NHS
High Weald Lewes Havens
Clinical Commissioning Group

121/18

Governing Body

Minutes

Date: Wednesday 23 May 2018

Time: 13.00 – 16.45

Location: Crowborough Community Centre, Pine Grove, Crowborough, TB6 1SE

Chair	Dr Elizabeth Gill	(EG)	Clinical Chair
Present	Adam Doyle	(AD)	Chief Accountable Officer
	Alan Keys	(AK)	Lay Member Patient and Public Involvement
	Dr David Roche	(DR)	High Weald Locality Chair
	Dr Peter Birtles	(PB)	Urgent Care Clinical Programme Lead
	Dr Ragu Rajan	(RR)	Planned Care Clinical Programme Lead
	Dr Sarah Richards	(SR)	Chief of Clinical Quality and Performance
	Frank Powell	(FP)	High Weald Locality Practice Management Lead
	Joanne Bernhaut	(JB)	Consultant in Public Health (*non-voting*)
	Karen Ford	(KF)	Lewes Havens Locality Practice Management Lead
	Mark Baker	(MB)	Strategic Director of Finance
	Martin Smits	(MS)	Lay Member Primary Care Governance
	Naomi Forder	(NF)	Secondary Care Clinician
	Peter Douglas	(PD)	Lay Member (Governance) and Vice Chair
In attendance	Terry Willows	(TW)	Director of Corporate Affairs
	Lisa Hopkinson	(LH)	Senior Administrative Officer (Minutes)
Apologies	Denise Matthams	(DM)	Registered Nurse Member
	Dr Neil Myers	(NM	Lewes Havens Locality Chair
Others (Not in Attendance)	Wendy Carberry	(WC)	Managing Director South
	Alan Beasley	(AB)	Chief Finance Officer
	Hugo Luck	(HL)	Associate Director of Operations
	Ashley Scarff	(AS)	Director of Commissioning & Deputy Chief Officer
	Sally Smith	(SS)	Director of Primary Care & Integration

Agenda item	Discussion	Action
	Question from the public	
	The Chair reported that no questions had been received in advance of the meeting and there were none present from the public in attendance.	
082/18	**Welcome and apologies for absence**	

	The Chair welcomed everyone to the meeting, and noted the following apologies: Denise Matthams (DM) Registered Nurse Member Dr Neil Myers (NM Lewes Havens Locality Chair Notwithstanding the above absences it was confirmed the meeting was quorate. The Chair asked if there were any objections to the meeting being recorded – the recording would be deleted once the minutes were ratified – none were raised.	
083/18	**Declarations of Interest**	
	The Chair reminded Governing Body members of their obligation to declare any interests they might have in any issues arising at the Governing Body and/or committee meetings that might conflict with the business of High Weald Lewes Havens CCG. Issues declared by members of the Governing Body are listed in the CCG's Register of Interests. The Register is available on the CCG website at: http://www.highwealdleweshavensccg.nhs.uk/about-us/our-governing-body/ There was one Declaration of Interest from AD which he will complete a DOI form for post meeting. He declared being the Accountable Officer for Coastal West Sussex CCG.	
084/18	**Minutes of last Governing Body (GB) Meeting**	
	The minutes of 28 March 2018 were accepted as a true and accurate record with the following correction: **Item 066/18 e (page 13) Reporting from Sub-Committee Chairs and Leads:** Clinical Executive Committee update was presented by SR and not EG. **ACTION: LH** AD wished to advise that regarding item 064/18 (page 10) National NHS Staff Survey Results, staff workshops have been set up to ensure that the good pieces of work done at HWLH CCG are embedded within the Alliance.	**LH**
085/18	**Matters Arising / Action Log**	
	Item 028/18 c Looked After Children: This is on the agenda and was discussed in item 087/18. TIAA undertook an audit which should have been submitted to the Quality Committee in May but as April's meeting was cancelled, the agenda was so large it was deferred to the June meeting. There were nine recommendations from TIAA around the themes of staffing, processes and policies. A dedicated nurse started in April 2018; there was an increase in the number of hours	

	worked by the dedicated doctor; the membership for the Children's Safeguarding Board was tightened, as were the processes around monitoring policies and procedures. A tracker exists and actions are 99% completed. SR asked for the GB to agree that they have completed 99% of what has been asked and for the action to be **closed**. The GB agreed to close the action. **Item 028/18 d Shadow Finance & Performance (F&P) Committee Terms of Reference (ToR):** This is on the agenda but the progress should now be noted as '**In Progress'**. **Item 059/18 MTW Serious Incidents Reviews**: This is on the agenda and so the action can be **closed**. **Item 060/18 F&P Report – Feedback to MSK:** The Rheumatology list has been addressed and rectified and we now know that all the Horder Centre patients have appointments. MB will check with AB to see if there are any further updates. Remains **open** and to be raised at F&P. **ACTION: MB** **Items 060/18 x 4 actions – Finance and Contract Report: M12:** These items were not addressed at the last F&P meeting. AB to address before the next meeting. Remains **open**. **ACTION: AB** **Item 064/18 NHS Staff Survey Results:** In GD's absence, AD advised that workshops have been set up to ensure that some of the good work done by HWLH CCG are not lost and are embedded in the whole Alliance. The Organisational Development Plan is due to go to all Governing Bodies in July. Action can be **closed**. **Item 065/18 PPI Update:** AK has meeting tomorrow with Head of Engagement and Engagement Officer regarding this. Action can be **closed**. **Item 066/18 c Update from Quality Team to provide and Annual Report:** Due to SR and then DM's annual leave, this will be addressed before the June meeting. Remains **open**. **Item 066/18 d Update from F&P Committee - The connect between Quality Committee and F&P Committee:** FP (link to Turnaround Board) attended the last F&P and the ToR has been amended accordingly. This item is on the agenda but is to remain **open**. **Item 066/18 d Update from F&P Committee - F&P Committee to provide graphs to GB:** On the agenda – action to remain **open**.	**MB** **AB**

	Item 066/18 e Update from Clinical Executive Committee: AD fed back on behalf of WC that she had fed back to the author of the paper and thus the action can be **closed**. **Item 067/18 CSESCA Operating Model:** Changes have been made and the final version has been circulated. Action can be **closed**.	
086/18	**Chair's Report**	
	Chairs have been meeting regularly and had a very helpful meeting with the LMC Chair and Medical Directors last week with the purpose of creating sustainable primary care; the meeting discussed clinical leadership and how to ensure how best practice is shared and embedded in all future models of care. C4Y Programme Board this month focussed on Children's Services – presentation from Head of Children's Services at ESCC about the whole spectrum of Children's Services including positive actions on how to integrate and streamline Children's Services. Stroke Review – Public consultation has been completed and the CCG is working with Kent to develop a business case. Questions were invited: Children's Services: It was noted that there would not be a change in the provider for these services, currently provided by Kent across the patch confirmed and that the focus was around the strategy. LMC: The GB heard that this was not about specifics and more about the communications of the issue and to ensure the goal is sustainability of primary care. Stroke: The decision making is due to be finished by December 2018.	
087/18	**Accountable Officer's Report**	
	AD summarised his report into the following main issues: 2. Central Sussex Commissioning Alliance: • All 1:1s are complete and the transition of roles should be finalised by 25 June 2018. • 20 staff have been identified as requiring formal consultation. • There is a staff event on 19 June at the Amex Stadium in Brighton – agenda and objectives have been agreed. • Staff-side representatives have given positive feedback around the Alliance structure process and no HR issues have been raised. AD thanked GD for having maintained the process. 3. CCG Financial Position:	

	• Attention needs to be drawn to the fact that we now have a collective deficit total of £65 m (was £40 m at the start of this process). The Commissioner Sustainability Funding is now available to all CCGs – this was not available at the beginning of the process and he thanked MB and his team for all their hard work in achieving this outcome. 4. Staffing Update: • Lola Banjoko has been appointed as Deputy Managing Director South to support WC. • STP has also employed Karen Breen as Programme Director who will put some structure in around our STP. Various meetings have taken place to drive this process forwards. 5. Sussex and East Surrey Sustainability and Transformation Partnership (STP): • Within the STP there are six independent statutory organisations for which AD is responsible and ways of working have been agreed. AO is keen to make clear the following: ○ All GBs to have full sight of the STP Forward Plan ○ Ahead of the STP Executive meeting, a teleconference with the six Chairs will take place to work through the agenda. • The STP Oversight Committee has asked that all Chairs attend; this committee will also hold the STP Executive to account. 6. National Breast Screening Incident: • We are working very closely with NHSE and with Public Health England however we are not the lead agency for this work. 7. Governance Review: • The AO and all the Chairs have had individual feedback sessions with PricewaterhouseCoopers (PwC) and all CCGs will now discuss this report. The Governing Body Committee in Common (GBCIC) meeting will be held on 27 June and will discuss and agree how to take forward the collective governance piece of work. The following questions were raised: AD was asked if the Commissioner Sustainability Fund will only be accessible if we achieved the savings. The GB heard that access is dependent on all CCGs achieving their savings however it was not clear if this was collectively as an Alliance of if this was to be done by each CCG. **ACTION: MB** The GB were advised that regarding feedback from the Assurance meeting, a letter had been drafted to go to NHSE to summarise our	**MB**

	meetings and that TW is seeing NHSE next week and will ascertain the progress on this. There was a discussion around the recent announcement on the simplification of the 2012 Health and Social Care Act and assumptions around what this may mean for the CCGs and the Alliance. EG stated that she met with the CCG Chairs yesterday and it was discussed. Outlay in patient engagement was minimal at STP level. It has been agreed that the Big Health and Care Conversation across the Alliance will now be the brand of our engagement across the STP but it is difficult to take this forward until we are further in to the new structures with new/revised strategies. A case for change also needs to be agreed once the problems have been identified, examples such as funding mechanism not working, marginal care quality outcomes in some of our commissioned services, affordability of the current configuration of services and workforce capacity issues. Concern was expressed over the breast cancer issue and women that go into the pipeline and whether this would cause even greater delays. AD advised the GB that he is chairing a meeting in three weeks and will do this for all CCGs in the STP; he will bring this back to the Quality Committee. **ACTION: AD**	**AD**
	Quality, Performance and Delivery	
088/18	**Quality Report – Month 11 (February 2018) including MTW Serious Incidents Update**	
	SR provided an update to the two relevant actions around Quality, these being noted in item 085/18 **Item 028/18 c Looked After Children**. A number of concerns had been raised by TIAA internal Audit regarding Looked After Children provision within the CCG. SR assured the Governing Body that there is an action plan covering all the points raised by TIAA and progress has been made in many of the areas. A designated Nurse and Dr post has been recruited too and policies and procedures have been updated. Many of the actions are now complete. The lateness of the minutes from Safeguarding meetings (in one case six months later) was raised. SR requested details of this as the issue had been raised before about them not meeting the guidance. **ACTION: FP & SR**	**FP / SR**

	Another linked issue is that the Safeguarding teams still send emails to specific people despite having been asked to send to generic email boxes that Practice Managers and other staff have access to when GPs are on leave. **ACTION: KF** to email details to **SR**	**KF / SR**
	<u>Maidstone and Tunbridge Wells NHS Trust (MTW) Serious Incidents (SIs):</u> A deep dive was carried out between April and December 2017 by the Quality teams within MTW and West Kent CCG, and they have provided an in depth plan looking at complaints and SIs. They have categorised the main SI themes as falls, pressure damage, venous thromboembolism and safeguarding. Solutions cited review of documentation, education, IT solutions and processes as the main themes; each ward and department has a copy of the actions and will incorporate these into junior doctor training, increased audits and safeguarding training assessments (including Deprivation of Liberty). SR advised the GB that she was happy that there was nothing outstanding or concerning. She added that previous problems in engaging with a local CCG were seeing an improvement and they were now able to attend their Quality meetings. The issue around whether the incidents of falls was linked to there being only single rooms at Pembury Hospital has been identified within the report and it states that the use of mobility aids, falls alarms and fall assessments are being increased in order to reduce the frequency of falls. It was noted that MTW's performance at the Finance and Performance Committee (F&P) had been noted as an acute provider outlier and there was a possibility of encouraging the main commissioner to look at the whole picture (quality and performance) over a period of time. The GB heard that the Care Quality Commission (CQC) had visited the trust recently – SR to review their report and raise at the next Quality Committee in June. She added that a member of the Quality team sits in on the MTW Quality meeting calls and he also receives their meeting papers. **ACTION: SR**	**SR**
	<u>The Main Report</u> SR presented the report and its main issues. The report was taken as read as it was noted that Brighton and Sussex University Hospitals NHS Trust (BSUH) and the South East Coast Ambulance Service NHS Foundation Trust (SECAmb) continue with similar issues.	

	Having a larger Quality Team within the Alliance should provide more of a voice on these issues to achieve changes. The following important points for assurance were shared: • SECAmb: A continued focus is maintained however there is a large piece of work focusing on a review of patients when they are not picked up within the target time, and whether there was harm or not. • BSUH: A stocktake of concerns has been completed around issues such as 52 week waits and 12 hour breaches that have both been monitored for some time. CQC and Quality Reference meetings are both involved to help identify what can be done next rather than just monitoring the issues. • Transforming Care Partnership (TCP) Update: Quarter 4 target was to have no more than 46 patients within the Transforming Care Partnership cohort still within inpatient beds. We met this target with only 42 patients remaining as inpatients. The Quarter one target was for 39 inpatients and we have achieved this too across East Sussex. The number of patients for HWLH is small, but we have two patients that we hoped would be discharged this quarter, but are still within inpatient beds. The number of treatment reviews is increasing. CCG level we have two patients over our target. The number of treatment reviews are increasing and the number trained to deliver these is increasing and there are only two patients left at one of the closing sites. A concern was raised that under the national Ambulance rules, Stroke patients get urgent responses but patients with chest pain do not and thus there is a potential for heart attack. There is national evidence that patients are admitted too slowly and the Quality Committee has this on its agenda for regular reviews so that patients are sent to cardiac catheterisation labs and not to the Emergency Department due to inappropriate triage. The GB agreed this is an issue and should remain on the Quality Committee's agenda. The Committee noted that the Mental Health Liaison Service response times *are* being met by Sussex Partnership Foundation NHS Trust (SPFT) but the targets are unacceptable. The GB were asked if all the provider organisations were looking at mortality and it was noted that they were, via a system called Dr Foster. There was concern regarding neck of femur fractures and that they are not being operated on within 36 hours. Notes audited found that	

	there was an issue around patients on certain medications that affected their clotting capability and these were the patients who had surgery delayed. Analgesia and clinical support were provided to these patients whilst they waited. The GB found this acceptable. The GB was asked if there may be future focus to look at GP information within Quality as well as performance. The GB heard that this was going to happen but it was taking some time to set up. NHS Choice and the Friends and Family test were providing information in the meantime and some issues are monitored under the Quality Outcomes Framework (QOF). Incident monitoring is also carried out with practices but is not reported further unless it is a complaint and then it goes to NHSE. It was felt that the Primary Care Commissioning Committee (PCCC) could look at primary care quality issues and their findings could be incorporated in to the Quality Report. AD advised the GB that HWLH CCG has the strongest process but needed to record the information. **ACTION: SR** to speak with the Primary Care Contract Manager. Regarding the TCP, AD stated we are doing better but not in comparison with national targets – we are a national outlier. He added that Managing Directors are to have full oversight of each of these patients; this is a national issue and these pressures will not go away. The GB agreed they were **assured** on these issues and the Chair thanked SR for this report.	**SR**
089/18	**Finance Budget Plan**	
	MB summarised the report's key points and requested the GB approve it. • A Plan was submitted on the 30th April which showed a deficit for the year of £10.7m. This included required QIPP savings of £5.1m. The QIPP plan is to be achieved from savings on schemes that do not directly impact on estimated or contracted activity at the main acute providers. • The level of discretionary spend savings across all CCGs had an initial target of £20m which was increased to £25m. A total of £4.1m has been included in the HWLH's budget plans for 2018/19. • Risks around delivery of savings have been reported to NHSE. A low to medium risk value of £2.3m has been included in the budget plan as unmitigated risk.	

	• Another main risk is around our contracts with acute providers and having a 'fixed income' contract with BSUH may provide us with a level of certainty across the Alliance. There is currently a difference between assumptions and contracts across the Alliance for BSUH of up to £4m. • A risk still exists, albeit lower, around activity but there are schemes still running around demand management. MB invited questions on this report. Whilst it has been an achievement to attain the increase in the control total, this could not have been done as a single CCG. There are still challenges in the plan and the gap of around £2m in the QIPP target, which requires assurance that it will be closed. There are more meetings planned before F&P Committee to ensure we have the information that is necessary to challenge this assurance. The questions raised on this matter were: 1. Why was the QIPP target set so high, bearing in mind, once the QIPP plan had been de-risked, the target was reduced significantly. 2. Concern around the £4.1m discretionary spend – we need to know what this will be. 3. We have done well on tying down the contracts with providers, however we need some assurance that the gap will be closed. Notwithstanding, F&P recommend that the GB approve this budget. Another concern was raised about the deliverability of some of the targets and risks and what degree of confidence do we have that the Turnaround Board and the Delivery Board will deliver what is expected of them. A debate on this matter was requested and took place over the next twenty five minutes. No actions arose from this debate. The GB agreed that the Budget Plan was **approved**.	
090/18	**Performance Report**	
	AD presented this report which was taken as read. The key matters brought to the fore were: • Referral to Treatment: These issues had not changes since last month. • 52 Week Waits: Numbers have reduced since last month. • SECAmb: AD has requested all eight CCGs in the Sussex and East Surrey STP to provide a report on this trust and it will be brought to the July GB meeting.	

	There were no questions raised. The GB were **assured** by the report and the Chair thanked AD for delivering the report.	
	Public Health and Engagement	
091/18	**Patient and Public Involvement (PPI) Update**	
	AK presented this report where he advised that there had been a mixed picture over the last month. A discussion took place over the low public attendances at some of these events and it was noted that some events such as a recent COPD (Chronic Obstructive Pulmonary Disease) event received a good attendance as the British Lung Foundation had sent out target letters to practices and patients on the register. AK had some concern around consistency of engagement with Patient Participation Group (PPG) members in Lewes Havens localities and will discuss this with the Head of Engagement. **ACTION: AK** The PPG Annual General Meeting on Saturday 28 April at Groombridge and Hartfield practices was a very positive meeting and he noted that there are strong relationships between these rural practices and their patients. They have also been successful in replacing some GPs at these practices. The GB were **assured** by the contents of this report and the Chair thanked AK for his report.	**AK**
092/18	**Patient and Public Involvement – Healthwatch Annual Report**	
	The report was not discussed but AK advised HWLH CCG has a good working relationship with Healthwatch and the Chief Executive of Healthwatch attends the Primary Care Commissioning Committee (PCCC). They also attend our Connecting for You Board. There were no questions raised, the GB **noted** this report and the Chair thanked AK.	
093/18	**Reporting from Sub-Committee Chairs and Leads**	
	(i) High Weald locality – Presented by DR • There had been a presentation on CAMHS (Child and Adolescent Mental Health Service) Transformation Plan at the last meeting and this included how they are impacting on primary care.	

	• AD has been invited to attend a future meeting along with a community paediatrician. • There have been problems in arranging appointments for Performance visits due to staffing shortages. Questions were invited and one was raised about the feelings of the CAMHS presentation. DR explained it was positive and that the drop-in centres had been very successful and there was a good deal of pressure being levied to ensure these are not removed again as the only permanent one is based in Newhaven, which is not accessible by those using the drop in centres in High Weald areas. A discussion took place around this concern; and supply and demand for the service. It was agreed action was required to prevent the early action drop-in centres from closing, and thus SR to address this with the Mental Health Commissioner as the GB feels strongly about this. **ACTION: SR**	**SR**
	(ii) Lewes Havens locality – Presented by KF • The same issues around the CAMHS drop in centres was a concern in this locality as The Havens is a high user of this service. • There was a presentation on eRS (electronic Referral System) The next meeting will focus on the GP Support Service, which is a topic that has already been discussed at the High Weald Locality meeting. There were no questions raised.	
	(iii) Quality Committee – Presented by RR (SR was on annual leave for the Quality Committee on 16 May 2018.) At that meeting, the following were discussed: • Cancer breaches - especially regarding the 104 day wait and a request for an update is being sought from BSUH to come to the June meeting. • MTW 62 day waits for cancer slipped from 79 to 74%, mainly around urology and lower GI and this may be due to capacity around radio and chemotherapy treatments. Feedback should be with us by July. • Atrial fibrillation (AF) reviews were completed and there was a request to show more rationale behind changes made to risks. • It was agreed that the Quality Committee would provide an Annual Report to the GB and add a standing item to the agenda for items to escalate to the GB. N.B. this update was provided within item 088/18.	

	There were no questions raised.	
	(iv) Shadow Finance and Performance (F&P) Committee – Presented by MS: • The new Deputy Managing Director South has joined the F&P Committee. • There is a strong feeling within F&P that discussions are urgently required about ceasing of some of the clinical activity due to the difficult financial climate. It was noted that there had been an agreement at Clinical Executive Committee (CEC) that an email would be distributed around this issue, but it had not yet been seen. It is important that the public are made aware of the reasons for any of these decisions. • The Clinically Effective Commissioning Policy, tranche three talks about the issues that we do not have the funding to deliver. 1. We need a clear status position across all CCGs about where we are on Clinically Effective Commissioning 2. What are these areas that we need to address, for example hearing aids. The GB heard that this requires a stocktake (by individual CCG and collectively across the STP) on where we are and what we need. A Clinically Effective Commissioning Programme Board is looking at how all eight CCGs (there is a need to include the East Sussex CCGs who have agreed to be involved) can make decisions and take the same stance. It is unclear if the STP should approach West Kent CCG to join in this decision making, but it is felt that we need to agree between the eight CCGs first as this will not be easy. **ACTION: AD** will take this back to the F&P Committee. Agreement is needed on processes such at clinical pathways, to ensure the continued commitment from the GPs. We also need to include MTW in this or GPs may refer patients to MTW if their patients cannot be treated under our commissioning arrangements with East Sussex Healthcare NHS Trust (ESHT) and BSUH. An addition point was raised around patients having a responsibility for their own healthcare and that we should promote this and remind patients how they can help themselves. There is an engagement event next week around the shaping of the Communications and Engagement Strategy and this can include in the “Help Our NHS” brand.	**AD**

	Another issue to consider would be reviewing 'Out of Area' contracts and it was asked if this had been discussed. It was noted that it was being considered along with other issues such as specialist and independent sector referrals, however as NHS Choice offers these as alternatives, patients can chose these options. It was further noted that we need to review our planned care profile and include all possibilities in order to get the best for our population.	
	(v) Clinical Executive Committee – Presented by SG • Update on the frailty pathway and Enhanced Nursing in Care Homes were on the agenda • A change in the treatment of Macular Degeneration by using Avastin instead of Lucentis • A cataract business case was reviewed • Ocular hypertension discussion • PSA Monitoring • Falls prevention and the future of the Fracture Liaison Service No questions were raised.	
	Governance	
094/18	**Board Assurance Framework**	
	TW presented the report and highlighted the main points: • The financial risk around expenditure has been closed and a new one raised in its place. • The risk around the quality of Commissioning Support Unit (CSU) services has been de-escalated from the Assurance Framework (AF) but remains on the Corporate Risk Register. • The Quality Committee reviewed the AF in detail, especially around quality related issues, and will continue to do so. The F&P Committee will do the same from their next meeting in June and will put this at the head of their agenda in order to give it sufficient time. The following comments were noted: • The increased score to general practice risk is deemed correct due to sustainability concerns. Seventy international recruits should be available by the end of the year although they have not been recruited to specific practices yet. EG asked the GB if they felt there was anything else the GB should be doing to address this. A response was to consider what we load on to GP Partners, as they are the main asset of the practices.	

	• Two risks had their score reduced as a score of five seemed excessive to the Alliance. • Whilst the risk around the CSU had improved, and thus it had been downgraded, this was in relation to Central South West Commissioning Support Unit (CSWCSU) and not to North East London Commissioning Support Unit (NELCSU). The GB heard that there were still specific concerns about the service primary care is receiving from NELCSU around Information Technology. It was agreed there is a need to split out the risk that was deescalated on the AF so that we have two separate risks pertaining to each of the CSUs. **ACTION: TW** • TW also added that the GB should be aware that there is some work being undertaken about making the risk registers and AF more consistent across the Alliance. Proposals will be shared as they develop. **ACTION: TW** • A question was posed as to whether there is something on the risk register which adequately deals with staff resources issues as a result of moving to the Alliance. This was pertinent also to general practice and IT issues where staff had moved from one practice to another. (for example IT support - HWLH has been well resourced but that resource might now be spread more thinly as teams move into Alliance roles.) **ACTION: TW** • Alliance Chairs have requested AD to re-score the risk for the Alliance programme in general; it is well managed but is a high risk and so needs to be on the AF. **ACTION: AD** A general point was raised about the Board Assurance Framework being a tool to capture anything that the GB wants to see and monitor, and not just as an extension to the Corporate Risk Register, so this may include other strategic level issues around performance measures or outcome measures. There was a request for the BAF to be earlier in the GB agenda. **ACTION: TW & LH** The GB were **assured** and the Chair thanked TW for the report.	**TW** **TW** **TW** **AD** **TW/LH**
095/18	**Review of Information Management and Technology Strategy - Update**	
	MB presented a verbal update on this strategy and stated that by the end of June a draft strategy and work-plan will be available. The GB heard that there is not yet a robust plan around IT and a stocktake is required very soon on where we are and what needs addressing.	

	It was suggested that once this is approved, a set of universal referral forms be produced with initial discussion to ensure they follow an agreed and accepted process. No questions were raised, the GB **noted** this update and the Chair thanked MB for his report.	
096/18	**Ratification of Clinical Executive Committee Terms of Reference**	
	These Terms of Reference were **ratified** without amendment or comment.	
097/18	**Ratification of Finance & Performance Committee Terms of Reference**	
	A request had previously been made for SR to be a clinical representative on this committee to bridge the gap between it and the Quality Committee. SR stated she felt she would be the most appropriate person to do this, however her other commitments may mean she could not attend all meetings and thus AS would be her deputy. A discussion ensued about the pros and cons of this request and it concluded that there is a need for a second clinical voice within F&P; EG is to have a discussion with clinicians as to ascertain who should fulfil this role (perhaps another clinical GB member needs to be incorporated in to the F&P membership). **ACTION: EG** The document was **ratified**, subject to the discussion outside this meeting of an additional clinical GB member.	**EG**
098-103/18	**New or Updated Policies for Approval**	
098/18	**Draft Clinically Effective Commissioning Policy**	
	The policy was **ratified** subject to the following amendment: • Section 1.4 refers to Hastings and Rother CCG and Eastbourne, Hailsham & Seaford CCG and has an email address (HRCCG.esifrs@nhs.net) for H&R CCG; texts needs to be incorporated for HWLH CCG. **ACTION: LH** This policy should apply for *all* acute trusts that serve our population however we are not clear that they are following it. It was suggested that: • This issue could be raised with PCCC for them to encourage the GPs to adhere to the policy. *Post meeting note: The policy was amended post meeting and will be going back to CEC on 13 April 2018.* ***ACTION: CEC***	**LH** **CEC**

	• RR to attend High Weald Locality meeting and discuss as was previously done at Lewes Havens. **ACTION: RR** • We establish the position that our neighbouring CCGs and the acute trusts are currently in and ensure all are applying this policy consistently, as it transpires ESHT have applied this policy to one of our patients and MTW are not using it at all. • We establish and embed implementation routes. • There is an apology due to the GP who was not aware of this new policy as we have not circulated the document. To be delivered to the GP at the Locality meeting. **ACTION: FP, DR, RR** • Circulation of the policy to all practices now the policy has been agreed. *Post meeting note: The policy was amended post meeting and will be going back to CEC on 13 April 2018.* ***ACTION: CEC*** The GB was clear that further work needs to be undertaken around the *implementation* of this policy. It was also noted that general practice is likely to be impacted with some issues, such as dermatology where patients will no longer be able to have certain skin lesions removed within the acute sector.	**RR** **FP, DR, RR** **CEC**
099/18	**Draft Continuing Healthcare Policy**	
	The policy was **ratified.**	
100/18	**Draft Joint LCFS and HR working protocol for Parallel Criminal and Disciplinary Investigations**	
	Following updates made at the recommendation of the Counter Fraud officer, this policy was **ratified**.	
101/18	**Draft Managing Conflicts of interest policy**	
	Following updates made at the recommendation of the Internal Audit, this policy was **ratified**.	
102/18	**Draft Sponsorship and Joint Working Policy**	
	The policy was **ratified.**	
103/18	**Managing Safeguarding Allegations against Staff Procedure (Annual Review)**	
	The policy was **ratified.**	
	Items to note - to discuss by request only	

104/18	**Public Health Update**	
	This item was **noted** but not discussed.	
105-115/18	**Minutes of Meetings**	
	There was two items discussed: Item 105/18 b - CEC minutes of 11 April 2018: Under Planned Care and Cancer, the echocardiogram service is ceasing from 1 April 2018 at BSUH and AK asked what the implications of this change were. GPs used to be able to refer for community access but this now must be done by a referral to secondary care, thus the service is still available. Item 109/18 – Audit Committee minutes of 23 February 2018: The GB were asked to note that Cyber Security and Children in Care were two areas that were short on assurance.	
116/18	**Alliance Programme Update**	
	This item was **noted** but not discussed.	
	Any other Business	
117/18	b. Draft Procurement Policy: This late paper was **approved**.	
	Date of the next meeting	
	• Wednesday 6 June 2018 – GB Seminar at Quayside Medical Practice, Newhaven • Wednesday 27 June 2018 (GB Committee in Common) - Brighthelm Centre, Brighton • Wednesday 25 July 2018 (Formal) – Boardroom, Friars Walk, Lewes • Wednesday 22 August 2018 (Informal) – Boardroom, Friars Walk, Lewes	