

Agenda Item: 91/13

GOVERNING BODY PUBLIC MEETING

THURSDAY, 25 JULY 2013, 1.30PM- 3.00 PM
Danson Room, 221 Erith Road, Bexleyheath, DA7 6QZ

PRESENT:

Dr Howard Stoate	GP, Chair,
Dr Varun Bhalla	GP Locality Lead North Bexley
Dr Bill Cotter	GP Locality Lead Clocktower
Dr Sid Deshmukh	GP Locality Lead Frognal
Dr Sushanta Bhadra	GP Locality Representative, North Bexley
Dr Gunen Ucyigit	GP Locality Representative, Clocktower
Dr Sarah Chase	GP Locality Representative, Frognal
Theresa Osborne	Chief Financial Officer
Dr Graham Rehling	Secondary Care Specialist
Yemisi Osho	Nurse Member
Sandra Wakeford	Lay Member
Keith Wood	Lay Member
Simon Evans-Evans	Director of Governance and Quality
Sarah Valentine	Director of Commissioning
Tia Giles	Representative from the Patients Council (Observer)

IN ATTENDANCE:

Mary Stoneham (notes) Corporate Office Manager

APOLOGIES:

Sarah Blow Chief Officer

STANDING ITEMS	
65/13	WELCOME AND APOLOGIES FOR ABSENCE
65.13.1	Dr Howard Stoate welcomed members of the Governing Body and members of the public to the public meeting. The Chair explained that the NHS Bexley Clinical Commissioning Group Governing Body hold meetings in public to enable the public to observe the decision making process and there would be two opportunities for questions from the public during the meeting.
65.13.1	The Chair explained Ron Brewster had recently stood down as Chair of the Patient Council and thanked him for his valued contribution to the work of the CCG. Sandra Wakeford, Lay Member Patient and Public Involvement, who was Vice Chair of

	the Patient Council had been named as Interim Chair. Tia Giles, the Interim Vice Chair, joined the meeting as Patient Council Observer.	
65.13.2	Apologies were received from Sarah Blow.	
66/13	DECLARATIONS OF INTEREST	
66.13.1	Dr Stoate asked if anyone had any interests to declare in respect of the meeting agenda.	
66.13.2	The GPs declared an interest in that they are commissioned by NHS England to provide GP services. Dr Chase asked that the Declaration of Interest form be amended to reflect an interest in Bexley Health Limited (BHL) less than 5%.	
66.13.3	Dr Stoate declared an interest in Item 74/13 Community Clinic Business Case and explained that Keith Wood (Vice Chair) would take the Chair for this item on the agenda. Dr Cotter declared an interest in minor surgery and Dr Deshmukh declared an interest in Dr Karkare's (practice partner) interest in gynaecology work. Dr Bhadra also declared an interest in this item. (Item 74/13).	
67/13	MINUTES OF THE GOVERNING BODY PUBLIC MEETING DATED 30 MAY 2013	
67.13.1	The meeting AGREED the Governing Body (Public) Meeting dated 30 th May 2013 subject to some changes in the wording in the minutes (these changes did not alter the context of the minutes) as notified by Theresa Osborne.	
68/13	MATTERS ARISING	
68.13.1	<ul style="list-style-type: none"> ACTION LOG updated and completed. Item 49.13.3 – Dr Cotter confirmed that although the mortality rate figures had reduced, the levels were still high and reason for concern.	
68.13.2	Item 63.13.3 – Yemisi Osho asked for an update on the redesign of district nurse services by Oxleas. Sarah Valentine confirmed that further discussion had taken place between Oxleas and the Localities. Oxleas would present a revised proposal to the Executive Management Team in August.	
68.13.3	EXPANDING THE TREATMENT ACCESS POLICY FOR BEXLEY Sarah Valentine asked that the Governing Body approve the recommendations in the meeting paper to ensure that that prior approval was sought for the two treatments listed in the meeting paper to reduce inappropriate referrals and treatments.	

68.13.4	The Governing Body: APPROVED the NHS Bexley CCG amendment to the 2013 South East London Treatment Access Policy (TAP) in relation to: 1. Surgery for Asymptomatic Gallstones 2. Investigations of Single Bright Red Rectal Bleed in patients under 45 years old	
69/13	CHAIRMAN'S UPDATE REPORT	
69.13.1	Dr Howard Stoaite announced that NHS Bexley CCG had been authorised by NHS England without any conditions and would now continue to develop clinical commissioning for the benefit of Bexley residents.	
69.13.2	CCG elections process for some of the governing body members has been agreed and will be implemented during August/September for the positions of Chair and three Locality Leads.	
69.13.3	Development of Commissioning Intentions 2014/15 currently taking place with further engagement with staff, GPs member practices, key stakeholders and members of the public.	
69.13.4	Response by CCG to the draft Health and Wellbeing Strategy to be submitted by 31 July 2013.	
69.13.5	GPs, practice staff, community nurses and social care teams attended the soft launch of the Integrated Care Service on 11 July aimed to keep patients well, supported in their own homes, promote independence and avoid unnecessary emergency admissions.	
69.13.6	More than 40 providers attended a Musculoskeletal (MSK) services event to discuss the Prime Contractor procurement approach to deliver more streamlined and joined-up MSK services.	
69.13.7	£10,000 investment to GP practices for training and support in the use of ECG machines and blood pressure monies in primary care.	
69.13.8	<ul style="list-style-type: none"> • DECISION LOG FROM OTHER FORA The Governing Body noted the decisions that have been made by the Governing Body in different fora on behalf of the Governing Body.	
70/13	2013/14	
70.13.1	QUALITY & SAFETY REPORT	

70.13.2	Simon Evans-Evans reported that over 2,000 letters had been sent to SLHT patients regarding the investigation of Dr Ron Irwin's clinical work.	
70.13.3	The closure of SLHT on 1 October 2013 presented significant risks and the CCG was working closely to ensure the smooth transition of patient care services at Queen Mary's took place. The Care Quality Commission (CQC) would visit Queen Mary's and Darent Valley hospitals later this month as they had been identified as high risk. Oxleas quality data was still awaited and there were no outstanding issues. Darent Valley had no Serious Incidents outstanding. Local 111 services continued to operate well with very few complaints received.	
70.13.4	Dr Bhadra raised concerns that the QMS Helpline provided to patients regarding the Dr Irwin investigation advised patients to contact their local GP. He felt this was inappropriate as they did not have access to the appropriate information and could not alleviate patient concerns.	
70.13.5	Action: SEE agreed to look into this matter and feed back as this was not the agreed pathway and patients should have been offered a two week appointment at either SLHT or another hospital.	SEE
70.13.6	The Governing Body NOTED the contents of the Quality & Safety Report for NHS Bexley CCG.	
70.13.7	<ul style="list-style-type: none"> • FINANCE PERFORMANCE UPDATE M2 	
70.13.8	Theresa Osborne confirmed that NHS Bexley Clinical Commissioning Group was on plan for Month 2 with a surplus of £737k against a plan of £721k with issues outstanding relating to specialised and acute commissioning. She confirmed that Month 3 position remained the same as Month 2 with increased concerns about the acute over performance and lack of robust data and that the CCG's QIPP targets remained on plan. The position for Month 4 has been adversely affected by the £1m deduction for dental activity in hospitals which had not been included in the financial planning calculations. Better practice codes for Month 3 performance had improved.	
70.13.9	Dr Stoate raised concerns on the lack of robust data on acute performance which impacted on the CCG's ability to determine its accurate financial position. Theresa Osborne confirmed that following discussions the Commissioning Support Unit (CSU) were taking steps to address this situation immediately and this matter would be further discussed at the CCG Assurance Meeting with NHS England.	

70.13.10	<p>The Governing Body:</p> <ul style="list-style-type: none"> • DISCUSSED & NOTED the Month 2 (May) financial position and forecast outturn detailed in this report which shows the CCG meeting the required 1% surplus; • DISCUSSED & NOTED the key risks and cost pressures identified to achieving the surplus control total in 2013/14 and the management actions being taken to address and mitigate these risks; • NOTED the programme and running cost allocations available to the CCG and the costs to date; • NOTED the month 2 actual reported performance against the key national finance targets. 	
70.13.11 70.13.12	<ul style="list-style-type: none"> • PERFORMANCE REPORTING M1 <p>Sarah Valentine tabled two papers regarding acute performance and 111 activity performance. As previously discussed in the Finance Performance Update M2 discussion, Sarah Valentine reiterated the concerns of the CCG regarding the robustness and timely presentation of the information provided by the CSU and how this impacted on the ability of the CCG to performance manage its targets and budgets. This had been an ongoing issue and it was acknowledged that there were also issues regarding the quality of data received from acute trusts. The meeting discussed the grave risk implications to the CCG and the impact to financial and performance management issues, in particular the CCG's contracts with acute providers which were still unsigned.</p>	
70.13.13	<p>Sarah Valentine explained that the tabled 111 paper provided a summary on live data from March-May 2013 on where the top ten services 111 had sign posted patients to. The meeting noted that the local 111 services performance had improved since its implementation and continued to meet national quality standards for patient access to services. Local 111 services were supported by GRABADOC.</p>	
70.13.14	<p>During discussion SV confirmed that there had been an increase in the number of patients attending the Urgent Care Centre with the result of a reduction in the number of patients attending the A&E services. Following concerns on the length of wait at local A&E SV explained that the actual numbers attending were fewer but the conditions they were presenting with were of a more complex nature which required more clinical time to resolve.</p>	
70.13.15	<p>Action: Sarah Valentine was asked to write a letter of complaint on behalf of the Governing Body to the CSU to formally note concerns</p>	SV

	regarding issues of the data they provided to the CCG.	
70.13.16	The new format Performance Report detailed information on all CCG's targets and provides a performance monitoring tool to identify red/amber/green targets, target leads and actions to date. In future the Quality & Safety Sub Committee will monitor this report to provide assurance to the Governing Body that concerns are being addressed.	
70.13.17	The Governing Body DISCUSSED & NOTED current performance against targets for Bexley CCG and the actions being taken to address any areas of underperformance. <ul style="list-style-type: none"> • CONSOLIDATED CONTRACT REPORT M2 No report provided for the meeting. 	
ITEMS FOR DECISION		
71/13	PROPOSED USE OF 2% HEADROOM FUNDING	
71.13.1	Theresa Osborne confirmed that CCGs had set aside 2% of their recurrent resource limit as non-recurrent headroom and the Bexley proportion was £5,138K. The meeting paper detailed the areas where NHS Bexley CCG would like to spend this resource.	
71.13.2	The Governing Body APPROVED the proposed use of the 2% headroom funding allowing for Director's discretion to reassign the funds as and when the need arises.	
72.13	SCHEDULE OF MATTERS DELEGATED TO OFFICERS UPDATE	
72.13.1	Keith Wood explained that approval was now sought for the Chief Financial Officer and Director of Commissioning to have delegated authority to increase the NCA approval limit of the CSU to £2,500 if / when appropriate to ensure that the majority of invoices are appropriately validated and approved by the CSU mdt team.	
72.13.2	KW went on to ask members to delegate authority for additional budgetary requirements for small amounts up to £25k to the Chief Financial Officer avoiding the need for formal Sub Committee approval, making best use of the Financial Sub Committee time.	
72.13.3	The Governing Body: AGREED that the Chief Financial Officer and Director of Commissioning can have delegated authority to increase the CSU approval limit for NCAs to £2,500 if necessary. APPROVED delegation to the Chief Financial Officer to approve	

	additional budgetary requirements up to £25k.	
73.13	REVIEW OF THE USE OF BUSINESS INTELLIGENCE SYSTEM	
73.13.1	Dr Sid Deshmukh stated that following the changes to information governance requirements the CCG needed to review its current business intelligence system to ensure NHS compliance and value for money services. Currently the CCG commissioned two business intelligence systems and had planned for a future review of this process. Due to restrictions placed on CCGs access to Personal Confidential data (PCD) this had now been escalated.	
73.13.2	The meeting discussed the options and Theresa Osborne confirmed that the Information Analyst was currently developing dashboards for GPs to access through a free Microsoft programme which would be shared with Localities. Members stressed the importance of strengthening risk stratification and the need to use additional resources in this area.	
73.13.3	The Governing Body: CONSIDERED the options as laid out in the report & APPROVED the recommended Option 3; AGREED the use of resources freed up from Option 3 to acquire a risk stratification tool, as discussed on pages 4-5 of the report; and for the CCG to discuss with GPs the opportunity to use the balance of freed up resource for further practice support to develop QIPP linked to the quality agenda and provide additional benchmarking information in line with that already started by the Information Analyst.	
74/13	COMMUNITY CLINICS BUSINESS CASE	
74.13.1	Keith Wood (Vice Chair) took the Chair for this item on the agenda.	
74.13.2	Keith Wood thanked Dr Stoate for his leadership at NHS Bexley CCG and in the success of the authorisation process.	
74.13.3	Sarah Valentine introduced the Community Clinics Business Case which was part of the redesign services programme to introduce an intermediate tier consultant-led service between primary and secondary care for non-complex treatments.	
74.13.4	The business case detailed the development of dermatology, minor surgery, gynaecology and urology with Any Qualified Provider (AQP) as the preferred model. The meeting discussed the paper and noted that it was based on clinical redesign which would reduce acute spend in this area as (Bexley spend was	

	higher than the national average) and was aligned to the Trust Special Administrator (TSA) redesign programme. The Quality & Safety Sub Committee would consider the AQP to approve the Community Clinic Service Specifications.	
75.13.5	Dr Rehling raised concerns that the AQP process may preclude NHS acute hospitals carrying out current clinical procedures which provided the scope for the clinical development and training of junior doctors. SV confirmed that the AQP process was open to all providers to submit applications to provide safe clinical services within the required criteria and no provider would be prohibited. Yemisi Osho stressed the need to ensure that all referral processes were implemented appropriately so that an integrated service was provided. Keith Wood stated that the review by the Quality & Safety Sub Committee needed to ensure that the Community Clinic Service Specification used 70% of Queen Mary's accommodation as outlined in the TSA recommendations.	
75.13.6	The Governing Body: <ul style="list-style-type: none"> • APPROVED the Community Clinic Business Case noting Community Clinics redesign represents £805k recurrent QIPP saving opportunity • APPROVED procurement of new Community Clinic intermediate services via the Any Qualified Provider model • NOTED Quality & Safety subgroup to approve Community Clinic Service Specifications 	
75/13	MEDIUM TERM FINANCIAL STRATEGY UPDATE	
75.13.1	Dr Stoate resumed as Chair of the meeting. Theresa Osborne presented the Medium Term Financial Strategy (MFS) Update and confirmed that the CCG planned to deliver a 1% surplus in 2013/14 and a 2% surplus in future years. The Operating Plan guidance would be updated in December 2013 which would impact on the MFS position and the Governing Body would receive an update when appropriate.	
75.13.2		
75.13.3	The meeting considered the risks as detailed in pages 46-48 of the report.	
75.13.4	The Governing Body: <ul style="list-style-type: none"> • APPROVED the CCG's first Medium Term Financial Strategy 2013/14 – 2017/18; • NOTED the uncertainties in the financial assumptions in the strategy and arrangements for financial performance and risk management. 	
76/13	POLICIES FOR APPROVAL:	

76.13.1	Policy in Relation to Fraud and Fraud Response Plan Anti-Bribery Policy	
76.13.2	Simon Evans-Evans introduced the Policy in Relation to Fraud and Fraud Response Plan and the Anti-Bribery Policy and confirmed that the Audit and Integrated Assurance Committee had asked the Governing Body to approve these policies.	
76.13.3	The Governing Body APPROVED: <ul style="list-style-type: none"> • Policy in Relation to Fraud and Fraud Response Plan • Anti-Bribery Policy 	
77/13	QUESTIONS FROM THE PUBLIC	
77.13.1	1. In response to questions on the local 111 services from the public, Simon Evans-Evans confirmed that the public should call the Freephone 111 service for access to out of hours GP services. Sarah Valentine confirmed that at present there were no league tables on the national performance of 111 services however local 111 services in Bexley were performing well.	
77.13.2	2. Concerns were raised regarding the AQP procurement process regarding dermatology and Sarah Valentine confirmed that the process was open to any provider – private or NHS acute trust.	
77.13.3	3. Theresa Osborne confirmed that the draft Procurement Policy (Enclosure Q) would be discussed later in the meeting agenda and Social Value (Public Services) Act 2012 was addressed under item 83/11 later in the agenda.	
77.13.4	4. Concern was again raised regarding clarity on declarations of interest (DOI) made by Drs Stoate & Cotter. Simon Evans-Evans stated that following discussions at previous Governing Body Public meetings the DOI had been updated. Dr Cotter had declared an interest in Cotter-Laubis-Bohmer in column 4 and although Dr Stoate had no personal interest in Clocktower Healthcare he would add to his DOI as all GPs had an interest by association in their practice. The Chair confirmed that the business of the CCG would continue to be managed in line with statutory governance at all times.	
77.13.5	5. As discussed earlier in the meeting concerns were raised regarding the AQP process and how it may disadvantage NHS acute hospitals which would result in a loss of financial revenue and have an adverse effect on NHS organisations. Dr Bhalla confirmed that the AQP process did not prohibit any organisation from submitting a bid	

	within the agreed criteria. AQP's were designed to ensure that NHS monies were spent appropriately to ensure value for money and improved patient services.	
ITEMS FOR DISCUSSION		
78/13	CLINICAL LEADS UPDATE	
78.13.1	Dr Stotate summarised the Clinical Leads Update and confirmed that the CCG is continually mindful of conflicts of interest and work to ensure that they are minimised and recorded where they exist.	
78.13.2	The Governing Body: NOTED the Clinical Leads update and the leads allocated to each clinical area. NOTED the intention to increase the clinical leads to support the quality agenda. NOTED that reporting arrangements for clinical lead roles are being developed and will be agreed by the Executive Management Committee.	
79/13	BOARD ASSURANCE FRAMEWORK	
79.13.1	Simon Evans-Evans presented the Board Assurance Framework (BAF) which forms an integral part to the management of risks within the organisation which has been reviewed. The meeting noted that two new risks had been added to the BAF.	
79.13.2	The Governing Body NOTED the Strategic Risks identified via the Board Assurance Framework and DISCUSSED contents of the attached report and its related appendices.	
80/13	WINTERBOURNE VIEW: REVIEW UPDATE (INCLUDING LEARNING DISABILITY LEARNING CHARTER)	
80.13.1	Sarah Valentine presented the meeting paper which was the joint stocktake of the progress by NHS Bexley CCG and Bexley Council in response to the Winterbourne Concordat. The report summarised the main issues for the CCG to address.	
80.13.2	The Governing Body NOTED the background information shown in the attached report (sections 1 & 2) and the joint action as shown in section 3.	
81/13	QUEEN MARY'S HOSPITAL PROGRAMME UPDATE	
81.13.1	Dr Stotate summarised the update on the Queen Mary's Hospital Programme Update regarding the Trust Special Administrator's recommendation for South London Healthcare NHS Trust (SLHT). The meeting discussed the areas of risk and confirm that a Quality & Patient Safety Group had been set up to ensure patient safety during the transition period. Dr Stotate thanked	

81.13.2	<p>Sarah Valentine for her work on ensuring current services remained at the QMH site with additional new services.</p> <p>The Governing Body: NOTED the content of the report AGREED Dr Bhadra sit on the Clinical Forum reference in 4A as detailed in the meeting report.</p>	
82/13 82.13.1	<p>HEALTH OF LOOKED AFTER CHILDREN ANNUAL REPORT Simon Evans-Evans noted that the report covered the period from April 2012 to March 2013 and was under the remit of Bexley Care Trust and that there had been improvement in all areas of progress in the implementation of the health of looked after children.</p>	
82.13.2	<p>The Governing Body APPROVED the Health of Looked After Children Annual Report 2012-13.</p>	
ITEMS FOR INFORMATION		
83/13 83.13.1	<p>PROCUREMENT POLICY Sarah Valentine asked members of the Governing Body to email her with any comments regarding the draft Procurement Policy for inclusion in the final draft Procurement Policy which would be presented to the Governing Body at the September Public Meeting. Simon Evans-Evans confirmed that the Governing Body had discussed the draft policy at a training session and needed to ensure that the policy was fit for purpose to provide integrated social care cost effectively.</p>	
83.13.2	<p>The Governing Body DISCUSSED and NOTED the draft procurement policy.</p>	
84/13 84.13.1	<p>The Governing Body NOTED the Summary sheets for minutes of Committees/Sub-Committees</p> <ul style="list-style-type: none"> • Audit & Integrated Assurance 13th June 2013 • Executive Management Committee 14th May/20th June 2013 • Finance Sub Committee 7th May 2013 • Information Governance Sub Committee 7th May 2013 • Medicines Management Group 8th May 2013 	
85/13 85.13.1	<p>CBC UPDATE BRIEFING The Governing Body NOTED the CBC Update Briefing.</p>	
86/13 86.13.1	<p>ANY OTHER BUSINESS None.</p>	
87/13 87.13.1	<p>PUBLIC FORUM 1. Sarah Valentine confirmed she would email an update on</p>	

87.13.2	<p>the current position of the Crayford Surgery in the New Town Hall.</p> <p>Action: SV to email current position of Crayford Surgery in New Town Hall.</p> <p>2. Concerns raised regarding use of 0844 phone numbers by Bexley GPs regarding the cost and time needed to press appropriate options and to obtain resolution to patient enquiry due to lack of GP staff.</p> <p>Dr Stoate stated that following discussion in the Houses of Parliament regarding the use of 0844 numbers by GPs, NHS England had asked GPs to replace 0844 numbers with local numbers and this was taking place locally. Simon Evans-Evans suggested that a complaint is lodged with the GP provider or NHS England.</p>	
DATE OF NEXT MEETING		
88/13 88.13.1	26 th September 2013, 1.30 – 3.30 pm in the Great Hall at Hall Place, Bexley DA5 1PQ.	