

## Governing Body (public) meeting

**DATE: 25 September 2014**

### **Executive Management Committee – Executive Summary**

#### **Meeting held on 3 July 2014**

#### **DECLARATIONS OF INTEREST**

Declarations of Interest were noted for the following GPs:

Drs Bhalla, Kanani and Stoate – Anticoagulation and Adult Hearing Services.

Drs Bhalla, Fish and Stoate - GPwSI contracts and DES – contract extensions and terminations paper.

Drs Bhalla, Fish, Kanani and Stoate – Co-commissioning of Primary Care

#### **STANDING ITEMS**

##### **CSU Update**

Discussion on the CSU re-structure following the merger with North West London and Kent and Medway Commissioning Services; progress on the South East London Heads of Service Reviews with further work needed on specifications and key performance indicators; on going staff Financial Management Processes and the new version of the integrated report which was in the final stages.

##### **Urgent Care Board Update**

Bexley, Greenwich and Lewisham Urgent Care Group would become a Resilience Group to concentrate on the whole patient pathway including 18 weeks, Refer to Treatment (RTT) and urgent care. Meeting update on work to date to sustain improvement in QEH A&E 4 hour target and new ways of providing additional bed capacity at QEH without requirement for more beds through reduced length of stay; community capacity and supported discharge/prevention of admission. Discussions with providers ongoing on the use of additional winter funds to achieve targets

##### **Risk Management**

The Executive Management Team noted the risks as laid out in the Risk Register Report 10+ and noted the summary provided.

#### **ITEMS FOR DECISION**

##### **Anticoagulation and Adult Hearing Services**

The Executive Management Committee (with the exception of Drs Bhalla, Kanani and Stoate) **approved** the extension of the existing AQP contract for adult hearing services, and **agreed** that NHS Bexley CCG would not advertise Window 2 AQPs for adult hearing and anticoagulation services in 2014/15 as originally forecast in its Procurement Plans.

##### **GPwSI Contracts and Des – Contract Extensions And Terminations**



## ***Clinical Commissioning Group***

Subject to the clauses above the Executive Management Committee members (with the exception of Drs Bhalla, Fish and Stoate):

- **Approved** the decommissioning of certain Minor Surgery GPwSI contracts (with their replacement being DES).
- **Approved** the decommissioning of certain elements of Dermatology GPwSI contracts (with their replacement being DES).

**Supported** the advertisement of a procurement for Community Clinical Minor Surgery (to be approved by the Governing Body).

### **Quality Alert Management – Review Pilot**

The Executive Management Committee:

**Noted** the current position

**Noted** that the EMC members and other CCGs would receive the outcome of the pilot by email

**Agreed** that Theresa Osborne and Simon Evans-Evans would agree a process for the contract

### **ITEMS FOR DISCUSSION**

**Acute Contracting Deep Dive 1 Report (discussion Commercial in confidence).**

### **Electronic Communications Paper**

EMC discussed the migration of CCG headquarters staff to NHS mail to be implemented October 2014; live streaming of the CCG Staff Meetings and CCG Information Governance Training.

### **AGM Planning**

Discussion on the AGM arrangements/agenda which is scheduled for 11 September 2014 at the Danson Park Boathouse.

### **Informal discussion on issues not included on the agenda**

- **NHS England Board meeting/papers**
- **HSJ article outlining future options for commissioning**



## **Governing Body (public) meeting**

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### **Finance Sub-Committee meeting - Executive Summary**

#### **Meeting held on 8 July 2014**

The Finance Sub-Committee meeting due to be held on 8 July 2014 would not have been quorate and was therefore cancelled. Members were asked to read the papers and comment, consider and approve where required.

- The Finance Sub-Committee (FSC) noted the contents of the Medium Term Financial Strategy (MTFS) 2014/15 to 2018/19. They noted the approved deviation from the requirement to make a 1% surplus in 2014/15 but that otherwise the national planning guidance had been applied. They approved the MTFS for submission to the July Governing Body meeting.
- Members recommended that the July Governing Body approve the addition to the Schedule of Matters Delegated to Officers of the £895 Oaks spot purchase rate in respect of Continuing Healthcare expenditure.
- Members noted the Month 2 (May) financial position and forecast outturn position in line with the plan submitted to NHS England; the details of the 2014/15 allocations (programme and running costs) received and expenditure to date; the returns made to NHS England reporting the Month 2 financial position, QIPP delivery, use of 2.5% non-recurrent headroom and the risks and mitigations which the CCG has; the key risks identified to achieving the breakeven position in 2014/15 and the management actions being taken to address and mitigate these; and the month 2 actual performance against the key national finance targets.
- The FSC noted the contents of the Month 2 QIPP report and supported the delivery of the QIPP agenda within Bexley; the details provided on the monitoring and reporting of the 2014/15 & 2015/16 QIPP on pages 1-7 of the report; the Month 2 Non-ISFE QIPP monitoring return on page 9 and the internal QIPP monitoring on page 11 of the report; and the areas of QIPP RAG rated red and the details contained within the report.
- The Consolidated Contracts Report in respect of Community Contracts, Mental Health, 111, LAS for Month 2 was noted. Concerns were expressed at the continued absence of sufficient data from the CSU to appropriately validate activity.



## ***Clinical Commissioning Group***

- Members noted that the London Borough of Bexley (LBB) has stopped the current procurement for the provision of learning disability services for adults and noted the proposals for re-advertisement.
- Members noted the work so far in respect of the End of Life Care update on the Business Case and the revised project planning timetable agreed with “Star Chamber”.
- Those items that needed discussion were dealt with at Executive Management Committee: Anticoagulation and Adult Hearing Services; GP with Special Interest contracts and DES – contract extensions and terminations; Quality Alert Management Review Pilot.

### **Meeting held on 12 August 2014**

- Members discussed on-going concerns with the Oxleas’ District nurse service. These concerns covered skill mix, competencies, turnaround time and integrated team working. These issues would be taken forward by the commissioning team.
- The Social Prescribing Business Case was discussed. It is recognised as an important means of harnessing the resources of voluntary and community sector to improve the health and wellbeing of residents. A 15 month pilot service, in the Clocktower locality, was agreed by members. This will be jointly funded by the CCG and the London Borough of Bexley. The pilot will be evaluated and members agreed that the project would not be continued or extended unless the benefits realisation demonstrated clear benefits.
- The Finance Report Month 3 had already been presented at the July Governing Body meeting. The forecast outturn position of £126k was reported which matched the plan position. This had been achieved by the utilisation of all available resources, with significant risk, due to the adverse acute position of £8m overspend being reported. The Month 4 acute position was similar. The Finance and commissioning teams are working with the SLCSU to understand the acute position. There are also risks to the position in respect of the Musculo-skeletal Prime Contractor contract and Prescribing overspend. The CCG are doing well on the Better Practice Payment Code (BPPC) and there is an underspend on running costs. QIPP was going well at this stage of the year. However, there are concerns that several schemes will slip as the year progresses. The Finance Sub-Committee: **Discussed and noted** the Month 3 (June) financial position and forecast outturn position in line with the plan submitted to NHS England; **Noted** the details of the 2014/15 allocations (programme and running costs) received and expenditure to date; **Noted** the returns made to NHS England reporting the Month 3 financial position, QIPP delivery, use of 2.5% non-recurrent headroom and the risks and mitigations which the CCG has; **Discussed and noted** the key risks, non-recurrent support and cost pressures identified to achieving the breakeven position in 2014/15 and the management actions being taken to address and



## ***Clinical Commissioning Group***

mitigate these additional potential risks; **Noted** the month 3 actual performance against the key national finance targets.

- The month 3 QIPP Report was discussed. Michael Boyce advised that gross QIPP of £14.4m had been identified to secure the £13.6m savings required to meet financial planning requirements. The month 3 assessment of QIPP suggests that QIPP delivery will be £14.25m (99%) against gross values and £13.9m (net of QIPP reserve £107m) (98%) against the RAG rated value for 2014/15. NHS England RAG rated the CCG as green for QIPP delivery. Month 4 figures had been submitted to NHS England showing an underachievement of £300k, and money had been used from QIPP reserves. The Finance Sub-Committee: **Noted** the contents of the Month 3 QIPP report and supported the delivery of the QIPP agenda within Bexley; **Noted** the details provided on the monitoring and reporting of the 2014/15 & 2015/16 QIPP; **Noted** the Month 3 Non-ISFE QIPP monitoring return and the internal QIPP monitoring; **Noted** the areas of QIPP RAG rated red and the details contained within the report.



## **Governing Body (public) meeting**

**DATE: 25 September 2014**

### **Medicines Management Sub-Committee - Executive Summaries**

#### **Meeting held on 16 July 2014**

- A draft Bexley Medicines optimisation Dashboard was circulated for comments. Further comments are to be sought from localities before further discussion next meeting.
- A rebate on Contour Next blood glucose test strips was considered but further information was requested by the committee before a decision could be made
- Shared Care Agreements for Sulfasalazine, Leflunomide and Hydroxychloroquine in Rheumatoid Arthritis are being produced with Lewisham and Greenwich NHS Trust (LGT)

#### **Meeting held on 20 August 2014**

- A medicines management optimisation dashboard has been produced and circulated to all practices for comments but no comments received therefore it has been re-circulated to all practices for comments
- The committee agreed to sign up to the contour next blood glucose test strip rebate scheme
- The committee reviewed a c.diff antimicrobial prescribing audit carried out by the medicines management team. It was agreed the audit should be re-run in 1 year and a nurse forum training session around antibiotics and c.diff to be arranged by the medicines management team
- Care home evaluation- The committee review the evaluation of October 13-June 14 of the care home review pilot. Recommendations for future work of the new care home pharmacist were agreed including reviewing bulk prescribing , review of care home medicines management processes and procedures, care home staff medicines management training and a monthly newsletter
- Practice support pharmacists- 3 band 7 practice pharmacists' posts are being recruited to on a one-year fixed term contract support improved prescribing and medicines management within general practice. The Medicines Management team had put together 17 high impact savings areas to prioritise, which could collectively deliver savings, by switching to alternative drugs. The list of drugs was discussed and approved.



## Governing Body (public) meeting

**DATE: 25 September 2014**

### **Information Governance Sub-Committee (IGSC) - Executive Summary**

#### **Meeting held on 1 July 2014 (draft minutes)**

- Chaired by David Parkins (Caldicott Guardian).
- No conflicts of interest were raised.
- The IGSC approved the minutes of the meeting held on 6th May 2014 & noted the status of the actions.
- The updated Caldicott Guardian (CG) plan was approved.
- Information Asset Administrators Task Group report - the finance department were congratulated for making the best improvements in reviewing electronic and hardcopy documents as part of the annual records management process. The IGSC approved quarterly reminders and the need for designated time for staff to review the organisations records. The IGSC also agreed the recommendations to establish an electronic archive folder within each departments file structure, so that closed records can be stored effectively.
- Risk register – the following risks were identified. Primary Care non nhs.net e-mails, ASH Data and invoice validation, and the starters and leavers process.
- Version 12 IG toolkit was released on 16<sup>th</sup> June and its implications were discussed.
- It was reported that the disaster recovery site is now fully functional at Erith Health Centre.
- The privacy impact report was presented with two PIA logs relating to months March to June 2014 and details of all PIA registered since October 2013.
- Bexley CCG staff will migrate to NHS Mail, which will align Bexley CCG to the national strategy for electronic communications. Additionally as the NHS secure standards for e-mail comes into effect, Bexley CCG will then also be compliant with this new regulation.
- It was reported that NHS England are developing an information sharing system for 2017 to link child protection information across clinical systems in primary care and local authorities' child protection systems.



## Governing Body (public) meeting

DATE: 25 September 2014

### Quality and Safety Sub-Committee Meeting - Executive Summary

#### Meeting held on 24 July 2014

- Dr Nikita Kanani (Chair) - There were no conflicts of interest in respect of this agenda.
- The minutes of the Q&SSC held on 22 May 2014 were agreed. The action log was updated.
- Four reports were presented: Quality & Safety report, Quality & Safety Performance Report, Summary Quality Dashboard and CCG – All indicators scorecard. Discussion covered pressure management, complaints management, Oxleas MH high rates of death (report on Sept Q&CSC agenda) and dental error at QMS site.
- Children and young people prime contractor commissioning project – revised business case presented - members acknowledged the considerable level of information and through documentation.
- Patient experience and insight report was presented including mystery shopper launch and 2 GP quality alerts – cancer wait and delayed diagnosis.
- Care Homes Quality report – no safeguarding issues were reported.
- Safeguarding commissioning standing committee minutes 16<sup>th</sup> June were reported.
- Bexley CCG audit and inspection plan was reviewed.
- QEH Stroke Unit improvement plan update - more assurance needed from Trust (*on L&G CQRG agenda 21st August*).
- SUSD and Community - district nursing levels update. This area will be for discussion at clinical leads meeting on 9th Sept.
- Quality premium local measures for 13/14 were reported. The agreed local measure for 14/15 is
- 'percentage of adults receiving secondary mental health services who are in paid employment, given by CCG'.
- Clostridium Difficile antimicrobial prescribing audit: there has not been an increase in prescription for general penicillin's and starting to see decrease in prescribing of certain antibiotics and also a reduction in the number of CDI infections cases.
- Cancer/ CSU report on performance: the CCG has not achieved the cancer waiting times target for two week waits. The major number of breaches (2 weeks and 62 days) for Bexley patients is linked to the L&G Trust. Actions in place monitoring via L&G CQRG.
- Quality Alert process: pilot is in place, and adjustments made to process. Pilot has seen improvement in reporting.
- CQC Headline plan developed by TDA. General comments from members were that the report did not contain much information. CCG has raised concerns with the TDA over the weakness of the report.
- SEL NHS 111 clinical governance report discussion focussed on whether maternity access data was available.
- NHS England's 'Sign up to safety' campaign was discussed and comments requested from members.

