning.</p> <p>ST reminded the GB that the same paper was being presented to the GB of LCCG and MKCCG.</p>

RG asked for assurance that, despite it reflecting the work for the other CCGs it also assisted the delivery of the financial position for BCCG. CW said that it was aligned with QIPP and was focused on our requirements whilst also supporting shared savings across all three CCGs.

HM sought assurance that the impact on different communities across Bedford Borough Council and Central Bedfordshire Council would be addressed. CW said that the CCGs were working with the Health and Wellbeing Boards to ensure that there is sufficient flexibility to reflect local needs.

MS said that from a public health perspective there were 4 big killers - Cancer, Stroke, Heart attack and Smoking. CW acknowledged this and said one of the benefits of closer integration was working with a number of different providers. CM sought assurance that we would be able to share, with GPs and others, areas of good practice. CW said this was one of the main objectives and would be covered in the workshops being organised to socialise the process.

Governing Body reviewed the report, including the proposed engagement plan and governance process, and agreed they were assured that the approach was in line with statutory requirements.

13 **Finance**

MM provides the GB with a routine monthly update on the financial position of the CCG. The 2018/19 financial plan agreed with NHS England (NHSE) requires the CCG to achieve an in-year £10m surplus.

Month 2 financial return to NHSE reflects the CCG achieving its planned Year to Date (ytd) and forecast control total. Data for month 2 reporting is limited and a prudent approach has been adopted, particularly around provider positions. Marginal pressures emerging but are considered manageable at this stage. Full reporting processes are expected for month 3.

Indicator	Year to Date Month 2				Forecast Outturn			
	Target £'000	Actual £'000	Variance £'000	RAG Rating	Target £'000	Actual £'000	Variance £'000	RAG Rating
Running costs do not exceed allocation					9,900	9,495	405	
Total expenditure does not exceed total allocation					579,592	569,592	10,000	
Running costs spend within plan	1,587	1,517	70		9,521	9,521	0	
Programme spend within plan	92,928	92,986	(58)		560,071	560,071	0	
Actual Surplus/(Deficit) is within revised break-even target	1,376	1,388	12		10,000	10,000	0	
Risk adjusted deficit					10,000	10,000	0	
QiPP delivery (Gross)	1,711	1,499	(212)		26,062	26,062	0	
Better Payment Practice Code (Value)	95.0%	99.5%	4.5%		95.0%	95.0%	0.0%	
Better Payment Practice Code (Number)	95.0%	98.0%	3.0%		95.0%	95.0%	0.0%	
Cash drawdown does not exceed maximum cash drawdown	94,555	90,930	3,625		567,332	567,332	0	

MM said that for QIPP, the risk of achievement of £26m remains significant. However, at this stage only £3.6m remains unidentified.

AB asked for assurance that our methodology took account of un-validated data. MM said that there could be future issue if the coding was inaccurate, but the forecast model does not accept (evens out) any anomalies. Civica uses the same data as the Trusts, so provides more contractual grip.

	<p>SAI asked if “approved not delivering” meant that the schemes had yet to deliver any savings. MM said that this was correct and was a timing issue.</p> <p>EB asked when QIPP schemes were abandoned if not performing and when do new areas get identified. MM said there was a strong pipeline of new ideas that would be presented to the Financial Recovery Board. There was weekly monitoring of schemes to either manage them or defer them if not performing.</p> <p>HM asked if clinical leads were aligned to QIPP. MM assured the GB that the clinical leads were able to scrutinise each of the QIPP programmes for safety and patient care. CW added that a large proportion of the savings were in planned care and this was monitored weekly.</p> <p>MM concluded that this was a big ask, but there was a strong process supporting delivery.</p> <p>The GB received and noted the finance report</p>
14	<p>Strategic Objectives</p> <p>JM presented a paper regarding the revision of the CCG’s strategic objectives and the associated principal goals that are vital to their delivery. Once the strategic objectives and principal goals have been agreed and assigned to an Executive Director, work will commence immediately to populate a Governing Body Assurance Framework with the risks to the achievement of the goals. The GBAF is the risk management tool that will enable the Governing Body to receive assurance on their mitigation.</p> <p>There are four key priority areas:</p> <ul style="list-style-type: none"> • Improved access and quality • Improve integration of services • Deliver financial sustainability • Improve governance and inform decisions <p>HM said that much of the work had been done to agree these at the recent GB development session and thanked the governance team for pulling the results of those discussions into this paper.</p> <p>The Governing Body approved the 2018/19 Strategic Objectives; noting the on-going work to identify priority goals and strategic risks</p>
15	<p>Caldicott Guardian Annual Report</p> <p>CM presented an annual report as the Caldicott Guardian. Bedfordshire CCG has a responsibility to ensure robust information governance systems and processes are in place to protect staff and corporate information governance. The report provided assurance to the Governing Body across the key areas of information governance including but not limited to Confidentiality, Data Protection and Information Security.</p> <p>CM said that there have been 10 information governance incidents during 2017/18.</p> <p>1 level 2 incident reportable to the Information Commissioner’s Office (ICO) 6 level 1 incidents (internal investigation only) 3 level 0s (near misses)</p>

	<p>ST asked if there was any learning to be taken from these incidents. CM said there was and that the IG were looking at each incident to see what more could be done to prevent them.</p> <p>RG asked if the internally processes were sufficiently robust to capture all the incidents. JM added that this was discussed at the IM&T Programme Board and reported to F&P, but there was always more that could be done.</p> <p>HM thanked CM for the report and said that more information regarding local audit could perhaps be presented at a future GB.</p>
16	<p>Call to Action – Muriel Scott, Public Health</p> <p>MS presented a paper to consider the progress of the ‘Call to Action’ outlined in the Director of Public Health Report in 2016, and to define the areas and actions for further improvements for partners across the system.</p> <p>The report summarised:</p> <ul style="list-style-type: none"> • the key findings and ‘call to action’ outlined in the Director of Public Health Report published in December 2016; • progress made against each of the specific ‘call to action’ areas in 2016; • the specific actions that are required for further improvement in each of the priority areas, and which organisation(s) across the system need to take the lead to ensure that those actions are implemented. <p>The report calls for a ‘whole systems approach’ to achieve the best outcomes for children, young people and families in Bedford Borough and Central Bedfordshire.</p> <p>The report presented snapshots of the health of 0-4 year olds and 5-19 year olds respectively, and concluded that overall, the health and wellbeing of children and young people in Bedford Borough was similar to the England average and better than the national average in Central Bedfordshire.</p> <p>1. Key areas for focus in Bedfordshire CCG include:</p> <ul style="list-style-type: none"> • Reducing the number of women smoking at time of delivery • Supporting more women to start and continue to breastfeed • Ensuring better support for mothers who are experiencing poor mental health in the perinatal period • Reducing the number of children who are overweight and very overweight (obese) • Continuing the reduction in the number of conceptions to young women aged under 18 years • Maximizing opportunities to promote good emotional health and resilience in children and young people to prevent mental illness, and ensuring early access to high quality services for those who need support • Recognising and supporting our most vulnerable children and young people <p>The GB discussed the work supporting these areas, such as the recent work in SEND and LMS.</p>

16	<p>Assurance Updates from Committee Chairs</p> <p>a) Finance & Performance Committee – 27 June 2018 – <i>nothing additional to report</i></p> <p>b) ICQC – 27 June 2018 – <i>Serious Incidents at ELFT</i></p> <p>c) Audit and Governance Committee – 13 June 2018 – <i>Internal Audit Plan been reviewed, Counter Fraud presentation</i></p> <p>d) Joint Primary Care Co Commissioning Committee – 13 June 2018 -</p> <p>e) Patient and Public Engagement Committee – 12 June 2018 – <i>discussion on Putnoe Engagement Plans</i></p> <p>The Governing Body noted the updates.</p>
17	<p>Minutes of the sub-committees ratified since the last Governing Body meeting</p> <p>a) Finance & Performance Committee – May 2018</p> <p>b) Audit and Governance Committee – April 2018</p> <p>c) Joint Primary Care Co Commissioning Committee – April 2018</p> <p>d) Patient and Public Engagement Committee – April 2018</p> <p>e) Joint Prescribing Committee – April 2018</p> <p>f) Integrated Commissioning & Quality Committee – April 2018</p> <p>The Governing Body noted the business transacted.</p>
18	<p>Review of the External Committees</p> <p>a) Joint Overview and Scrutiny Committee</p> <p>b) Health and Wellbeing Board - Central Bedfordshire - Bedford Borough</p> <p>The Governing Body noted the business transacted.</p>
19	<p>Any Other Business</p> <p>There was no other business</p>
20	<p>Questions from the Public</p> <ul style="list-style-type: none"> • There was a question unrelated to the business of the GB regarding health visits, which MS as Director of Public Health responded to. • A further question on the affect ill children had on parents and the level of support available – again this was a question more for the local authority than the CCG

	Cllr Mingay thanked the CCG for using the facilities at the Council and expressed is thanks for the work of ST as Accountable Officer, wishing her well for the future
	There being no further business, the Meeting closed at 15.50pm

Signed

H/M Moulder

Dated

July 2018

Heather Moulder
Acting Clinical Chair