

GOVERNING BODY

LEAD: Chair	ATTACHMENT: Agenda item: 2	A
ACTION: For Approval	MEETING DATE: 8 th January 2013	

**MINUTES OF THE FOURTH MEETING OF THE
GOVERNING BODY OF
KINGSTON CLINICAL COMMISSIONING GROUP
HELD ON TUESDAY 6 NOVEMBER 2012
HOLLYFIELD ROAD, SURBITON**

PRESENT:	Dr Naz Jivani (Chair)	
	Dr Pete Smith	GP Member
	Dr Naeem Iqbal	GP Member
	Dr Junaid Syed	GP Member (up to item 12/61.2)
	Mike Chester	Secondary Care Specialist
	David Smith	Chief Officer (Designate)
	Jonathan Hildebrand	Joint Director of Public Health
	Neil Ferrelly	Chief Finance Officer (Designate)
	Vanessa Lodge	Nurse Member
CO-OPTED MEMBER	Tonia Michaelides	Chief Operating Officer (Designate)
IN ATTENDANCE:	James Benton	Council of Members Chair
	Anna Asher	Kingston's HealthWatch
	Jo Dandridge	Business Manager
MEMBERS OF THE PUBLIC & STAFF:	K Storrie	J Pickering
	G Van Wyk	K Sembhi
	M Jivani	J Pergrine
	J Carr	M Scoring
	J Reay	Sarah Campion
APOLOGIES:	David Knowles	Vice Chair & Lay Member
	Dr Phil Moore	GP Member
	Dr Vince Grippaudo	GP Member
	Paul Gallagher	Lay Member

Welcome and Introductions: Members of the public and staff were welcomed to the fourth meeting of the Governing Body. The Governing Body were also formally introduced and welcomed Vanessa Lodge, the newly appointed nurse board member. Vanessa is currently Deputy Director of Quality and Clinical Governance for NHS North East London and the City cluster.

Declaration of Interest: David Smith declared his role as Joint Health & Adult Services for the Royal Borough of Kingston. Jonathan Hildebrand declared his role as Director of Public Health for NHS South West London. Neil Ferrelly declared his role as Chief Finance Officer (Designate) for NHS Richmond.

12/57 QUESTION TIME

There had been no questions pertaining to the agenda received prior to the meeting.

12/58 MINUTES OF THE SECOND MEETING HELD 4th SEPTEMBER 2012

The minutes of the third meeting held on 4th September 2012 were agreed as an accurate record.

12/59 MATTERS ARISING

59.1 Finance & QIPP Report

It was agreed that learning on Forensic Mental Health placements would be reported through to the Integrated Governance Committee at its December meeting.

12/60 KINGSTON CCG COMMISSIONING INTENTIONS PRESENTATION

Members were advised that for the first stage of the 2013/14 planning round, Kingston CCG were required to publish Commissioning Intentions. Tonia Michaelides presented the process that had been undertaken to produce the CCGs Commissioning Intentions for 2013/14. This included the mapping of priorities to the domains in the National Outcomes Framework and to the vision and values of Kingston CCG. Once approved, these priorities would be taken forward in the coming year to improve health and health services for the population of Kingston.

The Governing Body noted that the Commissioning Intentions had been previously discussed internally within the CCG and also at a recent Council of Members meeting. Members thanked Tonia Michaelides, her team and the clinicians involved for producing a very robust document.

12/61 COMMISSIONING UPDATE

61.1 COMMISSIONING INTENTIONS 2013/14

A copy of the final draft of the 2013/14 Commissioning Intentions had been previously circulated.

Members commented that there needed to be wider stakeholder involvement on the Commissioning Intentions. However, it was noted that certain sections had already been through public engagement. It was important to now publicise the document to ensure the public and stakeholders are cited on these.

Clarification was being sought that the delay with the BSBV consultation would not negatively impact any changes taking place locally.

Members noted that this was the first time Commissioning Intentions had been shared with GP practices.

A member of the public questioned when the 2013/14 Commissioning Intentions would commence and was advised this would be at the start of the 2013/14 financial year. It was also questioned what happened to the contracts that were currently in place and a response was given that all contracts were negotiated on a yearly basis with notice periods usually at the 6 months stage. Some existing contracts would novate across to the CCG and some would go to the NHS Commissioning Board and Public Health England.

Members were advised that the main objective of the CCG was the quality of care for its patients and therefore engaging with them was very important for the future. To date there had been a lot of liaison with stakeholders some examples included through the development of the Surbiton hospital site, the Medium Term Financial Strategy for the Better Services, Better Value programme, and the work with Kingston Hospital on their Foundation Trust application.

The Governing Body APPROVED the Commissioning Intentions for 2013/14 subject to the following caveats:

- Targeted Communications and engagement
- Other CCGs cited
- Taken to Health & Wellbeing Board at its next meeting
- Emphasis on patient 'self care'
- Clarification on sexual health section
- Joint working maternity services side
- Live document with progress reports quarterly

Mike Chester raised his concern around the data from the Expert Patient Programme which seemed to show that shared decision making was not that effective. In response members were advised that this was not the case locally and suggested this was discussed further outside of the meeting.

ACTION: Mike Chester to meet with Hans Schrauder and discuss further the data from the Expert Patient Programme.

ACTION: The Commissioning Intentions 2013/14 would be taken to the December Health & Wellbeing Board.

ACTION: Sarah Champion would be asked to circulate the Commissioning Intentions summary document to the CCGs stakeholder email network. CCG colleagues in other boroughs would also receive a copy of the Commissioning Intentions.

ACTION: It was agreed that a quarterly report flagging up areas of change would be brought back to the Governing Body.

61.2 PERFORMANCE REPORT

A revised format of the October 2012 Performance Report showing the latest published position against the 2012-13 operating plan targets had been previously circulated.

Members received an exception scorecard and narrative covering areas of concern in respect of commissioning targets.

The main areas of concern discussed were as follows:

2.1 Two Week Cancer Waits (PHQ24) and Breast Symptoms where cancer not initially suspected (PHQ25)

Members noted cause for concern around several of the cancer wait targets due to a significant issue with the tracking of patients and managing demand in cancer activity at Kingston Hospital.

2.2 Smoking Quitters at 4 weeks

At Qtr 1, the number of smokers seen to have quit at the 4 week stage were 128 against a targeted level of 176 (72.7% of plan). This level of performance is due to providers submission of quitter information to time and members noted there should be improvements in performance as the smoking cessation service tightens up processes for retrieving data from suppliers.

Members were also advised that the smoking cessation service was currently out to tender.

2.3 NHS Vascular Health Checks (SQU27)

Members noted that the data submitted to the Department of Health for Quarter 2 (Jul-Sep) showed a much improved position and 5.79% of eligible people received a health check against a target of 10%. However the target was extremely challenging for 2012-13 and work was being carried out to target those groups most likely to attend for a vascular health check which should enable an increase in those receiving vascular health checks in future quarters.

2.4 Percentage of women seeing professional within 13 weeks pregnancy (SQU12).

At Quarter 1, members noted the percentage of women who had seen a professional within 13 weeks of pregnancy was 82.9% against a target of 90%.

Patients who move from other Trusts are excluded from the figures. Discussion with Kingston Hospital – Public Health Annual Report – if exclude those women, Kingston would meet its target. Jonathan Hildebrand would check again. Naz Jivani would also raise at the CQRG.

Anna Asher raised the subject of breastfeeding and pregnancy issues for a positive birth and was advised to link in with Julia Gosden who was the lead on the commissioning side and who sat on the Maternity Services Improvement Board.

ACTION: Pete Smith offered to look at specific data relating to the percentage of women seeing a professional within 13 weeks as he had done before.

Members questioned where Quality Reports were being received as there were currently Performance Reports and Finance Reports but there was no Quality Report. The Governing Body were content that extensive discussion on quality takes place at the Integrated Governance Committee but requested a high level summary to come to the Governing Body in future.

ACTION: Tonia Michaelides and Vanessa Lodge would meet and discuss taking this forward.

The Governing Body NOTED the Performance Report.

61.3 FINANCE & QIPP REPORT

A copy of the Month 6 finance report presenting the financial results for the period to end September 2012 had been circulated with the agenda papers.

The Governing Body noted that NHS Kingston's financial plan is a surplus of £3.959m which is 1.5% of the recurrent revenue resource. The organisation is required to maintain a surplus of 1% by the operating framework to enable flexibility to manage risk and volatility. The additional surplus requirement is to deliver the South West London cluster control total of 1.4% to support NHS London's 1% surplus.

The financial performance shows the year to date position reflects an under spend of £1,673k in line with the target surplus. It assumes full utilisation of reserves and contingencies, achievement of NHS Kingston's financial and investment plans and delivery of the Quality, Innovation, Productivity and Prevention (QIPP) programme.

Members noted the following two main areas of concern:

- An over performance in acute services where the overall month 6 position showed a net £1.8m over performance at Kingston Hospital (£1.44m) and St George's (£0.778m).

- An over performance in non acute services where the Forensic Mental Health month 6 position showed £0.347m over performance .

All assumptions were based on figures for April to August 2012 and members noted there would be significant risk if the contract position worsened in the latter half of the year.

Members were updated on the latest position on the Continuing Care retrospective claims and advised that the PCT had collected 110 cases to date. At this stage it was difficult to assess how much risk was associated with these cases but potential costs could be between £1m - £1.2m. Members noted that the advice from NHS London was not to build risk into year end accounts.

Members sought reassurance that the Acute Commissioning Unit/ Commissioning Support Service were providing an appropriate level of investigation on behalf of the CCG and were advised that there are monthly reviews of all contracts conducted and contract challenge discussions that take place. Where providers do not adjust capacity levels, in the second half of the yearly contract, capacity is set to the appropriate level.

Members also noted the year to date position for Kingston's QIPP scheme projected achievement of the required £10.5m savings however included within this position was an expected outturn underperformance of £63k in relation to reduced expenditure of High Cost Drugs at Kingston Hospital, this position is mitigated by the over performance seen against targeting Falls preventions, referral management and GP prescribing.

The Governing Body noted the Month 6 position together with the forecast financial position for 2012/13 and the assumptions contained within it.

12/62 CCG ESTABLISHMENT

62.1 AUTHORISATION UPDATE

A verbal report was provided and members were advised that the Panel Assessment site visit had taken place on 19th September and out of the 119 key lines of enquiry, five had remained rated red and work was progressing to turn these to green. The Assessment report had recently been received. The NHS Commissioning Board were having to follow clear legislation and after some of the accuracies had been challenged the actual number of reds changed from five to six. The CCG now had ten days to go back with the evidence to turn them all to green and were confident that this was possible.

One of the reds was around the Governing Body Nurse Member which could now be rated green as the process to appoint Vanessa Lodge had been

completed. Three other reds were relating to the development of a CCG Complaints Policy.

For quality assurance purposes, members were advised that the outcome of the Frances Report was awaited to mitigate against triangulation.

Members noted that the Integrated Governance Committee had received a copy of another CCGs dashboard looking at quality and Kingston CCG managers had been tasked with producing likewise to address the issues raised.

The Governing Body noted the Authorisation verbal update.

12/63 CONTINUOUS IMPROVEMENT TOOL

A copy of the Governing Body domain ratings for October 2012 had been previously circulated.

Mike Chester advised that at the end of the meeting members would be asked to rate the domains agreed previously.

In future the public would also be asked to rate the domains to develop an iterative engagement process for developing proper relationships. It was suggested using a simplified card system.

Members noted that the on-line questionnaire to provide an overall rating for the final domains would be circulated separately and considered the tool a very good attempt at engaging more effectively with the public though stressed the importance to continually find ways of improving engagement.

12/64 UPDATES FROM MEMBERS

64.1 BETTER SERVICES, BETTER VALUE REVIEW (BSBV)

A verbal update on the BSBV process was given and members were advised that the consultation process had been postponed due to Surrey Downs CCG wishing to be part of the process.

The BSBV Project Board were now looking at service reconfiguration to ensure it is as robust as it can be.

The Governing Body noted the Better Service, Better Value verbal update.

12/65 MINUTES FOR INFORMATION AND UPDATES FROM SUB COMMITTEES

65.1 AUDIT COMMITTEE

Minutes of the Audit Committee meeting held on 24th July 2012 were received for information.

65.2 INTEGRATED GOVERNANCE COMMITTEE

Minutes of the Integrated Governance Committee meetings held on 31st July and 28th August 2012 were received for information.

65.3 BUSINESS CASE SUB COMMITTEE

The Business Case Sub Committee were currently operating virtually and since the last meeting members were advised that Service Redesign of the Direct Access Audiology service and extension of the MSK services had been approved.

12/66 ANY OTHER BUSINESS

There was no other business.

12/67 QUESTION TIME

Members of the public raised no other questions to the Governing Body.

12/68 DATE OF NEXT MEETING

Tuesday, 8th January 2013.

Chairman..... **Date**.....