

Clinical Commissioning Group

BEXLEY PATIENT COUNCIL

Thursday 23rd October 2014 -
Bexley CCG, Danson Room, 221 Erith Road, Bexleyheath

Draft Minutes

Attended:

Lionel Eastmond	(LE)	Vice Chair & Crayford Forum
Tia Giles	(TG)	PPG Chair - Lyndhurst Road surgery
Paul Goulden	(PG)	Age UK Bexley
George Heitmann	(GH)	Bellegrove Road PPG Chair
Terry Murphy	(TM)	Bexley Pensioner's Forum
Dennis Roberts	(DR)	Erith Town Forum
Professor Singh	(PS)	Bexley Multi Faith Forum
Liz Shires	(LS)	Plas Meddyg - PPG
Carol Penny	(CP)	SNAP
Hilary Rowley	(HR)	Albion Surgery - PPG
Terry Bamford	(TB)	Healthwatch Bexley
Dawn Brooker	(DB)	South London Cancer Network
Mei Wells	(MW)	NHS retirement fellowship & Bexley Diabetes Group
Janet Fox	(JF)	Station Road, Sidcup PPG
Mark Bradley	(MB)	Oxleas NHS Foundation Trust

Apologies:

Sandra Wakeford	(SW)	Chair & CCG PPI Lay member
Steve Davies	(SD)	Bexley Mencap
Chris Lee	(CLE)	Bexley Youth Council
Dave Baker	(DBA)	Carers Support - Bexley
Cindy Lowe	(CL)	Bexley Moorings
Julie Bristow	(JB)	BVSC
Sheila Burston	(SB)	Diabetes UK Bexley

Present:

Annie Gardner	(AG)	Head of Patient Experience, Bexley CCG
Diane Hannaford	(DH)	Stakeholder Insight Officer, Bexley CCG
Simon Evans-Evans	(SEE)	Director of Governance & Quality
Dee Mayston	(DM)	Engagement Officer (Observer)
Lyndsey Burnstead	(LB)	PPG Chair - Albion Surgery (Observer)

Presenters:

Jane Kartupelis	(JK)	Head of web & publications, Kings College Hospital
Holly Mann	(HM)	Policy & Performance Officer, LBB
Stephen Burgess	(SBS)	London Borough of Bexley
Douline Schoeman	(DS)	MSK - Project Manager
Jon Winter	(JW)	AD Comms & Corporate services, Bexley CCG
Jane Price	(JP)	Project Manager – Cardiology

Clinical Commissioning Group

1. Standing Items

1.1 Welcome, introductions and apologies

Members were welcomed and apologies for absence noted. A warm welcome was extended to Dee Mayston, recently appointed CCG Engagement Officer (working with AG and Patient Experience Team) and to Lyndsey Burnstead, who were observing the meeting.

1.2 Declarations of Interest

No new Declarations of Interest

1.3 Notes of meeting - 15th July 2014

Minutes were accepted as a true account by all present, confirmed by Lionel Eastmond and seconded by Janet Fox.

TG requested a copy of the final approved minutes – AG confirmed minutes are presented to Governing Body and available on CCG website once approved.

ACTION - AG to forward a copy of approved minutes to TG

1.4 Matters Arising/Action Notes

TG expressed concern that meeting agenda's are always quite full and asked if some consideration could be given to allowing no more than two presentations during meetings to allow sufficient time for debate and questions.

AG confirmed diabetes service developments and future plans would remain on the workplan, to ensure Patient Council members receive regular updates.

MW asked what arrangements the CCG had undertaken to ensure publicity of the UCC hub at Erith Hospital (EH). SEE explained the new hub opened on the 1st October 2014 and that a 'wrap around' 2 page spread had been displayed in local paper – Newshopper. Members were also advised that service at EH currently seeing between 50 – 70 patients daily and has so far been a great success. This means that Bexley residents can now access two UCC's within the borough.

HR said signage for UCC at EH was poor and that a colleague had attended recently but was unable to locate the service. SEE advised signage and lighting had already been raised and that the CCG were working with the site to ensure improvements are implemented as quickly as possible.

JF mentioned that patients were being transferred from QEH to beds/wards on the QMH site and questioned why. SEE explained this was normal activity as part of winter pressure planning, adding that plans are made yearly to minimise pressure so additional beds are opened in the community and at QMH. SEE confirmed arrangements are in place to ensure all additional beds/wards are staffed and that additional money has been made available to help manage patient flows.

Clinical Commissioning Group

1.5 Chairman & Patient Council Member update/feedback

In SW absence SEE provided a brief general update to members. The CCG is in competitive dialogue regarding procurement of children and young people services. NHS England advised that Bexley CCG were best for lowest referral to treatment waiting time for MSK in the country – with patients now waiting 2 weeks for an urgent referral and 4 weeks for non urgent.

Members briefly discussed Ebola in light of recent publicity. On this aspect SEE urged members not to panic and that posters giving advice were in all GP surgeries in the borough and in hospitals.

AG said she had been in discussions with SW regarding Patient Council members bringing information/intelligence sharing back to the CCG. Templates have been circulated previously but not all members have found this a useful method for feedback. Following debate amongst members present it was felt that the use of a 'round robin' – facilitated discussion would be a better way forward for the future.

Members also debated work plans for 2015/15 and rolling items on the agenda for update. Papers were circulated identifying CCG priorities for 2014/15 and links with commissioning intentions. It was suggested that the December meeting, or an extraordinary meeting in January be arranged to agree work plans and priorities for the Patient Council. AG suggested that representatives from PPG's should be invited to next meeting to ensure they can feed into work plans and priorities. All agreed this would be acceptable.

Several members illustrated concerns regarding Ophthalmology services on the QMH site, particularly delays in appointments and contacting the department by telephone. JF said patients' notes had been lost – which was also causing problems with appointments and follow up. AG advised the CCG were aware of some difficulties in the early days, post transfer of service from South London Healthcare Trust, but understood that most of these problems had now been overcome and that no recent issues has been highlighted or reported to the CCG.

DB is a representative on the SE London Cancer Network. She advised members that the group is working on development of the new Radiotherapy/Cancer centre, particularly giving input on the design of the new building etc. AG suggested that development of the new Cancer Centre be added to the agenda/work plan for 2015/16 and that an invitation for a speaker could be arranged as a future agenda item.

GH reported that he was aware of feedback from patients complaining about 111 service, specifically speaking to a 111 operator can take up to 20 minutes answering a 'raft' of questions before you are even passed to a health professional for advice.

AG advised she had recently attended the Belvedere Asian Women's Group with DM to give a presentation about changes/improvements to urgent and out of hours care in the borough and to promote the mystery shopper scheme.

LS said that representatives from the PPG at Plas Meddyg surgery had been involved in the administration of the flu campaign – which had been successful.

Clinical Commissioning Group

MB gave a brief update on his new role – advising that he now represents young people aged 14 – 25 years with severe and complex learning disabilities. MG said that he believed there is a skill gap and that training issues needed to be addressed regarding District Nurses ability to care for patients who have a tracheotomy. AG said this was a question that had been raised previously with Oxleas and the CCG had been assured there was training and an appropriate skill set within the community. However, AG will liaise with Oxleas again to confirm support available and feedback at future meeting. CP added Eleanor Lions Nurses had previously provided training but supported MB suggestion that this was an area which required a deep dive.

TB gave a brief update regarding Bexley Healthwatch recent activity specifically that they had undertaken a survey to look into access to GP practices in Bexley. TB advised the report should be available by end of November. Members asked for the report to be included as a presentation/agenda item for future meeting – AG confirmed she would add to the agenda early in 2015. TB also advised that Healthwatch were undertaking 'Enter and View' visits to look at provision of day surgery services – once this is completed TB will bring the findings to Patient Council meeting to share with members.

JF gave an update on behalf of Station Road PPG – recent activities had included liaison with the surgery regarding improvements to the building and access.

PG explained that AGE UK Bexley were helping to promote the Pharmacy Needs Assessment (LBB led work). PG has also been involved in winter pressures and AGE UK Bexley had received a small amount of funding to help keep older people being readmitted to hospital following discharge. PG said they had recently held their AGM and Dr Stoate (CCG Chair) attended as a speaker, which had been well received. Particular reference was made to the recent developments around UCC at EH and that it was felt more work needed to be done to make sure local people were aware of the new service.

HR advised that Albion PPG have recently conducted a patient survey and that a new Practice Manager was in post.

CP, representing SNAP reported concerns regarding increasing needs for children with very complex needs within the borough. CP added that all services had reported a growth and that this could impact on adult/transmission services in the future.

TM, representing Bexley Pensioners Forum, attended a meeting to speak to local residents and was surprised by their lack of knowledge of Healthwatch Bexley. TM also raised awareness of action across London regarding Patient Transport services and suggested that this was an item to be discussed in more detail at a future meeting.

Clinical Commissioning Group

2. Presentations / Speakers

2.1 Developing MSK website - Jane Kartupelis, Head of web & publications, Kings College Hospital

Jane demonstrated the MSK website and advised they were in final stages of development. Have spoken to all healthcare providers involved and now need service users feedback. Patient Council members were asked to access the website and provide feedback by 31st October 2014. Once the website is live GP's can direct patient's to the site when they refer them. Patient literature will also be produced, including an easy read version. AG advised she is looking for 3 or 4 PC members to visit the Orpington site by public transport so we can walk in the patient's shoes. LE, TM, DB, DR and JF offered their assistance.

2.2 Bexley Adult Social Care - Stephen Burgess (SB) and Holly Mann (HM)

2nd Annual Report published in August 2014 aims to highlight what was achieved to help people live independent lives. Time period 2013/14. HM referred to summary circulated in meeting and advised full copy on LBB. There is also an easy read summary but not full version on website. Consultation is open with a short survey until March 2015.

3. Items for discussion

3.1 Queen Mary's Hospital - Jon Winter (JW)

JW advised that Simon Cook was leaving the CCG and that he would be conduit for sharing information about developments on the QM site/project board. Patient Council members wished to document their gratitude to Simon for all the information and input he had shared. JW explained that he is providing communication support to the transformation team at QMH, which is made up of a number of representatives from each organisation providing services on the site, adding that the CCG chair and co-ordinate the group. JW said he will be joining the board at their next meeting most recent updates include:

- Cancer centre due to open in 2016
- Work on development of new Kidney Centre underway and on track
- Work on the Children's Centre has been put back slightly due to winter pressures

JW also told members that the CCG had commissioned a survey of local residents; this asked a range of questions about plans for the QMH site. JW agreed to provide a summary of the findings of the survey at the next Patient Council meeting. TB asked JW to clarify dates for Children's Centre – which he confirmed was June 2015.

4. Items for information & update

4.1 MSK - Douline Schoeman (DS)

Waiting times are short, urgent physiotherapy within 2 weeks and routine 4 weeks, previously it was 22 weeks. Now operating parallel clinics, if you have a complex diagnosis you may need specialist input with immediate access to a consultant. Physio at EH goes live on 16/12. Mid November will be a pain management programme giving access to a psychologist, nurse and pain consultant. The programme will last 2/3 weeks to help and assist patients with pain.

Clinical Commissioning Group

Ophthalmology – Douline Schoeman (DS)

The CCG have not redesigned the entire service. Phase 1 is Glaucoma referral refinements service in the community. Phase 2 looks at retinal detachment and making services closer to home. It will also look at increasing access at EDH and on the QMH site. DS will provide AG with dates when work will begin on developing new pathway so that representatives with an interest in this area can be involved. However, updates on Ophthalmology services will remain on the Patient Council workplan.

4.2 Cardiology - Jane Price (JP)

Following award of contract to Guys Hospital earlier this year they are now running consultant clinics in GP surgeries and working with provider of diagnostic services. The CCG has seen an improvement in patient care and issues with waiting times have been addressed through provision of additional clinics to improve backlog. Programme Board has commenced and although attempts have been made to recruit a patient representative there has not been any take up to date. JP said that specialist clinics are also available in 4 GP practices across the borough; these are Bexley Group Practice, Barnard Medical Centre, Bexley Medical Group and Slade Green Medical Centre.

Diabetes - Jane Price (JP)

Jane explained that she had been asked to provide a brief update to members but that she was not leading on this area of work. It was confirmed that red books and foot care booklets had been disseminated to GP practices across the borough. General foot care service is not sufficient and the CCG is working with Oxleas on a pilot proposal. PG said this was an area he would like to be involved in as plans developed, PG added that AGE UK Bexley provide a toe nail clipping service for residents.

4.3 Urgent and unscheduled care - Douline Schoeman (DS)

DS confirmed there are now 2 UCC's open within the borough of Bexley at QMH site and tEDH site. UCC on the QMH site is open 24/7, EDH UCC is open 7 days a week from 8am – 10pm. Douline acknowledged there had been some issues regarding signage but offered assurance that this had been raised as a priority issue with the landlord..

4.4 End of Life care - update

CCG will support public awareness campaign of Dying Matters week in May 2015. Introducing a focus group, this will meet every 6/8 weeks.

4.5 Integrated Children & Young People services

Written update from Commissioning lead was shared. This advised the project team are now in competitive dialogue with organisation that has passed the PQQ evaluation. Negotiations and discussions will take place from 20th October to 7th November. Members were assured that project milestones were being achieved. TB asked who was involved in focus group activities. AG referred to the document showing all community groups they visited. Next focus group 31/10 hosted at Marlborough Park School. Representation from all services, children and carers. TB queried the 10 working day evaluation period and asked if that was sensible or realistic?. Commissioning lead to provide an update for the next meeting.

Clinical Commissioning Group

4.6 Big Health Check

AG shared information about event taking place at Civic offices on 7th November 'The 2014 Big Health Check Day'. AG explained this was an event organised by the Bexley Learning Disability Health Partnership Board in partnership with LBB and CCG and was aimed at service users and carers. The day would provide a number of presentations and information stalls and would allow users an opportunity to share experiences and give feedback on how things/services could be improved.

4.7 LBB - Pharmacy Needs Assessment - Survey

AG raised awareness of the survey, which is being led by LBB. Members were encouraged to access and complete survey and promote to their groups/communities.

4.8 Involving people annual report and mystery shopper

AG shared a copy of the CCG involving people annual report, advising this would be presented to the Governing Body for approval and would also be posted on the CCG public website.

Mystery shopper programme continues to be extremely popular – the CCG continues to receive good feedback and requests to join the scheme.

AG also advised that Patient Experience Team is working in the community 2/3 days a month in shopping malls and on QMH site to capture patient insights etc.

CCG supported national older people day on 1st October, hosting another very successful and well attended event for older residents at Hall Place.

The Patient Experience Team is revamping the CCG Patient Newsletter, this is a work in progress and members were encouraged to share any feedback on the development of this communication tool. It is hoped this will become a regular bi-monthly production and will be used to enrich communication with PPG's and community groups across the borough.

5. Date of next meeting & Close

Tuesday 16th December 2014, Venue to be confirmed.

Close 2:30pm

Governing Body (public) meeting

DATE: 29 January 2015

Audit and Integrated Assurance Committee Meeting – Executive Summary Meeting held on 4 December 2014

The AIGC met on 4 December 2014; present Keith Wood (Chair), Dr Nikita Kanani, Tina Khanna, Kate King, Dr Graham Rehling.

At the meeting the AIAC:

- **The Chair welcomed** the new members of the Committee Dr Nikita Kanani & Tina Khanna.
- **Considered and authorised** the AIACs revised Terms of Reference for approval by the Governing Body and noted that Internal and External Audit were each content with the membership & Terms of Reference of the AIAC.
- **Considered & noted assurance from** the high level Risk Register and Assurance Framework with particular regard to Clinical Risks and offered suggestions to address the higher risks included in the Risk Register.
- **Received** the progress report from the Local Security Management Specialist.
- **Noted** the Counter Fraud progress report and associated documentation and **approved** the annual work plan.
- **Received** an update on the DoH consultation on the constitutional requirements for Audit Committees and noted the possible implications for Bexley.
- **Noted with satisfaction** internal audit reports on Financial Management and Procurement and the status of outstanding audit recommendations and **received** a general update on matters of interest.
- **Noted** the KPIs agreed for Internal and External audit respectively.
- **Received** an update from External audit on emerging issues.
- **Noted and was assured by** the process for developing 2015/6 commissioning intentions.
- **Noted and was assured by** the processes for managing acute and community performance.
- **Noted** a report on the status of the finalisation of acute service level agreements.
- **Received** a Checklist of compliance with statutory requirements and **agreed** to report back on the degree to which the AIC was assured by the checklist.
- **Received and was assured by** a report on arrangements for hosting the Practitioner Health Programme.
- **Noted** that there had been no tender waivers since the September meeting.
- **Noted** the decision log from other fora.
- **Received** an aged debtor analysis as at 31 October and was **assured** by the processes and actions taken.

Clinical Commissioning Group

- **Noted** the register of Governing Body members' interests and the register of contracts and expressed **assurance** from the processes for populating them.
- **Noted** the summaries of proceedings at recent Executive Management, Finance, Quality & Safety, Medicines Management & Information Governance Committee meetings.
- **Noted** that Internal & External audit did not wish to take up the offer of a meeting in private.



Governing Body (public) meeting

DATE: 29 January 2015

Executive Management Committee – Executive Summary

Meeting held on 11 November 2014

DECLARATIONS OF INTEREST – Drs Deshmukh, Fish, Stoate and Kanani declared an interest in item 125/15 Primary Care Commissioning – no mitigating action was necessary.

STANDING ITEMS

CSU Update

Update on proposed CSU restructure and implementation of Leader Framework and the SEL Delivery Board programmes to assist with proposed improvements to data sharing between the CSU/CCG.

Risk Management Report

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

ITEMS FOR DECISION

Terms of Reference

The Executive Management Committee **approved** the ToRs including the additional amendments made at the meeting.

Pay and Terms Framework for Clinical Leads

The paper presented to EMC detailed proposals to formalise the pay and terms framework for engaging with GPs/Other clinical or non-clinical leads. Various issues were raised during discussion on the review of the Clinical Leadership programme over the past year which would be addressed with a report to EMC in June. Paper to be presented to GB in January to provide information on how the Clinical Leadership operates e.g. how many, who they are, what they do etc.

The Executive Management Committee **agreed** that a paper would be presented to the January Governing Body meeting for discussion and approval.

Approval of Organisational Policies following Staff Consultation

EMC discussed the draft Organisational Change and Flexible Working Policies and agreed further clarity on wording required before approval.

ITEMS FOR DISCUSSION

Organisational Action Plan

EMC discussed the progress to date on staff training and integrated working across the organisation and agreed to incorporate clinical leadership in the programme.

Ebola update

NHS Guidance on Ebola to be taken to the January GB meeting - all GP's/hospital etc prepared.



Resilience

EMC discussed recent urgent care target performance where some had failed recently however there were recent improvements in the 4 hour A&E wait and 18 week cancer waits at QEH.

ITEMS FOR INFORMATION**Notes of Meetings:**

Finance Sub-Committee 9 September and 14 October 2014

Medicines Management Sub-Committee 17 September and 15 October 2014

Information Governance Sub-Committee dated 23 September 2014

Quality & Safety Sub-Committee 4 September 2014



Governing Body (public) meeting

DATE: 29 January 2015

Finance Sub-Committee Executive Summary Meeting held on 11 November 2014

- The Month 6 Finance Report was discussed. The Chief Financial Officer advised that a discussion had taken place with the Director of Finance, NHS England (London) to advise of a forecast outturn shortfall at month 6 of £2.5m. A decision had been taken to report breakeven pending discussions across SEL on the application of a risk share agreement. The CCG subsequently secured a Market Forces Factor adjustment of £2.5m in respect of the changing MFF of the South East London providers, following the dissolution of SLHT, and the adverse effect this had on Bexley. The financial position is high risk due to over performance in acute of £10.5m and prescribing overspend. Risks to the position were discussed. The Better Payment Code continued to perform well; Running costs were underspent; Aged debtors had improved.
- The Month 6 QIPP Report was discussed. Deterioration from plan was primarily as a result of the reassessment of urgent care savings following award of the contract and the slippage in the start or underperformance of various schemes. The overall forecast position showed a net under-achievement of £1.13m and was Amber rated by NHS England. Mitigating actions were noted. KPMG were due to start a QIPP audit in November.
- The Consolidated Contracts Report for months 5 and 6 was discussed. Discussions were taking place with providers to shape service provision to reflect Bexley's commissioning intentions. A commissioning summit with Oxleas NHS Foundation Trust was arranged for 19 November to take forward discussions on the integration of the multiple contracts of service that are commissioned from Oxleas with a view to improving contractual governance arrangements. Increased acute activity was noted and discussed, with further detail on referrals and UCC attendances being requested from the SECSU.
- The CCG's analysts had refined the Practice Based Performance Data following last month's meetings and this was discussed further. Information is now being discussed at Locality meetings. Practice Based Pharmacists were visiting surgeries to investigate reasons for prescribing overspend.
- Revised Finance Sub-Committee Terms of Reference were approved.
- The budget setting timetable was presented and members were advised that the CCG had begun to construct 2015/16 budgets based on draft assumptions from last year's business rules. The CCG is also working with other South East London CCGs to share planning numbers to ensure consistency. The timetable is on track.

Clinical Commissioning Group

- Members were advised that the Final 2013/14 Programme Budget submission had been submitted.
- Members noted the remote approval of the End of Life Care Business Case, which had been circulated via email to Finance Sub-Committee members and had been approved. Negotiations were continuing regarding costs and no update was available for the meeting.
- Acute Claims and Challenge Update was discussed. SECSU colleagues to be invited to the December Finance Sub-Committee to explain acute claims and challenges information, which was queried by members.

Meeting held on 9 December 2014

- The Finance Sub-Committee approved the revised and updated Section 75 Agreement with the London Borough of Bexley, which will be submitted to the January Governing Body.
- Due to the number of referrals doubling in Bexley for autism diagnostics, increased funding was requested. The Finance Sub-Committee approved specific funding of £12k to clear the backlog, which had grown over a 2 year period. Any further cost increases to the contract requested by Oxleas in this respect would need to be brought to a future Finance Sub-Committee.
- The CCG reported a FOT surplus of £126k in month 7 in line with forecast. The acute position continued to deteriorate by a further £2.2m in months 7 and 8. The achievement of the £126k surplus remains high risk due to acute, prescribing and CHC. Prescribing levels remain above budget and an assumption for a reduction following recruitment of the Practice Based Pharmacists is included. Running costs remain below budget and Better Payment Practice Code continues to do well. Acute Trust year-end financial positions were being verified and discussed with providers.
- At month 7 forecast outturn QIPP delivery was assessed at £13.6m. There were no significant QIPP changes in the month. This delivery is RAG rated amber by NHS England. QIPP for 2015/16 was being reviewed.
- A Commissioning Summit had been held with Oxleas and the CCG resulting in an action plan for integration of their multiple contracts in order to recognise the level of concern specifically around District Nurses.
- MSK waiting times reported as good with further quality elements of the service coming on line.
- It was hoped that the Cardiac contract would be signed imminently.

Clinical Commissioning Group

- IAPT national target still not being met in Bexley, MIND addressing this by opening a drop-in clinic to assist patients with form completion.
- Dr Deshmukh involved in action plan for Dementia and is in discussion with NHS England to improve target achievement.
- London Ambulance Service continues not to meet performance targets despite increased levels of funding.
- The first month's data showed that the CCG was on target to achieve the predicted savings from the employment of the new Practice Based Pharmacists. They have been reviewing patients' medications and making cost-effective changes where appropriate and making recommendations to GPs.
- Practice Based Performance data has been further updated as requested at previous meetings.
- A Consultant to Consultant and Other Referrals paper was presented and this information would be included in a Governing Body paper.
- Personal Health Budget (PHB) Policy was being reviewed; however there are no personal health budgets in place as yet. PHBs for mental health are being looked at.
- The South East Commissioning Support Unit provided an update on claims and challenges raised with provider trusts as at September 2014.
- The Medicines Management Strategy had been updated following the Keele report. The proposed budget for 2015/16 was an increase of 1.55% on predicted 14/15 outturn. This was calculated from information included in the Keele report. Members considered the proposal to be fair and this was approved by the Finance Sub-Committee for 2015/16 planning. This budget will be taken to the next Medicines Management meeting to consider the methodology for allocating to each practice.

Governing Body (public) meeting

DATE: 29 January 2015

Medicines Management Sub-Committee - Executive Summary Meeting held on 19th November 2014

- The Medicines Management Sub-Committee approved Methotrexate Shared Care Agreement (SCA) for use between Bexley GPs and Queen Mary's/King's College Hospital NHS Foundation Trust while a South London wide shared care agreement was being produced.
- The Medicines Management Sub-Committee reviewed and commented on an update of the Medicines Management Strategy.
- Comments were given on an updated terms of reference of the medicines management committee and they are to be presented again next meeting with amendments for approval.



Governing Body (public) meeting

DATE: 29 January 2015

Information Governance Sub-Committee (IGSC) - Executive Summary Meeting held on 2 December 2014

Chair: David Parkins (DP) Caldicott Guardian

1. No conflicts of interest were raised.
2. The IGSC Terms of Reference was discussed. This will be circulated to members for further comments. (*Post script: the revised IGSC terms of reference will be on the January IG agenda*).
3. The IG Risk Management plan 2014-15 was approved.
4. The NHS number project report was approved and it was agreed that further development within the CHC area should be looked at with respect to automating their processes.
5. Bexley CCG local records retention schedule was approved with the amendment that CHC do not destroy patients reviews after 2004 until all the retrospective reviews have been completed. IG SC agreed to an extended retention term to 15 years for items after 2004 to ensure that documentation would remain available to carry out the retrospective reviews.
6. The Registration Authority (RA) Policy has been revised to conform to the national RA policy and was approved by IGSC.
7. The Governing Body are asked to note the following roles and responsibilities for the CCGs Registration Authority function:

Chief Officer	Overall accountability for RA processes
Chief Financial Officer ,as Senior Information Risk Officer (SIRO)	Responsible for and accountable to the CCG Governing Body for any information risks identified in relation to this and other Information Governance policies and procedures. The SIRO is overall accountable for RA activity within the organisation.
Assistant Director of Quality, as the Caldicott Guardian	This role acts as the conscience of the organisation in relation to the use and protection of all health and social care records.
Assistant Director of ICT and Information Governance	Accountable for developing and maintaining the RA policy and operational overview of the process. Also designated RA Manager.
Head of ICT and Senior ICT Support Engineer	Registration Authority Managers

8. IGSC noted the positive progress on the IG toolkit development plan.
9. The current IG Risk register was discussed and noted.

Clinical Commissioning Group

10. FOI report: All FOI requests for quarter 2 have been replied to within the 20 day deadline, but the Q3 target is at risk.
11. Information asset register and data flow mapping. The register has been updated detailing the current information assets, access permissions to patient identifiable data and the data flows for Bexley CCG.
12. Mandatory IG training: now stands at 91%.
13. Accredited safe haven (ASH): It was reported that in the majority of cases work processes have been changed in order that no PID information is received, however there are still some aspects regarding invoice validation where the information is required. Steps have been taken to ensure PID data is secure and is now maintained on a separate server to the normal business functions of the CCG.
14. Date of next meeting: Tuesday 13th January 2015 (9.30am – 11.00am).



Governing Body (public) meeting

DATE: 29 January 2015

Quality & Safety Sub-Committee – Executive Summary Meeting held on 13 November 2014

Chair and GP lead for Quality: Dr Nikki Kanani (NK)

1. NK welcomed everyone to the meeting and introductions were noted.
2. There were no conflicts of interest in respect of the agenda.
3. Approval of the minutes of the meeting held on 4th September and the Action Log was updated.
4. End of Life Care (ELOC) service – Q&SSC approved the End of Life Care Service Development.
5. Q&SSC approved the approach as laid out in the CQUIN Planning and Development 2015/16 report.
6. Q&SSC approved the revised terms of reference of the Quality and Safety Sub-Committee.
7. Q&SSC noted the Q2 Quality, Safety and Performance Reports (including Mental Health).
8. The Patient experience and QA report was noted. There was concern with Lewisham and Greenwich NHS Trust's complaints handling. Responses were poor and did not take place in a timely manner. Issues were highlighted in relation to the UCC at Erith via the mystery shopper, such as poor signage, lighting, management of the environment and these concerns had been passed to Oxleas. An issue had also been raised in relation to X-Ray availability at Erith. Hurley Group still needed to recruit to the paediatric nurse post at Erith. Actions: raise complaints handling issues with L&G Trust CEO via Chair and other issues with commissioning team.
9. The Complaints Annual Report 2013/14. The majority of complaints relating to providers were for Queen Elizabeth Hospital and in the case of the CCG, for Continuing Healthcare funding decisions.
10. Care Homes Quality Report. It was reported that meetings were taking place with Social Services and Alison Rogers to discuss quality across all homes as many homes being used were not part of Any Qualified Provider (AQP). This was due to pressure on nursing home beds and therefore clients were being placed outside of AQP.
11. Q&SSC noted the Safeguarding Commissioning Standing Committee Minutes of 23 Sept 2014.
12. Q&SSC noted the Healthwatch GP Practices Enter and View Report. Overall the response had been good and people were happy with their care and services provided. Issues had been identified in relation to: access to appointments; length of appointments; extended opening hours; improved access to GP telephone consultation.
13. Q&SSC noted the Mental Health CQRG minutes of 30 July 2014. The Mental Health Clinical Quality Review Group meets across Bexley, Bromley and Greenwich. In future it is planned to have a single CQRG meeting to cover Mental Health and Community.
14. Cancer waits performance: Q&SSC noted the position regarding cancer waiting times and the actions being taken. Quality Alert Management System: positive feedback was received and the system was being rolled out to all Bexley GP Practices.
15. The SEL NHS 111 clinical governance report was noted. LAS is continuing to provide a good service.
16. Q&SSC noted the CDiff reduction workplan. Items included Infection control workshops for practice clinical staff had been arranged from October 2014 – March 2015. Dr Nelun Elphick has arranged an education session on reducing Health Care Acquired Infections on 15 January 2015.
17. Date of next meeting: 12th February 2015 9.00am - 12.00 noon.