

Minutes of the Governing Body Meeting

Held on 18th July 2019, 1400 hrs
Room S2, Kings House, 245, Amphill Road, Bedford, MK42 9AZ

Members Present:

Heather Moulder	Clinical Chair	HM
Saqhib Ali	Lay Member – Audit and Governance (Chair)	SA
Sally England	Lay Member – Finance and Performance	SE
Alison Borrett	Lay Member – Public and Patient Engagement	AB
Chris Ford	Joint Chief Finance Officer	CF
Patricia Davies	Joint Accountable Officer	PD
Anne Murray	Chief Nurse	AM
Dr Ratan Das	Member Practice Governing Body Representative	RD
Emma Barter	Member Practice Governing Body Representative	EB
Dr Roshan Jayalath	Member Practice Governing Body Representative	RJ
Mike Thompson	Chief Operating Officer	MT

Others in attendance:

Vicky Head	Representing Director of Public Health	VH
Geraint Davies	Director of System Commissioning	GD
Jane Meggitt	Director of Partnership Engagements and Communications	JM
Diane Blackmun	Healthwatch Central Bedfordshire	DB
Nicola Gurr	Minute taker	NG

Invited to attend:

Matthew Winn	Chief Executive, Cambridge Community Services NHS Trust	MW
Simon Herwin	Director of Children's Services, Cambridge Community Services NHS Trust	SH
Jo Drew	Head of Therapies, Cambridge Community Services NHS Trust	JD
Gerry Moir	Patient	GM

Apologies:

Dr Sanjay Sharma	Member Practice Governing Body Representative	SS
Sarah Whiteman	Medical Director	SW
Richard Winter	Healthwatch, Bedford Borough	
Muriel Scott	Director of Public Health	MS

1.0 & 2.0	<p>Welcome and Apologies for absence</p> <p>The Chair welcomed all members and attendees to the meeting. Apologies were received and noted as above.</p>	Action
3.0	<p>Declarations of Interest</p> <p>There were no declarations declared.</p>	
4.0	<p>Minutes from Governing Body meeting held on 16th May 2019</p> <p>HM noted that some people were listed as being members when in-fact they were in attendance. This needs to be amended. There were two other adjustments requested and once these have been done, HM will sign them off.</p> <p>Minutes from Extra Ordinary Governing Body meeting held on 21th May 2019</p> <p>Minutes agreed as accurate and signed.</p>	NG
5.0	<p>Action Tracker</p> <p>GB01 19/20 – Winter Plan Update This will be presented at the next GB meeting</p> <p>GB03 19/20 – Integrated Quality, Safety and Performance Report AB reported that some of the key individuals were not able to attend the planned meeting and that this will now be rearranged. She would provide an update at the next meeting.</p> <p>GB08 19/20 – EDS2 – Workforce Data Report HM commented that having ‘TBA’ on an action that has been on the tracker for a while was not acceptable. Agreed that September will be the target date.</p> <p>GB05 19/08 – Strategy Update It was confirmed that the GAP analysis has been completed and this item is on the agenda.</p>	
14.0	<p>SEND update on delivery against Written Statement of Action for Bedford Borough</p> <p>This item was brought forward in consideration that Cambridge Community Services NHS Trust has accepted an invitation at short notice to attend the Meeting and members of the Parent & Carer Forum were in attendance in the audience.</p> <p>AM presented the update paper to the Governing Body. She confirmed that the Clinical Summit had been held which was successful in sharing issues and tools and had over 100 people attending. Focus will be maintained by a new Transformational Group which the Chief Nurse chairs and members of the Parent & Carer Forum attend.</p> <p>AM confirmed that the Written Statement of Action (WSOA) issued by Ofsted has been adopted as the action plan for improving the service.</p> <p>AM reported that they were working with Cambridge Community Services to address the speech and language backlog and are expecting that by November, all children waiting for an appointment would have a date. AM will provide further updates at future meetings. She confirmed that they are expecting a re-inspection later this year or early in 2020.</p>	AM

AM confirmed that weekly update calls and spot audits were commencing next week.

PD reminded AM that the Parent & Carer Forum was a key link to improving services. She stressed that the entry process into the service should be easier and this was part of the transformational remit.

AB confirmed that SEND was a standing item on the Integrated Commissioning & Quality Committee.

HM invited MW to update the Governing Body and public on the issues which occurred last week and what was being done to rectify them.

MW firstly apologised that the actions of Cambridge Community Services (CCS) had caused distress to people, it was not their intentions and did acknowledge that they should have acted differently.

He explained that CCS support two different groups of children in their Speech and Language Teams (SALT):

- (a) Those younger children who need some help to develop their speech and language skills and are often identified when starting at school
- (b) Where SALT input is part of a wider and more long-term requirement as part of an agreed educational health care plan.

Both these services had large backlogs built up over time and had staff recruitment issues resulting in pressures on the service which needed addressing.

MW confirmed that they sent slightly differently worded letters to the parents and guardians of both cohorts which confused people. 210 letters were children within the Bedford Borough LA area for children with care plans who they should have been seeing, offering to see them next term in their schools. A further 360 letters were sent to parents across Bedfordshire covering both LA areas asking whether their child still needs active speech and language support, and if they didn't the child would be removed from the waiting list. The aim of the letters was to really identify who still needed to be seen and was the start of the project to cleanse the waiting lists.

They know that they get a spike in referrals in September, so they were trying to ensure that appropriate staff were in place and looking at how other professionals, such as teachers, could be supported with some children who needed only a small amount of support. They have secured some more funding to increase appropriate staff and these need to be used as efficiently as possible.

He acknowledged that the letters could have been written in a better way as not to confuse and upset people.

CCS has worked with the CCG and the Parent Forum in drafting an apology letter to all those who received the first letter. Along with an apology it now gives clear instructions for people to phone a help desk from Monday where an appointment date can be given and any questions can be answered as each child will need a slightly different action.

	<p>HM thanked them for coming to the Governing Body Meeting and for their public apology.</p> <p>HM asked how confident they are in achieving their target, especially as they did not achieve their agreed target in another service delivery area. MW responded that they are confident they can clear the current backlog by November. They are still working on capacity for November onwards and they need to be clearer on the demand and whether each case needed a SALT therapist or whether another member of the team would be able to see the child. The data cleansing was still progressing.</p> <p>CSS now deliver therapy in schools and this has allowed them to work with teachers in supporting children, especially those in the pre-referral group to prevent them from needing a referral in the first place. They are also working with Health Visitors so that any early developmental needs are identified as soon as possible. They are looking at digital offers for self help and are working closely with the CCG on this. AM reminded MW that they also need to work with the Parent & Carers Forum.</p> <p>RJ informed MW that GPs find the referral process itself quite complicated with some referrals bouncing back. It was agreed that CSS would come and speak to the GPs about the process and the new models being implemented. RJ to liaise with SH.</p> <p>DB wondered how the parents and guardians not present in the room will know that CSS has given such as full apology. MW said that the letter will be shared with the CCG and that everyone who had received the first letter would also get the second one which included an apology and a full explanation of what CSS are doing.</p> <p>HM invited the Parent & Carers Forum representatives to comment. They appreciated the apology but stressed that there should be more transparency moving forward.</p> <p>HM requested that this is brought back to the December Governing Body meeting and any problems encountered between then to be presented at the SEND Improvement Board.</p> <p>Representatives from CSS left the meeting</p>	<p>RJ</p> <p>AM</p>
<p>6.0</p>	<p>Patient Story</p> <p>Ms Gerry Moir gave the Governing Body a verbal description of her journey through the MSK services, from the initial referral, via the MSK service to self-care, then through the next referral, via the MSK service to having a hip replacement earlier this year.</p> <p>Ms Moir reported quick waiting times and reflected on a very smooth pathway between all the various organizations. She detailed her shared decision making and feeling like her two journeys reflected her choices and wishes.</p> <p>HM will write to the MSK service saying that a positive story had come to the Governing Body. HM thanked Ms Moir for her time in talking to the Governing Body.</p>	<p>HM</p>

	Ms Moir left the meeting.	
7.0	<p>Report of the Joint Accountable Officer</p> <p>PD gave a verbal update to the Governing Body.</p> <p>She reported that the GP survey results had been issued last week. BCCG came out reasonably well, with some areas for improvement noted, such as with access. She will present this at the next development session and confirmed that it was a good platform on which to build.</p> <p>PD reported that the CCG ratings had also been published last week and BCCG remains 'requires improvement'. The letter from NHSE does acknowledge that a lot of improvement has occurred and that this is a strong basis to build upon. However the senior team were disappointed not to have improved their rating.</p> <p>PD outlined some concerns with provider performances, including the SEND performance mentioned earlier. Other concerns relate to the Radiology service at Bedford Hospital, but reported that the providers were doing reasonably well on the Constitutional Standards. All areas of concern have action plans and are being closely monitored.</p>	
8.0	<p>NHS Long Term Plan Implementation Framework & Gap Analysis</p> <p>GD presented the paper to the Governing Body. He confirmed that there was a pan-BLMK working group which included members from the Local Authorities.</p> <p>GD brought the Governing Body's attention to the timetable on P5, stressing that these are tight targets, but achievable and that it will be important to bring the Governing Body and Membership with them in a meaningful manner.</p> <p>HM highlighted that the GAP analysis mentioned in the report was missing. GD confirmed that it has been done and he will share it with the Governing Body.</p> <p>He informed the Governing Body that the intention is to have a draft version by the 8th August and that will need to include engagement with the Membership in that draft.</p> <p>EB asked whether it was possible to section the LTP down into more manageable parts for better engagement and communication purposes. GD confirmed that the plan was to have different sections and requested help from members of the Governing Body with the separate chapters.</p> <p>PD reminded the Governing Body that the Framework would link into the JSNA and local priorities, such as increasing the take up of screening. The Framework would focus on the right parts of the LTP to benefit the people of Bedford.</p> <p>GD confirmed that the intention was LTP Implementation Framework would become the Commissioning Strategy for the next five years. There is a need to ensure that ICS vision and plans align with the Framework to avoid silo working or working against each other.</p>	GD

	It was agreed that GD will work with the clinical directors on engagement.	GD
9.0	<p>Healthwatch NHS Long Term Plan BLMK</p> <p>JM and DB presented the paper to the Governing Body.</p> <p>JM confirmed that engagement with the public was an on-going activity, rather than a stop/start conversation and so ideas and action plans moving forward will reflect the latest intelligence.</p> <p>JM confirmed that the first part of the engagement process had been led by Healthwatch with the final report being published 17th July and it will need to be reviewed so we can use the information.</p> <p>DB took the Governing Body through the papers which were the final draft versions as papers were sent out before the final versions were issued, but there were no material changes in the final versions. One report covers BLMK footprint and the second is at place level.</p> <p>The engagement was comprised of people's general experiences of health and social care and a condition specific survey.</p> <p>DB reflected that there were no real surprises in the findings, with people wanting better services which are more flexible, more joined up and holistic in nature.</p> <p>DB would like to see the reports and their findings to be reflected in the CCGs local plans and a collaborative session is being planned to occur in the next couple of months. She has also met with the Commissioning Leads so that they are aware of the issues raised.</p> <p>JM also confirmed that there were a series of engagement and consultation events coming up which the Governing Body members should attend. She will feed back in September.</p> <p>It was confirmed that the reports had been shared with the Overview and Scrutiny Committee (OSC).</p> <p>SE commented that the report comes across as reflecting only one cultural background, that of adult white population and asked that any future work is more diverse, in age as well as demographics.</p>	JM
10.0	<p>BLMK Primary Care Strategy</p> <p>MT and GD presented this paper to the Governing Body.</p> <p>MT commented that this was a good document and thanked the team who produced it, but the challenge now was to implement it and to make it real on the ground. He stressed the need to get this right as these are key enablers to transforming the organizations moving forward over the next 3-5 years. He believes this is the best transformational opportunity in Bedford for a while and it is critical that we make it work.</p> <p>It was agreed that there is a need to use PCNs as building blocks to make placed based care a real and positive structure.</p>	

<p>11.0</p>	<p>Patient Engagement Report for Biddenham New Build Primary Care Facility</p> <p>MT and JM presented the Engagement Report to the Governing Body. It has been presented to the OSC where it was positively received. It was noted that is feedback from local patients and residents and will be used to build up the business case.</p> <p>SA complimented the team on a thorough piece of work and asked whether the team were looking at this in the round and other villages nearby. MT offered assurances that they were and this was the first creditable site which has become available in a long time. He stressed that conversations with the Local Authority were continuing and this is still the beginning of the process.</p> <p>HM thanked the team for their work so far and confirmed that the Governing Body agreed that this project can progress to the Business Case phase.</p> <p>Dunstable Hub Patient Consultation Outcomes</p> <p>MT and JM also presented this Engagement Report to the Governing Body. MT outlined that a Hub would be a different type of building to a GP practice. In this instance there is funding and revenue considerations which will need to be built into the outline Business Case and be carefully considered. MT stressed that no decision had been made and that it would support the emerging PCN and improve quality in some areas.</p> <p>HM again thanked the team for their work so far and confirmed that the Governing Body agreed that this project can progress to the Business Case phase.</p>	
<p>12.0</p>	<p>Bedford Hospital Hydrotherapy Service</p> <p>MT presented the report to the Governing Body and confirmed that it has also been presented to the OSC.</p> <p>He confirmed that there will be a targeted engagement process over the summer, commencing w/c 22nd July and will return to the Governing Body in September for a decision. MT discussed the options listed in section 5 and it was agreed that option 1 (to re-open the Hydrotherapy pool at Gilbert Hitchcock House with immediate effect) would not be acceptable and so will be removed from the consultation programme. The remaining options for consultation are:</p> <ol style="list-style-type: none"> 1. Refurbish the Hydrotherapy pool and re-open at Gilbert Hitchcock House 2. Close the Hydrotherapy pool at Gilbert Hitchcock House offering only land based therapies 3. Provide Hydrotherapy Services at local facilities on a sessional basis <p>The Governing Body agreed to remove one option The Governing Body agreed to an engagement process of 6 weeks to commence w/c 22nd July 2019.</p>	

<p>13.0</p>	<p>Integrated Quality, Safety and Performance Report</p> <p>MT and AM took the Governing Body through the highlights of the report.</p> <ul style="list-style-type: none"> • Breast service is working on a recovery plan agreed with the CCG and NHSE/I. • 52 week wait breach was one patient who had declined a treatment date three times and will be offered another date shortly • Dementia Diagnosis rates are improving. July is currently at 61.3% which is above trajectory and remains under close observation. • CPA – AM continues to monitor this closely. • Health checks are kept under review at the Quality meeting and AM monitors this closely with colleagues. • PTS is improving but not quite where it needs to be and continues to be monitored. <p>PD updated the Governing Body on a patient audit being undertaken at Bedford Hospital into the patient journeys and flows for over 300 patients. It looks at length of time at each stage as well as whether the person really needed to be admitted. Its findings will be used to improve LoS and improve the discharge process and will impact internal efficiencies as well as the interactions with partner organisations at the start and end of the patient journey.</p> <p>A&E Regional Performance NHSE and NHSI Letter to CCG Chairs and AOs</p> <p>MT confirmed that the response had been sent back and that it covers all points raised in the letter. He will share this with the Governing Body.</p> <p>SA asked about whether it was clear what services had been accessed prior to a person going to A&E. MT that this work was only just starting but will need to cover this.</p> <p>DB reported that they have had several cases where people with mental health needs have been told to go to A&E rather than to the specialist provider. This could reflect the growing delays within the mental health services and needs to be kept under review.</p>	<p>MT</p>
<p>15.0</p>	<p>Update on Learning Difficulties Mortality Reviews</p> <p>AM presented this paper to the Governing Body which outlines the recent National Learning Disabilities Mortality Review (LeDeR) report and the work that has commenced in BCCG to review all of the people affected. She stressed that some cases have been through a Serious Incident Review (if they had been a patient) and Child Death Panels, however, this was population based and looks at all deaths.</p> <p>Although reviewing all cases has been a national requirement, there had been no resources allocated nationally for this, so teams had to undertake reviews alongside other duties. However there is now a national pot of £5m which BCCG will bid for, although the region is also considering giving their allocation to a CSU to complete the work on behalf of the CCGs.</p>	

	<p>It was confirmed that the Integrated Commissioning & Quality Committee will be keeping a watching brief on this and AM will bring it back to the Governing Body when possible.</p> <p>PD and GD left the meeting</p>	
16.0	<p>Month 2 Financial Report</p> <p>CF presented the paper to the Governing Body, reminding them that this is Month 1 actual and Month 2 forecasted.</p> <p>He mentioned that the CCG had a £0.3m surplus at the end of month 1, which was positive, although the target was £1.5m. The main driver behind this difference was the unexpected non-elective (NEL) activity seen in April. He stressed that they were still forecasting the delivery of the plan based on the planning and assumptions made when the plan was developed, but the actual NEL activity seen at Bedford was a challenge.</p> <p>CF and his team are investigating why there has been a 12% year-on-year increase in NEL when national modelling has it around 2-3% increase. He is working with the Trust and regulators to understand the underlying drivers of this increase, but the analysis has only just started.</p> <p>CF reported that Month 3 was also showing an overspend.</p> <p>EB asked whether we know where the gaps or main areas of concern are. CF responded that although analysis had only just started, initial areas of concern are within respiratory and cardiology.</p> <p>CF stressed that the recovery plan will be tested with AM and the quality team as well as the Governing Body but there may be some hard decisions to be made. He confirmed that all decisions would come back to the Governing Body. Weekly financial recovery meetings had been established and analysis would go there is the first place for detailed scrutiny. The recovery plan will be shared with NHSE prior to our meeting with them on the 8th August. CF will brief the Governing Body after that meeting.</p>	CF
17.0	<p>Constitution</p> <p>MT updated the Governing Body on the new Constitution which had been accepted by the Membership and therefore the CCG had a fully compliant Constitution.</p> <p>HM thanked MT and the Governance Team for all their hard work and for the engagement with the Membership.</p>	
18.0	<p>Assurance Update from Committee Chairs</p> <ul style="list-style-type: none"> • SE reported that the F&P next meeting is next week. There have been some issues with quoracy with the last three meetings not being quorate. HM to discuss with PD • AB had nothing to add to the report to the Governing Body for the IC&QC. She thanked the Communication Team for their support • SA had nothing to add to the report to the Governing Body 	HM

19.0	<p>Any other Business</p> <p>none</p>	
20.0	<p>Questions from the Public</p> <p>Ms Cheryl Green asked about A&E who had recently visited there and was appalled that many of the cases around her appeared quite minor and could have gone to the MIU/WIC instead. It meant that the area was very crowded and not a nice environment to be in. MT reported that there has not been a reduction in Type 1 activity despite the extra capacity within the wider system.</p> <p>Ms Paula Grayson asked about the LD Mortality review and wondered whether the interface between the children and adult services was an area of risk as people go from a very supportive care environment to one where the people are more on their own. AM reassured her that this was an area that is reviewed and is on the Dynamic Risk register.</p> <p>Mr Paul Sawford wondered how much of the increased activity was due to the post war 'baby boomers' who are now reaching old age.</p>	
21.0	<p>Date of Next Meeting</p> <p>11.00-13.30 Thursday 19th September, The Rufus Centre, Steppingley Road, Flitwick, Bedford MK45 1TH</p>	
<p>The meeting closed at 16.55</p>		