NHS
Bedfordshire
Clinical Commissioning Group

Governing Body Meeting Part 1 in public
Minutes of the meeting held on **Thursday 6 September 2018** Central Bedfordshire Council Chambers, Priory House, Chicksands, Beds.

Present – voting members

Heather Moulder	HM	Acting Chair
Alan Streets	AS	Interim Accountable Officer
Ian Chislett	IC	Deputy 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
Dr Roshan Jayalath	RJ	Locality Chair
Dr Sanjay Sharma	SS	Locality Chair
Saqhib Ali	SAI	Lay Member, Audit & Governance
Alison Borrett	AB	Lay Member, Public and Patient Engagement

Also in attendance

Jane Meggitt	JM	Director Planned and Unplanned Care Commissioning.
Sally Adams	SA	Programme Director of Out of Hospital and Primary Care.
Hein Scheffer	HS	Director of Workforce
David McNeil	DM	AD of Governance, Risk and Corporate Services/Board Secretary
Richard Winter	RW	Healthwatch Bedford
Vicky Head	VH	Public Health
Janet Young	JY	Governance & Risk Manager **(Minutes)**
Michelle Summers	MS	Head of Communications & Engagement

Apologies

Malcolm Miller	MM	Chief Finance Officer
Muriel Scott	MS	Public Health

2.0	**Welcome & Introductions** HM welcomed members of the public and members of the GB. 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. HM welcomed Dr Roshan Jayalath to his first governing body meeting representing Bedford Locality and Vicky Head who has taken over from Ian Brown to deputise for Muriel Scott. HM also advised the governing body that Roland Ginn has stepped down from his role as Lay Member and thanked him for all his work with the CCG, in

	particular chairing the Finance & Performance Committee and the Joint Primary Care Commissioning Committee.
3.0	**Declarations of Interest** There were no additional conflicts in respect of the planned agenda or to add to the existing register.
4.0	**Minutes of the Meeting held on the 5 July 2018** The minutes were approved as an accurate reflection of the meeting.
5.0	**Action Tracker** The action tracker detailed the update to three existing actions. After discussion it was agreed to close all actions.
6.0	**Patient Story** MS related a patient story on the CCG's pilot in Bedfordshire of an Early Intervention Vehicle. The model supports patients to remain in their own place of residence, reduce unnecessary attendances to A&E and subsequent admissions. The vehicles are provided by EEAST and staffed by a paramedic and a healthcare professional from ELFT. The crew jointly attend urgent calls referred to them by ambulance control which are not high acuity calls for patients 60 years and older. The patient story reflected a thank you email from an MS wheelchair bound patient who had fallen when getting out of the shower. The patient related to how pleasant, caring and reassuring the team was. Due to the care and attention provided, the patient was not conveyed to hospital. AS stated that this was a good example of how the CCG had changed a service, improved patient experience whilst making best uses of resources. **The Governing Body noted the patient story.**
7.0	**Chairs Report – Heather Moulder, Acting Clinical Chair** HM gave a verbal report on her work since the last meeting in July 2018. The Chair continued to have weekly calls and meetings with the Chairs of Luton CCG and Milton Keynes CCG to oversee the ICS CCG alignment work programme and the setting up of the Joint Executive. Patricia Davies has been recruited to the role of Joint Accountable Officer and Chris Ford to the role of Joint Chief Finance Officer. The Chair had attended two Locality Board Meetings (West Mid beds and Ivel Vale) to hear the challenges being faced. The Chair had met with the Chair of Bedford Hospital to discuss key items and joint challenges and had also met with each of the CCG Locality Chairs. The Chair along with the Accountable Officer has attended meetings with Philip Simpkins from Bedford Borough along with the Mayor to discuss Putnoe walk in centre and has also attended the CBC Health & Wellbeing Board regarding draft strategies. **The meeting received the Chairs report**

NHS Bedfordshire Clinical Commissioning Group

8.0	**Report of the Accountable Officer - Alan Street** This report covered a period from the 25th July to 24th August 2018. **External meetings** • A winter summit with system partners was held on 27 July. A bed and out of hospital resource report will be produced to identify gaps across the system with options to address any shortfalls. • Assurance meeting between Bedfordshire, Luton and Milton Keynes CCG and NHSE was held on 30 July to review performance across all standards. • An escalation meeting with Dr Paul Watson was held on 17 August along with BHT on arrangements to secure the four hour waiting time performance target in A&E. This was a positive meeting and a further report will be submitted on the 27 September on the actions taken away. • Meetings have also taken place with the Mayor of Bedford Borough Council to discuss Putnoe Walk in Centre. • Central Bedfordshire Transformation Board – 21 August. • A joint assurance meeting was held at the end of July to discuss areas of pressure across all three CCGs. **Staff Meetings** • Staff meeting was held on 15 August. **Director changes** AS advised the governing body that he had invited Jane Meggitt to cover on an interim basis the post of Director or Commissioning Planned/Unplanned Care. CM enquired what was discussed at the joint assurance meeting. AS replied the discussions were around emergency care pressures and the CCGs financial position. **The Governing Body noted the content of the report.**
9.0	**Urgent Treatment Centre Update** JM gave the governing body a high level update on the emerging changes to the new Urgent Treatment Centre. The UTC remains on target to deliver on the 1 October. BHT have revised their initial decision to open the UTC in the currently occupied fracture clinic and will now open the UTC in the Cauldwell Centre with a review scheduled early April 2019. BHT have conducted two test of change days which were both successful. Tests will continue weekly throughout September in preparation for the 1st October start. On 27 September Senior Commissioners and members of the governing Body are invited to see the completed UTC as part of a final suitability test. BHT have agreed the IT solution for the site. Adastra will be used and training has been scheduled for staff 2 weeks before go-live. BHT are currently in the process of interviewing GPs for the service. Interviews and appointments are expected to be concluded early September. Supporting staff have been recruited and are in place. A communications plan has been developed and shared with partners. Initial contractual discussions to vary the acute contract have taken place, a draft variation documents has been developed as well as draft KPIs. Clinical leads have met to finalise the diagnostic pathway.

	Dr Jonathan Kirkham (JK) attended the meeting to report on the changes and improvements for the pilot scheme and how we want patients to be seen in the right setting and to have better clinical outcomes. Primary care patients will be seen by a primary care professional freeing up A&E staff to deal with emergency problems. The UTC will be seen as a pathway for urgent GP issues. The CCG's Communications Team will be working together with BHT during the pilot on clear signposting campaigns. These will be taking place this Autumn to ensure the pilot is working. Dr RD Commented that all Bedfordshire GPs use SystmOne and urged that to avoid duplications the UTC also adopted SystemOne rather than Adastra. JK advised that a SystmOne module that can be used is being looked into as currently it does not reach the current national specification for urgent care. RD also enquired about the diagnostic pathways. JK commented that simple diagnostics had been agreed with A&E and will see if there are any other diagnostics we may need. The Chair asked that an update is brought back to the GB in six months' time to review diagnostic pathways and usage. **The Governing Body noted the report.**
10.0	**Integrated Quality, Safety and Performance Report** AM presented the Integrated Performance and Quality report (IPQR) it has been populated with the latest nationally published data which is predominantly Month 3 (June). The report provides an update on the CCGs performance and quality of services and links to our strategic objectives. AM highlighted some of the achievements recorded on pages 3 and 4:- • Cancer quality indicators have all achieved above the national threshold. • No trolley waits in A&E over 12 hours • No urgent operations cancelled for a second time • All IAPT indicators achieving above national threshold. • C-Difficile incidents remain 5 below ceiling which is very positive. • 52 week referral. Breaches are improving and those affected are being closely monitored. AM continued that there had been some deterioration in delivery and highlighted the following:- • Cancer 62 day first treatment following an urgent GP referral. The position is deteriorating with 84 breaches recorded. Urology was particularly affected. The Governing Body were assured that the CCG continues to review all long waiters and these are primarily due to capacity at the hospital. • Ambulance response times continues to be a concern. EEAST are not achieving against the new targets, however they are working with the national team to address the "severity type" of calls being grouped under C2 and calls are now being re-triaged. A C2 improvement plan has been developed the number of double staffed ambulances increased. • 18 week RTT. The number of patients on the incomplete pathway has increased. NHSE are receiving weekly assurance reports. The CCG

	continues to challenge breaches with providers and may look to possible outsourcing. • Six week diagnostic breaches have deteriorated. Many were at Cambridge Community Services paediatric audiology due to ongoing issues with staffing/recruitment and clinic space. The Trust has a recovering plan in place. • A&E 4 hour waits deteriorated in June. A Winter Summit took place which was led by NHSE with system partners to review the levels of demand and capacity. An action plan has been developed and will be monitored and managed by the SRG. • Diagnosis rate for people 65+ with dementia. In order to achieve the national 66.7% target by September, a further 400 people would need to be diagnosed. AM also gave an update on HUC/111. Improvement in performance had been seen. Concerns were still being raised and are being investigated. New operational leadership is being recruited to gain confidence in this service. CM commented that surgeries with large cohorts of patients in care homes were in a better position to achieve the dementia targets than other practices. SA agreed but the CCG still required to meet the target county-wide. RJ added that things needed to improve in memory clinics and the problem does necessarily sit with primary care. HM enquired about the current situation with patient transport. AM gave assurance that staffing levels continue to be monitored and further feedback would be given to the Integrated Commissioning & Quality Committee. **The Governing Body received and noted the report**
11.0	**Month 4 Finance Report** IC presented the report. He explained the annual plan agreed with NHSE is to achieve an in-year surplus position of £10m which comprises a 1% annual surplus (£5.7m) and a £4.3m contribution towards repaying the CCG's accumulated deficit from previous years. At month 4, the CCG is reporting a £2.6m in-year surplus (£751k down on plan) and a forecast £10m surplus. Given the year to date pressures emerging, the forecast outturn of £10m has been given an amber rag rating. The key risks being acute activity continuing to impact on the financial position and the CCG already utilising all current contingency reserves. IC highlighted the following from the report:- • The overall year to date position on acute has deteriorated since the month 3 report. • There are small overspends on the mental health, community health, CHC, primary care and other program service budget areas. • We remain £3.5m short of our £26.1m QIPP target. The year to date QIPP delivery is £5.1m. Year to date we are £336k short of our revised plan. IC advised that month 5 figures will give the CCG more clarity as better information will be available.

	HM commented that the QIPP forecasting for month 5 requires refreshing and requested that the QIPP table should be re-profiled to state exactly what can be delivered. AM clarified that the Children's' Service QIPP was not looking at reducing spend or cutting services, it was around improving pathways. IC was asked what had led to the reduction in the debtor position. He explained that it was due to one or two large invoices being paid. JM was asked to comment on the position of procedures of low clinical value. She reported that there had been some slippage but the CCG would be back on track soon. The Chair asked for an update at the next meeting. **Action: JM** AS asked what is the CCG doing to close the QIPP gap. IC replied that Leads were developing new PIDs; a planned care QIPP week had been held to look at opportunities which resulted in a further £450k of QIPP being identified. A similar exercise will be carried out in Unplanned Care in two weeks' time. Several new schemes will be coming on track in the second half of the year which may improve the gap. AS asked what was the percentage rate for release of reserves. IC replied there was £2.5m release on reserve. The forecast position we assumed was £4.5m so the CCG has therefore released just over 50% of its reserves. **The Governing Body noted the report.**
12.0	**Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR)** DM presented the report which provided the Governing Body with an overview of the strategic and operational risks facing the CCG and how they are being managed and controlled. He pointed out that as a result of the PwC Capacity & Capability Review several improvements to the GBAF template had been proposed within the report recommendations. These had been incorporated in the version set before the Governing Body. In particular he brought the GB's attention to the dashboard on the first page of the GBAF which pictorially demonstrated the movement in risk scoring and set out which risks were showing gaps in control and/or assurance. The reader of the report could then get further information from the more detailed body of the report. DM confirmed that the risks on the GBAF must drive future governing body meeting agendas and the CCG Chair had been advised on what needs to be brought to the next meeting based on the current risks and the gaps in assurance. **The Governing Body confirmed it was assured by the content of the GBAF and CRR.**

13.0	**Workforce Report – Quarter 1** HS presented the report and highlighted the following:- • Staff turnover – the rolling 12 month turnover is 22.84% • Agency/Interim spend reducing • Sickness absence rate for Q1 is an increase in comparison to the same period last year. The top reason for sickness absence during this quarter classified days were lost as a result of anxiety, stress, depression (50.2%) unknown causes (20.63%) cold, cough, flu (5.16%). Attendance Management Masterclasses are being run to help mangers understand why staff are feeling so pressured. Appraisal returns at Q1 were low at 38.38%. However, the current figure stands just short of 50% and the Accountable Officer is pushing to get this percentage up. On a positive note talent mapping is being used to raise opportunities to develop staff and objectives are being reviewed to make sure they are not too "woolly" A report on apprentice training and Executive development will be presented at a future Executive Committee. RW commented on the high level of turnover and asked what changes are being made to address this. HS answered that a retention plan had been devised; more detailed exit interviews are taking place to gather information; and staff are also being encouraged to speak to their HR business partner if they have concerns. The sickness reporting themes are being looked at. Reporting of sickness absence is being refined as managers input sickness data directly onto ESR. The sickness reporting data will also in future have no "other" section which will make the information much richer. SA queried the high percentage of male non AFCs. HS explained they were most GP governing body members. EB enquired whether GP data could be incorporated into these reports. HS advised that member practices were not part of the CCG workforce, but it could be possible to produce a combined report from any information sent into the CCG from practices once the source was known. **The Governing Body noted the report.**
14.0	**Committee Reports and Updates.** **(a) Finance & Performance Committee 22 August 2018.** SA reported CIVICA was helping challenges; the committee was monitoring acute overheating; QIPP was a risk but it should be remembered that our current target is higher than has ever been delivered; the CCG is forecasting a surplus and not a deficit which is very positive. **(b) ICQC 22 August 2018** AB reported the committee had received an assurance report on extended access which had been applauded by NHE; HUC staffing levels had been discussed; deep dive on cancer. A report was received on the thematic review of never events and

	mitigating actions ELFT to be invited to the next ICQC meeting to discuss spike in numbers of self-harm serious incidents. **(c) Audit & Governance Committee 1 August 2018** SA reported that the internal audit plan was on schedule. **The governing body noted the updates.**
15.0	**Minutes of the sub-committees ratified since the last Governing Body meeting.** (a) Finance & Performance Committee – 25 July 2018 (b) Audit & Governance Committee – 13 June 2018 (c) Joint Primary care Co Commissioning Committee – 13 June 2018 (d) Integrated Commissioning & Quality Committee – 27 June 2018 **The Governing Body noted the business transacted**
16.0	**Review of the external committee minutes (Bedford Borough Council and Central Bedfordshire Council)** (a) Overview and Scrutiny Committee (b) Health and Wellbeing Board **The Governing Body noted the business transacted.**
17.0	**Any Other Business** There was no other business
18.0	**Questions from the Public** A member of the public asked when reporting on dementia, should the CCG compare Bedfordshire data (as a rural community) to that of the success in Leicestershire. The CCG should appreciate that there is much more resistance from rural patients having to drive to clinics. RJ answered that GPs and community professionals had formed a task and finish group to look at the barriers and were trying to establish memory clinics in practices.
	There being no further business, the Meeting closed at 15.30pm

Signed

H/M Moulder

Dated

September 2018

Heather Moulder
Acting Clinical Chair