



**Waltham Forest  
Clinical Commissioning Group**

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

<b>Voting Members</b>	<b>Initials</b>	<b>Role</b>
Dr Anwar Khan	AK	Chairman
Alan Wells OBE	AW	Deputy Chairman
Terry Huff	TH	Chief Officer
Dr Mayank Shah	MS	Clinical Director Walthamstow
Jane Mehta	JM	Director of Strategic Commissioning
Dr Naheed Khan-Lodhi	NKL	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
Dr John Samuel	JS	Clinical Director Leyton/Leytonstone
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 John Samuel	JS	Clinical Director Leyton/Leytonstone
Jaime Walsh	JW	Healthwatch Manager
Dr Rizwan Hasan	RH	Secondary Care Consultant
<b>In Attendance</b>		
Neil Suttie	NS	Head of Research, Education and Development Projects
Vicky Hobart	VH	Director of Public Health, London Borough of Waltham Forest
Linzi Roberts-Egan	LRE	Deputy Chief Executive, London Borough of Waltham Forest
There were no members of the public in attendance.		
Carl Edmonds, Associate Director of Strategic Commissioning		

		<b>Action</b>
284/14	<b>Apologies for absence</b>	
	There were no apologies received.	
285/14	<b>Declaration of interests</b>	
	Jane Mehta, Director of Strategic Commissioning is non-executive for the Lexi Cinema, Kensal Rise.	
286/14	<b>Minutes of 23 July 2014 meeting</b>	
	The minutes of the previous meeting were reviewed for accuracy and <b>agreed</b> pending corrections as follows;  267/14 correction Healthwatch Waltham Forest are running an event in September 2014, not road shows, in order to cascade information locally.	

	<p>AS requested a record to be made in the minutes that he commented on the need for a robust, local, A&amp;E department.</p> <p>The Chairman will subsequently sign the minutes as a correct record.</p>	
287/14	<p><b>Matters Arising</b></p> <p>The actions that had been completed since the last meeting were <b>noted</b> by members.</p>	
288/14	<p><b>Chair's Verbal Update</b></p> <p>AK updated on the following:</p> <p>Last Thursday the CCGs (WEL) jointly hosted a Quality Conversation Workshop with Barts Health. Attendees included Healthwatch, NHS England, National Development Trust Authority and Safeguarding Board Chairs. The purpose of the workshop was to discuss the progress Barts Health have made following the Care Quality Commission inspection conducted in 2013.</p> <p>There was a specific focus on us working together to support the quality improvement agenda: Some examples include developing 7 day consultant working across Barts Health and managing Serious Incidents.</p> <p>Whilst we acknowledged that Barts Health are working hard to improve the quality and safety of patient care we also recognised that further work is required to sustain improvement.</p> <p>Detailed discussion took place about the outstanding work that is required to ensure BH significantly improve patient experience through a much better patient involvement. BH have committed to undertake this work with our support.</p>	AK
289/14	<p><b>Questions from the Public</b></p> <p>Four questions were raised in advance of the meeting, TM provided answers as follows:</p> <p><b>Q. What are the plans for the future of the special care Unit at WX?</b></p> <p><b>A.</b> There are currently no immediate future plans to change the designation of the special care baby unit at Whipps Cross hospital.</p> <p><b>Q. What are the implications of a review of neonatal services at Whipps from Level 1 to Level 2?</b></p> <p><b>A.</b> There have been no major implications from the recent review of the Neonatal Unit at Whipps Cross from level 2 Neonatal Unit (to level 1 Special Care Baby Unit (SCBU)). The service has continued to operate as is and the immediate plan is that it will continue as a level 2 unit. The service has been commissioned as a level 2 unit for 14/15 and it is the CCG expectation that it will be commissioned as a level 2 unit in 15/16.</p> <p><b>Q. What risk assessments have been done on the impact of any plans for women with high risk pregnancies, on maternity care at WX, and on the mother: baby bond?</b></p>	

	<p><b>A.</b> The original proposal was based on an existing Neonatal Intensive Care Unit (NICU) pathway. It considered expanding the gestational transfer age for women at WX from &lt;28 weeks to &lt;32 weeks. There is currently a pathway for women with high risk pregnancies in place and these are transferred to a tertiary unit at either RLH or the Homerton hospital. The proposal therefore did not impact on the high risk pregnancy pathway.</p> <p><b>Q. When will Acorn Ward be fully functioning? We understand staff are being recruited on lower bands. What is being done to ensure quality of care is not compromised and more experienced staff are not being put under undue stress and pressure?</b></p> <p><b>A.</b> Acorn Ward remains a fully functioning children's ward, albeit with a reduction of 7 beds. A workforce review in line with Royal College of Nursing (RCN) guidance (Defining safe staffing levels for children and young people 2013) was undertaken in August 2013. A scoping exercise of staffing on other children's wards across England was also undertaken. RCN guidance suggested 5.6 Whole Time Equivalent (WTE) staff registered nurses for a ward, an establishment that most units use. Acorn Ward at the time had 15 band 6 nurses and two band 7s. As Acorn Ward also has day care and an outpatient area, the band 6 establishment was set higher than the average at 8.5 WTE. It was proposed that the reduction of 6.5 WTE band 6 posts should be replaced with an equal number of band 5 nurses. No other changes were made. BH have recently increased their practice development nurse team from 1 to 3 WTE to provide preceptorship, support and education across three sites.</p> <p><b>Q. Has anyone from the CCG visited Acorn and spoken with frontline staff?</b></p> <p><b>A.</b> The Director of Nursing, Quality and Governance undertook a Quality Assurance Visit on 6 June 2014 and spoke with a student nurse, staff nurse and ward sister. The student nurse commented that she would recommend a student placement on the ward and that staff were very supportive of her. The staff nurse explained she was very busy but was happy that the ward was "now safe". The sister explained why she had taken the decision to cancel theatre cases due to staffing shortages but they had all been rescheduled. She was confident the recruitment drive was being well supported. The staff were very pleased that there would be increased support in practice development education. Dr Myers, Clinical Director for Children and Maternity made an unannounced informal visit to Acorn ward and spoke to the senior sister and consultant on duty about the reason and impact of the bed closures.</p>	
	<b>Governance</b>	
290/14	<b>Board Assurance Framework</b>	HD
	<p>HD gave an overview of the Board Assurance Framework (BAF), eleven risks reported on the BAF of which five are red (extreme risk) rated and six are amber (high risk) rated. One new risk has been added to the BAF and two risks removed from the BAF since the last report to the Governing Body.</p> <p>HD drew attention to page 27 of the report and explained that the risk rating had not changed and the target risk rating had increased to 12. The reason for the risk status is that Barts Health have not implemented quality improvement within the expected timeframe. The CCG is focussed on working together to achieve the target through the Quality Surveillance group with Barts Health and Healthwatch. The next step would be to move to a Risk Summit. HD outlined the actions taken to date in relation to this risk.</p>	

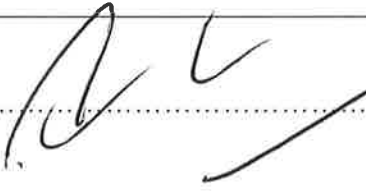
	<p>MS asked if there was anything else the CCG can do, HD explained that a meeting is scheduled with NHS England (NHSE) and the National Trust Development Authority (NTDA) to discuss the further actions required.</p> <p>RH asked if the Barts Health Board should be invited to discuss the situation. HD explained that the CCG had already invited Senior Management Team from Whipps Cross to attend a CCG Executive meeting. This meeting took place on 8 September 2014. The Executive Team have formally raised their concerns about the patient safety and quality improvement required at Whipps Cross Hospital. HD informed the meeting the Care Quality Commission (CQC) compliance notices were lifted in 2013. CQC will be conducting an unannounced inspection of Barts Health in 2014.</p> <p>SA drew attention to page 20 of the BAF report in relation to the 4 hour A&amp;E target at Whipps Cross, current BAF risk is 16, with a target of 9. LB explained that Barts Health were behind the target but the position was not irrecoverable. The problem is Whipps Cross is fragile in terms of A&amp;E, some weeks it is good, some weeks below 80%. The main problem occurs during weekends when not enough discharges are made. There is some evidence of improvement.</p> <p>The Board Assurance Framework Report was <b>noted</b> by the Governing Body.</p>	
291/14	<p><b>The WEL 5 Year Plan and Transforming Services Together Programme Update</b></p>	JM
	<p>TH updated the governing body on the plan and programme. The draft five year plan was presented to the Clinical Strategy Group on 21 March 2014. A draft of the strategy was also circulated to Governing Bodies following the June submission to NHSE. TH outlined five areas the Strategic Planning Group are working on; activity modelling that underpins financial analysis and plans, plans for the implementation of the London Quality Standards by providers, explanation on some activity and outcome trajectories submitted in plans, the alignment of these across CCGs, and how plans will support delivery of trajectories, clarity on next steps and detailed planning over the next 3-6 months, consideration of the Legislative Reform (Clinical Commissioning Groups) Order 2014 on the proposed governance arrangements. TH outlined the New legislation coming into force from 1 October 2014 (The Legislative Reform (Clinical Commissioning Groups) Order 2014). This formalises the creation of joint commissioning, meaning CCGs will be able to form a joint committee with each other or with NHS England to make joint decisions about the services they commission on behalf of the CCGs they represent. It is anticipated that these changes will support the creation of a more efficient TST governance structure. Governing Bodies will remain the key decision making element for CCGs and there will also continue to be a significant role for HWBs. TH confirmed there were no plans to give powers away, this would need to be discussed prior to any decision.</p> <p>PB asked if the joint decisions applied to acute as well as other commissioning areas. TH outlined it was up to organisations to decide on how joint decision making powers were made. JW asked how this fitted with Transforming Services, Changing Lives (TSCL), TH outlined Transforming Services Together (TST) was an umbrella organisation which was interrelated and brings all the other groups together.</p> <p>AW asked what North East London Advisory Group, as shown in the Governance Structure, was and what did it do? TH responded that this group comprised of chief officers, it was a discussion and information exchange group ensuring parties were sufficiently informed on developments.</p>	

	The Governing Body <b>approved</b> the report.	
292/14	<b>Community Participation Annual Report for NHS England</b>	HD
	<p>HD outlined that the report was an overview of the work completed by the CCG and North East London Commissioning Support Unit. The report is due to be submitted to NHS England on 30 September 2014. The report is divided into three sections; Demographics, Developing the Infrastructure for Engagement and Participation, Engagement &amp; Participation Activity.</p> <p>TM commented that there was no specific reference to engaging with children and families. HD responded that whilst work had been undertaken for Looked After Children it was recognised further work was required in relation to Voice of The Child. HD referenced the progress the Local Authority had made with Voice of The Child and welcomed the opportunity of working together to improve our services. LRE commented it was a well-structured process which would enable joint working to produce something more meaningful.</p> <p>The Governing Body <b>approved</b> the report.</p>	
293/14	<b>Annual Freedom of Information Report 2013-14</b>	HD
	<p>HD gave an overview of the report. During 2013/14 the CCG received 215 requests for information of which 198 (92%) were closed within the statutory time period of 20 working days, 17 (8%) were closed over 20 working days. This compares to an average of 91% for all WELC CCGs. The agreed target for NEL CSU is to achieve 90% or above. The Information Commissioners Office (ICO) expects statutory organisations to respond to 85% of requests within 20 working days. Key areas of information request were; finance for example: the amount spent on consultancy services, commissioning for example: mental health; continuing health care; Any Qualified Provider contracts; and IVF, human resources for example: organisation charts; and practice manager details, equipment (including ICT) for example: WiFi; and mobile phone contracts and medicines management for example: formularies; diabetic products; and drugs used in ophthalmology.</p> <p>PB asked who the majority of requesters were. HD informed that data was not available in the report but predominately private IT companies were large requestors of information.</p> <p>The Governing Body <b>noted</b> the report.</p>	
	<b>Performance and Quality</b>	
294/14	<b>Performance and Quality Report</b>	LB
	<p>HD gave an overview of the quality report. Whipps Cross Friends and Family Test (FFT) Score recovered in July (60) from the sharp fall in June (29), but has not yet reached the levels seen in April and May. Barts Health have reported that the deterioration in the A&amp;E score was due to difficulties implementing the Cerner IT system that led to delays seeing patients.</p> <p>WFCCG currently has eleven recorded cases of Clostridium Difficile in the period up to the end of July. Although the four cases in July were above the forecast, the CCG is within the year to date position agreed with NHSE as part of its Operating Plan submission.</p>	

	<p>Twenty-five serious incident reports were overdue for the Whipps Cross site in July, a deterioration on the previous month, however, the figure for August, not included in the report, had dropped to twelve.</p> <p>There was one recorded case of Methicillin-resistant Staphylococcus aureus (MRSA) up to the end of July. Barts Health have had six cases of MRSA year to date, one in April, two in May, two in June and one in July as recorded by Public Health England, against a zero tolerance target. One case has been identified at the Whipps Cross site. The CSU Infection Prevention lead is meeting with the trust to review action plans and learning. Department of Health guidance is expected today (Wednesday 24 September 2014).</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>HD informed the governing body that the issue had specifically been raised at the Whipps Cross Clinical Forum.</p> <p>HD outlined that a business case is being developed to replace laboratory equipment. Barts Health have been requested to assure GP members that the issues are being managed and specimens are being processed in line with national requirements.</p> <p>However, it was noted that general practices had been receiving results inconsistently in small batches.</p> <p>LB gave an overview of the performance report and drew attention to the CCG scorecard. Mental Health: Dementia Diagnosis Rate and Improvement in the IAPT access rate are both failing, work is ongoing on both indicators to move them to 67%, a business case for small investment has been submitted to NHS England. LB reported a small improvement in Reduced Cancer 2 week waits. Referral to Treatment incomplete pathway performance failed the target and no acceptable plan has been developed to address this.</p> <p>The Governing Body <b>noted</b> the Performance and Quality report.</p>	
	<p><b>Finance and QIPP</b></p>	
<p>295/14</p>	<p><b>Finance Report</b></p>	<p>LB</p>
	<p>LB gave an overview of the finance report as at the end of August.</p> <p>The key headlines to note are the CCG is on course for a 1% surplus at year end, Barts Health have shown improvement between month 4 and month 5, the quality of Barts Health data has improved, the headline Barts Health claim has come down by £3.9m, we are not seeing the same level of non-elective coding, this could be associated with issues in the implementation of the Cerner system which are impacting on recording activity at Whipps Cross.</p> <p>LB reported over performance at North Middlesex University Hospital contract, this equates to a risk of £0.9m, the reason for this drift in patients is due to issues at Barts Health.</p> <p>Continuing Healthcare at Month 5 is projecting a year end risk of £1.1m which includes £0.1m associated with risk assessed QIPP.</p>	

	The Governing Body <b>approved</b> the report.	
	<b>Strategy and Planning</b>	
296/14	<b>Urgent Care Pathway Procurement and Urgent Care Strategy</b>	JM
	<p>NKL gave an overview of the Urgent Care Procurement and Urgent Care Strategy.</p> <p>An advert had been placed for providers to express interest, there had been a good response. The process was now at the Pre-Qualification Questionnaire (PQQ).</p> <p>The urgent care strategy is currently being developed. AK asked if the strategy was flexible, in relation to 8-8 opening. NKL responded that providers were aware of this and that the Walk-in-Centre (WiC) can be removed. AS commented that the WiC contract expires in April 2015 and he understands it has been extended to April 2016.</p> <p>JM did not think this was correct but will investigate and confirm if this is correct.</p> <p><b>Action</b> JM to investigate and confirm the arrangements with the WiC contract</p> <p>The Governing Body <b>noted</b> the report</p>	JM
297/14	<b>DRAFT Primary Care Strategy</b>	JM
	<p>JM informed the governing body that the primary care strategy is in draft format and comments are invited at this stage on content.</p> <p>AK commented how we address the 20% DNA rate. DK agreed that need to seriously look at how to tackle DNA rates.</p> <p>AW commented that the layout and readability are good and suggested the vision statement be placed at the front of the strategy.</p>	
298/14	<b>Performance and Quality Minutes – July 2014</b>	HD
	<p>DK summarised the minutes and highlighted:</p> <p>Choose and Book - There is no availability of appointments on Choose and Book particularly for suspected breast, gynaecological cancer, head and neck and lower gastrointestinal. The CCG have requested an immediate review of the Choose and Book system and availability of appointments.</p> <p>A&amp;E waiting times - WX failed the 95% standard for May with performance of 91.6% (down from 95.2%). WX failed the target for 8 of the first 12 weeks of 2014/15. BH performance was 93.4% deterioration in May and June. Attendance has raised 5% from last year.</p> <p>The minutes and key issues were <b>noted</b>.</p>	
299/14	<b>Minutes - Medicines Management Committee (July 2014)</b>	MS
	<p>There were no comments.</p> <p>The minutes were <b>noted</b>.</p>	

300/14	<b>Planning &amp; Innovation Meeting (July 2014)</b>	JM
	There were no comments  The minutes were <b>noted</b> .	
301/14	<b>Finance &amp; QIPP (July 2014)</b>	LB
	No comments.  The minutes were <b>noted</b> .	
302/14	<b>IT Committee Minutes (July 2014)</b>	LB
	MS reported the IT strategy implementation was slightly ahead of schedule.  The minutes were <b>noted</b> .	
303/14	<b>CCG Reference Group July 2014</b>	HD
	AW commented how does anything discussed at the group have an impact.  The minutes were <b>noted</b> .	
304/14	<b>Leyton-Leytonstone Locality Commissioning Meeting – September 2014</b>	JM
	No comments.	
305/14	<b>Walthamstow Locality Commissioning Meeting – July 2014</b>	JM
	The Governing Body discussed how they feedback to Localities, it was agreed that the Governing Body minutes would be distributed to Localities and the respective clinical directors would summarise the main highlights at each locality meeting.  <b>Action</b> NS to arrange for Governing Body meeting minutes to be emailed to locality leads.	NS
306/14	<b>Chingford Locality Commissioning Meeting – September 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 22 October 2014.	
	<b>The meeting closed at 4:00pm.</b>	

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

Dr Anwar Khan