

Governing Body (public) meeting

DATE: 29 May 2014

Audit and Integrated Assurance Committee meeting - Executive Summary

13 March 2014

The AIAC met on 13th March 2014; present Keith Wood (Chair), Sandra Wakeford, Yemisi Osho, Graham Rehling.

At the meeting the AIAC:

1. **Noted** the arrangements for the preparation of the Annual Report and Accounts.
2. **Considered & noted assurance from** the Assurance Framework and arrangements for the review of processes around the Risk Register which would involve the Governing Body and the AIAC.
3. **Received and noted** the Local Security Management and Counter Fraud progress reports together with the Annual Plan and **agreed** to the recommendation to reduce to £25 the threshold for the declaration of gifts and hospitality.
4. **Noted** the outcome of the tender for Internal Audit services and **endorsed** the AIAC Chairs action in connection therewith.
5. **Noted** the Internal Audit Progress Report and detailed reports on Adult Safeguarding, and the Acute Contracting Reports produced by the SLCSU; it was noted that although the latter was improving there was still scope for considerable improvement.
6. **Noted** the progress report from the CSU internal auditors which indicated few gaps in controls but where the necessary work to confirm no gaps in assurance was still to be completed.
7. **Noted** the Consultation Document on new Constitutional Arrangements for Audit Committees and the AIAC's degree of compliance with the proposals.
8. **Noted** feedback from the Grant Thornton Lay members forum on "mastering risk" and CCG Financial reporting and expressed **satisfaction** with Bexley's achievements in relation to best practice for the latter.
9. **Noted** the External Audit Plan and Progress Report.
10. **Noted** new arrangements for the integration of performance and quality management and reporting.
11. **Received** a report on Mental Health Commissioning and Contract management and **noted** the financial challenges anticipated for 2014/5.
12. **Received** a report on the status of financial systems in 2013/4.



Clinical Commissioning Group

- 13. Noted** the decision log from other fora.
- 14. Considered and approved** proposals to deal with the write off of potential bad debts and **requested** that aged debtor lists be included on the agenda for future meetings.
- 15. Noted** summaries of proceedings at meetings of the Executive Management, Finance, Information Governance, Medicines Management and Quality and Safety Committees.
- 16. Noted** that Internal and External Audit did not wish to take up the Committee's invitation to meet with it in private.

22 April 2014

The AIAC held a special meeting on 22nd April 2014 to consider the draft Annual Accounts & associated matters; present Keith Wood (Chair), Sandra Wakeford, Graham Rehling.
At the meeting the AIAC:

- 1. Considered, page by page, the draft accounts** with explanations by South London CSU and Bexley CCG Finance leads.
- 2. The following particular matters arose**
 - i. A variance column would be added to note 51
 - ii. The net Assets figure in note 34 would be amended to be the same as the figure in the Statement of Financial Position
 - iii. The overdrawn cash position shown was due to technical issues and it was confirmed that the CCG had operated within its cash limit.
 - iv. The need for disclosure of dissolution costs associated with the Special Administration of South East London Healthcare Trust was noted.
 - v. The AIAC recommended that the Accounting Policies set out in the draft financial Statements be adopted by the CCG.
 - vi. Refinement was required to note 32.2 in respect of support from the South East London Risk Pool .
- 3. Confirmed** that it was content for the draft accounts to be submitted by the Chief Officer subject to the resolution of matters arising from the meeting.
- 4. Noted** the Self-Assessment of Compliance with the UK Corporate Governance Code.
- 5. Confirmed** that it was content for the Chief Officer to submit the Consistency Statement accompanying the accounts.
- 6. Received** confirmation from the Chief Financial Officer that there was no current litigation & that full provision had been made in the draft accounts for estimated costs in connection with the MSK challenges.
- 7. Received** an oral update from the Chief Financial Officer concerning a potential fraud case which it subsequently transpired was not relevant to Bexley
- 8. Considered and agreed to** the submission by the Chair of the AIAC of a letter to Grant Thornton on behalf of those charged with Governance.
- 9. Reviewed** the content of the latest draft of the Annual Report & Governance Statement.
- 10. Received** the Internal Audit Annual Report for 2013/4 and noted with satisfaction the performance of Bexley relative to other CCGs as well as the satisfactory level of outstanding recommendations.



11. Noted with satisfaction the draft Head of Internal Audit Opinion which provided substantial assurance.

Keith Wood



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Executive Management Committee – Executive Summaries 6 March 2014

EMC agreed inclusion of the post of Clinical Vice Chair to the membership of the EMC meeting.

No conflicts of interest raised.

STANDING ITEMS

Operating Plan 2013/14

- **Quality Report**

Meeting noted improved serious incident reporting by the Princess Royal University Hospital and Queen Elizabeth Hospital since the dissolution of SLHT. Discussion on achievement of C.Diff target 2013/14 and proposals for action plan to meet target 2014/15. Whilst the Safety Thermostat target achieved discussion on how to ensure meaningful data produced to inform a holistic picture of health services.

- **Finance Report Month 10**

The CCG financial position slightly improved in Month 10 with Performance against Better Practice Payment Code (BPPC) had deteriorated and actions had been agreed to promote staff training/information agreed. Concerns discussed regarding the high level of acute over performance taking place. There was an acute coding review, a consultant to consultant review and a bench marking exercise to look at referrals taking place to enable greater understanding of the situation and agree an action plan to reduce levels of acute performance in line with agreed targets.

- **Consolidated Contracts Report**

Bexley local 111 services continue to perform well and the London Ambulance Service LAS targets achieved the key performance indicators with interim services to be re-procured. Consideration given to over performance in Community Health Services and Mental Health contracts. New style of CSU Acute Contract M9 Simplified Report welcomed by meeting which provided clearer focus on areas of acute activity and highlighted areas of quality.

- **CSU Update**

Update on the 2014/15 SLA contract agreement process with as many to be signed by end of March as possible requested. Discussion on future IT needs and expenditure for locality/practice level. CSU will shortly send the CCGs the first draft of the Financial Management Plan to repatriate the financial staff to CCGs.



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- **Urgent Care Update**
Discussion regarding the Queen Elizabeth Hospital A&E performance and on the work of the Tripartite Panel which was focussed on improving current services.
- **Risk Management report**
Discussed and agreed to review all risks to ensure appropriately scored.

3 April 2104

No conflicts of interest raised.

MATTERS ARISING

GPs to send notification (GP alerts) relating to acute patient care issues to enable issues to be taken up formally at quality meetings with acute providers.

STANDING ITEMS

Operating Plan 2013/14

- **Integrated Quality and Safety Report Update**
Meeting discussed ongoing work to improve performance in the QEH A&E Unit. The c.difficile action plan for 2014/15 was noted by the EMC to enable targets to be achieved. The process was led through the Infection Control Nurse at Bexley Council. A comparative data review was being undertaken with provider trusts to provide comprehensive patient feedback on health services.
- **Finance Report Month 11**
Financial breakeven position was forecast for Month 11 with agreed non-recurrent support, repayable in 2015/16 (it was noted that the prescribing and acute positions had deteriorated). The CCG had inherited a substantial underlying deficit from the Care Trust which had been substantially reduced.
- **Consolidated Contracts Report**
Mental health over performance had been reduced with work continuing to monitor budgets to control costs and reduce the number of mental health admissions to acute hospitals. Work was continuing on length of stays at the SUSD unit and the appropriateness of the use of SUSD. The first version of the Bexley CCG Acute Contract Report Month 10 was tabled and provided a simple overview of the acute position. Future reports would be fully populated with comparative data on planned value activity and de-commissioned activity. A review of consultant to consultant referrals would be carried out and a coding review. The CCG/CSU had agreed that Q3 challenges would be lodged with Lewisham & Greenwich.
- **CSU Update**
KPMG SLA review process and new proposals to be discussed with CCGs to agree revised specifications. Further clarification needed from the CSU on Business Intelligence to the CCG.

Work progressing on the Financial Management Plan (FMP).



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- **Risk Management report**

Discussed and acknowledged the improvement in the reporting process and noted that there would be a Governing Body workshop to develop risk management and awareness through the CCG.

ITEMS FOR DECISION

- **Bexley Primary Care Strategy**

The EMC **APPROVED** the Bexley Primary Care Strategy as laid out in the meeting paper for further consultation with stakeholders.

- **Individual Funding Request Policy 2014 Update**

The EMC **APPROVED** the South London Individual Funding Request (IFR) meeting paper.

Any Other Business

EMC drafted the completion of NHS Bexley CCG's Commissioning Groups – Planning Template for 2014-15 Version 6.



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Finance Sub-Committee meeting - Executive Summaries 18 February 2014

- Members discussed the DXS Medicines Management Business Case. Guidelines were being developed across South East London. NHS Lewisham CCG and NHS Bexley CCG had taken the lead in finding a solution for an effective method to send decisions or guidance from the Area Prescribing Committee to all primary care prescribing and a replacement for Scriptswitch. The DXS Medicines Management Business Case was approved.
- Members discussed the Ophthalmology Business Case which recommended a Prime Contractor arrangement to develop a pilot, subject to legal advice. The key points would be Consultant led triage and review of clinical care thresholds for surgery. Clinical and patient outcomes were important and the focus should be on prevention, earlier diagnosis and integrated care. The Ophthalmology Business Case was recommended, with reservations, for approval by the Governing Body.
- Contract Extensions for services that were currently in procurement were discussed in respect of: Community Cardiology; Urgent Care Centre; Patient Management Referral Booking Service; Palliative/End of Life Care; London Diagnostic Contract; Enteral Feeding Pump and Products; Ophthalmology Services; Tier 1 and 2 Diabetes Services; and Practitioners with Special Interest in: Dermatology; Endoscopy; Erectile Dysfunction; Minor Surgery, Vasectomy and Clinical Assessment and Referral Feedback for Community Optometrists. The Finance Sub-Committee noted the proposed extensions of each contract due to expire on 31 March 2014 and approved the extension required to each. Dr Varun Bhalla and Dr Sid Deshmukh declared an interest in the Referral Management Booking Service and Diabetes Services and therefore abstained from voting in respect of these contract extensions. Sarah Valentine chaired this item.
- Interim Arrangements were discussed in relation to cardiac rehabilitation and CT angiography to ensure continuation of the community cardiology service. The Finance Sub-Committee recommended a waiver of tender in respect of both services.
- The Finance Report for Month 9 was discussed and noted. It reported a breakeven position with £2.5m non-recurrent support via NHS England, which had been received. The month 9 acute position had deteriorated and information was being analysed by the CSU.
- The QIPP Report for Month 9 was discussed and noted. Members discussed the schemes rated as red and noted that overall the QIPP was over-achieving.
- The South London CSU had produced a Month 10 Finance Briefing Pack on the acute position. A further review would take place in relation to non-elective and emergency admissions at Queen Elizabeth Hospital and coding. The report was noted.
- The South London CSU had taken a deep dive into referrals and outpatient activity. Further review was necessary. The Referrals Review was noted.
- The Pulmonary Rehabilitation programme budget Business Case was discussed. The Finance Sub-Committee supported a recommendation to the Governing Body that they re-procure a three year contract within current budgets.



Clinical Commissioning Group

- Members discussed the current progress on 2014/15-2015/16 QIPP schemes. Values were being reviewed and pipeline schemes were being worked up.

18 March 2014

- The Kitemark Local Improvement Scheme 2014/15 was discussed. Members asked for a paper showing achievements in 13/14 to be presented to the May Finance Sub-Committee; and for in-year progress reports. Members agreed and approved the 2014/15 budget of £768k, the 25% payment in advance, and the finite detail to be worked on with the Kitemark Working Group.
- Members discussed the 5-year financial planning submitted to NHS England. Detailed financial plans have been constructed for 2014/15 and 2015/16 with higher level plans being completed for the following three years. Members: noted the methodology used to calculate the draft 2014/15 budgets; noted the submission of 2 iterations of the detailed 2014/15 & 2015/16 financial position, with summary level for a further three years to NHS England; noted that a further submission of the plan needs to be submitted on 4th April 2014; noted the business rules required and used in each of the five planning years; noted the level of QIPP required to deliver the required business rules in each of the five planning years; noted the risks associated with the delivery of the financial position as submitted; recommended the draft 2014/15 budget to the Governing Body for approval whilst recognising the risks inherent in the plan.
- Members discussed the work that had been undertaken on the QIPP Plans for 2014/15 and 2015/16. This would be presented to the Governing Body on 27 March 2014. The Finance Sub-Committee approved the plans in principle and recommended approval by the Governing Body.
- The PMO Process had been simplified following use over the last year, which would help to streamline the process. Two changes were identified by the Finance Sub-Committee before presentation to the Governing Body. The Finance Sub-Committee recommended for approval at the Governing Body the simplified PMO process and the associated templates for completion at each stage of the process, including changes identified.
- Members discussed the update to the Schedule of Matters Delegated to Officers and additional changes suggested. The Finance Sub-Committee recommended the schedule for approval to the Governing Body, including additional changes suggested.
- The operation of the Personal Health Budgets Policy was discussed. Members asked for the policy to be reviewed after 6 months when it had been put into practice. The Finance Sub-Committee approved the policy.
- A variation to specialist children's services contract was necessary in relation to child physical abuse examinations as following the incorporation of the Paediatric Assessment Unit within the new Urgent Care Contract, there will no longer be acute paediatricians present to conduct these examinations. In the interim this work would transfer to Community Paediatricians within Oxleas Specialist Children's Services contract. The Finance Sub-Committee approved a variation to the Oxleas Community Contract at a cost of £25,999.
- The CCG continued to report a breakeven position for Month 10, although the acute position had again deteriorated and risks remained to achieving the breakeven position. Members were advised that this position was also reported at month 11. The Finance Sub-



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Committee: discussed and noted the Month 10 (January) financial position and forecast breakeven position with agreed non-recurrent support, repayable in 2015/16 detailed in the report; noted the details of the 2013/14 allocations (programme and running costs) received and expenditure to date; noted the returns made to NHSE reporting the Month 10 financial position, QIPP Delivery, use of 2% non-recurrent headroom and the risks and mitigations which the CCG has (Appendix 1); discussed and noted the key risks, non-recurrent support and cost pressures identified to achieving the breakeven position in 2013/14 and the management actions being taken to address and mitigate the additional potential risks to the delivery of breakeven; noted the Month 10 accrual performance against the key national finance targets.

- 2013/14 QIPP is now under-performing, with a deterioration in prescribing and MSK in month 11. Work was continuing on the red rated schemes but most effort was now being placed on delivery of 2014/15 QIPP. The Finance Sub-Committee: noted the contents of this report and support the delivery of the QIPP agenda within Bexley; noted the Month 10 Non-ISFE QIPP monitoring report on page 3 and the internal QIPP monitoring on page 6 of this report; noted the areas of QIPP RAG rated red and the details contained within the report; noted the details provided on 2014/15 & 2015/16 QIPP on pages 7&8 of this report.
- Jane Rooney presented the Acute Contracting report and members discussed the continued deteriorating position and when the CCG would receive robust data from the CSU, as this had been unsatisfactory all year and impacted on the CCG's performance.
- Members discussed the 2013/14 performance, which was marginally below target. The recent reduction in forecast outturn resulted from slippage on the MSK scheme and worsening of the prescribing position. It was noted that transformational schemes would be in place early in 2014/15 and members commented that management of these new contracts must be robust.
- The new consolidated contracts report produced for month 10 was discussed. Members were advised that the charts on page 4 had been revised, by the CSU, following presentation at the Executive Management Committee. Concerns were shared regarding the increase in costs, despite activity reductions, which were being taken forward with providers. Maternity activity was also causing concern.
- Members were advised that a risk share agreement had been reached for the implementation of a rapid response and falls avoidance scheme with Oxleas, incorporating care homes. This would help to avoid unnecessary hospital admissions.

8 April 2014

- The proposed one-year extension to the block contract with the Oaks Nursing Home had been approved by members outside the meeting. The home provides care for Continuing Health Care patients with dementia and challenging behaviour. As of the 1st April 2014 these patients will still be funded by Bexley CCG and will require the care already provided at the Oaks Care Centre. There is a clear benefit from maintaining continuity for these patients which outweigh any potential financial advantage gained by competitive tendering. A waiver of tender had been completed and contract paperwork was being arranged.



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- Due to delays in the Urgent Care Centre procurement, an extension to the Crayford Town Centre Walk In Centre contract and the Minor Injuries Unit contract at Northumberland Heath was necessary until 30 June 2014. Providers had requested additional funding, above the contract value, for this extension. The extension and additional payment was approved to prevent diminution of services.
- Members discussed the end of life and palliative care ideas generation, which would form the basis of preparation for a full business case. Proposals were approved as the basis for preparation of a full business case.
- Drs Deshmukh, Bhalla and Fish declared an interest in the Diabetes GP Contract Extensions for Services during 2014/15 Financial Year. Theresa Osborne therefore chaired the item and GPs did not participate in the decision making process. Due to the failure of prime contractor negotiations, the current contract, due to expire on 30 June 2014, needed to be extended until 31 March 2015. Members (with the exception of the GPs) agreed to the extension of contract.
- Members discussed the month 11 financial position and were provided with an update on the 2013/14 year-end position; which was expecting to report breakeven. Although the 1% surplus had not been met, the CCG had done well in reducing the £12.5m underlying deficit brought forward from the CCG. The performance against the Better Practice Payment Code remained above 95%. The Chief Financial Officer and finance team's work was acknowledged by members.
- Members discussed the 2013/14 performance, which was marginally below target. The recent reduction in forecast outturn resulted from slippage on the MSK scheme and worsening of the prescribing position. It was noted that transformational schemes would be in place early in 2014/15 and members commented that management of these new contracts must be robust.
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Medicines Management Sub-Committee – Executive Summaries 19 February 2014

- **NORTH BEXLEY DRESSINGS PILOT BUSINESS CASE**
The business case from Oxleas Foundation trust was approved. This pilot seeks to improve patient care around dressings supply to enable the district nurses to have a direct supply of dressings for patient care. It is anticipated that this project will reduce the wait time for patients receiving dressings and as a result improve wound care. The pilot is for six months and will be carried out in North Bexley, for patients under the care of Oxleas district nurses only.
- **GUIDANCE FOR THE MANAGEMENT OF CHRONIC PLAQUE PSORIASIS**
The MMSC are working with Greenwich CCG and Lewisham CCG and L&G Trist to produce a guideline for the management of chronic plaque psoriasis.
- **RECENTLY PUBLISHED NICE TECHNOLOGY APPRAISALS**
Proposals made for RAG rating the item, for the Bexley List, were discussed, accepted and approved.
- **INTERFACE RESPIRATORY PROJECT**
The project using interface supplied pharmacists was approved. From here a steering group will be set up to oversee the project and report back to the MMSC progress with the project.
- **PRESCRIBING BUDGET SETTING FOR 2014-15**
Members discussed the years previous weighting of 70% budget and 30% historical spend and the reasons why this was reached. It was felt that there was need for a wider discussion and to ask the locality representatives to take the proposal to their next locality meeting for discussion. Feedback would be given at the next committee meeting.

19 March 2014

- **CARE PATHWAYS**
Approval from MMSC for the six clinically developed and evidenced based care pathways for all practices to adhere to.
- **PRESCRIBING BUDGET SETTING 2014/15 – FEEDBACK LOCALITIES**
Following consultation with the localities, no change should be made to the current budget formulae and to use the same methodology as last year.
- **RECENTLY PUBLISHED NICE TECHNOLOGY APPRAISALS**
Proposals made for RAG rating the item, for the Bexley List, were discussed, accepted and approved



16 April 2014

- **NURSE FORUM EVALUATION**

A survey had been undertaken via survey monkey to see what participants thought of the nurse forum meeting run by medicines management team. Positive feedback had been received and it was agreed that the Nurse Forum was useful for discussion, learning and the provision of information and should therefore continue.

- **RECENTLY PUBLISHED NICE TECHNOLOGY APPRAISALS**

Proposals made for RAG rating the item, for the Bexley List, were discussed, accepted and approved.

- **METHOTREXATE SHARED CARE GUIDELINES IN RA**

A revised shared care agreement will be developed over the next few months with Lewisham and Greenwich Trust.

- **NABILONE FOR THE TREATMENT OF CHRONIC NEUROPATHIC PAIN IN ADULTS**

Discussion took place as to whether, due to the small numbers involved, the Consultant could liaise on an individual basis with the GP or whether the drug should continue to be issued via the hospital. Greenwich CCG and Lewisham CCG views to be sought and bring back to the next meeting of the Medicines Management Sub-Committee.

- **BCG VACCINATION PATHWAY**

The Medicines Management **noted** Oxleas Patient Pathways for BCG vaccinations for babies and “removals in” up to 6 years old.

- **DRAFT VITAMIN D GUIDELINES**

Revised draft guidelines were reviewed and comments provided. To be approved by Chairs action once final version received from Lewisham and Greenwich Trust including Greenwich CCG and Lewisham CCG comments.



Governing Body (public) meeting

DATE: 29 May 2014

Information Governance Sub-Committee – Executive Summary 4 March 2014

Chair : Nisha Wheeler (AD of ICT & IG Vice Chair)

At the meeting of the IGSC:

- No conflicts of interest were raised.
- The sub-committee approved the minutes of the meeting held on 14th January 2014.
- All items on the IG Action log had been completed or were covered in the agenda.
- The records management action plan was approved. The plan involves instigating a task group of IAAs to progress the work required, with designated time given to staff to review records during May, June and July.
- The risk register had been reviewed and it was noted that that some updates were required. Members agreed to check the risk register to ensure the information was up to date and that the new risks reported are registered.
- The IG Toolkit (IGTK) level 3 development plan was reviewed. However, after final details for version 12 are received in June, the plan will be updated further and presented for approval in July.
- It was reported that the Data Protection and Caldicott end of year report was near completion and just waiting for figures from patient experience and continuing health care. It will be presented at May IGSC and GB meeting on 31st May 2014.
- The PIA report provided details of three screenings forms submitted between November 2013 to February 2014. The group were concerned about the quantity that had been received and requested a review of the procurement plan.
- Primary care update - To date 4 practices have published their IG Toolkit, with 10 practices completed, but not submitted and 14 not answered. It was recommended that awareness of the IG Toolkit be raised at the GP engagement event taking place later that week.
- An overview of the checklist returns received from the IAA's. A checklist was sent to IAAs to raise awareness and assist as evidence towards level 3 of the toolkit. The returns received were very positive with two main areas requiring further development regarding records management and incident reporting.
- FOI report - the CCG did not hit its target for the receipting FOI requests within 2 days due to staff sickness and training issues. Additional admin staff have now been trained to assist with the requests. The report shows that there have been less FOIs received, as many of the requests are related to Bexley Care Trust and therefore the enquiries are directed to NHS England. The report showed that there have been no internal reviews, payment for requests or exemptions applied.
- Spot checks review - future spot checks are now included in the IG review schedule and signs are also being ordered for the hot desk rooms by the Communications department and staff awareness raised regarding the archive process.
- Date of next meeting: Tuesday 6th May 2014, 9:30am Belvedere Room.

