

Governing Body Meeting Part 1 in public
Minutes of the meeting held on Thursday 2 November 2017 @ Rufus Centre

Present

Roland Ginn	RG	Chair
Sarah Thompson	ST	Accountable Officer
Jim Hayburn	JH	Chief Finance Officer
Dr Chris Marshall	CM	Locality Chair
Dr William Hollington	WH	Locality Chair
Muriel Scott	MS	Director of Public Health
Dr David Howard	DH	Locality Chair
Dr Ratan Das	RD	Locality Chair
Alison Borrett	AB	Lay Member, Patient Engagement
Saqhib Ali	SA	Lay Member, Audit & Governance
Heather Moulder	HM	Lay Member, Chief Nurse
Caroline Kurzeja	CK	Director of Commissioning
Anne Murray	AM	Director of Quality
Jane Meggitt	JM	Director of Risk, Governance and Corporate Affairs
Emma Barter	EB	Locality Chair West Mid Beds

Also in attendance

David McNeil	DM	Head of Governance/Board Secretary
Anne Bustin	ABu	Healthwatch Bedford Borough
Diana Blackmun	DB	Healthwatch, Central Bedfordshire

1	<p>Welcome & Introduction</p> <p>RG welcomed everyone to the meeting. RG welcomed JH to his first governing body meeting as the CCG Chief Finance Officer. RG also expressed his concern regarding the suitability of the room and requested that it was not booked again.</p> <p>RG reminded the meeting of the agreed etiquette:</p> <ul style="list-style-type: none"> • Assume that all the papers have been read in advance • Treat each other with respect • All questions through the Chair • Limit the use of mobile devices (for business only) 									
2	<p>Apologies</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Alvin Low</td> <td style="width: 10%;">AL</td> <td style="width: 60%;">Clinical Chairman</td> </tr> <tr> <td>Donna Derby</td> <td>DD</td> <td>Director of Strategy</td> </tr> <tr> <td>Hein Schaeffer</td> <td>HS</td> <td>Director of Workforce</td> </tr> </table>	Alvin Low	AL	Clinical Chairman	Donna Derby	DD	Director of Strategy	Hein Schaeffer	HS	Director of Workforce
Alvin Low	AL	Clinical Chairman								
Donna Derby	DD	Director of Strategy								
Hein Schaeffer	HS	Director of Workforce								
3	<p>Declarations of Interest and Conflicts</p> <p>HM declared that she had undertaken work with the Red Cross. There were no other declarations.</p>									

4	<p>Minutes of the meeting held on 7 September 2017 HM had provided previous comments, which had been included. The meeting approved the minutes for signing by the Chairman</p>
5	<p>Actions All actions were either included on the agenda or had been actioned for closure.</p>
6	<p>Report of the Chair A report from AL, Clinical Chair, outlining activity since the last governing body was received and noted.</p>
7.	<p>Report from the Accountable Officer A report from ST, Accountable Officer, providing the GB with an understanding of the work of the AO from 8 September to 13 October, over and above the items on the agenda.</p> <p>The key points</p> <ul style="list-style-type: none"> • Arrangement for financial recovery • Quarterly assurance meeting – national requirement for regular reporting on winter planning • Meetings with local councils • Non-Emergency Patient Transport service – recording particular thanks to staff for all their hard work in ensuring patients received a seamless service. • Member practice visits • STP – functional review of communication • Staff meetings • Healthwatch • Director level appointments • Planned merger of L&D and BHT – full business case expected in the next month or so. <p>The report was received and noted.</p>
8	<p>Tackling Bullying in the NHS Presented by Helen Haynes, HR</p> <p>The GB is asked to formally pledge support to the National Social Partnership Forum’s call to action on tackling bullying in the NHS. The pledge commits us to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identify the nature and extent of bullying in the NHS <input type="checkbox"/> Talk to our staff about it, listening to and learning from their experience <input type="checkbox"/> Set a baseline and goal for improvement <input type="checkbox"/> Implement an action plan and evaluate progress. <p>Each member of the GB agreed to sign the poster for display in the CCG to confirm its stance on bullying.</p>
9	<p>Integrated Performance and Quality Report Presented by AM</p> <p>The Integrated Performance and Quality report (IPQR) has been populated with the latest nationally published data which is predominantly Month 5 (August). The report provides an update on the CCGs performance and quality of services and links to the strategic objectives identified below. This report has been reviewed by the Finance</p>

	<p>and Performance Committee and the Integrated Commissioning and Quality Committee.</p> <p>Key points</p> <p>Improvements: the 85% threshold for cancer 62 day 1st treatment following an urgent GP referral had been achieved.</p> <p>Those areas that had deteriorated included:</p> <ul style="list-style-type: none"> • Cancer 62 day 1st treatment following a referral from an NHS Screening service • A&E 4 Hour wait • 18 Weeks RTT • Diagnostics 6 week wait • Ambulance Response Times • Dementia Diagnosis Rates • IAPT – Moving to Recovery • IAPT – Access • MRSA <p>AM said that there would also be a continued focus on MH inpatient areas.</p> <p>SA asked if the ambulance service category red 2 were on plan or improving. AM said there were new ways of reporting (Ambulance Response Programme) which may show things differently. AM continued that this was a national position and that the CCG would continue to closely manage the contract. CK added that the ARP allows handlers to phone triage more and maybe dispatch fewer ambulances and more cars and motorbikes. HM added that this was also subject to discussion at ICQC and expects there to be a settling in period to understand the new data.</p> <p>AM outlined the emergency response during October following the loss of the patient transport services, reiterating the fact that no patients had suffered a reduced service. RG said that he would like to record the Governing Body’s appreciation of all the hard work by staff to ensure patients were inconvenienced.</p> <p>The GB discussed the overall progress being made at month 5. They identified performance targets that were non compliant.</p> <p>The GB noted the actions outlined to gain control of the non-compliant targets.</p>
10	<p>Hertfordshire Urgent Care – Integrated Out of Hours/111</p> <p>Presented by AM</p> <p>The report summarised the position in relation to the contractual position for the Hertfordshire Integrated Urgent Care 111/Out of Hours Service (OOH). The report reflected the decision made by the Governing Body meeting on 5th October to pause and reconsider the planned procurement which was planned for 18 Months as a result of a new contractual position being shared by Luton CCG and the need to respond to the National prescribed service specification.</p> <p>The mobilisation and contractual position has been challenging since the contract was awarded on 30th March 2017. In July 2017 both BCCG and LCCG having reviewed their position concluded that the Integrated Urgent Care (IUC) contract was not viable</p>

	<p>without additional investment. This situation was predominately driven by GP pay rates and the Clinical Safety of the model.</p> <p>The Governing Body ratified the decision made at the Governing Body on the 5th October meeting to pause the Integrated 111/ Out of Hours procurement.</p>
11	<p>Delegated Commissioning of Primary Care Medical Services Presented by CK BCCG has been in Joint Commissioning arrangements with NHS England since June 2016. Following Executive approval, the engagement and due diligence preparations necessary to support a move towards Delegated Commissioning commenced.</p> <p>The paper informed the Governing Body of the outcome of the vote, and requested endorsement of the application to NHS England on 1st November 2017. If approved by NHS England, delegated commissioning arrangements would commence from 1st April 2018.</p> <p>The GB noted the application process and next steps in terms of due diligence.</p> <p>RG confirmed that there had been scrutiny of this work in the Primary Care Co-Commissioning Committee and noted that MKCCG had already moved to PC Commissioning and LCG planned to do so in 2018/19.</p> <p>The Governing Body endorsed the decision to submit an application to NHS England to assume delegated commissioning arrangements from 1st April 2018</p>
12	<p>Primary Care Infrastructure Update presented by CK The paper provided an update and set out the delivery plan for the key primary care infrastructure projects underway within Bedfordshire as part of the STP.</p> <p>The Out of Hospital Strategies, developed in partnership with both Local Authorities, set out the importance of digital innovation and estates modernisation to support in delivering the transformation plans.</p> <p>Digital Transformation There is a significant programme of work to improve information sharing between professionals. A summary of achievements to date and the planned next steps were set out to ensure Governing Body oversight of this work.</p> <p>Integrated Hub Development The paper also provided an update on the Hub Development Programmes.</p> <p>RG asked for assurance that the CCG was accessing available funding streams. CK said that the CCG were examining closely the Treasury guidance and working with STP partners. WH added that it was important to record the support the CCG had received from the borough councils.</p> <p>DH asked for assurance that the CCG have sufficient technical knowledge to comply with the estates work. CK said that the team were acquiring the required skills and working closely with experts at the borough councils. DH sought assurance that the work on Caulfield PC centre did not get lost in the process. CK confirmed that this was part of ongoing discussions.</p> <p>The GB will be asked to make key decisions in the future.</p>

	<p>The Governing Body noted the work underway to transform the primary infrastructure within Bedfordshire to support delivery of the Out of Hospital Strategies.</p>
<p>13</p>	<p>Bedfordshire Whole System Winter Planning Presented by CK</p> <p>The paper outlined the governance structures and systems that have been put in place to support delivery of the winter plan, along with supporting the system in times of surge and pressure.</p> <p>To support service delivery, patient care and performance during winter, Bedfordshire CCG has established a director led governance structure which comprises of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> A&E Delivery Board - Fortnightly <input type="checkbox"/> <input type="checkbox"/> A&E Delivery Board Operational Group – Monthly + adhoc <input type="checkbox"/> <input type="checkbox"/> Unplanned Care Team meeting – Weekly <input type="checkbox"/> <input type="checkbox"/> BCCG Directors meeting – Weekly <input type="checkbox"/> <input type="checkbox"/> A&E Senior Leads meeting – Monthly <p>The Bedfordshire system has developed a winter plan that provides a response to the requirements of NHSE and Public Health England’s ‘Cold Weather Plan for England’.</p> <p>MS said that it was important that the system had sufficient stock of flu vaccine CK agreed and said this is part of the constant data analysis.</p> <p>HM asked if the data analysis included Care Homes. CK there were some included but not all. There will be a gap analysis to ensure appropriate information is received.</p> <p>HM asked how much the 3rd sector would be involved. CK said that she was unable to answer at the moment but agreed to follow that up and report back.</p> <p>DB raised concerns that in respect of flu vaccines, pharmacies did not always follow the correct procedures. WH added that this was a national problem.</p> <p>DH said that the data might not reflect what was happening in primary care. CK said that it might be useful for localities to consider how best to get the relevant information into the dashboards.</p> <p>Action:</p> <ul style="list-style-type: none"> • CK agreed to follow up on the degree of inclusion of the 3rd Sector. • Locality Chairs to consider what could usefully be added to the winter dashboard (e.g. request for home visits) <p>The report was received and noted by the GB</p>
<p>14</p>	<p>Finance Report as at September 2017 (Month 8) Presented by JH</p> <p>The report provided the Governing Body with a routine monthly update on the financial position of the CCG and highlighted the current in-year position and the forecast outturn position for the year.</p> <p>Based on current information the £11.0m planned surplus is not likely to be achieved and the CCG is currently developing a Financial Recovery Plan. At this point in time</p>

	<p>the control total has not been adjusted formally, so the planned surplus is still used in this report.</p> <p>As at month 6, the CCG is forecasting to end the year with a £5.3m deficit. This forecast included prior year adjustments, in year cost pressures of £20.8m, potential risks of £3.9m, and planned mitigations of £8.4m. If the CCG is to achieve its control total of £11.0m, the CCG is require to find additional cost mitigations of £16.3.</p> <p>JH also emphasised the 4 areas of focus for the CCG – Acute Grip (Robust contract management), Demand Management (localities can assist with reducing referrals), Cost Pressures (working closely with partners) and QIPP schemes (transforming services).</p> <p>The GB discussed the current financial position and noted the risk of £18.6m and the intentions around mitigation of the risk.</p>
15	<p>Patient and Public Engagement Committee Presented by JM</p> <p>The CCG has a statutory duty to involve Public and Patients in its work. The paper provided an outline proposal for a new look committee, which will ensure that local communities are involved and that their views are incorporated into commissioning decisions.</p> <p>The Governing Body supported the proposal to disband the existing Patient and Public Engagement Forum and create in its place a new Patient and Public Engagement Committee (PPEC) that will report directly into the Governing Body.</p>
16	<p>Governing Body Schedule of Business Presented by JM</p> <p>The CCG Governing Body (GB) produces a schedule of planned business for its cycle of Meetings. Whilst the agenda for GB Meetings are dynamic, the Annual Plan provides a high level overview of the scheduled business that is likely to be presented at a particular point in the year.</p> <p>The GB received and the schedule of business</p>
17	<p>Governing Body Development Planner Presented by JM</p> <p>The strong relationship between leadership capability and performance has been well documented. Good leadership leads to a good organisational climate and good organisational climates lead, via improved staff satisfaction and loyalty, to sustainable, high performing organisations.</p> <p>It's recognised that a highly effective GB is one of the fundamental drivers of organisational performance.</p> <p>The CCG Governing Body produces a schedule of planned business for its cycle of development meetings, whilst recognising this remains flexible to change. The plan provides a high level overview of what is scheduled for the development sessions.</p>

	<p>The Governing body are reviewed and agreed the schedule of development sessions, recognising that these will be flexible and respond to variation as required.</p>
18	<p>Committee Reports</p> <p>The GB received copies of the approved minutes of its following sub committees</p> <p>Finance & Performance - September 2017 Audit & Governance – August 2017 Integrated Commissioning and Quality Committee – August 2017 Joint Primary Care Co-Commissioning Committee – August 2017 Patient and Public Engagement Report</p>
19	<p>Other external committee minutes:</p> <p>Health and Wellbeing Boards – Central Beds & Bedford Borough</p>
20	<p>Any other Business</p> <p>None</p>
21	<p>Questions from the public</p> <p>A member of the public informed the GB of a disappointing episode of care she experienced which involved the local Trust and her GP practice and access to radiography. The GB discussed the situation and agreed to discuss with Luton and Dunstable the current radiotherapy pathway.</p> <p>Another question involved winter planning and constantly evaluating changes in demand. ST confirmed that the data was being analysed daily and appropriate action would be taken. A follow up question from the same person asked whether the impact on patients was considered in all the discussions around Herts Urgent Care. HM confirmed that the impact on patients was a major focus for the Integrated Commissioning and Quality Committee. AM added that the CCG was constantly meeting with providers where the impact of patients is discussed.</p> <p>Another question was in regard to the CCGs web site and the out of date telephone numbers. JM said that the CCG had recently updated its phone numbers and would ensure these were updated on the web site.</p> <p>Acton: JM to ensure telephone numbers on the CCG web site was updated</p> <p>Another question was in relation to ELFT and the suggestion that they have stopped providing a ‘back to work’ process. ST said that the CCG was not aware of this and would discuss with ELFT.</p>
	<p>There being no further business the meeting closed at 15.20.</p> <p>The Chairman proposed that:</p> <p><i>That pursuant to the provisions of section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, the press and public be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business about to be transacted.</i></p>

Signed

Dated

Roland Ginn
Vice Chair