

**Minutes of the PART ONE NHS Waltham Forest Clinical Commissioning Group  
Governing Body meeting held at the Kirkdale Building on  
22 October 2014 from 2.00-4.00pm.**

<b>Voting Members</b>	<b>Initials</b>	<b>Role</b>
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 Rizwan Hasan	RH	Secondary Care Consultant
<b>Apologies</b>		
Dr Anwar Khan	AK	Chairman
Jane Mehta	JM	Director of Strategic Commissioning
Dr Naheed Khan-Lodhi	NKL	Clinical Director Walthamstow
Dr John Samuel	JS	Clinical Director Leyton/Leytonstone
Jaime Walsh	JW	Healthwatch Manager
<b>In Attendance</b>		
Neil Suttie	NS	Head of Research, Education and Development Projects
Joe McDonnell	JMc	Consultant of Public Health, London Borough of Waltham Forest
Linzi Roberts-Egan	LRE	Deputy Chief Executive, London Borough of Waltham Forest
Caroline Gilmartin	CG	Deputy Director of Commissioning
<b>Members of the Public in Attendance</b>		
<p>Paul Rosenbloom )            Brian Steedman ) Waltham Forest: Save our NHS (WFSO NHS)            Noel Hayes</p> <p>Trevor Church – Novartis            Frank Ferrari – Prostrakan            Hugo Jones (as a member of the public)</p> <p>Josefa Baylon, Senior Commissioning Manager</p> <p>Justin Roper, Deputy Director of Integrated Governance</p>		

		<b>Action</b>
307/14	<b>Apologies for absence</b>	
	Dr Anwar Khan, Chairman Jane Mehta, Director of Strategic Commissioning	

	Dr Naheed Khan-Lodhi, Clinical Director Walthamstow Dr John Samuel, Clinical Director Leyton/Leytonstone Jaime Walsh, Healthwatch Manager	
308/14	<b>Declaration of interests</b>	
	None	
309/14	<b>Minutes of 24 September 2014 meeting</b>	
	<p>The minutes of the previous meeting were reviewed for accuracy. Minute 294/14 contained inaccurate information. Paragraph 5 will be amended as follows –</p> <p>HD informed that GPs in Waltham Forest had experienced difficult issues in June relating to pathology blood tests. The problem was caused by an air conditioning breakdown and resulted in some patients receiving false positive results and having to be recalled. A clinical harm review was conducted and it was found no clinical harm was sustained.</p> <p>MS requested an addition be added to the minute in relation to general practices receiving results inconsistently in small batches.</p> <p>The minutes will be amended to reflect the above changes and <b>agreed</b> pending to those corrections.</p>	
310/14	<b>Matters Arising</b>	
	<p>The actions that had been completed since the last meeting were <b>noted</b> by members.</p> <p>296/14 AS commented that the WiC contract expires in April 2015, but was extended to April 2016. TH confirmed that the Walk-in-Centre contract had been extended by NHS England to March 2015.</p>	
311/14	<b>Chair's Verbal Update</b>	AW
	<p>AW reflected on the CCG Annual General Meeting held on 24 September 2014. The AGM had been a success and was well attended and informative. The CCG will have formal feedback at a later date. It was proposed that the CCG use the same venue for the 2015 AGM and look to increase attendance next year.</p> <p>SA proposed that the 2015 AGM be held on a Thursday afternoon as this would assist general practice members to be able to attend.</p>	
312/14	<b>Questions from the Public</b>	
	There were no questions from the public this month.	
	<b>Governance</b>	
	There were no Governance agenda items this month.	
	<b>Performance and Quality</b>	
313/14	<b>Performance and Quality Report</b>	LB
	LB gave an overview of the performance report and highlighted that the mental health dementia diagnosis rate was below target, there has been additional investment to increase capacity in the dementia service. The August data for Improving Access to Psychological Services (IAPTs) shows improvement, the August data is not included in the October report.	

In relation to cancer services latest data shows 2 week wait target being met at Whipps Cross. The 62 day target continues to be below target, Barts Health have reported that they expect to be compliant in October 2014.

LB reported additional investment to support emergency access over the winter. Whipps Cross has around 100% bed occupancy which leads to problems when small surges develop.

LB reported the Friends and Family Test and (FFT) and Clostridium Difficile targets were both green rated. 18 week targets at Barts Health continue to fail, the plans have been refreshed but will not be completed until the end of March 2015.

SA commented that the cancer target was below 93%. LB acknowledged this in the available report but clarified that later data shows the target being met.

HD gave an overview of the quality report. The Whipps Cross FFT score recovered in August (82) from the sharp fall in June (29).

Waltham Forest CCG currently has 15 recorded cases of Clostridium Difficile in the period up to the end of August. Although the four cases in July and August were above the forecast, the CCG is within the year to date position agreed with NHSE as part of its Operating Plan submission.

Serious Incident Reporting at Barts Health: 9 serious incident reports were overdue for the Whipps Cross site in August, a significant improvement on the previous month (25). This backlog of reports was reduced to zero at the end of September. The CCG is leading a pilot project to gain improved assurance and streamline sign-off processes. This has resulted in the closure of 168 reports to date across all of Barts Health.

HD highlighted there remained 16 overdue Serious Incident reports from NELFT in August. This is down from 21 in July and 26 at the start of the year (April). Over one hundred cases were overdue at the start of 2013/14.

HD informed the CCG has one recorded case of Methicillin-resistant Staphylococcus Aureus (MRSA) up to the end of July identified at the Whipps Cross site. The case has been identified as community acquired. The CSU Infection Prevention lead is meeting with the trust to review action plans and learning.

MS drew attention to the prescribing section of the report and stated it was useful to note medicines management team working with Barts Health. HD outlined Barts Health have invited the CSU prescribing team to attend their medicines safety team meetings so that we can better understand the issues and actions that need to be taken to make improvements in reporting rates.

In relation to the dementia target and failure to diagnose HD informed the meeting that a lot of work is required with nursing and residential homes. Over 900 residents in nursing homes have yet to be assessed for dementia diagnosis and it is likely if this cohort of high risk patients assessed there would be a significant number of dementia patients. The P&I committee have received a report agreeing additional funds to be spent to meet this target.

AW commented the need to review all failing targets and whether the CCG were doing enough given its improved financial position. A report to be presented to Performance and Quality Committee.

	The Governing Body <b>noted</b> the Performance and Quality report.	
314/14	<b>Safeguarding Adult Annual Report</b>	HD
	<p>HD outlined the Safeguarding Adult Annual Report, clarifying it was the CCG's first report and it provided good assurance, the CCG is well equipped to respond to the statutory requirements, and is satisfied it can fulfil its statutory requirements.</p> <p>HD drew attention to section 15 of the report, Objectives for 2015-16, in particular sub-section 15.4 to create a named GP Safeguarding Adults post. The CCG do not have a named GP for safeguarding adults within the current safeguarding structure. The GP post would further strengthen and support the borough wide safeguarding agenda. The vacant post is an opportunity to recruit an adult and children's safeguarding lead, the CCG would value London Borough of Waltham Forest input. HD clarified what the recruitment process was and NHS England responsibility, however, it would be helpful if clinical directors discuss the role with GPs. The CCG can provide support. In response to questions from AW, HD clarified the role was a statutory requirement, the role was difficult and carried huge responsibility, there had also been recent media coverage.</p> <p>TM commented the adult safeguarding role is fairly new, there will be training in the new year on this.</p> <p>DK commented that the safeguarding agenda was an important part of the Performance and Quality Committee agenda.</p> <p>The Governing Body <b>approved</b> the report.</p>	
315/14	<b>Health and Safety Annual Report</b>	HD
	<p>HD outlined as part of the process of authorisation WFCCG signed a number of self-declarations. This included a self-declaration that in line with the Health and Social Care Act 2012 it will comply with related acts of Parliament and secondary legislation. The CCG is currently reviewing its governance arrangements for health and safety in order to meet its statutory requirements and obligations. As part of this review there are a number of recommendations in order to address the gaps in its governance and reporting arrangements for health and safety which HD drew attention to; in particular to identify a Governing Body lead for promotion of health and safety within the CCG, it was agreed this required further discussion outside of the GB and that a representative should be identified.</p> <p>Key recommendations agreed by the GB; identify a competent person within the CCG or externally commissioned in respect to health and safety; develop a CCG Health and Safety policy; ensure all staff receive relevant mandatory health and safety training; agree to an independent audit and assessment of its health and safety arrangements.</p> <p>AW requested HD report back to governing body at the end of the year.</p> <p><b>Action</b> HD to update the Governing Body on progress in March.</p>	HD

	<b>Finance and QIPP</b>	
316/14	<b>Finance Report</b>	LB
	<p>LB gave an overview of the finance report as at the end of September.</p> <p>The Governing Body is asked to note that the CCG is currently forecasting that it will achieve a total surplus of £7.4 million which is £4.3 million above the planned position for 2014/15 which was to deliver a 1 percent surplus. LB outlined the reasons were the reduction in Barts Health outstanding claims risk and reduction of both elective and non-elective activity.</p> <p>Overall Barts Health has stabilised this year and over performance has reduced, with a forecast outturn of around £250k. Risks against the surplus are Barts Health is committed to achieving the 18 weeks target and it is not clear if problems in the Cerner implementation has led to under counting activity.</p> <p>Barts Health is signed up to get the outstanding Quarter 1 claims closed down by October and this will provide CCG with clearer understanding of its financial position.</p> <p>LB outlined contracts data suggests that both the volume of elective referrals and emergency flows to North Middlesex University Hospital are increasing.</p> <p>In Continuing Healthcare at month 6 we are projecting year end risk of £1.4 million which includes £0.1 million associated with risk assessed QIPP.</p> <p>Forecast outturn for Quality, Innovation, Productivity and Prevention (QIPP) has improved to 91.4% based on latest activity data.</p> <p>LB outlined the CCG has some non-recurrent funding available to spend this financial year. DK complimented the improvement in the financial position but highlighted it was only month 6 and there would be winter pressures coming.</p> <p>The Governing Body <b>noted</b> the report.</p>	
	<b>Strategy and Planning</b>	
317/14	<b>Community Nursing Strategy</b>	CM
	<p>CG gave an overview of the Community Nursing Strategy and highlighted that it had previously been seen by the governing body in draft format. The strategy has been developed through a significant process of engagement having been drafted in accordance with feedback from a variety of key stakeholders, the initial version of the strategy was shared with the governing body and the CCG Planning and Innovation Committee for their thoughts and feedback before embarking on a wider phase of external engagement. CG outlined the Community Nursing Strategy is not a stand-alone proposal, but aligns, overlaps and supports other work the CCG is doing to improve local services, for example, Commissioning Strategic Plan, Better Care Fund, Health and Wellbeing Strategy, Developing Primary Care, Integrated Care and Transforming Services Together.</p> <p>CG informed that having extended the initial engagement period by two weeks and carrying out additional targeting of key stakeholders, the engagement period will now close. The collected feedback has been used to refine the Community Nursing Strategy and produce a final version. Alongside this work, an outline work programme will be developed to ensure that there is a plan in place to deliver the strategy. This programme will include a commitment to review and refresh the CCG's approach to commissioning community nursing services on a regular basis.</p>	

	<p>LRE commended the team involved in drafting the strategy. HD highlighted it was important to acknowledge this is the first nursing strategy in Waltham Forest.</p> <p>SA asked if there was a strategy to address the difficulty in recruiting nurses to Waltham Forest. CG informed the strategy sought to address that, but the recruitment difficulties were not confined to Waltham Forest, there were major issues across London with a very small number of district nurses qualifying last year. HD informed that the Chief Nurse of NHS England was looking at this issue, including shorter courses and incentives to work in London.</p> <p>The Governing Body <b>approved</b> the community nursing strategy, <b>noted</b> outcome of the engagement progress and the activities undertaken to engage on and refine the strategy and <b>noted</b> proposals for implementation of the strategy, including an agreement to review investment in the service as a whole, planning investment and expansion based on business cases which support the principle of care outside of hospital.</p>	
318/14	<b>Minutes of Audit Committee - September 2014</b>	PB
	<p>No comments</p> <p>The minutes were <b>noted</b>.</p>	
319/14	<b>Minutes of the CCG Reference Group - September 2014</b>	AW
	<p>No comments</p> <p>The minutes were <b>noted</b>.</p>	
320/14	<b>Minutes of the Performance and Quality Committee - September 2014</b>	DK
	<p>No comments</p> <p>The minutes were <b>noted</b>.</p>	
321/14	<b>Minutes - Medicines Management Committee – September 2014</b>	MS
	<p>There were no comments.</p> <p>The minutes were <b>noted</b>.</p>	
322/14	<b>Minutes of Planning &amp; Innovation Meeting - September 2014</b>	AW
	<p>There were no comments</p> <p>The minutes were <b>noted</b>.</p>	
323/14	<b>Finance &amp; QIPP – September 2014</b>	LB
	<p>No comments</p> <p>The minutes were <b>noted</b>.</p>	
324/14	<b>IT Committee Minutes – September 2014</b>	MS
	<p>MS reported the IT strategy implementation was slightly ahead of schedule.</p> <p>The minutes were <b>noted</b>.</p>	
325/14		AS

	<b>Walthamstow Locality Commissioning Meeting – September 2014</b>	
	No comments	
326/14	<b>Leyton-Leytonstone Locality Commissioning Meeting – October 2014</b>	JS
	No comments	
327/14	<b>Chingford Locality Commissioning Meeting – October 2014</b>	JM
	No comments	
	<b>Any Other Business</b>	All
	There was no other business.	
	<b>Forward Plan</b>	All
	No comments	
	<b>Date of Next Meeting</b>	
	The next meeting was confirmed as Wednesday 26 November 2014.	
	<b>The meeting closed at 4:00pm.</b>	

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

Dr Anwar Khan/Alan Wells