

## **BEXLEY PATIENT COUNCIL**

Tuesday 16<sup>th</sup> December 2014  
10:30 - 1pm (lunch provided)  
Applegarth Suite, Marriott Hotel, Bexleyheath

### **Draft Minutes**

#### **Attended:**

Sandra Wakeford	(SW)	Chair & CCG PPI Lay member
Lionel Eastmond	(LE)	Vice Chair & Crayford Forum
Tia Giles	(TG)	PPG Chair - Lyndhurst Road surgery
George Heitmann	(GH)	Bellegrave 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
Steve Davies	(SD)	Bexley Mencap
Cindy Lowe	(CL)	Bexley Moorings
Sheila Burston	(SB)	Diabetes UK Bexley
Andy Mitchell	(AM)	Haven
Simon Evans-Evans	(SEE)	Director of Governance & Quality
Annie Gardner	(AG)	Head of Patient Experience, Bexley CCG

#### **Apologies:**

Paul Goulden	(PG)	Age UK Bexley
Mark Bradley	(MB)	Oxleas NHS Foundation Trust
Chris Lee	(CLE)	Bexley Youth Council
Dave Baker	(DBA)	Carers Support - Bexley
Julie Bristow	(JB)	BVSC
Dr N Kanani	(NK)	GP and Patient Engagement Lead

#### **Present:**

Diane Hannaford	(DH)	Stakeholder Insight Officer, Bexley CCG
Dr Howard Stoate	(HS)	Chair NHS Bexley CCG & GP
Dee Mayston	(DM)	Engagement Officer
Barbara Beddison	(BB)	Westwood Surgery PPG
Linda Bellingham	(LB)	Crayford Town Surgery PPG
Saby Ghosh	(SG)	Plas Meddyg PPG
Linda Alexander	(LA)	Crook Log PPG
Peter Stekelenburg	(PS)	Bursted Wood PPG

#### **Presenters:**

Jon Winter	(JW)	AD Comms & Corporate Services, Bexley CCG
Jane Price	(JP)	Project Manager - Cardiology
Omari McKoy	(OM)	Project Manager - Integrated Care

## **1. Standing Items**

### **1.1 Welcome, introductions and apologies**

Everyone was welcomed and apologies for absence noted. SW thanked PPG members in attendance and said the Patient Council (PC) wanted to develop stronger working relationships with all community groups and PPG's.

### **Declarations of Interest**

No new Declarations of Interest

### **1.2 Notes of meeting - 23<sup>rd</sup> October 2014**

Minutes were accepted as a true account by all present. A small typing error was noted on page 2, paragraph 3.

**Action:** AG to amend minutes before presenting to Governing Body

### **1.4 Matters Arising/Action Notes**

PC were assured action to improve signage and lighting on the UCC site at Erith Hospital is now in place.

SEE provided details of a Commissioning Summit held with Oxleas NHS Foundation Trust, where issues regarding District Nursing were discussed. Key performance indicators (KPI's) for next year were being reviewed. LS was concerned that DN's needed training to undertake care of tracheotomies in the community. SEE said Nurses receive training but that CCG is reviewing contracts to identify any areas of concern.

PC asked for a speaker to attend a future meeting to discuss the role of District Nurses.

AG gave an update on engagement with new MSK service. Specifically that several members of the PC had visited the services provided on the Queen Mary's Hospital (QMH) site and undertaken a 'walkabout' of the new suite at Junction 8a. AG liaising with staff to arrange a visit to the PRUH/Orpington hospital but no dates confirmed as yet.

**Action:** AG to add request for DN speaker to workplan for 2015/16.

### **1.5 Chairman & Patient Council Member update/feedback**

SW attended the ground breaking ceremony for the new Cancer Centre being developed at QMH. SW, along with other members of the PC supported the CCG in promoting the 'Yellow Man'/ Don't go to A&E campaign in Bexleyheath Broadway.

End of life care was discussed and PC advised of a group of GP's and nurses that meet to look at development of services/support for Bexley residents to identify improvements for the future. (Palliative Care Round Table)

SW highlighted a survey undertaken by Healthwatch Bexley regarding access to GP's. The results provide useful information which is being reviewed by the CCG. SW said this was a good example of how the CCG and Healthwatch are working together to improve services for Bexley residents.

## **Clinical Commissioning Group**

SW asked PC to encourage people within their organisations, communities and networks to attend public Governing Body meetings. SW also asked PC to be vigilant in sharing information provided by the CCG at meetings within their networks.

### **Feedback from PC organisations/Groups:**

PS said the Multi Faith Forum is planning a number of events during 2015, all to be held at the Sikh Temple. Some events had links with health/ health services (e.g. Women's Day, Diabetes Road Show, Managing addictions).

## **2 Presentations / Speakers**

### **2.1 Simon Evans – Evans, Director, Bexley CCG**

SEE explained that Sarah Blow and Dr Kanani (NK) could not be present due to urgent meetings. A letter from NK was shared – this highlighted the importance of service user feedback in helping the CCG hold service providers to account. The PC role in supporting engagement and feedback within the community was also acknowledged.

The CCG annual statutory report on patient involvement was presented to the Governing Body at their last meeting. The report has also been shared with NHS. England, who praised the CCG and rated the organisation green, this is excellent news.

A discussion ensued regarding Care Homes and concerns about quality of care. SEE said the CCG work with LBB (London Borough Bexley) and that a contract (Local Enhanced Service – LES) was in place with GP's who provide services to homes in the borough.

Reference was made to statement released by Simon Stevens, new Chief Executive of NHS and how NHS had improved e.g. improved cancer outcomes and referral to treatment times. There is also greater integration with social care and the voluntary sector ensuring that services are wrapped around individuals needs.

SEE referenced winter pressures, the impact this has on the NHS and extra funding being pumped into services to reduce pressure. Bexley CCG is part of a systems resistance group, in collaboration with Bromley, Greenwich and Lewisham CCG. Local picture indicates bed shortage at Queen Elizabeth Hospital (QEH), but monies being invested to try and resolve this problem. Stoke services have been consolidated on the University Hospital Lewisham site, creating more space at QEH. A ward has also been re-opened at QMH, to provide additional beds and help relieve pressures.

SEE discussed staffing levels at QEH and explained that during transition from South London Healthcare Trust (SLHT) a number of staff had left. At the time those vacancies were filled with agency staff but 140 new nurses have now been employed from the Philippines and Portugal.

Co-Commissioning - CCG currently commission's 2/3rds of healthcare; Acute services, mental health, community. This does not include specialist services or primary care (GP, Pharmacy, Dental, and Optical). In light of proposed changes/reforms CCG's has submitted a bid for joint commissioning with NHS.E. PC to be updated on progress.

Action: AG to add as agenda item for next meeting.

## **Clinical Commissioning Group**

SEE reflected on a number of improvements to services, specifically, investment in access, opening of another UCC in the north of the borough. PS asked how the CCG is reviewing feedback relating to UCC's. SEE explained intelligence was being gained from the Mystery Shopper scheme, Friends and Family Test, NHS Choices, Serious Incidents and GP alerts. All this data is collated into reports through the Quality and Patient Experience Team's which is then shared with the Quality Committee and Commissioners to support contract monitoring and ensure standards/KPI's are being met.

### **2.2 Dr Howard Stoate, Chair, Bexley CCG**

HST said working with patients as equal partners was helping to improve services. Reference was made to improved community cardiology services and development of mystery shopper scheme. Bexley now has two UCC's (one at QMH and the other at Erith Hospital), which is improving access to services for local people across the borough. On the QMH site work is taking place to develop a Renal Service and a Cancer Centre.

The NHS is under strain and we all have a responsibility to consider what can be done to make best use of services. Sabby Ghosh, PPG representative raised concerns about the number of people still attending A&E inappropriately. This was acknowledged and reassurance offered that the CCG supported Yellow Man campaign – Don't go to A&E which had resulted in a drop in A&E attendances.

TM asked what happened to Crayford Town Surgery Walk in Centre. HST advised the UCC at Erith Hospital was now providing a service in the north of the borough. AG added that a lot of communication with local residents and registered patients at the practice in question to make them aware of local changes had taken place.

LS said if GP's were open for longer periods this would help reduce A&E attendances. HST replied that Government are investing £50 million to improve access and another £100 million nationally (via challenge fund) to extend opening hours and improve IT services to share information with patients

SB asked what was happening with Ophthalmology services, highlighting that the service on QMH site was understaffed and that injectable meds for treatment were not available. SB also said it was extremely difficult to contact and communicate with the service. SEE confirmed comments would be shared with the Commissioning Team for contract monitoring and quality assurance.

### **3 Items for discussion**

#### **3.1 Queen Mary's Hospital - project update by Jon Winter, AD Comms & Corporate Services**

QMH update - cancer centre had its foundation stone laid by James Brokenshire MP at the end of November. This is expected to open early 2016. External works have started on the new Kidney Treatment Centre with completion due early 2015. Internal layout has been designed and agreed with Guys Hospital (service provider) and will complete July 2015.

The old Reeves and Chislehurst Wards have been refurbished and opened as the Meadowview Unit offering intermediate care and neuro rehabilitation.

Resident's survey was undertaken in 3 areas across the borough. Presentation was given to the programme board. Interviewed 400 people of broad group's, i.e. age, gender etc.

## **Clinical Commissioning Group**

Statistics provide reliable evidence of what Bexley people think about QMH and understand about the site. JW recognised that more target communications was required within the community to recognise transformation and service changes so people feel assured and positive about local services.

### **4 Items for information & update**

#### **4.1 MSK & Ophthalmology update - Douline Schoeman (DS)**

Jane Price (JP) gave apologies for DS who was unable to attend as planned. DS will attend future meetings to provide an update or will forward a detailed briefing.

JF expressed some concerns regarding Ophthalmology services and asked if a patient focus group was being considered in the future. SB added communication, particularly correspondence following appointments was very poor and feedback to GP's.

Jane advised that in relation to MSK waiting times are now short and feedback is generally positive about the service, which also has a presence on the Erith Hospital site. Reference was made to the new MSK live website developed by Kings College Hospital.

#### **4.2 Cardiology update - Jane Price**

Jane is looking to recruit patient representatives to Cardiology Programme, but uptake had been extremely poor. PC provided with update on improvements to service, particularly access to Rapid Access Clinics, choice of venues and access to 'Specialist' clinics within GP practices so patient do not need to travel out of the borough to receive care.

Consultants from Guys Hospital are working with local health professionals and have arranged a number of educational events for GP's.

#### **4.3 Urgent and unscheduled care - Douline Schoeman (DS)**

Briefing provided by DS confirmed two UCC's are now open and offering services within the borough, one at QMH and the other at Erith Hospital. Reports of patient experience indicate high satisfaction rates and that over 100 patients are being seen and receiving treatment on a daily basis.

#### **4.4 Diabetes - Omari McKoy (OM)**

OM working with consultants regarding a new model of care, linking with Local Authority and Public Health plans. There was acknowledgement of need to work with Diabetes network within Bexley and discussions were taking place around this.

There is a diabetes foot care pilot in place until March 2015. When completed CCG will review outcomes and patient experience then assess on conclusion.

#### **4.5 AOB**

AG asked Patient Council members to complete a template highlighting any areas of high priority/focus for workplans during 2015/16.

SW again thanked all present for attending and wished all a happy Christmas and healthy New Year.

### **5 Date of next meeting & Close**

Tuesday 17<sup>th</sup> February 2015

## Governing Body (public) meeting

DATE: 26 March 2015

### Executive Management Committee – Executive Summaries Meeting held on 8 January 2015

#### DECLARATIONS OF INTEREST

Drs Fish, Stoate and Kanani declared an interest in item 10/15 Co-Commissioning and 11/15 Challenge Fund. No mitigating action was necessary.

#### STANDING ITEMS

##### CSU Update

CSU updates on the submission of the Lead Provider Invitation to Tender; establishment of the South East London Delivery and Programme Boards and the recruitment of a Programme Lead; progress on the Service Level Agreements for SEL CCG/CSU; development on the merger between Kent and SE CSU and workforce developments. A Service Improvement Performance Notice had been issued to the CSU as they had failed to meet one of the key KPIs regarding Productivity Report Recommendations for the next 3 years.

##### Risk Management Report

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

#### ITEMS FOR DECISION

The Executive Management Committee **approved** the:

Updated Statutory and Mandatory Training Guide

#### EPRR & BCP

- Emergency Preparedness, Resilience and Response and Business Continuity Policy v1.07
- Emergency Preparedness, Resilience and Response and Business Continuity Plan v 1.07
- Annual Work Plan
- Pandemic Flu Plan

#### Managing Conflicts of Interest

The Executive Management Committee **noted** the Conflicts of Interest updated mandatory guidance and **discussed** and **agreed** the recommendation for Governing Body approval.

#### ITEMS FOR DISCUSSION

##### CO-COMMISSIONING

Discussion on progress to date and meeting noted SEL had submitted a level 2 bid for consideration with Governing Body membership agreed. Conflicts of Interest and Governance issues under discussion across SEL with the inclusion of a Joint Committee or a Committee in Common. It had been agreed that SEL wished to pursue the Committee in Common option so that decisions could be based on individual Governing Body recommendations.

##### CHALLENGE FUND

The Challenge Fund documentation was currently being finalised prior to submission by the CCG with a précis of the Planning Guidance (to include allocation information) to be provided to the Governing Body with links to the full guidance.



## **Clinical Commissioning Group**

### **ITEMS FOR INFORMATION**

#### **Notes of Meetings:**

Finance Sub-Committee 11 November 2014

Medicines Management Sub-Committee 19 November 2014

Information Governance Sub-Committee dated 13 November 2014

Quality & Safety Sub-Committee 4 September 2014

#### **ANY OTHER BUSINESS**

Updates on development of Frailty Workshop; Christmas/New Year period resilience had been difficult locally and nationally and none of Bexley's local providers had declared major incidents. The Resilience Plan was being refreshed. Recovery had taken place reasonably quickly. The Children and Young People Procurement was discussed.

#### **INFORMAL DISCUSSION ON ISSUES NOT INCLUDED ON THE AGENDA**

On-going issue relating to discharge summaries received from Queen Elizabeth Hospital had been addressed by reporting it to the Quality Alert Management System. All GPs should be encouraged to use QAMS.

Electronic 2 week referrals system implemented and would be replicated across SEL.

Social Prescribing Workshop had been well attended.

GP Training on the DXS system was needed.

### **Meeting held on 5 February 2015**

#### **DECLARATIONS OF INTEREST**

Drs Fish, Stoate, Bhalla and Kanani declared an interest in item 23/15 Co-Commissioning. No mitigating action was necessary.

#### **STANDING ITEMS**

##### **CSU Update**

Update included co-ordination on the Service Audit Reports relating to the co-ordination/format/ recommendations requirements between the CSU/CCG with external auditors to ensure clarity between all organisations. Bexley amendments would be incorporated in the draft CSU Business Intelligence Plan. Development of the Prime Contractor Contracts was progressing through improved joint working e.g. finance with areas for improvement highlighted.

##### **Risk Management Report**

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

#### **ITEMS FOR DECISION**

None.

#### **ITEMS FOR DISCUSSION**

##### **CO-COMMISSIONING**

EMC discussed the NHS Bexley CCG – Proposed Governance Structure and explained how 'Committees meeting together' would work across SEL CCGs. Each CCG would agree their own structure which would work collectively with NHSE through a formal governance structure and ensure that decisions taken have been discussed and agreed at local level. The membership for the six SEL CCGs Primary Care Co-commissioning Committee meeting together would include four members from each CCG who would vote on issues relating to



## **Clinical Commissioning Group**

their CCG. NHS England would have three members on the committee with just one vote between them.

The Primary Care Co-Commissioning Committee would be a sub-committee of the Governing Body with meetings would be scheduled as required. The work of the CCG would continue through the CCG's sub committees as at present. Further discussion to take place at the next locality meetings with changes to constitution agreed by PCAG and presented to the March Governing Body Public Meeting before submission to NHSE.

### **BEXLEY Q3 HR SUMMARY AND WORKFORCE REPORT**

EMC discussed the report and agreed that clarity was needed on the staff counting process with the CCG/CSU with agreement on the established numbers reported and noted that the CCG sickness absence level was low in Bexley compared with the other SEL CCGs/CCG national average with a good split on age and gender.

### **ITEMS FOR INFORMATION**

#### **Notes of Meetings:**

Finance Sub-Committee 13 January 2015 (draft)

Medicines Management Sub-Committee 14 January 2015 (draft)

Information Governance Sub-Committee dated 2 December 2014 (draft)

### **ANY OTHER BUSINESS**

#### **Vanguard Bid**

SV tabled 'The new models of care programme' which incorporates the development of the QMH and Erith Hospital sites by NHS Bexley CCG, Dartford & Gravesham, Oxleas and the Hurley Group and will be submitted to NHSE New Care Models Teams for consideration for Vanguard. The document details the main aims of the four organisations to develop sites in the future through:

- Development of the integrated physical and mental health services
- Improve and update scanning services (diagnostics) on both sites
- Open new minor surgery services at both sites

#### **Integrated Commissioning Board**

Update on the development of the Integrated Commissioning Board was on going with planned meetings/workshops

#### **Never Event**

SEE provided a brief update on a current never event just reported which would be investigated through the Quality and Safety Sub Committee.

#### **Primary Care Team visits to GP Practices**

The Primary Care Team was currently arranging visits to general practices to visit GPs/Practice Managers as part of the developmental work taking place.

#### **Improved GP access**

Congratulations to GP surgery for the reduction in patient numbers who had accessed the UCC in hours as detailed in a recent report. This followed the actions of GPs who had discussed with reception staff the communication of UCC services and the appropriate use of these.





## Governing Body (public) meeting

**DATE: 26 March 2015**

### **Finance Sub-Committee Executive Summary Meeting held on 13 January 2015**

- The Finance Sub-Committee agreed the financial arrangements for the establishment and administration of a Pooled Fund for the Better Care Fund to be held by the London Borough of Bexley, under a section 75 agreement, which would be able to carry forward balances.
- The month 8 finance returns had been submitted in line with achievement of the planned month 8 year to date position and forecast outturn. The acute position had improved slightly in month 9 but there had been a further deterioration in prescribing. The month 9 reported position also included funding from the SEL risk pool in recognition of Bexley's distance from target.
- New allocations for 2015/16 had resulted in the CCG receiving £13-14m. This additional sum helped close the distance from target but also included winter pressures funding and an expectation of investment on mental health. The CCG would remain 3.1% (c£8m) below target in 2015/16. The additional funding would help with presenting a balanced 2015/16 budget but the plan would remain high risk.
- Month 8 assessment suggested that QIPP delivery would be £12.94m (89%) against gross values and £11.8m (net of QIPP reserve £1.06m) (82%) against the RAG rated value for 2014/15. The deterioration in plan was primarily as a result of the reassessment of urgent care savings following award of the contract and slippage in the start, or underperformance, of a number of schemes as well as the over-performance on prescribing spend. Overall forecast position showed a net underachievement of £1.47m which resulted in the CCG being RAG rated Amber by NHS England for QIPP delivery. The CCG's QIPP plan for 2014/15 was the highest in London and that despite underachievement the amount forecast is still greater than any other London CCG's plan. Star Chamber had met in December 2014 and reviewed the 2014/15 and 2015/16 QIPP schemes in detail. KPMG had audited 3 2014/15 schemes, MSK, Urgent Care Centre and End of Life Care. The preliminary findings were "significant assurance with minor improvement opportunities". A number of points were still being discussed.



## ***Clinical Commissioning Group***

- Actions from the Oxleas Commissioning Summit were progressing and Oxleas were attending Locality meetings in order to engage further with GPs. Service specifications were being finalised.
- Various Any Qualified Provider contracts had commenced or were being mobilised shortly. These needed to be publicised to practices.
- Action plans were being put in place regarding Improved Access to Psychological Therapies and Recovery Service targets not being met.
- Analysis of A&E data established that the CSU integrated report and the Practice Based Performance Data only included type 1 A&E data. It was agreed that in future the GP graphs would include all A&E data.
- Claims and challenges for months 1-5 had been closed and months 1-6 were being used for contract baseline planning. Some year-end arrangements had been agreed, however the SECSU would continue to raise claims and challenges.
- Members were advised that prescribing continued to rise at month 7. This included increases on Category M drugs. Members suggested that prescribing figures for the six South East London CCGs should be obtained and analysed against weighted population for actual spend, items and GP prescribing. Clare Fernee was working with Acute Trusts to stop hospitals asking GPs to initiate drugs. Drug wastage at Care Homes was being tackled via a bulk prescribing pilot that would be rolled out if successful.
- Discussions took place regarding the potential risk of duplicate pathway charges being issued from two different providers for the same patient on the maternity, births, antenatal and post natal pathways. The GPs raised concerns that the ratios of both ante natal and post natal pathways to births was higher for 2014/15 than they would expect from their experience. Clarification of data to be sought.

### **Meeting held on 10 February 2015**

- Due to conflicts of interest there were insufficient members present to make a decision on the contract extensions for clinical services in respect of the GP Diabetes Scheme and GP Care Homes Scheme. Those who were able to recommend the extension asked for a tender waiver to be completed and put forward, for both schemes, to the Chief Financial Officer and Chief Officer for approval.
- Members were asked to approve the decommissioning of the MSDI risk stratification tool and purchase of Vision Plus for all Bexley Practices. Vision Plus will work effortlessly with Vision and EMIS and will generate a cost saving to the CCG. The Finance Sub-Committee approved the purchase of Vision Plus

## ***Clinical Commissioning Group***

- An update on 2015/16 Planning and Budgets was discussed, highlighting items for note and next steps for 2015/16 planning and budget setting.
- Due to conflicts of interest there were insufficient members present for a decision on the block contract for the Provision of NHS Fully Funded Continuing Healthcare Patients. Those who were able to recommend the extension asked for a tender waiver document to be completed and put forward to the Chief Financial Officer and Chief Officer for approval.
- Discussion took place regarding migrating to an integrated care record even if the Prime Minister's Challenge Fund bid was unsuccessful. Members approved the project and noted that the work would be undertaken by the IM&T Team. A tender waiver would be completed.
- Members discussed the financial position of the CCG and noted the surplus year to date and forecast outturn positions, as well as the risks posed to meeting the £126k planned surplus position in 14/15.
- The Month 9 QIPP assessment suggested that QIPP delivery will be £12.59m (87%) against gross values and £11.53m, net of QIPP reserve £10.6m (80%) against the RAG rated value for 2014/15. The Star Chamber had met on 20 January and had reviewed 2014/15 and 2015/16 QIPP schemes in detail.
- The Consolidated Contracts Reports for Months 8 and 9 were discussed. Members discussed the new 'named nurses' process being issued by Oxleas. It was noted that an update on the Oxleas Commissioning Summit was being presented to the Quality and Safety Sub-Committee. Communications were being launched on a number of AQP contracts.
- A report was presented on the work undertaken by the Care Homes Pharmacist. Members discussed medicines wastage. The Medicines Management team was looking into bulk prescribing to Care Homes to reduce wastage. Members complimented the report.
- The Practice Based Performance Data for Month 8 was presented. A new dashboard was in the process of development, which would allow practices to drill down into the supporting information.
- The Acute Contract Claims and Challenges update was discussed. Agreed challenges for months 1-7 was £1.5m. This was an improvement on last year reflecting the improved process used. The 2015/16 process will only claim where challenges can be agreed.
- Clare Fernee gave a Prescribing Update showing the Bexley prescribing position compared with the other five South East London and peer group CCGs.

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

**DATE: 26 March 2015**

### **Medicines Management Sub-Committee - Executive Summaries Meeting held on 14 January 2015**

- The terms of reference for the committee were reviewed and changes suggested.
- A pilot of bulk prescribing in care homes was reviewed and approved to be carried out by the Care Homes Pharmacist.
- Prescribing budget setting was discussed. The committee reviewed anonymised data to ensure there was no conflict of interest for the GP members of the committee. The committee agreed on a methodology but wished to review the exceptional drugs which forms part of the budget setting methodology.

### **Meeting held on 18 February 2015**

- The final exceptional drugs list for prescribing budget setting was approved to go along with the budget setting methodology agreed at January meeting.
- Zoladex rebate scheme was approved.
- A final report of the interface respiratory project was reviewed and it was agreed the practice pharmacists to help practices review respiratory medications where appropriate.
- It was agreed the current dry skin guidelines should be reviewed and include bath preparations.



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

**DATE: 26 March 2015**

### **Information Governance Sub-Committee (IGSC) - Executive Summary Meeting held on 13 January 2015**

Chair: David Parkins (DP) Caldicott Guardian

1. No conflicts of interest were raised.
2. The IGSC Terms of Reference was resubmitted. The main parts of the document were approved, however, the quoracy of all sub-committees would need to be confirmed by the executive in order to finalise the document.
3. The IG Information Asset policy was approved.
4. IG development plan was reviewed and on track. An external audit was taking place 19th January with a final report to the March IGSC.
5. IG Risk Register - There are currently 4 IG Risks with one risk with a residual rating of 12 (Risk197). There have been no changes since the last report and there is regular monitoring.
6. Contract management IG report - this provided an audit of contracted providers IG Toolkit scores for V-11 (2013-14). IG is now a standing item at all contract monitoring meetings to address the contractual elements of the IG Toolkit.
7. A records management review of the Contracts Teams electronic file structure is in progress, to reorganise the file storage and carry out a cleansing process of duplicate and non-required documents.
8. IG training update - there were only 3 members of staff required to complete the IG mandatory training module in order to meet the 100% target. Approximately 30 staff have completed records management training. There have also been 36 other IG training modules completed by staff across different areas relating to business continuity, risk management, security, patient confidentiality and secure handling on information.
9. Date of next meeting Tuesday 10<sup>th</sup> March 2015, 9.30am – 11.00am.



## Governing Body (public) meeting

DATE: 26 March 2015

### Quality & Safety Sub-Committee – Executive Summary Meeting held on 12 February 2015

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

1. There were no conflicts of interest in respect of the agenda.
2. Approval of the minutes of the meeting held on 13<sup>th</sup> November and the Action Log was updated.
3. The Quality & Safety Strategy was reviewed and priorities agreed for 2015/16, these included community services, mental health, supporting quality improvement in care homes, delivery of QOF and general direction regarding integration.
4. Quality, Safety and performance focus report (including Mental Health) was reviewed. It was agreed that the Q&SSC May meeting would have a Mental Health theme. GP Mental Health Leads and Mencap to be invited to attend.
5. Integrated Quality, Safety and Performance provider report (inc Mental Health). NK requested more information about X-ray turnaround times for the next meeting.
6. Patient experience and quality alerts report – there has been a 20% increase in contacts and a 20% increase in QAMS reports. QAMS is being used regularly by 16 Practices. ED confirmed that all practices were set up to use QAMS and that communications would be resent to those practices that had not yet used the system. Poor discharge was the main theme.
7. Audit and Inspection plan: A care homes inspection plan is being developed. Healthwatch reported that they had received a number of complaints regarding changes to the Phlebotomy service at Erith Hospital.
8. Care Homes quality monitoring update: A quality improvement forum is to be established for Care Homes in order to support them. Greenwich CCG has commissioned a system to be built to input care home quality indicators, which would enable activity to be reviewed. The forum would celebrate good practice and share development. This work would link with the medicines wastage work being conducted by the care homes pharmacist.
9. Individual Funding Requests Q3 report: activity has decreased and there has been a reduction in non-drug applications.
10. Oxleas Mental Health CQRG minutes 5 November 2014 were noted. In future, the Oxleas Community and Mental Health CQRG meetings would be combined as one Oxleas CQRG.
11. SEL 111 Clinical governance report was noted. *(post meeting Further information circulated to committee members on breakdown on call activity and call answering performance).*
12. UCC issues: A paediatric nurse had recently been appointed at Queen Mary's Hospital, however the Hurley Group were saying that this was not necessary at Erith Hospital, despite being in the contract. Consequently a contract notice had been issued. It was also a requirement of the contract that X-Ray provision should be provided at Erith Hospital UCC during opening hours, whereas the X-ray department is only open 9am-4pm with an hour of closure at lunchtime. It was agreed that another contract notice should be issued in respect of the X-Ray provision. Concern was expressed regarding equality of access for patients in the north of the borough and firm representation should be made to the Hurley Group that Erith facilities should mirror those at QMH.



## ***Clinical Commissioning Group***

13. Cardiology report: This reported on the learning from the management of a back log of patients waiting for triage following a change to the contract. A review was conducted to ensure that patients did not come to harm. Lessons learned:
  - Contract management - ensure that all contracts are consistent with the national model, and any variations documented and that contract review meetings take place regularly;
  - Mobilisation planning - minimise the duration of interim service arrangements and ensure that waiting list administration and data recording are a key strand of mobilisation planning;
  - Data and reporting - ensure that all Consultant-led services within the scope of the national 18 week RT rules are recording and submitting data appropriately;
  - Pathways - ensure that referral pathways and criteria are simple, understandable and well-communicated to GPs.
14. A Never Event (L&G) was reported to the Q&SSC.
15. CQUIN update: due to national rejection of the 15/16 Payment by Results offer, detailed CQUIN discussions with L&G were proving difficult without clear guidance from NHS England.
16. Date of next meeting: 26 March 2015 9.00am – 11.30am.

