

**GOVERNING BODY PUBLIC MEETING**

**THURSDAY, 28<sup>th</sup> FEBRUARY 2013, 1.30 – 3.30 PM**  
**Barnehurst Golf Club, Mayplace Road East, Bexley Heath, DA7 6JU**

**PRESENT:**

Dr Howard Stoate (Chair)	GP Chair – NHS Bexley Clinical Commissioning Group Governing Body
Dr Sid Deshmukh	GP; Clinical Commissioning Group, Locality Lead Frognal
Dr Bill Cotter	GP; Clinical Commissioning Group GP, Locality Lead Clocktower
Dr Varun Bhalla	GP; Clinical Commissioning Group GP, Locality Lead North Bexley
Dr Sushanta Bhadra	GP; Locality Representative North Bexley
Dr Graham Rehling	Secondary Care Doctor
Yemisi Osho	Nurse Member
Keith Woods	Lay Member Governance
Sandra Wakeford	Lay Member Patient Involvement
Sarah Blow	Chief Officer
Theresa Osborne	Chief Financial Officer
Ron Brewster	Representative from the Patients Council
Simon Evans-Evans	Director of Governance & Quality
Sarah Valentine	Director of Commissioning

**IN ATTENDANCE**

Mary Stoneham (notes)	Corporate Office Manager
David Parkins	Clinical Quality Lead
Mike Attwood	Interim Director Public Health Transition

**APOLOGIES:**

Dr Gunen Ucyigit	GP; Locality Representative Clocktower
Dr Sarah Chase	GP; Locality Representative Frognal

**01/13**

**WELCOME AND APOLOGIES FOR ABSENCE**

Dr Howard Stoate welcomed members to the Governing Body Public Meeting and explained that the meeting was held in public in order that the public may observe the decision making process. The public would have an opportunity to ask questions during the meeting.

**02/13**

**DECLARATIONS OF INTEREST**

Dr Stoate asked if anyone had any interests to declare in respect of the meeting agenda and the meeting **noted** the following:  
Drs Bill Cotter/Howard Stoate/Varun Bhalla/Sushanta Bhadra – interest in the AQP Anticoagulation Tender.

**03/13**

**MINUTES OF THE FORMAL BEXLEY CLINICAL COMMISSIONING MEETING HELD ON 20<sup>th</sup> DECEMBER 2012**

The minutes of the Bexley Clinical Commissioning Group meeting held on 20<sup>th</sup> December 2012 were **agreed**.

**04/13**

**MATTERS ARISING/ACTION NOTES**

Update on Action Notes from 20th December 2012.

Mike Attwood confirmed that the Analysis of Critical Care at King's College Hospital had shown that although the overall contract is underperforming there are two main areas of over performance. The position for Month 9 shows that Cardio Critical Care has now been reduced from an overspend of £81k to £67k. All actions completed on action log.

**05/13**

### **CHAIRMAN'S UPDATE REPORT**

Dr Howard Stoate's Chairs report included a summary on the Secretary of Health's decision regarding South London Healthcare NHS Trust and the NHS in South East London following a review of the Trust Special Administrator's (TSA's) final report. Six of the seven broad recommendations as set-out in the TSA's final report were affirmed which included Queen Mary's Hospital site transferring to Oxleas NHS Foundation Trust and being developed into a 'health hub for the local population'.

The successful Joint Partnership Commissioning Intentions Event on 14 February 2013 (80+ attendance) had provided the opportunity for discussion on Bexley's commissioning intentions for 2013/14 and beyond. Stakeholder input continues to be an integral part of the Bexley CCG commissioning process.

Positive feedback had been received on successful patient engagement events which included the Bexley's Stop Smoking team campaign to encourage people around Valentine's Day to 'love their heart' by quitting smoking. The Diabetes engagement event provided an opportunity for patients/public to discuss some changes to the service. More than 40 people participated in the event which will help shape the future diabetes model for Bexley, Bromley and Greenwich.

A brief update on the Francis Report into events at Stafford Hospital and how the NHS needed to change in order to foster a culture of good care for patients was explained. There would be a full report to a future Bexley Clinical Commissioning Cabinet Public Meeting to provide assurance that lessons learnt had been understood and that the report recommendations were acted on.

**06/13**

### **OPERATING PLAN 2012/13 FINANCE & QIPP REPORT**

Theresa Osborne summarised the Finance and QIPP Report at month 9 (December) and confirmed the Care Trust reported a surplus of £2,392k against a plan of £2,375k. The required 1% surplus of £3,508k had been set aside in reserves and the Trust is now forecasting this to be achieved in 2012/13 following additional non-recurrent funding to cover the most likely cost of the continuing healthcare claims received in month 9. This will have a positive impact in 2013/14 planning as a percentage of the surplus would be returned in the next financial year. However, the continued increasing overspend on the acute contracts continues to be a concern.

The financial outlook at this point in the year assumes full utilisation of available reserves and contingencies and delivery of the Quality, Innovation, Productivity & Prevention (QIPP) programme as currently forecast. There are risks at month 9 to the forecast outturn position and these are detailed in the meeting paper. £5,221k QIPP is assessed as being achieved at month 9 against a target of £5,696k. £7,045k forecast QIPP achievement is expected against £7,585k plan – a small deterioration on the performance reported at month 8. Acute over-performance of £4,902k is reported against all acute contracts at month 9. £6,884k cluster assessed acute over-performance forecast outturn, a large deterioration of almost

£500k in the month.

There are still concerns over the achievement of the Better Practice Payment Policy in 2012/13 and further staff training is planned to improve performance using the SBS financial system. The meeting acknowledged that there are problems with the SBS system raised at Locality Meetings.

The CCG has now received its allocation for 2013/14 which is £251,148k plus growth of £5,776k plus a running cost allowance of £5,660k. A balanced financial plan has now been drawn up and submitted to the NHS Commissioning Board and will be considered under agenda item E(ii) later in the meeting.

The Governing Body:

**Discussed and Noted** the month 9 (December) financial position and the forecast out-turn position detailed in the report, which includes 100% of the likely costs of the continuing healthcare claims and additional funding, resulting in the Care Trust reporting the achievement of the 1% surplus at year end;

**Noted** the details of the 2013/14 allocation received, referenced further in the February financial planning paper;

**Discussed and Noted** the key risks and cost pressures identified to achieving the surplus control total in 2012/13 and the management actions being taken to mitigate these risks;

**Noted** the revenue and capital resources available to the Care Trust;

**Noted** the month 9 forecast performance against the key national finance targets.

## TARGET PERFORMANCE REPORT

Theresa Osborne explained that the performance reporting system was currently being updated to improve the standard of future reporting and provide greater assurance on target performance to the Governing Body. The meeting report provided an update on Bexley Care Trust's performance against national targets and identified/highlighted national targets currently rated Red or Amber and local targets currently rated red.

Appendix 1 showed a comparison of performance against some of the key targets across the South East London PCTs for April to December 2012/13. A review of this shows that Bexley fares well amongst its peers across these targets. The meeting was asked to note the cancer and mental health targets where continued work was on going to improve services long term.

Appendix 2 gave details of the position for targets where performance is below standard and the actions being taken in order to address the situation.

Appendix 3 is the local report on all targets which is produced by the CCG Performance Analyst. This includes some additional targets from those shown in Appendix 2, e.g. Public Health and Community Provider Services.

Appendix 4 shows the Admitted and Non Admitted Refer To Treatment (RTT) position for December for Bexley and South London Healthcare NHS Trust.

The meeting discussed the QIPP red targets where 92% had been achieved but would need 100% achievement for a green rating. Members stressed the need to ensure that the appropriate checks and monitoring arrangements are carried out as agreed in contractual arrangements as part of the commissioning intentions process. Concerns were raised regarding Bexley's red rating performance in meeting the cancer targets compared to the rest of South East London performance and questioned whether the data in meeting paper was correct. Clarity was needed on the problems experienced with the implementation of hospital pathways where lots of work was taking place but it was unclear if the rate of transfer of services to community providers was taking place as required. It was suggested that this issue need to be discussed at the next Oxleas Quality Meeting.

Concerns were expressed regarding increased ambulance waiting times which were in part due to the Trusts struggling to achieve the 4 hour A& E waiting target and it was noted that this issue needed to be addressed across South East London.

The meeting acknowledged the achievement of Bexley as having the highest performance in South East London on the 'Choose & Book' target.

Questions were also raised on whether Darent Valley was included in the target reports as this trust had not been mentioned.

A further question was raised as to the hospitals causing target performance issues on % of women who had seen a midwife by 12 weeks which had fallen from an amber target in Q1 and green target in Q2 but was now red in Q3.

**Action:**

Theresa Osborne agreed to feedback on Darent Valley performance was included in the report and whether more detail could be provided on the Maternity 12 week target.

Simon Evans-Evans to check whether ~~on~~ the problems experienced with the implementation of hospital pathways where lots of work was taking place but it was unclear if the rate of transfer of services to community providers was taking place as required. It was suggested that this issue would need to be discussed at the next Oxleas Quality Meeting.

The Governing Body:

**Discussed** the targets of the Care Trust and

**Noted** the targets highlighted as red or amber throughout this paper;

**Noted** the actions being taken (appendix 2) to improve performance.

**QUALITY & SAFETY REPORT**

Simon Evans-Evans presented the Quality & Safety Report Q3 which detailed the key quality domains relating to services commissioned by Bexley Clinical Commissioning Group (CCG) and identified the quality assurance process developed for monitoring these services with assurances relating specifically to Bexley. The meeting discussed quality issues across Bexley/Bromley/Greenwich and the South London Healthcare Trust (SLHT) which had also been discussed at Quality Safety meetings held with key providers. The meeting noted that there would be further discussion at quality meetings with a member of the National Commissioning Board in attendance. The meeting considered the key issues highlighted in the executive summary and the action taken to date detailed on the final page of the report.

The Governing Body **noted** the Quality & Safety Report Q3.

**PATIENT INSIGHT & EXPERIENCE REPORT**

Simon Evans-Evans explained that the Patient Insight & Experience Report provided clear information and evidence relating to the patient experience of health services across Bexley. The information is gathered from a range of patient/public sources and used to provide the baseline position and the identification of trends and emerging concerns and has been a vital part of the planned improvements to patient service regarding diabetic and anti-coagulation. This report has already been presented at the Quality & Safety Working Group who had discussed the improved reporting of pressure ulcers, issues around the

length of time that providers are taking to respond to complaints (the medical director is now looking into this) and one never event that is currently being dealt with.

Dr Storate stated that number of complaints for Q3 had been reduced through the work of Patient Advice & Liaison Service (PALS) to resolve issues raised by the public. Sandra Wakeford confirmed that she had attended meetings regarding the patient transport services with Savoy with discussion on to improve on the main issue of long waiting times for patients to be returned home following hospital appointments.

The Governing Body **noted** the Patient Insight & Experience Report Q3.

### **ACUTE PERFORMANCE REPORT**

Sarah Valentine presented the Acute Performance Report and stated that the year to date over performance across the acute contracting budget is £4,919K (3%) an increase of £1,234K over month 7 when the value was £3,685k (3%). A trend of around 3% over performance has been experienced since month 4.

The forecast year end position, taking into account under performance assumptions is an estimated £7,445k over performance, a shift from the forecast over performance of £6,274 at M7. Theresa Osborne stated that these numbers were not the same as those reported in the finance report due to timing differences.

For month 8 the over performance at SLHT is £830k (1%) giving an £1,245k forecast outturn. The adjusted uncapped forecast outturn taking account of RTT phasing on performance to date is a value of £7,193K. A maximum value of £1,005K (excluding a PTS payment) has been set for Bexley's liability under the terms of the contractual cap and collar arrangement giving a £6,188K gap between the actual activity overspend and the capped liability. However, following the report the CSU had informed the Care Trust that there were reporting errors in these numbers and that they would be revised.

Trends in increased elective and outpatient activity are being reviewed as part of the CCG approach to QIPP in order to ensure appropriate service redesign actions are taken to address the current levels of Acute overspend in these areas in 2013/14. Concerns were raised regarding the accuracy of the Dartford & Gravesham data.

Theresa Osborne confirmed that if the over-performance by providers continued to deteriorate that this would have an adverse effect on 2013/14 plans as it was the month 6 position that had been used in this respect.

The Governing Body **noted** current performance against the CCG Acute portfolio and headline forecast outturn position of an overspend of £7.4m (or 3.7% above annual budget of £198.6m).

### **MENTAL HEALTH REPORT**

Sarah Valentine presented the Mental Health Report and highlighted over performance issues and remedial action being taken for adult cost per case; Forensic, TARN and UEA and the CAMHS Assertive Outreach Team. The IAPT Bexley Psychological Therapy Service tender process had identified a preferred bidder.

The Governing Body **noted** the Mental Health Report for Month 10.

## **COMMUNITY HEALTH SERVICES CONTRACTS UPDATE**

Sarah Valentine provided a summary on the report detailing the contracts commissioned under the NHS Standard Contract for Community Services and confirmed that the key performance indicators (KPIs) for the Urgent Care Centre are very good. The meeting noted that the target for district nurse cancellation of visits should be amended from 3% to 2% as there is a discrepancy with the Rio data system when visits are reallocated to Health Care Professionals.

The meeting discussed the continued improvement in the recording of patient ethnicity data in district nursing and health visiting staff to meet national targets and improvements noted to the follow up number of high risk children <5 years olds followed from previous quarter's performance.

### **Action:**

Dr Deshmukh asked that the 90% follow up target for the number of high risk children <5 years old be confirmed as the correct national target figure. Sarah Valentine to feed back.

The CQC carried out an inspection of the hospice in January 2013 and found the service met all standards including; respecting and involving people who use services, Care and welfare of people who use services, safeguarding people who use services from abuse, staffing and assessing and monitoring the quality of service provision. The one concern which the CQC felt may present a risk was the lack of a finalised mandatory training policy and confirmed training sessions for staff in 2013.

Sarah Blow confirmed that all contract KPIs would continue to be monitored going forward.

The Governing Body **noted** the update on the Community Health Services Contracts.

**07/13**

## **OPERATING PLAN 2013/14 COMMISSIONING INTENTIONS**

Sarah Valentine presented the Commissioning Intentions report that provided an update on the Commissioning Intentions 2013/14 and Contracting Round Timetable 2013/14 shared at the January Governing Body development event and which will inform the National Commissioning Board on Bexley's strategy and plans for coming year.

During discussion it was confirmed that the Commissioning Intentions document had been written in line with national requirements with high level detail and the 'plan on a page' provides a simplified summary of the top three priorities for Bexley. The Quality Innovation Productivity & Prevention (QIPP) for 2013/14 were designed to deliver £10.5m of redesign and contract efficiency based savings through a shift toward more community based care aligned with the South East London Strategy for Community Based Care.

Bexley CCG had submitted its first draft of an Operating Plan with these three priorities, C Difficile, NHS Constitution and NHS Outcomes Framework self certification – alongside the projected delivery trajectories for IAPT (Improving Access to Psychological Therapies) and dementia care. The CCG has planned to meet the targets set and self certify the clinical safety of provider Cost Improvement Programmes subject to the successful outcome of contract negotiations.

Keith Wood asked for clarification on when contracts would be agreed and signed and had a revision to timescale been included in the meeting paper. Sarah Valentine confirmed that the CCG had planned for contracts to be signed by 28 February 2013 however due to the decision relating to the Trust Special Administration recommendations and the detailed negotiations regarding the future of Specialist Commissioning services this had not be possible. Basic principles had been agreed with SLHT and Dartford & Gravesham and a greater level of detail was now being discussed. Sarah Blow stated that although the required date for sign off on contracts with acute providers was 31 March 2013, the CCG aimed to have signed agreement with SLHT and the other providers by 22 March 2013.

The Governing Body:

**A - Approved** the Commissioning Intentions for 2013/14, subject to any changes in contract variations extensions to be considered in part 2 and further refinements to the top three priorities in the “plan on a page”.

**B – Noted and approved** the south east London Community Based Care Strategy for which the Bexley specific action plan is covered in (i) the 2013/14 QIPP (ii) the QMH Commissioning Intentions both of which form key planks of the overall Bexley Commissioning Intentions.

**C - Noted** the attached **Contracting Round Timetable** with the intent to deliver Heads of Terms for 2013/14 by 28<sup>th</sup> February for all NHS providers in order to be well prepared for contract novation and derogation between the Care Trust dissolution on 31<sup>st</sup> March 2013 and formal establishment of the CCG on 1<sup>st</sup> April 2014.

## **FINANCE PLANNING 2013/14 & BUDGET UPDATE**

Theresa Osborne presented the Finance Planning 2013/14 & Budget Update that detailed the process undertaken to submit a balanced financial plan for the CCG for 2013/14(appendix 1). A number of risks associated with the plan are documented in detail in the report together with the actions being taken to mitigate them. The largest risks are around the assumption that the transfer of specialist commissioning will be cost neutral and the ability of the acute contracts to be negotiated within the resource envelopes available. There are additional risks to the 3-5 year plan following changes to the 2012/13 position and planning assumptions.

Appendix 2 updates the Governing Body on the progress of the budget setting process which is on target following adjustments to budgets. Internal discussions are taking place to confirm final budgets before 31 March 2013. Further discussions will take place at the Bexley Audit & Integrated Assurance Committee with an updated Finance Planning 2013/14 & Budget update report presented to the Governing Body in March to approve 2013/14 budgets for implementation on 1<sup>st</sup> April 2013.

Dr Stoate and Sarah Blow commended the finance team on the level of detail contained in the meeting paper and the work completed in difficult circumstances.

The Governing Body:

**Noted** the CCG's submission of a balanced financial plan for 2013/14 as laid out in appendix 1 of the attached report, reporting a 1% surplus;

**Noted** the risks identified around the transfer of specialist commissioning and the assumption being used that this will be cost neutral;

**Noted** the other risks identified to the financial plan;

**Noted** the progress made to date on the budget setting;

**Noted** the work being carried out on the 3-5 year financial plan to ascertain the CCG's financial position following changes to the 2012/13 position and planning assumptions.

**08/13**

### **INCIDENTS AND SERIOUS INCIDENTS POLICY**

Simon Evans-Evans presented the Incidents and Serious Incidents Policy. The management of Serious Incidents has been repatriated from NHS London and Bexley, Bromley & Greenwich (BBG) have agreed to work together to maximise the learning from SI incidents and reporting. This policy was designed to ensure that Incidents and Serious incidents are acted upon and lessons learned.

BBG CCGs role relating to serious incidents was to ensure that the appropriate management was in place across the system in the service commissioned by the CCG and are committed to identifying, managing and minimising all risks to its commissioned service users, staff and visitors through the framework of corporate and clinical governance and the process is detailed in the meeting paper. It is a mandatory requirement for health care organisations to have in place incident reporting policies and procedures. This is part of good risk management standard specified by the National Health Service Litigation Authority (NHSLA).

Serious incidents in healthcare are uncommon but when they occur the National Health Service (NHS) has a responsibility to ensure there are systematic measures in place for safeguarding people, property, NHS resources and reputation. This includes responsibility to learn from these incidents to minimise the risk of them happening again and the Quality Safety Working Group will monitor these issues.

#### **Action:**

Dr Stoate stated GP's responsibility to patients does not stop when patients are admitted to hospital and the CCG needed to ensure that there are appropriate processes in place to ensure GPs are alerted via email from all providers on the status of their patient's health and treatment. Sarah Blow confirmed that this process should be included in all BCCG contractual agreements and performance monitored and reported to the Governing Body.

Simon Evans-Evans to feedback on this issue regarding all providers. Oxleas NHS Foundation Trust had already agreed to this process.

Yemisi Osho stated that following the recommendations in the Francis Report support would be available from the National Commissioning Board to support this work.

The Governing Body **approved** the Incidents and Serious Incidents Policy as laid out in the meeting report

**09/13**

### **AMENDMENTS TO STANDING ORDERS**

Simon Evans-Evans stated that section 3.1.9 has been repeated elsewhere within the Standing Order document (in Section 3.9). It is therefore, requested to approve and agree deleting section 3.1.9 of the attached standing orders. Extracts from these sections are attached.

The Primary Care Advisory Group (PCAG) has retained the authority to amend the standing orders and therefore the Governing Body can only make a recommendation to the membership.

Changes of this nature will also require National Commissioning Board approval



The Governing Body **approved** the deletion of section 3.1.9 of the Standing Orders

**QUESTIONS FROM THE PUBLIC relating to issues raised in meeting.**

1. Declaration of Interest declared by Drs Stoate & Cotter detailed in the current meeting paper deferred from those declared in 2012.  
Confirmed that the Declaration of Interest contained in the meeting paper had been completed in line with Clinical Commissioning Group requirements agreed for delegation in October 2013.
2. Clarification on which organisation held responsibility for the Director of Public Health.  
Confirmed that Nada Lemic had been appointed Director of Public Health for Bexley & Bromley. Future responsibility for Public Health would move to the Local Authority who would make future appointments.

**10/13**

**111 IMPLEMENTATION**

David Parkins summarised the progress to date on the implementation of the NHS 111 new three-digit telephone service being introduced across South East London to improve access to NHS urgent care services. He explained patients would be able to use this number when they needed medical help or advice when it is not urgent enough to call 999. The report outlined the component parts of the new service focussing on the governance aspects monitoring the system and the consistent clinical assessment service to patients. One of the main benefits to commissioners will be real time data reports which will enable more informed decision making on new local service redesigns.

During discussion it was confirmed that the initial launch date of NHS 111 would be 12 March 2013 and the closed transfer of the NHS Direct number 0845 had been planned for later in the summer. When NHS 111 was operating appropriately and safely there would be a full national communication launch to ensure the public was aware of the change to services.

The meeting discussed the need to ensure that there was a smooth transition from NHS Direct to NHS 111 and that the first option for patients would be to contact their own GPs when possible. Concerns were raised to ensure that failures in the system would have an alternative plan for implementation e.g. if one area phone experiences a phone failure their calls would be transferred to another areas so that patients receive the appropriate telephone response at all times.

The Governing Body **noted** the report on South East London NHS 111 pilot.

**11/13**

**BOARD ASSURANCE FRAMEWORK (BAF)**

Simon Evans-Evans summarised the Board Assurance Framework (BAF) and explained that the BAF was an integral part of the management of risks within the CCG. All risks in the BAF had been reviewed and updated in line with changes approved by the Governing Body and included as part of the Risk Management Framework. BAF risks 1 & 3 had already been discussed earlier in the meeting regarding quality of care at SLHT. The Audit & Integrated Assurance Committee would discuss issues in the BAF in detail and provide local assurance to the Governing Body on local issues whilst the National Commissioning Board would provide assurance on national issues.

In line with the Risk Management plan and implementation of the Risk Management Framework a further assurance process has been developed to enable Bexley Clinical Commissioning Group to review our Strategic Risks on a

regular basis (rotational) for deep dive reviews that will be presented along with the main BAF (full document) Governing Body. These reviews will be carried out so that during each financial year all four objectives Patients, People, Pounds and Process will have all strategic risks considered.

The Governing Body:

**Noted** the Strategic Risks identified via the Board Assurance Framework and discussed the contents of the attached report and its related appendices.

**Approved** the use of BAF in - depth reviews explained in the attached report.

12/13

#### **TRUST SPECIAL ADMINISTRATOR (TSA) UPDATE**

Sarah Blow summarised the Trust Special Administrator (TSA) Update on the Secretary of State decision regarding the future of the QMS site. She explained that the implications of this decision was currently being worked through by all involved in the TSA, including Bexley CCG . A letter from the TSA in response to the BCCG letter was included in the meeting papers. Future updates on the progress of the TSA recommendations would be reported to the Governing Body as soon as possible and news on the appointment to the Post of “Independent Chair” was awaited. Mike Wood had been appointed as QMH Programme Director on a part time basis and will be based at 221 Erith Road.

13/13

#### **ASSURANCE FRAMEWORK REPORT FOLLOWING ISSUES ARISING FROM CROYDON PCT REVIEW**

Theresa Osborne summarised the recommendations in the Ernst & Young report on the errors in financial reporting at Croydon PCT in 2010/11 and the conclusions reached at a seminar with Cluster Finance Directors, supported by Ernst & Young, to distil the key learning from this report for the wider system. The report lists the procedures and processes that are necessary to minimise the risk of similar issues arising again and the South London Cluster has completed this checklist in respect of 2012/13 and this has been reported to their Audit Committee.

In order to provide the CCG with assurance going forward into 2013/14, this had been completed using the responses from the Cluster which will effectively be the CSU in 2013/14 and further evidence which will be provided by the finance team locally to ensure that the risk of such events happening in Bexley are minimised. Some areas remain where further work and evidence will be required and consideration of how these will be managed locally is ongoing. All of the items raised should be enhanced if there are adequate and robust Internal and External audit plans and processes in place.

It is important that the CCG Governing Body are aware of the findings and ensure that they provide adequate challenge to the finance team where appropriate e.g. levels of cash at bank, creditor levels, budgets which are under/over spending, invoices which are outstanding if advised of this at meetings. These could be the first indications that there are problems in the system.

The Governing Body **noted** the contents of the assurance Framework Report Following Issues Arising from Croydon PCT Review which details the assurance given by the CSU for 2012/13 and the proposed assurance for the CCG for 2013/14.

14/13

#### **FRANCIS REPORT**

Dr Howard Stoute stated that all NHS staff should read the Robert Francis Final Report of the Mid Staffordshire NHS Foundation Trust Inquiry full report (and at least the executive summary in the immediate future). He advised that it was vital

for the NHS to work closely with patient to ensure hospital services are fit for purposed.

Simon Evans-Evans explained that the report on the Inquiry had examined the commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Hospital between 2005 and March 2009 made 290 recommendations (for regulators and at about 50 directly affecting commissioners) and was designed to change NHS culture into a common patient centred culture across the NHS.

The meeting discussed the actions listed in the paper for the Bexley Clinical Commissioning Group and acknowledged that, whilst responsibility for such poor patient care rests primarily with the hospital staff and its board management, including the professional responsibility of clinicians for the care of individuals, a number of the findings of these investigations in respect of acute hospital care are potentially relevant to the whole NHS. The Clinical Commissioning Group must ensure that they have effective mechanisms to:

Assess and review the experience of patients, carers, relatives and staff

Encourage a culture of openness, transparency and collaboration

Focus on improving outcomes

Engage with clinicians

Foster relationship with regulators e.g. Monitor and CQC etc.

Develop robust systems for assessing the quality of care commissioned

Request and monitor improvement plans in order to tackle areas of concern or poor performance

Review the quality of care commissioned

Gather and triangulate evidence from stakeholders relating to provider quality

A detailed report will be presented to the Governing (Public) Meeting on 28th March 2013 with the initial outline of the plan covering the above points and addressing the issues raised in the report.

The Governing Body agreed that the CCG was dependent on providers supplying detailed reports to ensure that through a triangulation of provider/GP and soft data from patients an accurate picture of the actual services received would be provided to give assurance to the GB. Various sources of information included GP alert cards which could be used to inform discussions at the Quality & Safety Working Group, feedback from CQC visits and hospital visits by LINKs members to provide audit reports.

The Governing Body **noted** the Francis Report and the planned actions.

15/13

### **SOUTH EAST LONDON TREATMENT ACCESS POLICY**

Saran Valentine explained that the South East London Treatment Access Policy had been developed by the 6 Primary Care Trusts comprising South East London (Bexley Care Trust, Bromley PCT, Greenwich PCT, Lambeth PCT, Lewisham PCT and Southwark PCT) to determine restricted access criteria for a range of treatments which are not routinely commissioned by the NHS. The access criteria in the Treatment Access Policy was based on evidence of clinical effectiveness.

The Governing Body noted the contents of the existing policy that now passes from Primary Care Trust to Clinical Commissioning Group responsibility and that the Treatment Access Policy is subject to annual revision in April. A paper summarising any changes to the existing policy will be brought to the Governing Board upon completion of the April 2013 update.

That the Governing Body **noted** the existing South East London Treatment Access Policy (April 2012) which would be updated in April 2013 and brought to a future Governing Body meeting for discussion.

**16/13 MINUTES OF COMMITTEES/SUB COMMITTEES OF BEXLEY CLINICAL CABINET GOVERNING BODY**

The following minutes were **noted**:

- Bexley Patients Council Meeting 4.12.12
- Audit & Integrated Assurance 7.12.12
- Executive Management Committee 6.12.12
- Finance Working Group 8.1.13
- Medicines Management Group 9.1.13
- Quality Safety Group 15.11.12

**17/13 ANY OTHER BUSINESS**

None.

**18/13 PUBLIC QUESTION TIME – Part 2**

1. Financial responsibility for implementation of NHS 111 services. NHS 111 would be funded through the NHS and free to the public.

2.: Concerns on how A&E at Queen Elizabeth Hospital will cope with additional capacity considering current public concerns over performance activity . Patients will also use Kings/Guys/Bromley Hospitals and Lewisham for some A& E services, the CCG will continue to monitor any changes in activity and impacts as the recommendations are implemented.

3. BCCG Governing Body congratulated on implementation of new structures and progress of improvement to patient services.

4. Positive views on the TSA decision regarding the QMH Campus and the progression of extensive planning work to date.

5. Concerns regarding how the transition over the next 2/3 years will affect local health services and how NHS staff will cope with working in different environments.

Confirmation that appropriate recruitment would take place and that the work of the Local Training Education Board will be implemented appropriately to ensure staff receive support and training.

6. Government Health Checks – Bexley are currently above average for offering health checks and concerns were raised about level of performance when transferred to the Local Authority  
Confirmation that Bexley GPs and CCGs would work with the Local Authority to take this work forward.

7. QMH was inspected two weeks ago by LINKS as part of patient engagement group.

**206/12 DATE AND TIME OF NEXT PUBLIC MEETING**

Bexley Clinical Commissioning Group Governing Body Public 28 March 2013  
13.30 – 15.30 in the Ashmole Hall, Danson Youth Centre, Bexleyheath.