

**Governing Body Meeting Part 1
in public**

Minutes of the meeting held on
Thursday 7 March 2019
S1 Kings House, Ampthill Road Bedford

Present

Heather Moulder	HM	Acting Clinical Chair (Chair)
Patricia Davies	ST	Joint Accountable Officer
Chris Ford	CF	Joint Chief Finance Officer
Dr Chris Marshall	CM	Locality Chair – Leighton Buzzard
Dr Ratan Das	RD	Deputy Locality Chair – Bedford Borough
Dr Sanjay Sharma	SS	Locality Chair – Chiltern Vale
Emma Barter	EB	Locality Chair – West Mid Beds
Dr Roshan Jayalath	RJ	Locality Chair – Bedford Borough
Alison Borrett	AB	Lay Member, Patient Engagement
Anne Murray	AM	Chief Nurse
Mike Thompson	MT	Chief Operating Officer
Sarah Whiteman	SW	Medical Director
Geraint Davies	GD	Director of System Commissioning
Ralph McCormack	RM	Programme Director of (System) Commissioning

Also in attendance

Richard Winter	RW	Healthwatch Bedford Borough
Diane Blackmun	DB	Healthwatch Central Bedfordshire
Paul Curry	PC	Equality and Diversity Manager
Muriel Scott	MS	Director of Public Health
Hayley Dixon	HD	Assistant Board Secretary

Apologies

Jane Meggitt	JM	Director of Planned and Unplanned Care Commissioning
Saqhib Ali	SAI	Lay Member, Audit & Governance

2	<p>Welcome & Introduction</p> <p>HM welcomed members of Governing Body and members of the public to the meeting.</p> <p>The CCG was pleased to announce the appointment of Mike Thompson as Chief Operating Officer, Sarah Whiteman as Medical Director and Geraint Davies as Director of System Commissioning; welcoming all to their first Bedfordshire CCG Governing Body meeting. HM stated that the meeting is held in public and not a public meeting, advising members of the public that any questions relating to the agenda would be taken at the end of the meeting. Any written questions already received would be read and responses given.</p>
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3	<p>Declarations of Interest 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 8 November 2018 The minutes were approved as an accurate reflection of the meeting.</p>
5	<p>Action Tracker No actions were carried over from the last meeting. All actions are archived for reference.</p>
6	<p>Patient Story HM stated that regrettably the patient story is to be deferred as the patient is no longer able to attend the meeting.</p> <p>The Governing Body noted the deferral of the patient story.</p>
7	<p>Report of the Joint Accounting Officer PD gave update on the key topics and priorities that the Bedfordshire, Luton and Milton Keynes Commissioning Collaborative have worked on since the last Governing Body Meeting in November 2018.</p> <p>It was noted that during recent assurance meetings with the regulators of the CCG, NHSE commended the CCG on the improved leadership, developed governance structures, a better grip on the delivery and being on track to deliver control total balance. PD stated that over the past 18 months, the CCG has seen a number of changes and the CCG was entering a period of stability.</p> <p>PD informed the Board that the CCG has been successful in achieving the Delegated Commissioning for Primary Care, this was to be featured later in the agenda with regards to the Delegated Commissioning Agreement.</p> <p>Elements of the ICS were discussed, including a discussion around a potential change in ICS boundaries in relation to the Milton Keynes system. A review undertaken by NHS England and NHS Improvement concluded there was no evidence or appetite for a boundary change involving the BLMK (Bedford Luton and Milton Keynes) and the Buckinghamshire, Oxfordshire and Berkshire West (BOB) systems. This issue was noted as resolved and therefore closed.</p> <p>The Governing Body noted the verbal update of the Joint Accountable Officer.</p>
8	<p>Winter Plan update GD presented the report that detailed an update on the system wide winter pressure response.</p> <p>GD noted that in response to the pressures seen this year the Bedfordshire system utilised the local Operational Pressures Escalation Levels (OPEL) Framework with the process facilitated by the CCG.</p> <p>To support patient flow and in order to expedite ambulance handovers at Bedfordshire Hospital's Accident and Emergency department, the CCG commissioned a Hospital Ambulance Liaison Officer (HALO) for the winter period</p> <p>In the Summer/ Autumn of 2018, a comprehensive winter plan was developed based on system wide bed capacity modelling. BCCG block purchased a total of 23 winter pressure beds, with spot purchases being made to fulfil the commitment to provide an additional 30 beds until 31 March 2019.</p>

	<p>It was asked if there is a contingency in place should seasonal pressure exceed the proposed deadline of the beds of 31 March 2019. MT stated that there will be a phased withdrawal of this additional capacity which will ensure the Easter period along with the Bank Holidays in May 2019 are adequately covered.</p> <p>GD declared that overall the Bedfordshire Health and Social Care System has responded and coped well with the Winter pressures so far. Activity surge escalation plans for the Easter period are being developed to ensure that the system will be in a position to respond to any activity pressures appropriately.</p> <p>RD asked if there is any consideration taking place to hold Joint A&E Delivery Boards, in a plan to align and triangulate issues/ plans going forward with the system? GD stated that there is a BLMK ICS Governance Structure review taking place which will ensure the detailed conversations and learning that happens at place is shared to the wider collaborative system. GD stated that there is a scheduled Bedford A&E Delivery away day set for the 19 March 2019.</p> <p>Action: GD to report the BLMK ICS Governance Structure review to a future Governing Body</p> <p>The Governing Body noted the report and update.</p>
9	<p>Cancer Update</p> <p>GD presented the paper, providing an update on the national cancer agenda setting out key considerations for BCCG.</p> <p>GD stated that Cancer has been identified as one of the CCG's clinical priority areas and as such required regular updates to the Governing body.</p> <p>Following the publication of the NHS 10 Year Plan there are significant changes being proposed in terms of Cancer Alliance Leadership, STP/ICS transformation and the improvement of place based/ CCG outcomes.</p> <p>With regards to the CCG outcomes, GD stated that the plan sets out a number of ambitions for transforming cancer services for adults and children with the primary aim that 3 out of 4 cancers will be diagnosed at an early stage, therefore moving the quality indicator from 57% to 75% diagnosed at stage 1 and 2.</p> <p>GD share the 2019/2020 Planning Guidance Deliverables with the Governing Body.</p> <p>It was noted that a more detailed plan/ strategy will be developed with the cancer alliance with the BLMK CCGs taking the opportunity to strengthen their shared vision for cancer services across the BLMK footprint. The System Commissioning function of the BLMK Commissioning Collaborative will develop the strategy that will encompass cancer commissioning in its entirety.</p> <p>A key element of this plan will look at prevention. MS states that Public Health are to align the streaming details and prevention plans to this report.</p> <p>Action: GD to present the Cancer Strategy at a future Governing Body meeting.</p> <p>AB stated that the Patient and Public Engagement Committee (PPEC) received the Cancer update. The cancer presentation was delivered by Carol Ord the Cancer Alliance STP Programme Manager (Bedfordshire, Luton & Milton Keynes) with Tara Dear Assistant Director of Planned Care and Kathy Nelson Senior Commissioning Manager, Planned Care</p>

	<p>providing the Bedfordshire focus and offering a good level of public involvement and engagement to the plan.</p> <p>The Governing Body noted the report and comments.</p>
10	<p>Integrated Quality, Safety and Performance Report</p> <p>AM presented the report, providing an update on the CCGs performance and quality of services. The report has been populated with the latest nationally published data which is predominantly Month 9 (December 2018) and Quarter 3.</p> <p>AM shared the Cancer update, stating that in Quarter 3, the 62 first day treatment following an urgent GP referral underachieved at 79.65% against the national threshold of 85%. There were 344 patients treated of which 70 patients breached the threshold. AM stated that overall performance against the 62 days standard continues to be a challenge across the top 6 Acute Trusts. Bedford Hospital have reported a recovery position of the 62 day standard by June 2019.</p> <p>It was shared that the indicator for Dementia Diagnosis continues to be extremely challenging and a recovery plan with 8 identified areas of priority is being implemented. A Dementia Board consisting of senior level staff has been convened to monitor the action plan which includes extending the hair care homes project; additional clinic time in memory Assessment Service; rolling out a new assessment tool dementia training for nurses, administrative/ reception staff and investigate potential coding issues.</p> <p>In December 2018 there were 3082 patients aged 65+ with a diagnosis of dementia which gives a worsening position of 59.4% against the plan of 66.73%. MT stated that local data for January is showing a further decrease in the diagnosis rate for dementia.</p> <p>CM stated that RJ's Kings Street Surgery Bedford has very good diagnosis rates and the Governing Body should acknowledge this, taking in to consideration lessons learned from the process and incentive schemes.</p> <p>Action: AB took the action to look at the lessons learned with the Patient and Public Engagement Committee including voluntary sector for public engagement, feeding back to the Governing Body.</p> <p>MT discussed the A&E 4 hour wait detailing that in December the CCG underachieved the 95% national threshold with 93.5% which is an improvement on the November position. Bedford Hospital remains under extreme pressure and activity continues to be high, with increased levels of high acuity patients, despite the opening of the Urgent Treatment Centre on 1st October which saw 1,584 attendances in January, an average of 51 patients per day.</p> <p>The Governing Body noted the report and update.</p>
11	<p>Response to Working Together 2018, Safeguarding Guidance</p> <p>AM shared the paper detailing a proposal in relation to the requirements for a new Safeguarding arrangements in Central Bedfordshire Council and Bedford Borough Council, and notes the actions taken by safeguarding partners in relation to the revised Safeguarding Guidance 'Working Together' published in 2018.</p> <p>The Children and Social Work Act replaces Local Safeguarding Children Boards (LSCBs) with new local multi agency arrangements. AM detailed that the police, CCGs and Local Authorities are under a duty to make arrangements to work together, and with partners locally, to safeguard and promote welfare of all children in their area.</p> <p>AM detailed the key changes to the guidance, as noted in the report.</p>

	<p>Action: AM to bring an update regarding the Safeguarding arrangements post September 2019 to assess position and key priorities.</p> <p>The Governing Body supported the approach which has been developed collaboratively within the partnerships taking on board the requirements within the guidance.</p>
12	<p>NHS 10 Year Plan</p> <p>GD presented the paper that summarises the NHS 10 year plan as issued in January 2019. The paper covers the ambitions as set out in the plan;</p> <ul style="list-style-type: none"> - Making sure everyone gets the best start in life - Delivering world class care for major health problems - Supporting people to age well <p>GD described the actions highlighted in the report to support the delivery of the ambitions.</p> <p>Action: GD to present a paper to the Governing Body May 2019 in response to the development plan.</p> <p>DB stated that Healthwatch England has disseminated and published a survey to ascertain the views of local residents who can share thoughts on how the plan will support/ impact locally. The closing date for the survey is April with a publication of findings to be shared in May 2019.</p> <p>Action: AB stated that the PPEC would be a good place to share this engagement with the survey. The CCG Communications Team to enable the sharing of the survey to members of the committee.</p> <p>It was noted that more could be done to encourage and advise members of the public to take ownership of their health. HM states that the BCCG Members' Forum scheduled for March has personalisation health budgets and shared decision making forming a key part of the programme of the agenda.</p> <p>The Governing Body noted the report.</p>
13	<p>Month 10 Financial Report</p> <p>CF presented the report detailing the finance updates as of month 10.</p> <p>The annual plan agreed with NSHE is to achieve an in-year surplus position of £10m which comprises of a 1% annual surplus and a £4.3m contribution towards repaying the CCG's accumulated deficit from prior years.</p> <p>It was noted that at month 10, the CCG is reporting a £3.7m in-year surplus (£4.6m behind plan) and a forecast £10m surplus, consistent with the final 2018/19 plan submitted to NHSE. The year to date position is £1.2m worse than last month due to increased acute activity seen in recent months and an assessed reduction in QiPP to year end. The past two months has seen a £3m deterioration from year to date plan. However the position is anticipated to recover by year-end as the CCG firms up additional challenges with the acute providers which will have an impact on the forecast outturn. CF states that there are a number of financial risks and estimates reflected in the forecast and there remain other potential risks and mitigations as yet not included within the forecast position due to their level of uncertainty.</p> <p>Included within the overall position is the cost of a nationally driven prescribing cost pressure which is outside of the control of the CCG. At month 10 the cost of the national prescribing pressure or No Cheaper Stock Option (NCSO) is £1.6m year to date. The forecast position to 31st March 2019 is estimated to be £2.0m. This has decreased from</p>

	<p>previous estimates as there has been a slight reduction in the number of drugs included on the NCSO list.</p> <p>Sustainability of financial grip and leadership has been commended by NHSE at the regulator Assurance meetings, this has been a significant success that has led to the achievement of the delivery of the financial balance.</p> <p>The Governing Body noted the report and gave thanks to the staff of the CCG who have worked very hard with partners to deliver the agreed year end financial control total .</p>
14	<p>Draft Financial Plan 2019/2020</p> <p>CF presented the paper detailing the latest developments to the Draft Financial Plan for 2019/2020.</p> <p>CF stated that the assumptions for the plan are based on Month 10 forecast outturn, and details a recurrent allocation uplift of 6.28% (£35.2m).</p> <p>The Governing Body members discussed in detail the QIPP plan and the key risks in the report to delivering the financial plan for 2019/2020 financial year.</p> <p>AB asked how can the Governing Body be assured that the risk as highlighted on page 8 of the report pertaining to staffing and governance, will be managed to ensure the QIPP targets are still an area of key focus during this period of change.</p> <p>PD stated that the Executive Team now stable and strengthening of the supporting management structures is underway. Wider working across the collaborative is being reviewed.</p> <p>The Governing Body members entered discussion in relation to timely discharge letters, and the best approach for moving towards a timely resolution.</p> <p>Action: Approval of the Draft Financial Plan to be obtained via a virtual Governing Body response ahead of the deadline of 29 March 2019. The Governance Team to facilitate.</p> <p>The Governing Body noted the report and comments.</p>
15	<p>Tender Waivers</p> <p>CF presented the report that details the request for the waivers for commissioning contracts for the year 2019/2020.</p> <p>The report has been presented to and supported by the Finance and Performance Committee, and also to the Audit and Governance Committee for process assurance.</p> <p>The Governing Body gave approval to the Chief Finance Officer's recommendation to enter in to one year contract for those that expire on March 2019 –and to sign the NHS England national variation document for those contracts that expire beyond March 2019.</p>
16	<p>EDS2 - Workforce Data Report</p> <p>MT presented the report that supports the CCG's duty to meet the workforce data publication requirements of the Equality Act 2010. The findings within the report were discussed at length.</p> <p>The report considers the findings of the annual workforce data analysis and makes recommendations. It is recommended that the Governing Body note the contents of the</p>

	<p>2018 workforce equality data and report which will be published on the CCG website to meet the publication requirements of the Equality Act 2010. It is recommended that the Human Resources Business Partner compare these figures with those of local CCGs to identify if there are any areas where there could be shared learning or development.</p> <p>A key point that was highlighted was the indicator from the Workforce Race Equality Standard (WRES) is the relative likelihood of a BME applicant being appointed once shortlisted. In 2018 a White applicant was 2.35 time more likely to be appointed from shortlisting than a BME applicant. This compares to 1.8 times more likely in 2017, twice as likely in 2016 and 4 times more likely in 2015. Any relative likelihood over 1.2 times is considered significant.</p> <p>PD asked if the findings have had staff involvement, this was confirmed as the Staff Involvement Group form the robust engagement platform.</p> <p>The Governing Body noted the report and asked that the associated action plan be brought back to a future meeting</p>
17	<p>Delegated Commissioning</p> <p>MT presented the report that details the delegation agreement. Attached the report were:</p> <ul style="list-style-type: none"> - Terms of Reference for the Primary Care Commissioning Committee - Delegated Agreement - Delegation document - Transitional Plan in preparation for delegation - Updated CCG Constitution <p>The Governing body were asked to Endorse the proposed Terms of Reference for the Bedfordshire Primary Care Commissioning Committee (PCCC) which had been issued to members for approval by exception; and to ratify the delegated agreement which sets the accountabilities between NHS England and Bedfordshire CCG</p> <p>Subject to the above recommendations being approved and NHSE approving the proposed changes to the Constitution NHS Bedfordshire CCG will become a Level 3 delegated commissioner from 1st April 2019.</p> <p>Bedfordshire CCG will prepare a common set of messages to communicate to general practice to ensure there is consistent understanding of the changes from 1 April 2019. A work plan is being developed which will include the communications plan.</p> <p>This will be widely shared and discussed with our membership, partners and the public and patients and will support how we will deliver national plans such as the NHS Long Term Plan building on our local plans for primary care networks PCNs</p> <p>The Governing Body noted the report and comments and gave endorsement for the Primary Care Commissioning Committee, Terms of Reference, and ratified the delegated agreement as presented.</p>
18	<p>Delegation of Approval of PIDs to Finance and Performance Committee</p> <p>MT explained the acronym of PIDs as Project Initiation Documents, stating that they are one of the most significant scheme deliverables within the QIPP Delivery Framework. The documents contain the information to judge whether a scheme is, and remains desirable, viable and achievable in year.</p> <p>Historically the Financial Recovery Board (FRB) held delegated authority to sign off the PIDs. The proposal is for the Financial Recovery Board to offer the in depth discussion and</p>

	<p>scrutiny to the schemes, then recommending the PIDs for approval to the Finance and Performance Committee.</p> <p>MT asked the Governing Body to consider and approve delegation of the PID approvals to the Finance and Performance Committee.</p> <p>The Governing Body discussed the importance of the clinical review of the schemes and asked for assurance that the FRB can offer this. It was noted that with regards to clinical engagement, the FRB membership includes clinicians and each scheme will have Quality Impact Assessments carried out before they are referred for formal approval.</p> <p>The Governing Body supported and approved the request of delegated authority in the approval process of PIDs to the remit of the Finance and Performance Committee.</p>
19	<p>Assurance Updates from Committee Chairs The Governing body received and noted the verbal updates from the Committee Chairs. The Governing Body noted the business transacted.</p>
20	<p>Minutes of the sub-committees ratified since the last Governing Body meeting The committee minutes were taken as read and noted. These will be published on the website in the next coming days. The Governing Body noted the business transacted.</p>
21	<p>Review of the External Committees The Governing body noted the agendas and latest minutes from the Health and Wellbeing Boards and Overview and Scrutiny committees of the local authorities.</p>
22	<p>Any Other Business There was no other business</p>
23	<p>Questions from the Public There were no questions raised or submitted ahead of the meeting.</p>
24	<p>The next meeting is scheduled for 16 May 2019, venue to be confirmed.</p> <p>Meeting closed at 4.15pm</p>

Signed

Dated

Heather Moulder
CCG Clinical Chair