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| Governing Body Meeting Part 1 in public |
| Minutes of the meeting held on Thursday 25 January 2018 Kings house, Ampthill Road, Bedford |

Present

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| Dr Alvin Low | AL | Clinical Chair |
| Sarah Thompson | ST | Accountable Officer |
| Malcolm Miller | MM | Acting Chief Finance Officer |
| Dr Chris Marshall | CM | Locality Chair |
| Dr William Hollington | WH | Locality Chair |
| Dr David Howard | DH | Locality Chair |
| Dr Ratan Das | RD | Locality Chair |
| Dr Sanjay Sharma | SS | Locality Chair |
| Emma Barter | EB | Locality Chair West Mid Beds |
| Alison Borrett | AB | Lay Member, Patient Engagement |
| Saqhib Ali | SA | Lay Member, Audit & Governance |
| Roland Ginn | RG | Lay Member, Finance & Performance |
| Heather Moulder | HM | Non-Executive, Registered Nurse |
| Ian Brown | IB | Public Health |
| Caroline Kurzeja | CK | Director of Commissioning |
| Anne Murray | AM | Director of Quality |
| Jane Meggitt | JM | Director of Risk, Governance and Corporate Affairs |
| Hein Scheffer | HS | Director of Workforce |
| David McNeil | DM | Associate Director of Governance, Risk and Corporate Services/Board Secretary |

Also in attendance

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| Richard Winter | RW | Healthwatch Bedford Borough |
| Stephen Conroy | SC | CEO Bedford Hospital Trust |
| Dr Andrew Edwards | AE | Clinical Lead for Community Services |

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| 1 | <p>Welcome & Introduction</p> <p>AL welcomed members of Governing Body and members of the public to the meeting. AL said that the CCG had been informed that a petition was to be handed in regarding the Walk-in Centre at Putnoe and recognised the public's interest in the agenda item regarding the potential merger of Luton and Dunstable and Bedford Hospitals. It was agreed that in view of the interest, these two agenda items would be taken first.</p> |
| 2 | <p>Receipt of Petition</p> <p>AL received the petition from members of the Hands Off Bedford Hospital group. In response AL said:</p> |

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| | <p>“I would like to thank members of the public and our elected members for attending our Governing Body today. I and my colleagues are aware of the strength of feeling in Bedford about the walk in centre and the development of the Urgent Treatment Centre. I can reassure you that we have listened to your concerns and have been working for a number of months to ensure that we continue to provide continuity of service during this time of change.</p> <p>The Urgent Treatment Centre is nationally mandated by NHS England and was outlined in the Five Year Forward View. The Centre requires us to provide an urgent care facility that will reduce pressure on our A&E departments and provide residents with a place to go for minor illnesses and injuries. The centre will provide some diagnostics like x-ray and blood tests.</p> <p>While this centre is being established, NHS England’s contract for Putnoe Walk in Centre comes to an end. And, with the introduction of a new GP extended hours service, which will provide walk in appointments six days a week for patients in Bedfordshire, Bedfordshire CCG took the opportunity to review its services to ensure we can provide the right care in the right place for our patients.</p> <p>Our Executive has undertaken an options appraisal for the Urgent Treatment Centre and in July last year they took the decision that the Cauldwell site would be the best place for the centre – if we were to deliver the services that are nationally mandated. A series of meetings and engagements took place – with elected members, NHS England and partners at Putnoe Medical Centre, which we have provided to our Governing Body and these will be incorporated into our minutes to ensure complete transparency of the process to date.</p> <p>While a decision has been made about the Urgent Treatment Centre, we plan to give local people the opportunity to engage with us around the requirements for the urgent care facility and also help us to shape the GP extended access provision, which will provide walk in appointments for our local communities.</p> <p>I would like to thank Partners from Putnoe Medical Centre for the important service they have provided to our community and for their flexibility in sustaining the service during this period of change. The Partners provide an outstanding service locally and once the Walk in Centre closes, will use their facility to deliver a six day service to registered patients and those within their boundaries who would like to register at the practice.</p> <p>At this stage in proceedings, I would like to pause and open up for questions, which I and my colleagues will do our very best to answer frankly and fully.</p> <p>We do have a full agenda of business today, so we will answer questions for 20 minutes and then proceed to our advertised agenda. There will however be time for further questions, relating to our items of business at the end of the meeting”</p> |
| Item 10 | <p>Proposed Bedford Hospital and Luton & Dunstable Hospital Merger</p> <p>ST said that the purpose of this paper is to set out the CCG governance and assessment process for the formal response to the Bedford Hospital NHS Trust and Luton & Dunstable Hospital NHS Trust Merger Business Case. A copy of the Full Business Case was shared with Bedfordshire CCGs on 27th December 2017, following submission to NHS Improvement. The assessment process will now commence with the outcome submitted to NHS Improvement for consideration.</p> |

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| | <p>ST continued that Bedfordshire Clinical Commissioning Group (BCCG) were supportive in principle to the merger, which clinicians felt would be an improvement to services for patients.</p> <p>CK added that BCCG had designed an assessment criterion, which is attached to these minutes at Appendix A. This was being discussed with partners in the Sustainable Transformation Partnership (STP) across Bedfordshire, Luton and Milton Keynes (BLMK). The timetable for a decision was likely to be towards the end of February at the first meeting of the Committees in Common.</p> <p>The GB received the paper and noted the future governance process.</p> |
| Item 13 | <p>Urgent Treatment Centre</p> <p>CK informed the meeting that the CCG was reviewing urgent care services in line with the Five Year Forward View, to ensure the continued provision of right care for the population. The report described the work currently underway to refresh services and to develop an Urgent Treatment Centre in Bedfordshire, in line with national mandates.</p> <p>Patients have told us that the current Urgent and Emergency Care system is fragmented and confusing, which means some patients prefer to go to A&E in preference to other services in the system. In addition, there are no alternative pathways other than A&E for GPs, NHS 111 and paramedics. The Urgent Treatment Centre would provide access to diagnostics and be fully integrated with the local Urgent and Emergency Care system.</p> <p>In line with the national mandate, BCCG is working to provide a new Urgent Treatment Centre (UTC) at Cauldwell Medical Centre on the Bedford Hospital site. The UTC will provide clinically safe and competent Urgent Primary Care services which are accessible for both registered and unregistered patients in Bedfordshire and also those who are transient in the community.</p> <p>Under the core standards published by NHS England, the Urgent Treatment Centre will:</p> <ul style="list-style-type: none"> • Be GP-led, staffed by GPs, nurses and other clinicians with access to simple diagnostics, e.g. Urinalysis, ECG and in some cases X-ray – 12 hours a day. • Provide urgent appointments, booked through NHS 111, ambulance services and general practice within 4 hours. • Provide a 'walk-in' option. • Provide same day appointments and out of hours general practice for both urgent and routine appointments at the same facility, where geographically appropriate. • Form part of a locally integrated urgent and emergency care service - working in conjunction with the ambulance service, NHS111, local GPs, hospital A&E. <p>The contract for the Walk in Centre at Putnoe in Bedford Borough comes to an end on 31 March 2018, which provides the CCG with an opportunity to review and enhance how primary and integrated urgent care is delivered in the area.</p> <p>Engaging with the local community for the Urgent Treatment Centre is crucial. Plans for the Urgent Treatment Centre are still in development, however pre-engagement</p> |

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| | <p>has been undertaken in Bedford Borough, including with the Mayor of Bedford, the Portfolio Holder for Public Health, the Chief Executive of Bedford Borough Council and relevant ward Councillors. Wider engagement with patients and local communities will take place once plans are developed further.</p> <p>AL said there was a need for an urgent treatment centre to reduce the demand on local hospitals and asked what the plans were to increase clinical access in primary care. WH responded that extended access was likely to be led at cluster level and would provide additional access into primary care 7 days a week. DH added that practices in Bedford were currently in discussion about the best options to make it work.</p> <p>CK said that the CCG recognised that primary care was under pressure due to continued demand, driven not least by the increased populations. The additional monies to support population growth follows in the year after the growth.</p> <p>SC (Bedford Hospital Trust) said that they were working closely with the CCG on the exciting opportunity of putting the new UTC on the Bedford hospital site and said that it was important that extended access worked well for local people.</p> <p>CK said that the CCG had taken a paper to Bedford Borough Overview and Scrutiny Committee in relation to extended access to GPs. The CCG was working in partnership to co-design a bespoke service with each primary care provider.</p> <p>RD said that he had recently visited A&E at Bedford Hospital and felt it was important that patients access simple diagnostics outside A&E as early as possible to reduce some of the pressures experienced in the department.</p> <p>RW (Healthwatch) asked what the current GP vacancy rate was. CK said that these were held at practice level and the figures were not to hand. The CCG recognised that this was an issue locally as it was nationally. CK added that access to primary care was wider than just access to GPs. The CCG has established, with support of the practices, a Complex Care Team that will work with care homes. A health impact assessment is attached to these minutes at Appendix B</p> <p>DH said there were undoubtedly challenges in primary care workforce, but said there were good training and recruitment programmes in place and admin posts were being increased in non-clinical support areas.</p> <p>It was agreed that the CCG would work with the Local Medical Council to ensure adequate clinical support was in place.</p> |
| | <p>AL then invited questions from the public on the two items discussed</p> |
| | <p>Q1: Cllr Forth asked why Putnoe was being closed and what guarantees were there that it would reopen in 6 months.</p> <p>CK responded that the contract comes to an end in March 2018 and there is no option to extend it. The CCG has been working in partnership with NHS England and have jointly agreed that Putnoe does not meet the new requirements for an UTC. Putnoe will continue as a practice and will support the work as a walk-in-centre until October 2018. The CCG is working in partnership with BHT and is able to assure the</p> |

councillor that the service will open on time. CK added that from discussions so far, Putnoe does not meet the needs of the whole population and more engagement is planned.

Action: Engagement Plan to be presented at the March governing body (JM)

SC added that a business case to support the building work required to extend the Caudwell provision will be taken to the BHT Board with a completion date of October 2018.

Q2: Cllr Rider said that she welcomed the stay of execution but stated that a walk-in-centre and an urgent treatment centre were both needed. What were the plans for north of the river?

SS said that around 60 people a day use the walk-in-centre and, although mostly this is used after hours and weekends, there will need to be further engagement in respect of parking on site at BHT. SC said that BHT Board recognised that parking could be an issue, but was mainly an issue between 09.00 and 17.00 after that there were usually plenty of spaces. SC added that up to 50% of those that attended were in fact Putnoe patients.

Q3: Cllr Rider asked if that meant GPs would need to work 7 days a week?

CK said that GPs at Putnoe currently did provide a 7 day service, but reiterated there were other ways of providing primary care other than by seeing a GP

DH said that the UTC will improve services for patients with its early access to diagnostics, for example the UTC will be able to access patient records enabling it to deal with wider conditions.

WH said that the increase use of extended access, allowing GPs to see their own patients, would also be beneficial and therefore he remains optimistic that there will be sufficient workforce in place.

Q4: Cllr Rider asked for confirmation that all this work would be done by October 2018.

CK said that a lot of the work and research had already been done on areas such as workforce plans and cultural change. Putnoe is nurse led, so there is evidence that it is already cultural accepted by those that use it. The CCG will work with patients and others to develop the right services in the right places.

Q5: Mayor of Bedford, Dave Hodgson asked “ Do you agree it’s a mess and that A&E is completely overstretched and there is therefore a need for two UTCs”

ST responded that the CCG acknowledged there were areas where it could have done better with engagement. She acknowledged that this is a complex issue and often it was difficult to share information in advance due to commercial confidentiality. The CCG has a policy of being open, transparent and professional and will of course learn from events to ensure it improves.

RD added that a UTC co-located at BHT will reduce pressure on A&E.

CK said that more engagement was needed on extended access and an engagement plan would be presented at the next governing body.

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| | <p>Q6: Mayor of Bedford, Dave Hodgson asked why the GB meetings were in the middle of a working day, when some people would have difficulty in attending.</p> <p>JM agreed that the CCG would consider other options.</p> <p>Action: JM to review options to hold Board meetings outside normal working hours.</p> <p>Q7: Cllr Uko asked if the UTC would have a walk-in- centre element.</p> <p>CK said that it would, as that is part of the nationally mandated requirements.</p> <p>Action: CK to add to the CCG website the service model</p> <p>Q8 Mohammed Yasin (MP) asked whether moving to a UTC from a walk-in-centre was merely about saving money.</p> <p>ST said that the CCG had been nationally mandated to have a UTC and the CCG was trying to blend this service with extended access in primary care.</p> |
| | <p>A list of further questions that had been received in writing is attached at Appendix C (Item 4.0a)</p> |
| | <p>AL thanked everyone for their contribution and said the meeting would now return to its normal agenda. There would be a further opportunity at the end of the meeting to take questions relating to agenda items</p> |
| 3 | <p>Declarations of Interest and Conflicts None were declared in addition to those already reported.</p> |
| 4 | <p>Minutes of the meeting held on 2 November 2017 The minutes were reviewed and agreed with the following changes:</p> <ul style="list-style-type: none"> • HM was a Registered Nurse (not Chief Nurse) • Item 9 – “not” should have proceeded ‘inconvenienced’ |
| 5 | <p>Actions All actions were either included on the agenda or had been actioned for closure.</p> |
| 6 | <p>PATIENT STORY This item was deferred</p> |
| 7 | <p>Report of the Chair A report from AL, Clinical Chair, outlining activity since the last governing body was received and noted.</p> |
| 8. | <p>Report from the Accountable Officer The report provided Governing Body members with an understanding of the work of the Accountable Officer covering a period from the last Governing Body on 2nd November 2017 to 5th January 2018</p> <p>Arrangements for Financial Recovery A draft presentation pack has been submitted and discussed with NHS England</p> |

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| | <p>Quarterly Assurance Meeting The quarterly assurance meeting between the CCG and NHS England will be held on 30th January 2018. It will be held with all three CCGs from the BLMK STP footprint, and this will become the normal way of working going forward into 2018.</p> <p>Meetings with Bedford Borough and Central Bedfordshire Councils The Accountable Officer and colleagues have attended the following meetings:</p> <ul style="list-style-type: none"> • Central Bedfordshire Social Care, Health & Housing Overview & Scrutiny Committee • Central Bedfordshire Health and Wellbeing Board • Central Bedfordshire Transformation Board • Bedford Borough Council Health and Wellbeing Board • Bedford Transformation Board <p>CCG Member Practice visits The Accountable Officer will be visiting Goldington Road Surgery in Bedford on 16th January and Kingsbury Court Surgery in February.</p> <p>Meetings with Bedfordshire Members of Parliament (MP) The Chair and Accountable Officer met with Andrew Selous MP for South West Bedfordshire on 11th January 2018. Meeting dates with all other Bedfordshire MPs are being finalised.</p> <p>Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnership (BLMK STP) The Accountable Officer and Chief Finance Officer presented the April-October 2017 (month 7) Bedfordshire CCG financial position to a meeting of the BLMK STP Chief Executive Group on 23rd November 2017. This was to enable STP partners to both understand and contribute to the requirements of financial recovery.</p> <p>Winter Planning The Accountable Officer and Chair have given personal leadership to working with system leaders on winter planning arrangements. This has, and continues, to require a daily and weekly commitment.</p> <p>Director changes Mr Martin Fahy will take up a secondment to Bedfordshire CCG on 10th January 2018 from NHS England in a job share post with Anne Murray as Director of Nursing & Quality. The combination of Anne and Martin will bring high levels of expertise to the role for the benefit of care to patients.</p> |
| 9 | <p>Integrated Performance Report</p> <p>The Integrated Performance and Quality report (IPQR) has been populated with the latest nationally published data. The report provides an update on the CCGs performance and quality of services and links to the strategic objectives identified below.</p> <p>Highlighted areas included:</p> <ul style="list-style-type: none"> • Transfer of the Bedfordshire Community Dermatology Service from Optum to Bedford Hospital and the impact on 18 Weeks RTT and outcome of Clinical Harm Review • Diagnostic 6 week wait - Cambridge Community Services and Luton & Dunstable |

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| | <ul style="list-style-type: none"> • East London Foundation Trust Mental Health Inpatient Services – Ash & Willow and Townsend Court • Ashton Lodge, a 54 bedded home providing care for people with dementia and long term conditions - embargo in place to prevent any new admissions due to the concerns raised by CQC. • East & North Hertfordshire performance/data reporting • Ambulance commencement of Ambulance Response Programme and current risks to reporting • Continuing Health Care KPIs • Patient Transport Service <p>HM asked how confident were the CCG that paediatric audiology is functioning well. AM said that it was based on locum cover but was assured that the Trust was doing all it could to provide an appropriate service.</p> <p>HM asked about close working with East and North Herts CCG. AM said that BCCG attended joint surveillance meetings and that the figures from East and North Herts Hospitals were being monitored.</p> <p>There was further discussion on points of interest from the paper.</p> <p>The report was accepted for information.</p> |
| 11 | <p>Winter</p> <p>CK presented a paper to update the GB on dealing with winter pressures.</p> <p>During the 1st week of January acute services across England saw unprecedented numbers of patients coming through their systems causing a number of them to declare OPEL 4 / Surge Black which was used to bring emergency plans into place to ensure patient safety. In response to the winter pressures NHS England has told hospitals across the country to delay pre-planned operations and routine outpatient appointments until the end of the month to free up senior hospital doctors to triage more patients in A&E, be available for phone advice for GP's and to help expedite timely discharges. A Quality review of the incident and resulting delays will be taking place across urgent and emergency care services to ensure no harm came to patients as a result of the system pressures seen, with lessons learned being utilised where appropriate.</p> <p>IB said that flu vaccination take-up had been high at around 75%.</p> <p>AM said that the quality of the services and patient safety was being monitored with CCG staff doing site visits in conjunction with hospital staff.</p> <p>HM said that she would like to put on record her appreciation for the work of frontline staff and others during this sustained period of pressure. EB also said that GP colleagues had also responded well to the demands in areas such as out of hospital visits. This was supported by the governing body</p> <p>AL asked if there was any learning from this activity and demand pressures that CCG could take forward. CK said that there were already well defined surge plans in place and will look at any learning that arises from extended access, demand management and out of hospital. ST added that working closer with CEOs of partner organisations had been very beneficial and had ensured patients remained at the forefront of considerations.</p> |

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| 11 | <p>Community Service Contract</p> <p>AE gave a short presentation on the latest position in relation to the award of the contract to provide community services. A copy of the slides is attached as Appendix D.</p> <p>The procurement of a new community health service provider aims to transform community health services, which support the delivery of the BLMK STP Priorities, NHS England’s CCG improvement and assessment framework, BCCG Out of Hospital Strategy and GP Forward View.</p> <p>Following a robust procurement process, the Governing Body ratified the decision to award preferred provider status to East London Foundation Trust (ELFT).</p> <p>The contract will be managed through the use of the NHS Standard Contract, an Outcomes Framework and an Incentive Model whereby up to 10% of the contract value will be payable against achievement of outcomes defined by the Commissioners. These will include reductions in non-elective admissions and delayed transfers of care.</p> <p>Due Diligence report completed by Atlantic Customer Solutions confirms that there are no significant financial risks with regard to ELFT and their bid submission for this contract.</p> <p>The Governing Body was asked to approve contract signature with the preferred bidder, ELFT.</p> <p>RG confirmed that the details had been reviewed by the Finance and Performance Committee and could give the governing body assurance that they had been scrutinised and approved, with additional assurance from the due diligence review from Altantic.</p> <p>AB said that it was important that there were regular reviews of performance of the outcome measures at governing body.</p> <p>The GB agreed to the award of the contract subject to any final due diligence by ELFT on the previous provider.</p> |
| 14 | <p>Joint Health and Well Being Strategy</p> <p>IB presented a paper outlining the public health’s Health and Wellbeing Strategy for Bedford Borough. The draft Joint Health and Wellbeing Strategy describes how public health will work to improve the health and wellbeing of Bedford Borough residents and reduce health inequalities.</p> <p>Informed by the evidence from the Joint Strategic Needs Assessment, the draft Strategy acknowledges the broader context of the Bedfordshire, Luton and Milton</p> |

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| | <p>Keynes Sustainability and Transformation Partnership and sets out three priority areas for action:</p> <ol style="list-style-type: none"> 1. Give children and young people the best start in life. 2. Enable adults and older people to live well and remain independent. 3. Promote strong, safe and healthy communities. <p>Following public consultation, the strategy will be signed off in June 2018.</p> <p>DH said that it was a useful report and asked about figures for late diagnosis of HIV. IB said that he would respond to DH outside of the meeting.</p> <p>ST said that the governing body should be receiving a similar document from Central Bedfordshire in the next few weeks.</p> <p>AL thanked IB for an excellent report and asked how to get diabetes patients to use the wider green areas for exercise. IB said that there were opportunities to promote activity but recognised there was always more that could be done.</p> <p>The Governing Body, as a consultee on the draft Joint Health and Wellbeing Strategy, noted and agreed the proposed priorities, objectives and outcomes.</p> |
| 15 | <p>Month 8 Financial Position</p> <p>MM presented a report with a routine update on the financial position of the CCG.</p> <p>NHSE has given the CCG a revised Control Total of break even in year for 2017/18, but NHSE has also acknowledged the risks to delivering this revised Control Total.</p> <p>The forecast outturn at 30th November (month 8) is a deficit of £7,198k against the revised break-even target. This shows virtually no movement from the forecast outturn at the end of October which was a deficit of £7,215k, a token £17k improvement.</p> <p>Both of these forecast outturn positions include unidentified QiPP of £2,198k to be delivered against acute services. This presentation is consistent with that used for the regional updates. If this unidentified QiPP gap is not closed then the forecast deficit will increase by the corresponding amount.</p> <p>MM added that there were three main areas of pressure:</p> <ul style="list-style-type: none"> • National prescribing issues (c. £2.3m pressure) • Acute over-performance (£4m) • Mental Health provision for s.117 <p>Savings of £4m had been achieved by reduced spending on allocated budgets.</p> <p>AM challenged the current proposed end of year position in Continuing Healthcare. She stated that this looked over pessimistic and expected a much higher saving against full budget. MM said that at this stage it was prudent to accrue for additional expenditure in the last quarter but accepted this may finish in a better position.</p> <p>RW asked whether the £4m from acute overspend last year could be prevented from reoccurring this year. MM said that the CCG had not negotiated with the Trust last year to agree a position but this was being done now. MM said that it was possible to</p> |

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| | <p>end in a similar position as month 10 usually sees a spike in activity (and thereby PBR) but this data won't be known for a few months.</p> <p>HM asked what was being done to deliver the unidentified QIPP of £1.2m. MM said that work had been undertaken that should show a significant improvement in Month 9 figures.</p> <p>The GB noted the financial position at month 8</p> |
| 16 | <p>Briefing paper for Financial Plan 18/19</p> <p>The purpose of this paper is to provide the Governing Body with an update on the first draft of the 2018/19 Financial Plan. There will be a number of reiterations of the plan to reflect the further development of the QiPP Programme and further more detailed analysis of activity trends and discussions with providers.</p> <p>It was noted that 2018/19 will be a difficult financial year for the CCG and it is anticipated that further updates will need to be scrutinised through Finance and Performance Committee.</p> |

| 7 | <p>Governing Body Assurance Framework</p> <p>JM presented a paper providing an overview on how a new Governing Body Assurance Framework has been developed following the identification of revised priority areas, the key objectives and the principal goals that are vital to their delivery. It also sets out the risks identified by each Executive Director which could threaten their achievement.</p> <p>The top four strategic risks were identified as:</p> <table border="1" data-bbox="347 465 1465 1545"> <thead> <tr> <th data-bbox="347 465 997 504">Risk</th> <th data-bbox="997 465 1465 504">Monitoring arrangements</th> </tr> </thead> <tbody> <tr> <td data-bbox="347 504 997 790">ST1 - As a result of under achievement against national targets, there is a risk that the CCG fails to meet the high standards of care patients expect and deserve, which could result in the CCG's inability to improve patient health outcomes, reduce inequalities, meet statutory requirements and stop reputational damage.</td> <td data-bbox="997 504 1465 790">Being monitored at Finance & Performance Committee and Integrated Quality & Commissioning Committee by means of an Integrated Performance Report at each meeting.</td> </tr> <tr> <td data-bbox="347 790 997 969">ST5 – As a result of failing to identify and deliver savings at the required scale and pace, there is a risk of non-delivery of required savings, which could result in the CCG failing to meet the CCG's control total.</td> <td data-bbox="997 790 1465 969">Being monitored at the Financial Recovery Board and Finance & Performance Committee and Financial Recovery Report to Governing Body</td> </tr> <tr> <td data-bbox="347 969 997 1187">ST6 – As a result of inadequate financial information, poor budget management, and lack of escalation of risks, there is a risk the CCG fails to identify sudden changes in its financial position which could result in failure to meet our statutory break-even position.</td> <td data-bbox="997 969 1465 1187">Being monitored at Finance & Performance Committee together with monthly reporting to the Governing Body.</td> </tr> <tr> <td data-bbox="347 1187 997 1545">ST9 - As a result of lack of awareness of variations in governance arrangements in each constituent organisation across the STP footprint, there is a risk that opportunities could be missed if governance arrangements are not sufficiently robust to prevent self-interest of individual partners from overriding STP objectives. This could result in governance processes not supporting delivery of system level plans or enactment of decisions.</td> <td data-bbox="997 1187 1465 1545">Being monitored as part of the functional review.</td> </tr> </tbody> </table> <p>Since the last Board meeting, Internal Audit have given the GBAF Substantial Assurance. The meeting received the GBAF</p> | Risk | Monitoring arrangements | ST1 - As a result of under achievement against national targets, there is a risk that the CCG fails to meet the high standards of care patients expect and deserve, which could result in the CCG's inability to improve patient health outcomes, reduce inequalities, meet statutory requirements and stop reputational damage. | Being monitored at Finance & Performance Committee and Integrated Quality & Commissioning Committee by means of an Integrated Performance Report at each meeting. | ST5 – As a result of failing to identify and deliver savings at the required scale and pace, there is a risk of non-delivery of required savings, which could result in the CCG failing to meet the CCG's control total. | Being monitored at the Financial Recovery Board and Finance & Performance Committee and Financial Recovery Report to Governing Body | ST6 – As a result of inadequate financial information, poor budget management, and lack of escalation of risks, there is a risk the CCG fails to identify sudden changes in its financial position which could result in failure to meet our statutory break-even position. | Being monitored at Finance & Performance Committee together with monthly reporting to the Governing Body. | ST9 - As a result of lack of awareness of variations in governance arrangements in each constituent organisation across the STP footprint, there is a risk that opportunities could be missed if governance arrangements are not sufficiently robust to prevent self-interest of individual partners from overriding STP objectives. This could result in governance processes not supporting delivery of system level plans or enactment of decisions. | Being monitored as part of the functional review. |
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| 18 | <p>Core Standards</p> <p>The report outlined the progress with regards Emergency Preparedness Resilience and Response (EPRR) for BCCG.</p> <p>Following a review, NHSE have confirmed that the actions put in place in 2015 have been delivered and there has been an incremental step in compliance in EPRR from:</p> | | | | | | | | | | |

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| | <ol style="list-style-type: none"> 1. 2015 Partial compliance to EPRR core standards 2. 2016 Substantial compliance to EPRR core standards 3. 2017 Full compliance to EPRR core standards being awarded <p>The governing body noted the substantial improvement in compliance in EPRR.</p> |
| 19 | <p>General Data Protection Regulations</p> <p>The General Data Protection Regulations (GDPR) 2018 will replace the Data Protection Act 1998 in May 2018. The Regulations specify organisations should formally designate a Data Protection Officer (DPO). An organisation must designate a DPO if they are:</p> <ul style="list-style-type: none"> • A public authority (except for courts acting in their judicial capacity) • An organisation that carries out the regular and systematic monitoring of individuals on a large scale; or • An organisation that carries out the large scale processing of special categories of data, such as health records, or information about criminal convictions. <p>GB noted:</p> <ul style="list-style-type: none"> • the requirement to review the contract with LCCG and NHSE and that this role had been recruited to in readiness for GDPR in May 2018 (this |
| 20 | <p>Committee Reports</p> <p>Noted</p> |
| 21 | <p>Minutes of Committees and External Meetings</p> <p>Received and noted</p> |
| 22 | <p>Any other Business</p> <p>None</p> |
| 21 | <p>Questions from the public</p> <p>Q1: What are the s.117 overpayments in respect of? MM said that these were a number of historic cases that were being reviewed. Some maybe all health costs, some social services and some joint. A review is underway and more information will be reported when completed.</p> <p>Q2: Why is there a backlog of IAPT cases and why do you lose access to other support such as CMHT? AL said that it is about provision of the most suitable tier of support. If a patient is assessed as suitable for IAPT then CMHT input is not appropriate, and the converse would also apply, that if a patient's condition requires care from the CMHT then IAPT would not be suitable.</p> <p>Q3: Mayor of Bedford - Can we expect an update on the Urgent Treatment Centre at the next Board</p> <p>ST assured the mayor that an update would be presented at the earliest opportunity</p> |

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| | There being no further business the meeting closed at 17.00. |

Signed

Dated

Alvin Low
Clinical Chair

Closure of Putnoe Walk in Centre: New models of care for Bedford

Following news of the closure of Putnoe Walk in Centre, BCCG has received a number of written questions, which have been collated and responded to in the questions and answers below.

Q. Will the new facility be operated by VirginCare, as VirginCare operate the GPs at Cauldwell?

A. No decisions have been made.

Q. What will be the success criteria that will demonstrate comparable or better care will be available when the Urgent Treatment Centre and the Extended Hours process have been implemented?

A. A series of Key Performance Indicators will be agreed with the provider and patient experience will be monitored to ensure patients receive a good service.

Q. What are the plans for the parking situation?

A. We recognise that parking is an issue at the Bedford Hospital site. Given the introduction of our Extended GP service and our Out of Hospital Strategy, which is designed to reduce pressure on the Hospital, we expect that parking will not adversely affect residents.

Q. Where was the public consultation on the closure of the walk in facility?

A. The Urgent Treatment Centre is a nationally mandated service requirement, which means that the Cauldwell Site is the only place where the requirements of the mandate can be delivered. However, we need to look at the models of care for extended GP access and we plan to do this in co-design with local people.

Q. Is this because it is a private contract and not run by CCG and there is no requirement for consultation?

A. The Walk in Centre is not a private contract. It is managed by NHS England and commissioner's contract with GP partners, who are part of the NHS family.

Q. Why wasn't a replacement service sought and prepared for implementation at March 2018?

A. NHS England have, over time extended the contract for the Walk in Centre many times. Unfortunately, the current contract has exceeded the number of extensions that can be undertaken. Bedfordshire CCG has established a new contract with Partners at Putnoe Medical Centre to continue to deliver walk in services until 30 September 2018, when extended GP access and the new Urgent Treatment Centre will be introduced.

Q. Who was responsible for overseeing this situation and at what point was it known that failure was going to happen?

A. Bedfordshire CCG is currently working to blend national policy with the needs of our local population. This is a complex process that needs careful consideration. The CCG has been working on this since last year and as part of the process have been involved in complex and commercially sensitive discussions to secure walk in services for local people, pending further discussions with the public on new models of care for our GP extended access.

Q. The walk in centre is popular, easy to use, child friendly accessible and parking is free.

A. We recognise that this is an important consideration for local people.

Q. It is suggested by the press that a replacement service will be the Urgent Treatment Centre at Bedford Hospital.

A. The nationally mandated Urgent Treatment Centre will be based at Cauldwell Medical Centre, to ensure it is close to Bedford Hospital for use of diagnostics. This is not a replacement for the Walk in Centre, but walk in services are a key requirement.

Q. Have you ever tried to park at Bedford Hospital? Cars are all over the place and parked outside marked bays. It is expensive to park at the Hospital. Have you considered pensioners, people on low wages or the unemployed? They will have travel problems accessing an Urgent Treatment Centre.

A. We recognise that this is a difficult issue. The site is however on a bus route, with good access to public transport.

Q. It is reported that the Urgent Treatment Centre will not be operating for at least six months. What sort of planning is that? What are the users of the walk in centre going to use in that time period, presumably join the queue at A&E?

A. The Walk in Centre at Putnoe will continue to operate until 30 September 2018, when the Urgent Treatment Centre and GP Extended Hours service will be introduced.

Q. What is the implication for the A&E service in Bedford in the future with the opening of an Urgent Treatment Centre next door?

A. The Urgent Treatment Centre will perform a different function to the emergency department. The centre will treat minor illness and injury and reduce pressure on the over stretched A&E department.

Q. What is happening to the staff at Putnoe Walk in Centre and where are the new staff coming from for the Urgent Treatment Centre?

A. The staff at Putnoe will continue to work for the surgery and deliver a six day service to registered patients. Once a provider has been selected for the Urgent Treatment Centre, we will work to develop the workforce for the new UTC.

Q. Your strategic objective is “to support local people and stakeholders to influence local services and ensure that decisions are informed and shaped by local views”. Can you explain how your decision to close Putnoe Walk in Centre meets this strategic objective?

A. Last year, NHS England issued a national mandate to all CCGs to establish a new Urgent Treatment Centre, which would provide diagnostics for patients and reduce pressure on A&E departments.

With the contract for Putnoe Walk in Centre set to expire at the end of March 2018, and the new surgery gearing up to deliver a new service for its registered patients Cauldwell Medical Centre – on the Bedford Hospital site is the only place where this could be provided.

However, in October, we will introduce an Extended GP Hours service, which means people can access walk in appointments. We plan to involve local communities in the co-design of this new model of care.

Q. How can you justify your decision for Cauldwell Medical Centre to be your location of an Urgent Treatment Centre after the CCG only consulted 1300 residents?

A. The survey we undertook was to see if local people wanted to access extended GP hours. This did not relate to the closure of Putnoe, but it did help to inform how local people want to access services in Bedford. The Cauldwell Medical Centre is the only place that can provide the nationally mandated Urgent Treatment Centre – in line with the specification.

Q. Why have you chosen an already over capacity health site to open an Urgent Treatment Centre?

A. We are nationally mandated to provide an Urgent Treatment Centre that is close to diagnostics and a workforce that will be able to deliver urgent treatment. It is the only option for the CCG in Bedford.

Q. How do you expect residents from Bedford Borough to access Health Care Services at a singular site that is already full to capability in relation to parking?

A. Our figures show that about 60 people a day use the Walk in Centre at Putnoe and some of those patients are registered at the Putnoe practice. We recognise that there are limitations to the site but the Extended Hours GP service will mean that patients can access appointments elsewhere, so not all of the patients that currently use the walk in centre will go to the Cauldwell Medical Centre.

Q. Can you explain why members, councillors who represent residents in their wards, have not been communicated with when you promised that they would be? Instead they have been put in a difficult position of finding out proposals which you have publicly published for the CCG meeting dated 25 January 2018.

A. We did meet with Councillors and the Mayor in September and October as part of our pre-engagement to talk to them about the national mandate and the plans we have in place. Since then, we have been working hard on the new models of care and undertaking confidential commercial discussions. We recognise however, that we should have continued to talk to the councillors in the intervening months, as our plans evolved.

Q. Can the CCG explain their decision to publish their intentions publicly before speaking to members of Bedford Borough Council's Overview and Scrutiny Committee, as promised in October 2017?

A. We were aware that the closure of the walk in centre and plans for the Urgent Treatment Centre were causing concern locally, so we took the decision to share our plans as soon as we could. We will continue to work closely with the Overview and Scrutiny Committee and ensure they have visibility of our engagement plans.

Q. Do you acknowledge that this is a mess?

A. We recognise this has caused some concern locally. We have spoken to residents and elected members as soon as we are able to do so.

Q. Will you commit today to maintaining walk-in care at Putnoe Walk-in Centre after 31 March?

A. Yes. The CCG's new contract with the partners of the Putnoe Medical Practice will run from 1 April - 30 September 2018. In the meantime, we will work closely with residents to develop the new model of care for the Extended GP Hours service.

Q. The 'Governing Body Meeting (held on 25 January) is described as a meeting in public.' However, the meeting had a start time during the working day and the school day, a requirement for two days' notice of any questions, and public questions at the very end of the agenda, after all business is finished.

A. Our Governing Body meetings are held in public bi-monthly and are set a year in advance. The CCG moves the Governing Body meeting from town to town across Bedfordshire to give people the opportunity to attend, should they wish. Engagement events are held at weekends and in the evenings to give those who are unable to attend a daytime meeting, the opportunity to become involved in discussions. We will however review how and where Governing Body meetings are held.

Q. The closure of the existing Walk-in Centre is causing great concern amongst residents. Over 5,000 have already signed petitions against its closure, many more than were consulted in your survey. Your proposal to close the walk-in centre will leave other areas of the health service under even greater pressure than they are currently and even more worryingly could leave patients not seeking the medical help they need. Will you think again about withdrawing this crucial local service?

A. The Walk in Centre will continue to operate until 30 September when the new Urgent Treatment Centre and GP Extended Hours service will take over. This will provide an enhanced service, with care being delivered closer to home. We do not expect this to add pressure to existing services.

Q. Where are the people going to go if there is a six month wait before the new walk-in open in Bedford Hospital? Should you not keep Putnoe open till the new one is ready?

A. Yes. The Putnoe Walk in Centre will be open until 30 September, when the Extended GP Service and Urgent Treatment Centre will take over.

Q. In Central Bedfordshire there continues to be a flow of new developments, many of over 100 houses at a time. I note from the applications that the BCCG has been contacted and have no objection to the application. In many villages of rural Bedfordshire local surgeries struggle with access due to a shortage of clinicians both doctors and nurses. My local practice has almost 18,000 patients and those seeking access often queue outside the premises from before 8am to obtain an appointment and many are unsuccessful. Phone and on-line bookings are also a problem. When this is discussed with the managing partner the response is that BCCG do not consult the practice. The result is that new residents fight for access and the consequence is that there is a deterioration affecting existing patients. The situation is the same with NHS dental practice access. I appreciate that practices gain more money if they have more patients but there should be some balance and not a continued reduction in the quality of medical care.

A. NHS funding is provided after patients move to a practice, which means it's very difficult for the CCG to plan ahead. However, we are working hard with councils to improve planning, so that we know where developments are going to be. This will help us to better plan for the area. This is starting to work and for example in Central Bedfordshire, we are working with the Council to develop a Health and Social Care Hub at the Biggleswade hospital site.

Q. Are you able to confirm what is happening with the walk in centre that runs out of the medical centre? There seem to be a lot of rumours floating around that it is going to shut in March, which is very concerning as it's an extremely useful facility.

A. The CCG has signed a new contract with the partners of the Putnoe Medical Practice from 1 April - 30 September 2018. The Walk in Centre will continue to operate until 30 September when the new Urgent Treatment Centre and GP Extended Hours service will take over. This will provide an enhanced service, with care being delivered closer to home. We do not expect this to add pressure to existing services.

Q. Does this mean that the surgery will remain a walk in surgery or will it be for registered patients?

A. The Walk in Centre will continue to operate until 30 September, residents can continue to use local services as they always have. From 1 October however, only patients that are registered at Putnoe Medical Centre, or wish to register, will be able to access the six day service provided by the practice.

Q. I'm given to understand that the above walk in centre in Putnoe is closing. What is the rationale behind the decision? In what other way will the demand for the service be met?

A. The Walk in Centre will continue to operate until 30 September when the new Urgent Treatment Centre and GP Extended Hours service will take over. This will provide an enhanced service, with care being delivered closer to home. We do not expect this to add pressure to existing services.

Q. With regards to the proposed closure of Putnoe walk in centre, this is an important function in our town. These days being able to see our doctor is very difficult, going to A &E is frowned upon and out of hours doctors are stretched. Please could I have some information as to why this is closing and the rationale?

A. The Walk in Centre will continue to operate until 30 September when the new Urgent Treatment Centre and GP Extended Hours service will take over.

The Urgent Treatment Centre will perform a different function to the emergency department. The centre will treat minor illness and injury and reduce pressure on the over stretched A&E department. Alongside this GP Extended Hours service will improve access to appointments.