

Governing Body (Public) Meeting

DATE: 25 July 2013

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| Title | Bexley CCG Committee Minutes & Summary Sheets and Working Group Summary Sheets as detailed below | |
| Recommended action for the Governing Body | That the Governing Body: Note the work of the Governing Body's Committees and Sub-Committees. | |
| Executive Summary | Summary sheets for each Committee and Sub-Committee of the Governing Body are provided to assure the Governing Body of the work being undertaken in its name. The full minutes of each Committee/Sub-Committee are available to members on request, but not included in full as they may contain privileged or sensitive information. | |
| Which objective does this paper support? | Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders | ✓ |
| | People: Empower our staff to make BCCG the most successful CCG in (south) London | |
| | Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation | ✓ |
| | Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience | ✓ |
| Organisational implications | Key Risks <small>(corporate and/or clinical)</small> | If decisions are not taken with due consideration, services could be affected which could have a clinical or financial impact. |
| | Equality and Diversity | All decisions should be taken with due consideration of any impact on of equality & diversity. |
| | Patient impact | All decisions should be taken with due consideration of any impact on patient |

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| | | services. |
| | Financial | All decisions should be taken with due consideration of the associated costs & savings and any impact on the financial position of the CCG. |
| | Legal Issues | Not applicable |
| | NHS constitution | All decisions should be taken with due consideration of the CCG's obligations under the NHS constitution. |
| Consultation (Public, member or other) | Not applicable | |
| Audit (Considered / Approved by Other Committees / Groups) | The Finance Working Group minutes are presented to the Executive Management Team. | |
| Communications Plan | Any scheme requiring a communication plan will have one specific to that scheme. | |
| Author | Simon Evans-Evans, Director of Governance & Quality | |
| | Clinical Lead Dr H Stoaite Chair | Executive Sponsor Simon Evans-Evans Director of Governance & Quality |
| Date | 11 July 2013 | |

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Audit and Integrated Assurance Committee Executive Summary

13 June 2013

The AIGC met on 13th June 2013; present Keith Wood (Chair), Sandra Wakeford, Graham Rehling.

At the meeting the AIGC:

1. **Arranged** for the Registers of Interests & Gifts and Hospitality to be reviewed at the AIGC December meeting.
2. **Considered & noted assurance from** the high level Risk Register and Assurance Framework with particular regard to Clinical Risks and newly emerging financial issues.
3. **Noted** the Local Security Management & Counter Fraud progress reports & **recommended** the counter fraud and anti- bribery policies for approval by the Governing Body.
4. **Noted** the Information Governance Report and the issues affecting safe haven access.
5. **Received Assurance** from the Clinical Governance Report on the new arrangements for, and the issues affecting the safety & quality of patient services.
6. **Noted** the appointment of Grant Thornton UK LLP as external auditors of the CCG and the planned work for 2013/14.
7. **Noted** the agreed internal audit plan and the appointment of KPMG as internal auditors to the CCG with Fleur Nieboer as the engagement lead.
8. **Noted** the status of internal audit recommendations including those inherited from Bexley Care Trust.
9. **Noted with satisfaction** the report by PwC on the robustness of QIPP schemes.

10. **Noted** the summaries of proceedings at recent Executive Management Committee and Finance Working Group meetings.

11. **Noted** the waivers of standing orders & the log of Chair/Chief Officer's actions for the year to date

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Executive Management Team Committee

14 May 2013

- CSU Update – update on current contractual positions with South London Healthcare Trust & Darenth Valley Trust. Dental contractual issued discussed with further clarification from NHS England required. Gum Bexley specific contractual issues to be resolved with Bexley Council following legal advice.
- QIPP Schemes – update on Cardiology Business Case provided information on future clinical and patient engagement and the development of the business case and service specification. Greater understanding on the outcomes regarding the use of electronic equipment and better co-ordination between primary/secondary care services. Challenging timescales/processes for BCCG to achieve commissioning of a Prime Contractor Model that would provide fit for purpose services with successful outcomes performance monitored within a national framework that would provide benchmarked evidence.
- Update on Anti-Coagulation services and confirmation that Tier 1 Services awarded to Boots UK Ltd and Cotter Bohmer-Laubis and with no successful bidder for Tier 2 services SLHT had been asked to extend current services. Meeting discussed information governance requirements and agreed process to ensure smooth transition of patient care with clinical quality issues appropriately addressed and the re-procurement of Tier 2 Services.
- Risk Register – discussion on relevant information governance issues and agreed action plans.
- Operating Plan – discussion on issues raised in the Quality and Safety report regarding Oxleas SLA had been resolved and on-going issues at SLHT were being monitored by the Safety Group. Concerns on GP amber alerts received regarding Care Homes were discussed and discussion on the transformational work required to reduce readmissions of patients from Care Homes to hospital with recognition that further work with the Local Authority was required. Financial update noted at Month 12 there was a surplus in line with the BCCG control total. Discussion on the 62 day cancer wait position had not improved for Bexley patients whilst there had been improved to Smoking Cessation and Choose & Book targets. Further discussion on how to improve the overall Bexley target performance to take place outside meeting.
- Procurement Plan – discussion to take place at the Governing Body Seminar in June to develop the procurement plan/development plan.
- Email Options – further work required to develop one email system for the BCCG.
- PWC Report noted.
- Update on the Patient & Engagement Team Working provided and confirmation given that detail of this work was included in the BCCG Quality & Safety Report.

20 June 2013

- QIPP Scheme Updates on Dermatology and Minor Surgery and Urology and Gynaecology with confirmation provided that a Community Clinic would be in place for

patient referral instead of referral to secondary care. Discussion on service specification for the Community Clinic took place and agreement that discussion would take place at the three Locality meetings.

Update on the GP Reduction in Referrals QIPP linked with Sleeper and Pipeline and following discussion it was agreed to focus the project on two areas – Review of referrals by practice and Legacy outpatients within the QHM systems.

- Information Governance Update provided confirmation on the CCG's achievement of baseline Level 1 for 2013/14 had been met with planned improvement to Level 1 following next submission. Data sharing and Personal Confidential Information discussed.
- Risk Register – amber risks discussed and meeting noted that the June Audit and Integrated Assurance Committee meeting would discuss the red risks.
- Operating Plan 2013.14 – Quality & Safety issues discussed and meeting noted increased mortality rates and MRSA levels at some local hospitals. Concerns raised about the acute provider data received by the CCG and would be included on the risk register.
- CSU Update – concerns discussed regarding adjustments needed to Bexley QIPP schemes resulting from Lewisham Hospital NHS Trust non agreement and how the CCG could performance manage the South London CSU.
- Cardiac Business Case (CBC) – discussion on the CBC following discussion at the Finance Working Group meeting took place and an explanation on Prime Provider Contracts was provided.
- Freedom of Information Policy - meeting approved the inclusion of Internal Review process.
- IT services option paper (produced by Apira Limited) was discussed by meeting and the meeting noted the recommendation to maintain ICT services for Commissioning and Primary Care.
- District Nurses Proposal – Stephen Firn, Dr Ify Okocha and Beth Williams joined the meeting for discussion on current proposal. It was agreed that Oxleas would attend the three Locality meetings to discuss with Bexley GPs the reconfiguration of the delivery of the Long Term Conditions services. Oxleas confirmed that consultation with staff had been completed and that the consultation process would not be completed until discussion had taken place at all three Locality Meetings. GPs raised concerns on the management/clinical responsibilities of Band 6 & 7 Nurses and the possible impact on patient services; involvement of Social Services (particularly in the care of Care Home residents); current specifications needed to be increased as in future there would be more community patient services and the link with by practices with district nurses was vital.
- Any Other Business – issues raised regarding the Treatment Access Policy and ambulatory services.

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Finance Sub Committee Meeting Summary 7th May 2013

The following are the main action points from the Finance Working Group meeting on 7th May 2013:

- The Scriptswitch Contract was reviewed by all members and approved for another year with a caveat that a detailed report be presented to the February meeting yearly to allow consideration of continued investment for the following year.
- Members received a Business Case for MSK. After discussion it was agreed to recommend it for approval to the 30th May Governing Body, subject to approval by the Quality & Safety Group.
- The Kitemark Scheme was approved by Chair's Action of FWG non-GP members. The paper/evidence was presented to the meeting for noting.
- Members considered Prescribing setting and agreed that the role of the FWG was to set the budget with the Medicines Management Group responsible for the methodology.
- The members approved additional funding for additional Community Cardiology clinics for three months. Detailed analysis was requested for the June meeting.
- The members approved the extension of the Personalisation Pilot for a further six months to align with other mental health services. This will then ensure that all mental health day services can be re-procured as one redesign package at the end of the year.
- Members received and discussed the month 12 Finance report, 2012/13 Annual Accounts submission, QIPP update and 2013/14 Financial Planning update.

Finance Sub Committee Summary 11th June 2013

- Members discussed the cardiac Business case and the intention to bring it forward to 2013/14. A prime provider model was discussed subject to procurement approval by the Governing Body. Members recommended the business case for submission to the Governing Body for approval subject to amendments to financials for specialist commissioning.
- The Finance Working Group approved the investment of up to £10,000 for GP practice training and support in the use of ECG machines and blood pressure monitors in primary care. It was considered that any prime provider of cardiac services should provide training in the use of the ECG machines and blood pressure monitors in future, in order that GP practices improve their skills. Blood pressure

monitors to be rolled out to practices immediately.

- Following discussions regarding the differentials in cardiac referral and activity trends at different practices, it was agreed that the Cardiac clinical lead should raise this with practices above the mean during visits.
- Members discussed an invest to save proposal for CPN liaison services. Members requested further information before a decision could be taken on whether to approve the investment, including further clinical details and evidence from Greenwich on savings made from their existing scheme.
- Members discussed the recent Medicines Waste audit which showed on average that £704k per annum could be wasted in unused drugs. members requested that the Medicines Alignment form be reissued to all GPs and that a patient awareness campaign should be run on medicine wastage. Funding had previously been provided for this. Members also asked for the Head of Medicines Management to prepare a business case for 2014/15 QIPP to include this area and bring to a future meeting.
- A brief update on 2014/15 QIPP was presented. No acute QIPP data was available for months 1 or 2. There had been no issues or deviation raised by project managers in monthly project meetings.

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INFORMATION GOVERNANCE SUB COMMITTEE

14th May 2013

A **Mobile Devices Policy** was presented. This is a new policy for Bexley CCG staff. The group recommended that additional information should be included regarding charging limit for mobile personal calls and what would happen regarding costs for loss or damage equipment. It was also requested that further guidance for staff be produced regarding the tagging of personal calls for billing purposes. For **APPROVAL** via email once changes are made.

An **IG induction guide for staff** is necessary to inform staff of key IG information and responsibilities. The induction material was **APPROVED** subject to the Communications Department having an overview prior to release and the links to various websites and other documents included in the document.

A **CCG IG training needs assessment** for mandatory and recommended IG training modules on the Connecting For Health website was presented. More emphasis was required to ensure that particular job roles training were made 'mandatory' and not just 'required' eg SIRO and Caldicott training. Subject to these changes, this was **APPROVED** for distribution to all staff.

A **CCG archive guide** was **APPROVED**.

IG toolkit submission and auditors update - Both the Bexley Care Trust and CCG toolkits Version 10 (2012-13) were submitted with the BCT maintaining level 2 and the CCG meeting baseline requirements of level 1. Reported findings were that the CCG had made a good start in the IG requirements and were very positive that the organisation is on track for level 2 for March 2014.

Patient Confidential Data (PCD) The Health and Social Care Act 2012 provides a model where the expectation is that personal confidential data (PCD) will be managed centrally (for the purposes other than direct care) in order to protect confidentiality. The CCG has consequently reviewed all of its data flows with respect to PCD and taken measures to ensure that it is compliant with these new regulations. However in so doing, some areas of CCG activity that used to be driven through the use of PCD has had to be stopped and this is having repercussions on the CCG's ability to support the GP Practices in the same way as before. Consequently the risk register has been updated accordingly.

Information Sharing Agreements (ISA's)- 15 new ISAs have been sent out with 7 having been returned, querying why the documents have been necessary which are being dealt with as they are received. Work is still on going.

The **IG Risk Register** was reviewed by the group.

Safeguard – The CCG were now compliant with the storage of incident reporting, PALS, Complaints and Risk information on the Safeguard (Ulysess) system.

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Medicines Management Working Group – 8th May 2013

Items what were discussed include:

- The clinical pathways, which were redesigned by Dr Ricky Gondhia, for the following conditions were approved with comments
 - Acne
 - Psoriasis
 - Tonsils and Adenoids
 - Dizziness and Vertigo
 - Dysmenorrhoea
 - Menorrhagia
- Prescribing of gluten free foods guidelines approved
- Methotrexate shared care agreement approved
- Desmopressin pathway approved
- Colomycin shared care agreement approved
- Dry eye algorithm approved

All the above documents are available on GP Zone and Carenet and have been emailed direct to all practices.