

**Minutes of the PART ONE NHS Waltham Forest Clinical Commissioning Group
Governing Body meeting held at the Kirkdale Building on
26 November 2014 from 2.30-4.30pm.**

Voting Members	Initials	Role
Dr Anwar Khan	AK	Chairman
Alan Wells OBE	AW	Deputy Chairman
Terry Huff	TH	Chief Officer
Dr Mayank Shah	MS	Clinical Director Walthamstow
Dr Syed Ali	SA	Clinical Director Leyton/Leytonstone
Dr Tonia Myers	TM	Clinical Director Chingford
Dr A Q Sheikh	AS	Clinical Director Walthamstow
Helen Davenport	HD	Director of Nursing, Quality & Governance
Les Borrett	LB	Chief Finance Officer
Peter Brokenshire	PB	Lay Member for Governance and Audit
Dr Dinesh Kapoor	DK	Clinical Director Leyton/Leytonstone
Dr Naheed Khan-Lodhi	NKL	Clinical Director Walthamstow
Dr John Samuel	JS	Clinical Director Leyton/Leytonstone
In Attendance		
Neil Suttie	NS	Head of Research, Education and Development Projects
Jane Mehta	JM	Director of Strategic Commissioning
Jaime Walsh	JW	Healthwatch Manager
Andrew Taylor	AT	Interim Director of Public Health, London Borough of Waltham Forest
Apologies		
Dr Rizwan Hasan	RH	Secondary Care Consultant
Dr A Q Sheikh	AS	Clinical Director Walthamstow
Linzi Roberts-Egan	LRE	Deputy Chief Executive, London Borough of Waltham Forest
Members of the Public in Attendance		
Paul Rosenbloom) Brian Steedman) Waltham Forest: Save our NHS (WFSONHS)		
Zilan Agcagul – member of the public		

		Action
328/14	Apologies for absence	
	Dr Rizwan Hasan, Secondary Care Consultant Linzi Roberts-Egan, Deputy Chief Executive, London Borough of Waltham Forest Dr A Q Sheikh, Clinical Director Walthamstow	
329/14	Declaration of interests	
	Vicky Hobart, Director of Public Health, London Borough of Waltham Forest has been removed from the list.	

	Andrew Taylor, Interim Director of Public Health and Joe McDonnell, Consultant in Public Health, both of London Borough of Waltham Forest were added to the declaration of interest list.	
330/14	Minutes of 22 October 2014 meeting	
	There were no changes or corrections The minutes were agreed .	
331/14	Matters Arising	
	No matters arising.	
332/14	Chairs Verbal Update	AW
	<p>1. Chair's action to approve the award of a contract:</p> <ul style="list-style-type: none"> - Direct Audiology Service to Inhealth Ltd <p>A Chair's Action was made on 28 October 2014 in order for the Direct Access Audiology Service to commence on 3 November 2014, a decision was required to approve the award and proceed with notifications to the successful bidder. In the circumstances of the procurement process being incomplete in time for the next Waltham Forest CCG Board Meeting, a Chair's Action was requested in order to complete the procurement process efficiently.</p> <p>The Board for NHS Waltham Forest Clinical Commissioning Group, via Chair's Action, was asked to approve the award to the successful bidder Inhealth Ltd of the award of the Direct Access Audiology Service contract for a period of one year commencing on 3 November 2014. This was authorised on 28 October 2014.</p> <p>2. Whipps Cross Clinical Forum</p> <p>Barts Health have appointed a new Clinical Director for Pathology at Whipps Cross. Professor Finbarr Cotter is actively addressing the pathology issues that have been impacting on primary care.</p> <p>3. Health Care at Home</p> <p>Whipps Cross University Hospital, as part of Barts Health NHS Trust, is working with a hospital and community based company "Healthcare at Home" to bridge the gap between hospital and home care by providing a service called "Barts Health at Home." This will provide hospital standard nursing and rehabilitation care for patients in their own home environment. This service will be launched on 1 December 2014 in medicine and expand over the following months.</p> <p>4. Access Issues Resolution Service (AIRS)</p> <p>Barts Health rolled out the AIRS on 24 November. It is provided by the Outpatients Services team and aims to provide a dedicated patient and GP helpline to respond to Barts Health patients experiencing difficulties in accessing Trust services or having problems relating to those services.</p>	
333/14	Questions from the Public	
	<p>Q1a Can the CCG give an update on the status of Acorn Ward, which Barts had suggested would be fully operational by September? Has that date been amended?</p> <p>A1a Acorn Ward has been operating at 20 beds since May 2014 due to staffing shortages. Overall performance against the four hour waiting time standard has</p>	

been maintained in Children's Services, with paediatrics at Whipps Cross University Hospital achieving 98% against a target of 95%. In order to support the Acorn unit, additional paediatric inpatient beds have been opened at the Royal London Hospital and Newham University Hospital to ensure that there is capacity within the system for unwell children, regardless of where they are from. Barts Health have not reopened the beds because they are unable to recruit a full nursing staff establishment.

Barts Health have set out a long term plan for the unit that is due to be approved by the Women's and Children's Health Board on 28 November 2014. This plan has been written in partnership with the clinical staff on the ward and is intended to safeguard children's services at Whipps Cross and ensure that high quality, safe patient care is maintained in the future. This will include introducing a new skill of nursing staff and a more flexible bed base. Longer term the model of care at Whipps Cross needs to be reviewed, and although this will always involve having inpatient beds, it may also involve seeing some of the patients in an ambulatory setting.

The CCG receives a weekly status report for Acorn ward. Barts Health will continue to review the bed numbers on a weekly basis, and will open beds based on the availability of substantive and appropriately trained nursing staff. The Trust is continuing to run a proactive recruitment campaign, including rolling advertisements and open days.

The reconfigured unit will be designed in such a way that there is a higher skill mix of staff and will continue to conform to national best practice.

The CCG's Clinical Director for Children and Maternity and Director of Nursing, Quality and Governance conducted a Quality Assurance visit 8 October and were satisfied that the levels of staffing and care delivered was safe.

Q1b Can the CCG confirm that both the initial cause of staff shortages on the ward and continuing problems with recruitment have been due to down banding of staff?

A1b A number of staff did leave at the time of the nursing consultation due to being down banded. This was reported by staff at the time and is acknowledged by the service. However, it is not the sole reason for staff leaving or the root cause of difficulties in recruitment. A number of staff left to move on to bigger units with different opportunities and some as part of the natural turnover of nursing staff. It is well recognised that there is a national shortage of paediatric nurses, and as a result recruitment in all children's units is incredibly difficult. Barts Health are now recruiting staff on a rotational basis, this will support equitable pay by way of high cost living allowance for staff in outer London thus contribute to improving staff retention.

Q2a Concerning CCG plans to commission Urgent Care, which groups are currently being consulted?

A2a

- Reference group and patient engagement groups individually and through a collective workshop
- The process has been put through internal CCG governance across all four CCGs, this includes the lay leads for engagement
- A stakeholder letter was sent out to many stakeholders - available on request

- We are continuing to review and seeking legal advice on the nuances of engaging stakeholders in a competitive dialogue process

We shall continue to work with our reference group as the procurement progresses.

We continue to engage with the legal advisers to the procurement. We have a further telecom meeting set up for the next fortnight. We need to understand how to best involve people in the procurement process, and also what engagement mechanisms are best used, in a competitive dialogue. We are using the competitive dialogue, in order to provoke innovative solutions to providing a seamless pathway, it means that at the moment we don't have a service model to consult on.....we have looked for input on what would good look like. Used live case studies in our market engagement exercises. We have also been able to feed in feedback from engagement exercises that have been done – e.g. through the urgent care strategy work in Waltham Forest and the work that health watch has just done in Whipps Cross Emergency Department.

Q2b Can the CCG state what steps have been taken to ensure that the procurement planned has been open, fair and transparent?

A2b We believe our procurement process is a fair and transparent one. We have made sure that we are following the legal requirements which include a requirement to be open, fair and transparent. We are using expert procurement advisers as part of the procurement process to ensure we comply with all European and UK legislation and so that our actions stand up to scrutiny, or a challenge.

Q2c Can the process of commissioning the service in concert with other local CCGs be set down clearly so that we can understand the stages and timescale planned?

A2c There is a clear historical relationship across the four CCGs that used to form the Outer North East London (ONEL) PCTs. Notably the PCTs worked together to commission a set of urgent care services including the Whipps Cross Hospital Urgent Care Centre, the local GP OOH service and the national 111 service. This allowed the PCTs to get value for money and services to join up. The CCGs inherited these contracts all of which are expiring, and it makes sense to continue to work together because it works for patient flows in the system and is therefore best for our patients. We believe that working across all four CCGs will enable providers to think and behave innovatively.

The Barking, Havering and Redbridge (BHR) CCGs have governance arrangements which enable them to work together and the Waltham Forest CCG have a collaborative commissioning agreement. There is a multi CCG Steering group which is overseeing the procurement and makes recommendations to individual CCGs for decisions to be taken at statutory body level.

Procurement timetable:

Strategy and preparation	Mar - June
Pre-Qualification Questionnaire	July - Sept
Competitive dialogue	Nov - Mar
Final tender stages	April - May
Contract award	May - June
Service mobilisation	July - Sept

	<p>Please note the caveat re consultation (which would need to be inserted into the timetable once the requirement is confirmed).</p> <p>Q2d Will there be a proper opportunity for democratic scrutiny before the commissioning process is concluded?</p> <p>A2d The answer to this question is based on the need for a formal consultation process, in which the local authority will be asked to review the proposals before contracts are finalised. As we have alluded to earlier, we are working with our legal team around this issue.</p> <p>If a consultation is required the CCG will definitely go through this process with BHR CCGs, which will include local authority scrutiny. The Governing body will have the final say on whether or not the contract is awarded.</p> <p>The CCG is keen to engage with the population and on that note we have booked further calls with our legal team to see how we can involve representatives in the process. Our initial plans and processes have been shared at the Joint OSC at which WF CCG was represented.</p> <p>Q3 Can the CCG describe the process for compensation where clinical time has been lost because GPs are involved in CCG duties?</p> <p>A3 Clinical Directors are paid an annual salary for their role in the CCG as leads for key clinical priorities and members of the governing body.</p> <p>Clinical Leads are paid a sessional rate.</p> <p>It is the responsibility of the practitioner to ensure that any loss of clinical input incurred by their CCG duties is covered within their practice in an appropriate manner.</p> <p>Q4 The current TSCL document twice lists Save Our NHS Waltham Forest amongst the 90+ meetings/committees/groups consulted. Does this refer to the July CCG meeting, where members of the public were invited to respond to the interim 'Case for Change?'</p> <p>A4 In the current version of the engagement report (page 243), there is only one reference to Save NHS Waltham Forest and this is recorded as a meeting organised by Barts Health with Save Our NHS Waltham Forest, Save Our NHS Newham and Save Our NHS Tower Hamlets on 10 September.</p> <p>We are unable to find a second reference but would be pleased to describe what that relates to if the reference could be given.</p>	
	Governance	
334/14	Board Assurance Framework	HD
	<p>HD gave an overview of the Board Assurance Framework (BAF). There are 9 risks reported on the BAF of which 5 are red (extreme risk) rated and 4 are amber (high risk) rated. There have been 3 risks removed from the BAF since the last report to the Governing Body. HD drew attention to a new risk concerning Community Health Care. HD outlined the actions being taken in order to manage the risk by North East London Foundation Trust. These include a business case for non-recurrent funding bid for</p>	

	<p>additional resources, non-recurrent funding to provide additional resources in order to support the recruitment of additional staff and a trajectory has been set to achieve removal of back log of cases by 31 March 2015.</p> <p>JW drew attention to the risk on Referral to Treatment (RTT) in relation to a revised backlog clearance plan where the CCG is working to reduce demand on Barts by identifying possible alternative providers to accept GP referrals. HD clarified that a Clinical Harm Review was carried out for Waltham Forest patient pathways. Patients were offered to be outsourced to alternative hospitals. LB informed that the CCG would be linking some financial payments to Barts Health achieving Referral To Treatment (RTT) trajectories. To date the CCG had levied £1.8m in fines. TH informed the Governing Body the CCG will share waiting times data with practices.</p> <p>AW asked if there was any evidence of fines improving performance. TH outlined that there was no data available, however reported that the CCG can re-invest fines where a planned trajectory has been set and achieved. HD informed that the Francis Report criticised Staffordshire Trust where it had not imposed fines for below target performance.</p> <p>TM noted that the BAF risk in relation to NHS Propco rent charges and the implementation of lease agreements for community based services that use Propco estates had been removed. LB informed the Governing Body that the issue was still being addressed but was not materially financially serious enough to be included on the BAF.</p> <p>AT requested that London Borough of Waltham Forest be kept up to date on risks associated with health visiting and community nursing in case the borough needed to consider amending commissioning intentions.</p> <p>The Governing Body noted the report.</p>	
335/14	Communications Annual Report 2013/14	
	<p>HD gave an overview of the Communication Annual Report 2013/14.</p> <p>AW and TM clarified that they were not overseeing communications at the time of the report.</p> <p>The Governing Body noted the report.</p>	
	Performance and Quality	
336/14	Performance and Quality Report	LB

	<p>LB gave an overview of the Performance and Quality Report. The report informs the Governing Body of the CCG's performance against the CCG Scorecard and other national performance and quality standards. LB reported at the end of October the risk of not meeting the stated target is considered high for the following indicators: dementia diagnosis, diabetes care plans, urgent child development assessments and bowel cancer screening.</p> <p>LB highlighted lead managers were asked to outline what actions were being taken to address issues. Other highlights include new funding for Improving Access to Psychological Therapies (IAPT) and for diabetes. Personal health budgets were rated green, IAPT performance is below target but is showing improvement towards the required trajectory and the CCG expects to meet this target. Weak areas include Referral to Treatment (RTT) central reporting has been suspended due to reporting problems, a report on fines and re-investment will come to the governing body in January 2015. A&E performance was below 94% and there is pressure at both Whipps Cross and Royal London Hospital sites. There is additional investment over winter for all Barts Health sites, to date, performance has not improved.</p> <p>HD gave an overview of the Quality Report. Whipps Cross Friends and Family Test (FFT) Score: The Whipps Cross FFT score was 53 in September, below the target level. As with previous dips this was the result of an increase in negative feedback in the A&E aspect of the survey. In August, the percentage of patients that would recommend A+E services was 97.55%, dropping to 93.13% for September.</p> <p>HD outlined that Waltham Forest CCG had 18 recorded cases of Clostridium Difficile in the period up to the end of August against a maximum trajectory of 19 cases. Three cases were recorded in September against a planned threshold of three. The clostridium difficile cases were community based.</p> <p>HD summarised the other quality targets. There remain five overdue Serious Incident reports from NELFT for Waltham Forest CCG patients at the end of October. Waltham Forest CCG had two attributed cases of Methicillin-resistant Staphylococcus aureus (MRSA) up to the end of September. There were four mixed sex accommodation breaches for WFCCG in September, three of which were at the Royal London and one at Whipps Cross. HD informed the governing body that patients on mixed sex wards had been interviewed and were not overly concerned around mixed sex accommodation, more concerned with quality.</p> <p>AK asked how much is A&E a Barts Health issue and how much is out of their control. TH outlined that the length of stay at Whipps Cross is increasing and there is more work to do. Whipps Cross and CCG directors are currently meeting twice per week to resolve issues. NKL outlined that 10% of patients are not assessed in A&E, Whipps Cross bed occupancy was running at 98%.</p> <p>The Governing Body noted the Performance and Quality report.</p>	
337/14	Safeguarding Children Annual Report	HD
	<p>HD presented the Safeguarding Children Annual Report.</p> <p>TM asked for clarification on the Multi-Agency Safeguarding Hub (MASH). HD clarified the Multi-Agency Safeguarding Hub is a national directive for every borough. The agencies are co-located, this supports the early detection and prevention of safeguarding issues.</p>	

	<p>MS drew attention to paragraph 7.0 of the report, Care Quality Commission inspection for Children Looked After Safeguarding. HD clarified that from a health care perspective the Care Quality Commission holds the commissioning organisations responsible for Looked After Children and safeguarding children Services rather than the provider.</p> <p>The Governing Body approved the report.</p>	
	Finance and QIPP	
338/14	Finance Report	LB
	<p>LB gave an overview of the finance report as at the end of October. The key headlines to note are the CCG is now reporting a surplus of £2.5 million against plan year to date and is forecasting to deliver a total surplus of £7.4 million at year end after the partial application of reserves and brought forward balance sheet flexibility. A small number of acute contract negotiations regarding the final settlement for Q4 2013/14 remain outstanding. Negotiations with Barts have now concluded and settlement agreed at the value used across the entire contract to close 2013/14 accounts. The CCG continues to challenge the final settlement claim from the Homerton which in total represents a risk to WF of £0.4 million and we hope to conclude negotiations and provide a verbal update at the Finance and QIPP Committee.</p> <p>LB clarified the financial position assumes the CCG agree a recovery trajectory for Referral to Treatment (RTT) in Quarter 3 and Quarter 4 which Barts Health Trust meets and on which basis the CCG will re-invest any RTT fines due for the second half of the year. A £1.3 million risk is now projected against the £3.4 million North Middlesex University Hospital contract. Data suggests that both the volume of elective referrals and emergency flows to this provider are increasing. Continuing Healthcare at M7 is projecting year end risk of £1.5 million which includes £0.1 million associated with risk assessed QIPP. Work is ongoing to review the high level of 1:1 care being provided currently to ensure that original panel decisions remain appropriate as clients settle into new placements.</p> <p>LB confirmed the CCG had signed off £1.1m non-recurrent investment up to the end of the financial year.</p> <p>AK noted the medicines management improvement.</p> <p>The Governing Body noted the report.</p>	
339/14	First Draft 2015/16 Budget	LB
	<p>LB gave an outline of the First Draft of the 2015/16 Budget. The 2 year allocation was announced at the start of 2014/15. The CCG will receive growth of £5m above the floor level to reduce its distance from fair shares in 2015/16, however will also see a reduction of £0.6m as part of the overall 10% saving in running cost allowance in 2015/16. LB outlined no further WELC risk pool support will be required. This will be the first year the CCG has operated without the risk pool support. The confirmed allocation includes a 3.26% recurrent uplift on 2014/15, prescribing will receive a 6% uplift and Continuing Healthcare 3.5% uplift.</p> <p>LB outlined a £9.3m high level QIPP target which has been built into the plan with further detailed business cases over the next 3 months. Key financial commitments are likely to relate to improving the primary care estate.</p> <p>LB will update in January 2015, with the final budget available in March 2015.</p>	

	<p>Action LB to update at January Governing Body</p> <p>NKL asked for clarification on the Adjustment for Overseas Visitors, £267k. LB outlined this was for Waltham Forest residents being treated overseas. TH informed the governing body the CCG has been asked to join a forum to look at overseas visitor activity. Waltham Forest have significant overseas activity.</p> <p>The Governing Body noted the report.</p>	LB
340/14	<p>Better Care Fund – Section 75</p> <p>LB provided an overview of the Better Care Fund – Section 75 agreement. LB highlighted there are potentially some advantages to hosting the pooled fund via the Council, unused funds can be re-invested in the pool for the next financial year according to risk share agreed as NHS England will require the CCG to call back their share of any surplus.</p> <p>LB outlined there is a choice to be made about whether the Council or the CCG hosts the pooled Better Care Fund (BCF). The report recommends that the Council hosts the pooled fund. Nonetheless, in 2015/16, the intention is that existing payments made by the CCG under existing contracts will normally be paid back to the CCG from the Council hosted fund, unless there is general agreement that it is appropriate to change this arrangement.</p> <p>The Governing Body is asked if it is prepared to support the proposal for the Local Authority hosting the Better Care Fund.</p> <p>The Governing Body approved the recommendation.</p>	LB
	<p>Strategy and Planning</p>	
341/14	<p>Transforming Services, Changing Lives – the Case for Change</p> <p>NKB gave an overview of the updated Transforming Services, Changing Lives – the Case for Change.</p> <p>AK commented it was important for local clinicians to take part in the various work groups.</p> <p>JW asked for clarification on patient involvement in the process. NKB informed the governing body there was a meeting of all the patient groups that evening in Stratford.</p> <p>Board members were asked to approve the Transforming Services, Changing Lives (TSCL) Case for Change. Any changes requested by the board to be sent to the programme team for amendment. The CCG is requested to agree to the Chair of the board signing off the final version of the Case for Change taking account any changes proposed by other CCG Boards.</p> <p>The Governing Body approved process.</p>	JM
342/14	<p>The Five Year Forward View</p> <p>JM gave an overview of the Five Year Forward View. The report looks into the future of the NHS and sets out how the NHS needs to change to accommodate the challenges faced by a growing population that is ageing and becoming less healthy, long term conditions account for 70% of the health service budget and technology is transforming the ability to predict, diagnose and treat disease. The Five Year Forward</p>	JM

	View describes a new relationship with patients and communities, new models of care, a description of how this will be achieved and some short case studies of some of the models described. The Governing Body noted the report.	
343/14	Minutes of Audit Committee - November 2014	LB
	No comments The minutes were noted .	
344/14	Minutes of the CCG Reference Group - November 2014	HD
	No comments The minutes were noted .	
345/14	Minutes of the Performance and Quality Committee - October 2014	HD & LB
	No comments The minutes were noted .	
346/14	Minutes - Medicines Management Committee – October 2014	HD
	There were no comments. The minutes were noted .	
347/14	Minutes of Planning & Innovation Committee - October 2014	AW
	There were no comments The minutes were noted .	
348/14	Finance & QIPP Committee – October 2014	LB
	No comments. The minutes were noted .	
349/14	IT Committee Minutes – October 2014	LB
	MS highlighted that digitalisation would be the next phase of the process. The minutes were noted .	
350/14	Walthamstow Locality Commissioning Meeting – October 2014	JM
	No comments	
351/14	Leyton-Leytonstone Locality Commissioning Meeting – November 2014	JM
	No comments	
352/14	Chingford Locality Commissioning Meeting – November 2014	JM
	No comments	

	Any Other Business	All
	There was no other business.	
	Forward Plan	All
	An agenda item on NHS PropCo to be added to the forward plan.	
	Date of Next Meeting	
	The next meeting was confirmed as Wednesday 28 January 2015.	
	The meeting closed at 4:30pm.	

Signed.....Date.....

Dr Anwar Khan