

Extra Ordinary Governing Body Meeting

Minutes of the Governing Body Meeting

Held on 21st May 2019, 1500 hrs
Boardroom Capability House, Wrest Park, Silsoe, Bedfordshire MK45 4HR

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	Locality Vice Chair – Bedford	RD
Emma Barter	Locality Chair – West Mid Beds	EB
Dr Roshan Jayalath	Locality Chair – Bedford Borough	RJ
Mike Thompson	Chief Operating Officer	MT

Others in attendance

Nicola Gurr	Minute taker	NG
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Apologies:

Dr Sanjay Sharma	Locality Chair – Chiltern Vale	SS
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1.0 & 2.0	Welcome and Apologies for absence	Action
	The Chair welcomed all members and attendees to the meeting. Apologies were received and noted as above.	
3.0	Declarations of Interest There were no declarations declared.	
4.0	<p>Audit & Governance Committee report to the Governing Body</p> <p>CF gave an overview on the Grant Thornton External Audit report. He was pleased to be able to report that the Auditors report is unqualified and although there are a few outstanding queries being worked through, it is expected that it will remain unqualified. The have confirmed that the accounts are true and in good order and that the CCG has met all of its financial requirements.</p> <p>A key focus of the report is on Value for Money (VfM) and CF brought the Boards attention to the statement on page 13 which states that in the Auditor’s opinion arrangements in place at the CCG are strong and operate within a culture which has enabled the CCG to meet its financial controls and that comments in the VfM report relate not to significant deficiencies, but areas of future risk and improvement.</p>	

	<p>CF reported that the audit had run smoothly and the Auditors were highly complementary of the finance team with very few amendments identified. There are some minor tweaks being worked through but neither party is expecting any problems.</p> <p>CF explained to the Board the background to the one issue which has been noted, how Bedfordshire CCG handled the mis-allocation of £900k which NHSE gave to Milton Keynes CCG in error. NHSE have acknowledged the error, confirming it in writing to the Auditors. However, by attempting to rectify it via invoices raised and paid, both CCGs have acted outside their authority, as there are no services or activity relating to the payment. The Auditors are confirming what discretion they have in this case and CF stressed that this is a technical query and that NHSE are unconcerned.</p> <p>He informed the Board that by not doing this, the CCG would have had an overspend of £900k (as this had already been spent on activity) and they would have missed their control total premium causing a potential £2m loss.</p> <p>CF stressed that even with this anomaly the report remains unqualified.</p> <p>It was agreed that all recommendations and issues raised in the report will be included in an action plan which the Audit Committee will monitor.</p> <p>SE noted that there had been some errors in previous Board papers and the Annual Report on the running costs. CF confirmed that these have now been reviewed and amended as required.</p> <p>CF ran through the other amendments to the Annual report which had been highlighted at the Audit and Governance Meeting.</p> <p>HM formally thanked the whole of the finance team for their hard work and asked CF to feed this back to them. It was noted how smoothly the audit process has occurred and the scrutiny and governance around the financial processes have been robust.</p>	<p>CF</p> <p>CF</p>
<p>5.0</p>	<p>Annual Report and Accounts</p> <p>PD took the Board through the Annual Report which summarises the position of the CCG.</p> <p>She highlighted two Constitutional areas which have been a challenge: 62 day cancer wait and dementia which have ongoing action plans to address. A further challenging area has been the A&E 95% target. The CCG achieved over 90% at year end, which whilst failing the target was in the top quartile in the country.</p> <p>The QIPP process and delivery has had some good progress and will remain an area of focus as we move forward through 2019/20.</p> <p>HM felt that the report gave a good representation of the year and asked PD to pass on her thanks to the whole team</p>	<p>PD</p>

	CF and PD signed the confirmation to NHSE that the report had followed due process.	
6.0	Any other Business none	
7.0	Date of Next Meeting - 14.00-16.30, Thursday 18 th July, Kings House, Bedford, MK42 9AZ	
The meeting closed at 15.45		

Governing Body Meeting Part 1 in public
Minutes of the meeting held on Thursday 16 May 2019 The Davies Suite, Rufus Centre, Steppingley Road, Flitwick, Bedfordshire

Present

Heather Moulder	HM	BCCG Chair (Chair)
Patricia Davies	PD	Accountable Officer
Chris Ford	CF	Chief Finance Officer
Dr Chris Marshall	CM	General Practitioner
Dr Ratan Das	RD	General Practitioner
Dr Sanjay Sharma	SS	General Practitioner
Emma Barter	EB	Healthcare Professional
Dr Roshan Jayalath	RJ	General Practitioner
Alison Borrett	AB	Lay Member, Patient & Public Engagement
Anne Murray	AM	Chief Nurse
Mike Thompson	MT	Chief Operating Officer
Sarah Whiteman	SW	Medical Director
Geraint Davies	GD	Director of System Commissioning
Saqhib Ali	SA	Lay Member, Audit & Governance
Sally England	SE	Lay Member, Finance and Performance
Howard Scott	HS	Secretariat Support

Also in attendance

Diane Blackmun	DB	Healthwatch Central Bedfordshire
Vicky Head	VH	Representing Director of Public Health

Apologies

Ralph McCormack	RM	Programme Director of (System) Commissioning
Muriel Scott	MS	Director of Public Health
Richard Winter	RW	Healthwatch,

2	Welcome, Introduction & Apologies HM welcomed members of Governing Body and members of the public to the 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.
3	Declarations of Interest There were no additional conflicts in respect of the planned agenda or to add to the existing register
4	Minutes of the Meeting held on the 7 March 2018 The minutes were approved as an accurate reflection of the meeting.
5	Action Tracker Winter Plan update This was already on the meeting agenda to be discussed in detail.

	<p>Cancer Update This was already on the meeting agenda to be discussed in detail as part of the Strategy Update.</p> <p>Integrated Quality, Safety and Performance Report AB reported that this action was still on-going and she would bring an update on the lessons learnt to the next PPEC Meeting</p> <p>Response to Working Together 2018, Safeguarding Guidance Due post September 19.</p> <p>NHS 10 Year Plan This was already on the meeting agenda to be discussed in detail as part of the Strategy Update.</p> <p>Draft Financial Plan 2019/20 Completed.</p> <p>EDS2 – Workforce Data Report MT to bring an update to a future meeting - TBA</p>
6	<p>Phyllis - A thought provoking theatre production that tells the story of one woman and her family's attempt to navigate the complex system of older people's care. DB informed the Governing Body that this play was performed to commissioners and providers. It is a very impactful play which describes Phyllis, 80, who was managing at home with the help of her family. On one of her daily trips to the shops, she falls and ends up in hospital. In this play by award winning theatre company Women & Theatre, the audience see Phyllis' decline and her family's struggle to navigate health and social care systems. Developed from research with patients, family members, health and social care professionals, the play highlights the challenges many face.</p> <p>DB stated that audience feedback included recommendations around this play being made available to younger people, other comments included the need to improve communication to family and carers. DB stated that the full report was available if required.</p> <p>HM invited comments from the Governing Body. The general comments included:</p> <p>Important for young people to be able to access this production Services need to see the person as an individual There is a need to put in place viable hospital admission avoidance arrangements If admitted care and discharge needs to be well managed All organisations involved in care (Not just Health or Social Care) need to work harder to put people at the centre of their care.</p> <p>The Governing Body thanked DB for the update.</p>
7	<p>Report of the Joint Accountable 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 7 March 2019.</p> <p>PD reported that the Quarter 4 Assurance Meeting with NHSE was a positive meeting. Improvements were noted in the strength of leadership and improvement in engagement. HMs role in supporting this engagement was also referenced.</p> <p>PD also stated that the CCG had achieved its control total within a challenging financial year and would like to thank all staff and partners who supported this.</p>

	<p>PD also informed the Governing Body that Bedfordshire, Luton and Milton Keynes ICS was now part of a new NHSE East of England region and was one of six other ICS/STPs. BLMK was not considered high risk at present and this was due in part to the achievement of the control total and their strength in partnership working.</p> <p>PD reported that the big challenges BLMK faced going forward included: Growth in non-elective activity Cancer performance (62 Day) within the local frameworks Access to Diagnostics Management of patient flow through various care pathways A&E performance – recent dips noted around bank holidays ICS Governance arrangements.</p> <p>HM thanked PD for the update and stated that despite the positive feedback from NHSE there was still more work to do to improve engagement and relationships, especially with the Local Authorities and Member Practices.</p> <p>The Governing Body noted the verbal update of the Joint Accountable Officer.</p>
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CLINICAL AND COMMISSIONING

<p>8</p>	<p>Strategy Update</p> <p>GD explained that following the publication of the NHS Long Term Plan in January 2019 and the establishment of the BLMK Executive Commissioning Collaborative covering the three CCGs of Bedfordshire, Luton and Milton Keynes, the Executive Team have considered the approach for the development of our strategy for the next 5 years.</p> <p>It has been agreed by the Executive Team and the three Clinical Chairs that the aims and objectives of the NHS Long Term Plan would provide the basis for the development and implementation of the BLMK commissioning strategy. In addition, the BLMK ICS has undertaken work to develop/implement a strategy in response to the NHS Five Year Forward View Plan and the BLMK Commissioning Collaborative strategy would build on this work.</p> <p>The paper presented by GD indicated the way forward regarding the development of the BLMK Commissioning Collaborative 5 year strategy, namely the commissioning strategy of Bedfordshire, Luton and Milton Keynes CCGs and the key workstreams to be delivered at Scale.</p> <p>GD informed the Governing Body of the overarching plans that were being developed and that they were due to be completed in the Autumn. Strategies and supporting workstreams are in place with lead executives associated to them. DG went through each workstream in detail and stated he was happy to circulate the strategies and workstreams.</p> <p>Action: GD to circulate Strategy Workstreams.</p> <p>Going forward GD stated that there was a need to carry out a GAP Analysis around the five year strategy and that a paper will be brought to the next meeting.</p> <p>Action: GD to bring GAP Analysis Paper back to June Meeting.</p> <p>AM informed the meeting of the work being done in association with Personalisation. She reminded the meeting that the aim of this work was to ensure that personalised care is the basis of the approach for the development of strategies to meet the health and social care needs of the 1 million people within BLMK.</p> <p>AD further commented that Personalised Care means people have a choice and control over the way their care is planned and delivered, based on “what matters” to them and their individual, strengths,</p>
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	<p>needs, and preferences. The NHS Long Term Plan makes personalised care the business as usual across the health and care system. She highlighted that BLMK is a demonstrator site and is striving to ensure implementation of the comprehensive model across all clinical pathways and, therefore, will include personalisation within all clinical strategies.</p> <p>AM went through the 8 key actions being progressed over the next few months.</p> <p>SW gave the Governing Body an updated position related to Primary Care and Out of Hospital Strategy for BLMK. She reported that practices were working together in a collaborative approach and the work was on-track.</p> <p>GD and SW provided an update on the Refresh the Stroke Review work. GD stated the work was due to be completed by June 2019.</p> <p>GD and SW provided an update on the Cancer Strategy for BLMK. They stated the need for an agreed approach and the requirements to get the wider care services fully aligned and working well to support patients with Cancer. They informed the group about the approach to undertaking the Cancer Strategy had been agreed following engagement with ICS stakeholders and Governing Bodies.</p> <p>AM gave an update on the Development of Mental Health, Learning Disabilities & Autism Strategies. She stated that this was work across three separate strategies and there were challenges in developing a more strategic commissioning approach for these areas as there were gaps within services and the care systems. She went on to go through the five key proposed actions relating to this area.</p> <p>AM also gave an update on the Development of Children and Young People Strategy. She highlighted the key areas being developed – Health and Well-Being, Focus on the Ill Child and the Complex and Vulnerable Child.</p> <p>GD gave an update on ICS P5. He stated that unfortunately the proposed timescales for reviewing the existing ICS governance arrangements, to ensure that they were compliant with the NHS Long Term Plan requirements issued in January 2019, had not been achieved and that he was working with ICS colleagues to agree how this could be achieved by a revised date of September 2019. It was agreed that a further update paper would be presented in June 2019.</p> <p>HM thanked everyone for their updates and before opening up this item for further questions she commented that there was clearly much work to be done in how engagement was being progressed.</p> <p>PD asked SW in relation to PCNs – what if practices did not want to be part of this. SW replied that all practices were being supported and the view of NHSE is that there is an expectation that all issues are resolved locally.</p> <p>The Governing Body noted the report and updates.</p>
9	<p>Planning Update</p> <p>GD and MT provided an update on for the Board/Governing Body on the following operational planning requirements. The development of a BLMK wide Single System Operational Plan for 2019/2020; the development of MKCCG's/BCCG's/LCCG's Operational Plan for Year 1 2019/2020 and the timeframe, key elements and initial steps to develop the BLMK response to the NHS Long Term Plan (LTP).</p> <p>GD and MT asked Board/Governing Body to review and note the BLMK Single System Operating Plan (SSOP) narrative for 2019/20. They informed the Governing Body that the plan was signed off by the BLMK CEO meeting on 11th April 2018, prior to submission to NHSE on 12th April.</p> <p>Approval was also sought for BCCG organisational level Operational Plan for 2019/20. Members were also asked to note the initial steps and timeframes for developing the ICS response to Long Term Plan</p>

	<p>by the autumn.</p> <p>MT stated that he had been concentrating on the Bedfordshire Plan. The planning leads had been working hard to come up with a workable local plan. The existing plan had been updated and refreshed. He went on further to state this years' local one year plan was starting to bed down and this gives MT and his team a focus on their priorities for 2019/20.</p> <p>GD highlighted that the papers being presented should have come in January 2019 and next year it will be brought to the meeting in January 2020. There was an acknowledgment that in relation to this area the governance and sign-off required improvement.</p> <p>Action: Operational Plan brought to Board/Governing Body in January 2020 for sign-off.</p> <p>The Governing Body noted the report and updates.</p>
10	<p>Getting Collaboration Right Programme</p> <p>GD gave an update on the Getting Collaboration Right Programme. This programme has been initiated to strengthen collaboration between the three BLMK CCGs. GD stated that the paper and update was being presented at all three CCG Governing Body meetings for information and discussion.</p> <p>GD stated that the paper was co-designed and co-produced with staff and members of the CCG. It includes four key workstreams and describes the Target Operational Model Development.</p> <p>SA asked if GD would be looking at areas where efficiencies could be improved like Finance etc?</p> <p>GD stated part of this process was to look at how functions can collaborate to improve efficiencies, and this included the entire business of strategic commissioning.</p> <p>HM also commented that there was a need to work at pace reviewing the three organisation Boards' approaches and this work is being supported by the Good Governance Institute.</p> <p>AB stated this and the wider piece of work involved much cultural change for those involved.</p> <p>PD stated it was very important staff felt they were driving this initiative and we needed to build into this process some form of 'temperature check' and link it into wider organisational development.</p> <p>SE asked how this linked into the wider planning process?</p> <p>GD responded by it was linked into planning and their 3 key areas.</p> <p>The Governing Body noted the report and update.</p>
CLINICAL QUALITY AND PATIENT SAFETY	
11	<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 11.</p> <p>AM shared the Cancer update – In February the CCG achieved four out of the eight national indicators with six indicators currently on track to achieve at year end. The main pressures continue to be the 31-day subsequent treatment for cancer - Surgery and the 62-day 1st treatment following urgent GP referral standards, with workforce issues and diagnostic capacity being the main concerns. The CCG is reviewing recovery plans for the six main acute trusts, providing Commissioning input to support best practice pathways in key specialties, introducing new roles to support clinical nurse specialists and developing plans to support patients in a community setting. The CCG has had sixty-seven 104+ day breaches year to date, for which the CCG's cancer clinical lead requests and reviews all root cause</p>

	<p>analyses (RCAs). To date there have been four breaches deemed to be avoidable, thirty were multifactorial due to a mixture of reasons and twenty three were unavoidable. Currently outstanding are five breaches where RCAs have been requested but not yet received and the CCG is in active engagement with these providers. There have been a further five breaches across the year where an RCA is not applicable.</p> <p>A&E 4 hour wait: AM stated in February the CCG underachieved the national threshold with a further deterioration in the year to date position. Bedford Hospital continues to remain under extreme pressure and activity continues to be high, despite the opening of the Urgent Treatment Centre in October. An improving booking in system is in place at Bedford Hospital to ensure patients are streamed to the most appropriate service.</p> <p>Dementia Diagnosis: AM stated this indicator continues to be extremely challenging and a recovery plan has been implemented with expected delivery of the national standard by October 2019. Current performance is at 59.19% against the plan target of 66.73%. A Dementia Board consisting of senior level staff has been convened to monitor the recovery plan. Recommendations have been made following a recent deep-dive and a workshop has been scheduled to discuss how to take this forward. CANTAB mobile is now live across Bedfordshire, giving GPs a tool to carry out dementia assessments in-practice.</p> <p>AM also drew the Governing Bodies attention to a recent Measles outbreak which included 7 cases in Bedfordshire, and all were school age. An email has been circulated to all GP practices in Bedfordshire and Luton highlighting the issue and the need to ensure practice staff are vaccinated.</p> <p>AM also updated the Governing Body of the work being carried out in relation to a Safeguarding Review. This is a thematic piece of work with police which will include particularly at this point accident and emergency.</p> <p>AM noted this work supports a national Public Health approach associated with Knife Crime.</p> <p>RD questioned what was behind the A&E figures. AM stated the issue was around consistency especially Bank Holidays. MT stated that overall Bedfordshire performed well against the A&E targets and he and colleagues were working with the Trust to understand what was impacting negatively on their performance. It was noted it was not just about access but also capacity and flow throughout the care system.</p> <p>SE asked AM where CAMHS and Perinatal performance figures were reported. AM and SE agreed to meet up to discuss this.</p> <p>The Governing Body noted the report and update.</p>
12	<p>Transforming Care for People with Learning Disabilities and/or Autism</p> <p>AM updated the Governing Body about this issue. Following the abuse of people with a Learning Disability and/or Autism exposed at Winterbourne View Hospital, a national programme of improvement was launched by NHS England.</p> <p>A partnership across BLMK of commissioners and providers was established in 2015 with an aim to discharge people back closer to home within the three years of the programme. AM reported that there has been significant success across BLMK in developing the partnership and working across health and social care boundaries with many people being discharged from hospital into community-supported placements. She further stated that new processes have been introduced to ensure ongoing review and support, but there is still work to do to improve the support offer in the community for adults and CYP alike to improve their outcomes and reduce risk of admission to hospital in the future.</p> <p>AM stated that the future work and priorities for 2019/20 were detailed within the report presented and are overseen by the BLMK Commissioning Collaborative Chief Nurse, supported by local leads in each partner organisation within the BLMK TCP.</p> <p>AM stated that due to the relatively low number of people requiring discharge from inpatient beds and no plans for bed closures, no NHS England Transformation Funding was provided to BLMK during the period of the national programme up to March 2019. Transformation funding provision was favoured in other parts of the country where the number of people to be discharged was significantly</p>

	<p>greater and/or the number of NHS bed closures was significant. As a result of this, the work undertaken within the partnership has been undertaken through partner organisations funding of the programme management through annual contributions of £20,000 each from the three BLMK CCGs.</p> <p>HM invited any questions from the Governing Body.</p> <p>CF stated that it was obvious the amount of work being done in this area and asked if this was something specialist commissioning should be involved in. Am responded that funding is linked to beds being closed and as historically Bedfordshire CCG had no beds then no money is available. AM further commented that further work was required around modelling services for both Adult and Children as there were challenges around the existing market provision.</p> <p>The Governing Body noted the report and update.</p>
<p>13</p>	<p>Local Maternity Update</p> <p>AM informed the Governing Body that following the National Maternity Review and the publication of Better Births local health commissioners, providers, Local Authorities, Maternity Voices Partnerships and other interested parties came together to form Local Maternity Systems. The aim of the BLMK LMS is to collectively drive improvements in safety towards the 2020 ambition to reduce stillbirths, neonatal deaths, maternal death and brain injuries by 20% and by 50% in 2025. She stated that the LMS has worked hard up to March 2019 to implement more consistent approaches to quality and delivery of services to women across BLMK through the LMS Programme.</p> <p>AM further commented that significant work has been done on developing a robust governance process and detailed programme plans, including understanding the financial and service models needed to deliver these plans. Transformation monies have been and continue to be invested in the work of the LMS to achieve its aims.</p> <p>She reminded the meeting that this work is overseen by the BLMK Commissioning Collaborative Chief Nurse supported by the programme team, three Heads of Midwifery and other local leads in each partner organisation within the BLMK LMS. AM stated that there was lots of work taking place within the individual workstreams. SE asked if there was an action plan? AM stated there was and this would be included in future papers.</p> <p>AM asked the Governing Body to receive the report for information and assurance. She stated that further update reports will be provided by exception throughout the year and then subsequently to report on 2019/20 implementation.</p> <p>The Governing Body noted the report and update.</p>
<p>FINANCE AND PERFORMANCE</p>	
<p>14</p>	<p>CF presented the report detailing the finance updates as of month 12.</p> <p>The annual plan agreed with NHSE was to achieve an in-year surplus position of £10m which comprises a 1% annual surplus (£5.7m as per NHSE business rules) and a £4.3m contribution towards repaying the CCG's accumulated deficit (£52.6m) from prior years.</p> <p>CF reported the draft outturn position, subject to audit, reflects marginally over-achieving against the control total. An in-year surplus of £10,128m has been posted.</p> <p>CF also noted that the CCG delivered £22.1m of QiPP savings for the year ended 31st March 2019 against a plan of £26.1m, a £4.0m shortfall. This represented delivery of 85% of the QiPP target against a 76% delivery against plan in 2017/18.</p> <p>SA added a cautionary note, stating that it was good that the CCG had met its target but only with NHSE support.</p>

	<p>CF stated that the CCG was already working closely with partners to achieve this year's control target.</p> <p>PD stated that System Performance QIPP Boards have been established with Terms of Reference, and there is an 'agreed in principle' understanding about how data is shared. This was very much about changing culture rather than commissioning.</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>
Governance and Corporate Affairs	
15	<p>Governing Body Assurance Framework and Corporate Risk Register</p> <p>MT provided an update to the Governing Body. He stated that the report updates the Governing Body on the revisions to the Governing Body Assurance Framework and the risks currently populating the Corporate Risk Register. It also hopes to assure the Governing Body on how risk management is being embedded.</p> <p>MT stated that the Governing Body now has a good process in place, and this had been supported by auditors. He is sharing the process and documentation with colleagues in Milton Keynes.</p> <p>MT highlighted the risks against 2.1a Failure to fully deliver £26.062m of QIPP efficiencies and 2.1b Failure to fully deliver £24.171m of QIPP efficiencies for 2019/20.</p> <p>MT also commented that this document was developing and there was still a requirement to separate certain sections to get the alignment or 'Line of Sight' right.</p> <p>GD stated that the Governing Body needed to use this document to really assure itself that the strategy was being delivered.</p> <p>MT agreed to carry out further improvement work on the GBAF.</p> <p>The Governing Body noted the report and update.</p>
16	<p>Audit Committee Annual Report</p> <p>SA presented the report to the Governing body.</p> <p>HM thanked SA for the update and noted that included within this report was a summary of the audit reports received which included one Limited Assurance report for STP Partnership and Governance.</p> <p>GD asked for a copy so he could review this report in relation to learning and ensuring the actions were highlighted.</p> <p>The Governing Body noted the report and update.</p>
COMMITTEE REPORTS AND UPDATES	
17	<p>Assurance Update from Committee Chairs</p> <p>The Governing body received and noted the updates from the Committee Chairs.</p> <p>The Governing Body noted the business transacted.</p> <p>The Joint prescribing Committee minutes (27 February 2019) were taken as read and noted.</p> <p>The Governing Body noted the business transacted.</p>
18	<p>Any Other Business</p> <p>18.1 Nomination and ratification of CCG lay Member – Alison Borrett was confirmed into this role. There was no other business</p>
19	<p>Questions from the Public</p> <p>A question was raised around the need to get the message out about vaccinations in relation to the Measles outbreak discussed earlier in the meeting. The Governing body agreed it was important to do this, but it needed to be part of a national approach.</p> <p>HM took the opportunity on behalf of the Governing Body to formally thank Dr Chris Marshall for his long service and contribution as this was his last meeting.</p>
24	<p>The next meeting is scheduled for 18 July 2019, 14:00-16:30, Kings House, Bedford</p>

Signed

Heather Moulder
CCG Clinical Chair

Dated