

Governing Body (held in public)

Tuesday 26th March 2019 09:30 – 11:30

Buckingham Suite, The Royal Hotel, Ross-on-Wye, Herefordshire, HR9 5HZ

Members		
IT	Dr Ian Tait (Chair)	Chair and Clinical Lead
ST	Simon Trickett	Accountable Officer
DH	Dr Dominic Horne	Clinical Vice Chair
GH	Graham Hotchen	Lay Member for Audit and Assurance
TT	Prof. Tamar Thompson OBE	Lay Member for Primary care
SN	Dr Sarah Newey	GP Member
HR	Helen Richardson	Chief Nursing Officer
JS	Jill Sinclair	Chief Finance Officer
Members (non-voting)		
JB	Jade Brooks	Acting Director of Operations
LW	Lesley Woakes	Director of Primary Care
ME	Mike Emery	Director of Corporate Development
ATS	Alison Talbot-Smith	Director of Strategy and Transformation
In Attendance		
KT	Kerry Thomson	Senior Communication and Engagement Manager
LB	Lucy Burgess (Minutes)	Senior Business Support Officer
Meeting Quoracy		
<p>Meetings of the Governing Body will be quorate when there are six voting members present, of whom there will be</p> <ul style="list-style-type: none"> a) the chair or deputy chair, and b) One lay member c) two GPs from the membership (<i>which may include the Chair of the Governing Body</i>); and d) one of either the chief officer or the chief financial officer, and e) two additional voting members from any of the following: <ul style="list-style-type: none"> i) lay members ii) secondary care specialist doctor iii) registered lead nurse iv) practice manager representative 		

Minutes

Agenda Item	
1.	Welcome and Introductions

	<p>The Chair welcomed those present at the meeting, including members of the public in attendance.</p> <p>The Chair wished to thank DH, GH and ST for their work and support to the organisation whilst the Chair was on leave over the last three weeks.</p>
2.	<p>Apologies</p> <p>Apologies were received from the following:</p> <ul style="list-style-type: none"> • Diane Jones MBE – Lay Member for Patient and Public Involvement • Jo-anne Alner – Managing Director • Dr Ian Roper – GP Member • Karen Wright – Director of Public Health, Herefordshire Council
3.	<p>Declaration of Interests</p> <p>The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of HCCG.</p> <p>Declarations made by members of the Committee are listed in the CCG’s Register of Interests. The Register is available either via the Senior Business Support Officer or the CCG’s website at the following link: https://www.herefordshireccg.nhs.uk/library/declaration-of-interests</p>
4.	<p>Minutes of the last meeting</p> <p>The minutes were agreed to be a true and accurate representation of the meeting held on the 22nd January 2019 subject to the following amendments:</p> <ul style="list-style-type: none"> • Page 4 – second bullet point should read “commissioning” rather than “commission”. • Page 6 – fourth bullet point should read “mortality” rather than “morality”. • Page 8 – third bullet point should read “month 9” rather than “month 7”.
5.	<p>Actions</p> <p>Please refer to the action tracker.</p> <p>SN declared a conflict with action 22.01.19/GB/12 as part of the locality involved in the microsuctioning pilot.</p>
Patient and Public Involvement	
6.	<p>Public Questions</p> <p>No questions were submitted by the public prior to this meeting. The Chair will allow the public to ask any questions at the end of this meeting.</p>
Main Agenda	

7. Accountable Officer Report

Presented by ST.

Purpose of the report:

The purpose of this report is to brief the Governing Body on:

- Decisions taken during the previous month
- Updates on key issues

Recommendations to the Governing Body:

1. The Governing Body is asked to note and comment on the items included in this report.
2. Governing Body is asked to ratify the appointment of Alex Price to Practice Manager Governing Body role from 1st April 2019 to 31st March 2020.

The following key points were highlighted:

- *NHS Long Term Plan and future CCG role* –The NHS Long Term Plan (LTP) states that there must be movement toward one CCG per STP/ICS area; partners across the two counties are carrying out work on this matter, looking at timeframes and how it can be achieved. The balance between place based work and strategic commissioning work across the two counties will continue to be developed.
- *NHS England proposals for possible changes to legislation* – NHS England (NHSE) have published a consultation focusing on possible legislative changes. ST has been invited to a roundtable meeting with Simon Stevens (Chief Executive of NHSE) and other NHSE colleagues to discuss these proposals further. It is clear that this proposed legislation still involves CCGs and looks at moving away from procurement to more collaborative working.
- *Proposed Sustainability and Transformation Partnership Operating Model* – a refresh of the STP operating model is being undertaken. Current ideas/proposals are based around making the STP more of a focus in the CCGs daily work and leadership roles across the system should be filled from existing roles.
- *Urgent Care and Patient Flow position for winter 18/19* – Primary care and hospitals have seen some pressures over the winter period. March has shown good four hour target results, Wye Valley NHS Trust need to be congratulated for achieving the four hour wait targets on some dates in March. There were increased ambulance conveyances and A&E attendances throughout the winter period, this could have a financial impact in the next financial year due to contact changes and therefore this needs to be managed appropriately.
- *Shared Executive roles across Herefordshire and Worcestershire CCGs* – the report highlights two planned retirements and replacements for the Governing Body. The appointment of Martin Lee to the Secondary Care Clinician role was also agreed by the Governing Body at a previous meeting.
- *Governing Body Members changes* – Alex Price has been nominated by practices to fill the Practice Manager Representative Role following Marcia Martin stepping down from this role. If agreed today, Alex Price will commence this role on the 1st April for twelve months.

GH raised a question around EU Exit assurance. ST stated that there is significant work being undertaken across the NHS around the EU Exit situation. Some GPs have raised some instances of issues accessing some medications however this currently appears to be a

	<p>manageable situation. Plans and preparation is in place and the CCG is currently in best position possible based on the current level of political uncertainty.</p> <p>The alignment of NHSE and NHS Improvement (NHSI) leadership shows an implicit theme of collaboration. The joining up of the approaches at local level is slowly progressing with roles now being filled. Strategically, Simon Stevens is taking up the role of Chief Executive for NHSI as well and NHSE which should lead to a single oversight within the NHS. Understanding the regional role will aid in the development of the ICS role however regional structures are still to be established.</p> <p>The following actions were agreed by the Governing Body:</p> <ul style="list-style-type: none"> • Governing Body noted the content of the report. • Governing Body approved Alex Price's appointment to the Practice Manager Representative role as of the 1st April 2019 for a twelve month period.
<p>8.</p>	<p>Governance Update Presented by ME.</p> <p>Purpose of the report: To outline the proposed revision to Herefordshire Clinical Commission Groups Constitution, that will be submitted to NHS England subject to Governing Body agreement.</p> <p>Recommendations to the Governing Body: To note and approve proposed amendments 1-4 to the CCGs Constitution and subsequent submission to NHSE England for approval.</p> <p>The following key points were highlighted:</p> <ul style="list-style-type: none"> • Amendment 1 relates to the role of the Herefordshire and Worcestershire Joint Commissioning Committee (JCC). This amendment clarifies the role of the JCC in the constitution and ensures consistency across the four CCGs. • Amendment 2 relates to the scheme of delegation. This further clarifies the role of the JCC and the work that is delegated to them. • Amendment 3 relates to voting arrangements at GP Parliament. The amendment clarifies voting at GP parliament due to existing ambiguity. • Amendment 4 relates to changes in member practices. This is a change to the number of practices listed within the document due to the Hereford Medical Group (HMG) merger. • The constitution will be reviewed in further detail later in the year as more alignment with Worcestershire takes place. <p>The following discussions took place:</p> <ul style="list-style-type: none"> • Amendment 3 should have "at that meeting" should be added as the representative from each practice at GP Parliament can change meeting on meeting. • IT suggested that "although wherever possible aiming for consensus" should be added to amendment 3 as well as a comment around ties and casting votes. ME stated that this may already be in the constitution but this will be reviewed. • In relation to amendment 4, HMG have been sighted on the changes to voting arrangements and this has been raised at GP Parliament. This amendment is also in line with other organisations who are in the same situation. <p>The following actions were agreed by the Governing Body:</p> <ul style="list-style-type: none"> • ACTION 26.03.19/GB/15: ME to review the constitution for a clause/statement about "aiming wherever possible for consensus" and arrangements for ties/casting votes in relation to voting at GP Parliament.

	<ul style="list-style-type: none"> The Governing Body approve these amendments (1-4) subject to the above discussions and agreed action.
<p>9.</p>	<p>Treatment Policy Refresh Presented by JB.</p> <p>Item 9 highlights the details of the annual refresh of the Herefordshire CCG Treatment Policy; this policy related to routine planned care that is funded by HCCG. Appendix A is the current policy with the proposed changes highlighted. Appendix B shows the areas with proposed changes compared to the previous version of the policy.</p> <p>Purpose of the report: To ask the Governing Body to approve the refresh of the Treatment policy subject to any further comments from WVT clinicians</p> <p>Recommendations to the Governing Body: The Governing Body approves in principle the Treatment Policy as set out in Appendix A to the report. The final refresh of the policy will be confirmed in May 2019 following the completion of the clinical engagement process with WVT on the local areas identified.</p> <p>The following key points were highlighted:</p> <ul style="list-style-type: none"> The annual reviews of this policy are completed to ensure that clinical procedures/interventions with no or limited evidence, or minimal health gain, are not used in Herefordshire. The proposed changes fall into four reasons for change categories as highlighted in the report: National Consultation on Evidence Based interventions, Alignment with Worcestershire CCGs’ criteria, Updated NICE guidance, Recommended for further clinical review. QIA and EIAs have been completed locally however these will be updated following further engagement. National QIAs and EIAs have been provided for the national changes to the policy. National communication for the implementation of the national changes has taken place, however the CCG is responsible for working closely with providers for the implementation of the refreshed policy. Dr Roper is leading on communications with the secondary care setting and a meeting between himself and the Medical Director of WVT is scheduled next week to discuss this matter and encourage clinical engagement. Any conflicts or concerns with the local changes during the extended consultation period will be taken to the Clinical Executive committee or the Clinical Reference Group as appropriate. <p>The following actions were agreed by the Governing Body:</p> <ul style="list-style-type: none"> The Governing Body would like to thank the teams involved in the refresh of the Treatment Policy. The Governing Body agreed to the implementation of the “Updated NICE guidance” and “National Consultation on Evidence Based Intervention” changes on the 1st April 2019. The Governing Body agreed to an extended consultation period, for the “Alignment with Worcestershire CCGs’ criteria” and “Recommended for further clinical review” changes, to the end of April 2019 to allow for further clinical engagement. ACTION 26.03.19/GB/16: JB to bring the revised Treatment Policy back to the May or July meeting of the Governing Body meeting following extended clinical consultation.
<p>10.</p>	<p>Dementia Strategy Presented by JB.</p>

Purpose of the report:

To present for adoption the Herefordshire and Worcestershire Living Well with Dementia Strategy 2019-2024.

Recommendations to the Governing Body:

- Adopt the Herefordshire and Worcestershire Living Well with Dementia Strategy 2019-2024 noting formal launch planned for July 2019
- Provide the system leadership through the Dementia Partnership Board to ensure implementation of the Strategy Action Plan for Herefordshire.

The following key points were highlighted:

- A dementia strategy has been in place in Herefordshire for some time however this has now been revised and joined with Worcestershire to create a two county approach.
- The review of the dementia strategy has involved input from people with dementia, carers and families of those with dementia and partners across Herefordshire and Worcestershire.
- It is believed that approximately 3000 people are living with dementia in Herefordshire. As a county, Herefordshire now has approximately 5000 “Dementia Friends” and a number of “Dementia Friendly” towns.
- Prevention and early intervention are key pillars to the strategy which then progresses into “living well with dementia”. Those with mild cognitive impairment and early onset dementia are also covered and supported through this strategy. Diagnosis rates for early onset dementia is high in Herefordshire and post diagnosis support for people with this diagnosis is rated in the top quarter of CCGs in the country.
- A formal launch of this strategy will take place later in the year as part of Dementia Action Week and members of the public will be invited to celebrate this strategy with the CCGs and partner organisations.
- KPIs for this strategy are currently being co-produced with Worcestershire (with input from social care, health care and other organisations) and these will demonstrate the impact of the strategy. ST added that dementia diagnosis rates across the two counties is particularly low and therefore improvement to these figures will also be key to judging the success of this strategy. It is hoped that the strategy will also give clinicians the encouragement and confidence to diagnose patients with dementia knowing the support mechanisms that are available.
- This strategy has been taken to the Health and Wellbeing Board and the STP Partnership Board which has allowed for sign-up and engagement of partners. The Dementia Partnership Board and STP Mental Health Workstream are supporting the sharing of resources and good practice across the two counties.

SN raised a question around the Five Year Forward View and GP practice quality improvement; it was raised as to whether the quality improvement activity work could focus on dementia. LW stated that Herefordshire Outcomes Framework (HOF) and Quality and Outcomes Framework (QOF) are currently being mapped with possible new commissioned indicators for dementia being highlighted.

The following actions were agreed by the Governing Body:

- The Governing Body would like to thank all those involved in the production of this easy to follow and jargon free strategy.
- The Governing Body agreed the following messages to be taken from this item:
 - The work that has been undertaken to develop dementia friendly communities in Ross-on-Wye and Leominster is very positive; learning can be taken from this and could influence other parts of Herefordshire.
 - Approximately a third of dementia cases could be delayed or prevented by adjustments in a person’s lifestyle. Many prevention activities, already available

- in Herefordshire; relating to cancers, strokes, diabetes and many others could help support the prevention of dementia.
- Encouragement should be given to those with memory or behavioural issues to seek treatment by showing that they will have a responsive system that is there to help and support them.

11. Performance and Assurance Reports

a) Quality Report – presented by HR.

HR apologised for some grammatical errors that were picked up post publication. These will be corrected and an updated report will be published on the CCG website following this meeting.

Purpose of the report:

To present the Governing Body with an overview of Quality issues across the CCG’s commissioned services.

Recommendations to the Governing Body:

Governing body is asked to note the content of this report.

The following key points were highlighted:

- Wye Valley Trust (WVT) have been outlier for HSMR and SHMI for a number of years. Both the HSMR and SHMI are now showing continuous improvement. The latest published SHMI as of February 2019 is 1.05 from 1.25 in December 2017. This continues to be a key focus for improvement across the system and the Herefordshire system is looking to implement new national guidance in terms of reporting SHMI by site rather than by Trust. The CCG and WVT system mortality groups will also be combined in the coming few months to aid with communication and ongoing mortality improvement works.
- WVT continue to report breaches in delivering same-sex accommodation, namely in critical care areas. WVT are currently undertaking a piece of work to look at how it plans discharges from critical care areas. New national guidance regarding mixed-sex accommodation is awaited in the coming months.
- Previously reported to the Governing Body, was an increase in clostridium difficile cases within Herefordshire. An improvement plan was put in place and a significant reduction in cases is now being reported. This work is continuing and overseen by a place based Health-Care Associated Infection Forum.
- A number of care homes had previously been rated as “inadequate” by the Care Quality Commission (CQC). The CCG are continuing to work in partnership with the Local Authority to understand and manage any quality risks within the care home market through the development of a Quality Assurance Framework. There are now no care homes in Herefordshire rated as inadequate and this work has been presented regionally as an example of best practice.
- Maintaining and continuing this improvement work is essential and the next stages of the journey are provided in the report.

The following actions were agreed by the Governing Body:

- The Governing Body noted the content of the report and would like to thank the quality team for their ongoing hard work.

b) Performance and Assurance Report – presented by JB.

Purpose of the report:

The purpose of this report is to provide the Governing Body with an update on performance reported to the HCCG’s Quality & Patient Safety Committee (QPS) on Tuesday 5 March 2019. The reports main focus is on commissioned provider performance against NHS Constitutional

access standards and other national & local standards. The report will identify & report by exception on areas of performance that Governing Body members need to be made aware of.

Recommendations to the Governing Body:

Governing Body is asked to review the report and make any recommendations for further actions to mitigate risk.

The following key points were highlighted:

- Some gradual improvements to performance have occurred in the following areas: Referral to Treatment pathway (RTT), Stroke/TIA services, 31 day cancer waits, 52 week waiters and dementia. These improvements currently do not signify a trend however they will continue to be monitored closely.
- Urgent care was highlighted as an area requiring improvement. The four hour A&E target is below the required target of 95% however there have been some slow improvements to these figures since January with this target being achieved on some days in the last month. A&E Delivery Board and the Urgent Care Programme Board will be working on demand and capacity planning as the figures show that if A&E receives approximately 160 attendees then the 95% target is achievable.
- The front door frailty service implemented by WVT is showing positive results; by preventing admissions by frail older people and directing them to appropriate alternative care.
- Four twelve hour breaches have occurred and these breaches will continue to be monitored closely with each one being reviewed for any potential harm.
- Delayed transfers of care figures have remained higher than expected and a multi-agency team is now in place to review this area.
- RTT local targets of 74% have been achieved, as of January WVT is currently at 78%. 52 week wait figures have altered since the production of this report and as of last week eight people are waiting over 52 weeks. The 52 week waiters are being monitored twice weekly and the year-end position for the 52 week waiters is expected to show three cases continuing into April with one person choosing to delay their treatment until April. WVT have been asked to arrange dates for these cases and some of these dates have been pushed into the first week of April due to requirements of theatres and specialists for these procedures which cannot be avoided. Previously, Trusts were fined for any patients waiting over 52 weeks, as of the 1st April 2019 both Trusts and Commissioners will be fined per patient waiting over 52 weeks.
- Breast symptomatic performance has dropped further; the CCG is working closely with WVT to understand their demand and capacity in relation to breast symptomatic cases and put mitigating actions in place. Improvement to this performance is now unlikely to be seen before May.
- The report (item 11b) only includes figures up to the end of December 2018. It is known that in January the two week wait performance was particularly poor, specifically for breast cases, with performance figures being at 0% which affected thirty-seven people. JB is looking at data sources to aim to bring more “up-to-date” figures to the Governing Body and QPS through the performance and assurance report.
- The quality team are continuing to work closely with JB and her team to ensure that no harm is coming to patients due to the poor performance highlighted in the report.
- Opportunities for working across the STP to support services and improve performance is currently being reviewed. Cancer pathways across Worcestershire and Gloucestershire are also under review as there is some fragmentation in pathways that will need to be addressed.

The following actions were agreed by the Governing Body:

- The Governing Body would like to thank JB and her team for their hard work in monitoring and aiding improvement in performance across WVT.

- The Governing Body noted the report which highlighted areas of improvement, areas with the prospect of improvement and areas that are requiring improvement and attention. The Governing Body need to remain informed of performance issues and improvements along with the direction of travel for all services.
- *ACTION 26.03.19/GB/17*: JB to review data sources for the Performance and Assurance report to be able to include more recent performance figures.

c) Finance Report – presented by JS.

Purpose of the report:

This report covers the financial position for Herefordshire Clinical Commissioning Group for the period April 2018 to February 2019.

Recommendations to the Governing Body:

Governing Body is asked to:

- Note the month 11 position, the additional in month pressures that have been absorbed and associated risks as detailed in the report together with the mitigating actions that have been identified and are being delivered.
- Note that as reported previously the CCG and WVT are in formal arbitration with each other. The contract form is being disputed by WVT. The CCG and WVT are now taking part in an External Determination process with the outcome expected to be completed by 11th April.
- Note the challenges the CCG face to ensure that a break even position is met for 2018/19.
- Advise of any further actions that the CCG should be taking to enable the 2018/19 control total to be met.
- Approve the indicative CCG budget for 19/20 which has been reviewed by the FPR committee.

The following key points were highlighted in relation to the 2018/19 position:

- At month 11, the CCG is on target to deliver a breakeven position. A number of risks have been managed, which were discussed at a previous meeting of the Governing Body. The month 11 position was fully scrutinised at the FPR committee that took place last week.
- The CCG remain in dispute with WVT over the 2018/19 contract and expert determination is now taking place, the expert determination process will be concluded by the 11th April. If the expert determination finds in favour of WVT and a PbR (Payment by Results) contract was reverted to then the CCG would remain in a position to breakeven for the 2018/19 financial year.
- The underlying position for the CCG, as the financial year ends, has been reviewed with NHSE. Following this review, the underlying position was agreed with NHSE as £100,000 surplus as this financial year ends.
- Key point 6 of the report highlights that the contract with WVT totals £123million with a further £1million available to WVT should GP referrals exceed 0.8%. As GP referrals have remained at a reduced rate, the contract will remain at £123million.

The following key points were highlighted in relation to the 2019/20 proposed budget:

- The budget is based on plans that were discussed at February's Governing Body Development Session and on plans submitted on the 12th February. The budget is subject to changes as the process continues and contracts are finalised for 2019/20.
- The plans show a net risk of £5million and as the contract sign-off process continues this risk is now being realised. This will be discussed in detail with NHSE.
- The 2019/20 contract with WVT is likely to PbR which means the trust will receive payment for each admission and attendance. Bailey & Moore have been assigned to the STP to aid in the development of the WVT contract. It is likely that the contract will be in

excess of the plan submitted in February. Until this contract is signed-off it will be difficult to finalise the risk; once this has occurred there will need to be amendments to the financial plan.

- QIPP will continue to be possible through the PbR contract and this could aid to mitigate some risk relating to the WVT contract. QIPP programmes and joint cost reduction plans will be essential to deliver a control total of £120,000.
- SN highlighted that the Five Year Forward View puts pressure on hospitals to reduce outpatient follow-ups and same day emergency care; this will be specified in the contract with WVT and will describe to them in detail the changes that they need to make along with the CCGs expectations. This will need to be monitored frequently.
- Whilst handling these financial and contractual issues, the CCG needs to ensure that the triple aim in relation to quality and performance is not lost and that there is fostering of collaboration/teamwork across the system.

The following actions were agreed by the Governing Body:

- The Governing Body noted the month 11 position including the risks and mitigating actions relating to it.
- The Governing Body noted the expert determination process is continuing with WVT and a resolution is expected on the 11th April 2019.
- The Governing Body noted the challenges faced to reach a breakeven year end position.
- The Governing Body approves the indicative 2019/20 budget subject to contract finalisation and a work plan that combines consultation and communication, transformation, triple aim and contract management.

d) Corporate Risk Register and Governing Body Assurance Framework – presented by ME.

Purpose of the report:

The purpose of this report is to provide the Governing Body with an update on the Corporate Risk Register and Governing Body Assurance Framework.

Recommendations to the Governing Body:

- The Governing Body asked to note and comment on the Corporate Risk Register and Governing Body Assurance Framework
- Approval of 19/20 Corporate Objectives, used within the GBAF, for the Herefordshire & Worcestershire CCGs
- Approval of 19/20 Governing Body Assurance Framework Structure, validating its adequacy in monitoring progress against the proposed corporate objectives and strategic risks

The following key points were highlighted:

- Changes to the Corporate Risk Register since the last meeting of the Governing Body are highlighted in the report. EU Exit is now clearly included in the register and clear processes/plans are in place.
- Public and patient engagement for the complex work that will be undertaken by the CCG over the coming year will be essential and this risk is expressed in the register.
- The change in contract form that has been highlighted today will need to be captured explicitly on the register moving forward.
- Further reflection and mitigation around performance will also be updated on the register following this meeting.
- Work is being undertaken with Worcestershire colleagues to review current Corporate Objectives. The proposed format for the document, to be used across both counties, is included in the document; the aim will be to have a single board assurance framework across the four CCGs. This proposed format brings together the best aspects of the frameworks that are currently being used in Herefordshire and Worcestershire, however

	<p>this is likely to evolve as it is populated. This proposal will be taken to Audit and Assurance Committee this afternoon for final approval.</p> <p>The following actions were agreed by the Governing Body:</p> <ul style="list-style-type: none"> • ACTION 26.03.19/GB/18: ME to update the Corporate Risk Register, following discussions at this meeting around the contract form for the next financial year and WVT performance mitigations. • The Governing Body noted the content of the report. • The Governing Body agreed to the 2019/20 Corporate Objectives set out in the report along with the proposed framework structure; this agreement is subject to approval and discussion at the Audit and Assurance Committee.
	Items for Information
12.	<p>Governing Body Committees (updates)</p> <p>a) Primary Care Commissioning Committee b) Finance, Performance and Resources Committee (FPR) c) Clinical Executive</p> <p>These reports were provided for information and no further updates were given.</p> <p>The following actions were agreed by the Governing Body:</p> <ul style="list-style-type: none"> • The Governing Body noted the content of the three reports provided.
	For Approval
13.	<p>Any Other Business (<i>to be agreed with Chair prior to the meeting</i>)</p> <p>No other business was declared. The Chair asked for any questions from the public at this time.</p> <p>Ian Stead (Healthwatch Herefordshire) stated that involving the public in the Treatment Policy refresh may be beneficial in managing expectations of patients. He offered Healthwatch's support in doing this and will speak to JB outside of the meeting. Ian Stead also offered Healthwatch's support in publicising the positive work that has been undertaken in care homes; he will speak to HR outside of the meeting.</p>
14.	<p>Close</p> <p>The Chair closed the meeting at 10:59</p>

DATES OF NEXT MEETINGS:

Meeting	Date	Time	Venue
Governing Body	28 th May 2019	09:30	Russet Room, St Owens Chambers, 22 St Owen Street, Hereford, HR1 2PL
Annual General Meeting (AGM)	23 rd July 2019	09:00	Town Hall, Hereford, HR1 2PJ
Governing Body	23 rd July 2019	10:30	Town Hall, Hereford, HR1 2PJ