Minutes of the PART ONE NHS Waltham Forest Clinical Commissioning Group
Governing Body meeting held at the Kirkdale Building on
28 January 2015 from 2.00-4.00pm.

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<tr>
<th>Voting Members</th>
<th>Initials</th>
<th>Role</th>
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<tr>
<td>Dr Anwar Khan</td>
<td>AK</td>
<td>Chairman</td>
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<td>Alan Wells OBE</td>
<td>AW</td>
<td>Deputy Chairman</td>
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<td>Terry Huff</td>
<td>TH</td>
<td>Chief Officer</td>
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<td>Dr Syed Ali</td>
<td>SA</td>
<td>Clinical Director Leyton/Leytonstone</td>
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<td>Dr A Q Sheikh</td>
<td>AS</td>
<td>Clinical Director Walthamstow</td>
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<tr>
<td>Helen Davenport</td>
<td>HD</td>
<td>Director of Nursing, Quality &amp; Governance</td>
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<td>Les Borrett</td>
<td>LB</td>
<td>Chief Finance Officer</td>
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<td>Dr Dinesh Kapoor</td>
<td>DK</td>
<td>Clinical Director Leyton/Leytonstone</td>
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<td>Dr Rizwan Hasan</td>
<td>RH</td>
<td>Secondary Care Consultant</td>
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<tr>
<td>Dr Naheed Khan-Lodhi</td>
<td>NKL</td>
<td>Clinical Director Walthamstow</td>
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<tr>
<td>Dr John Samuel</td>
<td>JS</td>
<td>Clinical Director Leyton/Leytonstone</td>
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<th>In Attendance</th>
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<tr>
<td>Neil Suttie</td>
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<td>Jane Mehta</td>
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<td>Jaime Walsh</td>
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<td>Andrew Taylor</td>
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<th>Apologies</th>
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<tr>
<td>Dr Tonia Myers</td>
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<tr>
<td>Dr Mayank Shah</td>
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<tr>
<td>Linzi Roberts-Egan</td>
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Members of the Public in Attendance

- Paul Rosenbloom  
- Brian Steedman  
- Waltham Forest: Save our NHS (WFSONHS)  
- Steve Breame – member of the public  
- John Cannon – Chair of PPG Larkshall Medical Practice

<table>
<thead>
<tr>
<th>001/15</th>
<th>Apologies for absence</th>
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<tbody>
<tr>
<td>Linzi Roberts-Egan, Deputy Chief Executive, London Borough of Waltham Forest</td>
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<td>Dr Tonia Myers, Clinical Director Chingford</td>
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<tr>
<td>Dr Mayank Shah, Clinical Director Walthamstow</td>
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<tr>
<th>002/15</th>
<th>Declaration of interests</th>
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<tr>
<td>Peter Brokenshire, Lay Member for Governance and Audit has been removed from the list.</td>
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<td>Naheed Khan-Lodhi declared that he had been appointed to the role of Associate Director of Post Graduate GP Education and Health Education North Central and East London (HENCEL).</td>
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<td><strong>003/15</strong></td>
<td><strong>Matters Arising</strong></td>
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<td>All matters arising are on the agenda.</td>
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<td><strong>004/15</strong></td>
<td><strong>Chair's Verbal Update</strong></td>
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<td><strong>1. Peter Brokenshire</strong></td>
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<td>Peter Brokenshire will be resigning from his CCG role as Lay Member for Governance. He is leaving due to personal reasons, and his resignation is with immediate effect.</td>
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<td></td>
<td>We would like to thank Peter for all his work at the CCG, especially on the Audit and Remuneration Committees. His advice and guidance on governance, systems and procedures have set firm foundations for continued success by the CCG.</td>
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<td>As some of you may know, Peter Brokenshire OBE has over 40 years’ experience in the public sector, local government, the Audit Commission and the NHS. He is a qualified accountant and was a Chief Finance Officer in local government. He was also Chief Executive at Epping Forest and the London Borough of Greenwich, and then became a Director at the Audit Commission, with responsibility for promoting good management in finance, governance and performance. His contribution to the ONEL Cluster prior to April 2013 was unparalleled.</td>
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<td>We have been lucky to have such an experienced Chair, Finance and Governance professional in our midst, and he will certainly be missed.</td>
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<td>We hope you will join us in thanking Peter and wishing him all the best for the future.</td>
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<td>AW will be taking over Peter Brokenshire’s role as Lay Member for Governance in the interim until a permanent appointment can be made.</td>
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<td><strong>2. Networks Enhanced GP Service</strong></td>
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<td>Extended opening hours in GP practices are due to go live in February. The CCG have held regular assurance meetings with the network leads working through a range of issues including an assurance checklist to ensure the CCG holds a contract with a suitable provider. The CCG is supporting additional management support to enable the network to accelerate its readiness to commence the pilot. The roll out will be on a phased soft launch basis over five weeks and is scheduled to commence on 7 February 2015.</td>
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<td>At the last assurance meeting held on 21 January there remained a number of key requirements that had not been met, for example, completion of IG toolkit and clinical indemnity insurance. Following that meeting the network requested that the ‘soft launch’ is delayed by a further week until 7 February 2015. Marketing materials are being developed that can be used for the soft launch with a full communications plan implemented for the full launch.</td>
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<td><strong>3. Co-Commissioning</strong></td>
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<td>The CCG’s Co-commissioning bid has been submitted, there has been significant discussion with clinical directors for their input into the submission. Due diligence is now underway.</td>
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<td><strong>4. Supporting Performance at Whipps Cross</strong></td>
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<td>A Clinical Quality Review Meeting was held on 15 January 2015, the CCG met with the Care Quality Commission who presented the report on quality at Whipps Cross Hospital. As a result of that an action plan is being developed to resolve issues</td>
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identified. The full report will be available by the end of March 2015. CQC are scheduled to visit Newham and the Royal London hospitals at the end of March 2015.

5. AK Letter sent to Barts Health Executive
A letter dated 15 December 2014 was sent to Steve Ryan, Medical Director expressing concern that NHS Waltham Forest CCG had received no communication from Barts Health Trust following the recent Care Quality Commission inspection at Whipps Cross Hospital. The CCG are further concerned to learn, informally, that the CQC intend to bring forward scheduled visits to Barts Health hospitals, Newham General and the Royal London as a result of concerns raised at Whipps Cross Hospital. The letter strongly requests that Steve Ryan contact the CCG urgently to discuss the matter.

6. Clinical Senate
The North East London Advisory Group (NELAG) has been established. This group is predominantly focussed on the strategic business challenges facing the health economy (e.g. financial recovery and balance). At the November review of arrangements with NHSE, a proposal was agreed to establish a new North East London Clinical Senate, to sit alongside NELAG. The primary purpose of the clinical senate is to agree clinical redesign and transformation proposals from a clinical perspective, ensuring a NEL system wide view is taken.

The clinical senate will provide a forum where collective knowledge on clinical issues and strategic options for reconfiguration and transformation can be shared and discussed. Provide assurance on quality and patient safety as a result of the reconfiguration or service design options being discussed. Allow a forum for clinicians to be informed and develop joint understanding of financial management issues that impact the whole health economy and the relationship between these and reconfiguration options.

005/15 Questions from the Public

Q1. There are reports that GPs in Waltham Forest have pointed patients towards private providers for routine hearing checks. We understand that tests provided by the NHS costs between £300 and £400; private providers charge as much as £3000. Can the CCG say whether they offer advice to GPs on recommending NHS hearing checks and, if not, whether they would consider it appropriate to do so in future?

A1. The CCG has not issued guidance to GPs asking that they refer patients to private providers for any services including hearing tests. Through choose and book, patients have the right to decide in consultation with their GP where they would like to be referred for planned care and such services are normally paid for at a nationally determined tariff so as to ensure that no barriers exist to exercising these choices.

We have historically been part of a London wide contract with a private sector diagnostic services provider who provided a range of diagnostic tests from community locations within WF. This contract expired recently and we have now re-procured a number of these diagnostic pathways including Audiology. When the CCG undertakes a procurement to commission a provider we always assess and compare bids to ensure clinical quality, patient experience and value for money.

Q2. In view of reports that Child and Adolescent Mental Health Services (CAMHS) suffered a real-terms £50m in cuts (6%) nationally between 2009/10 and 2013/14,
http://www.pulsetoday.co.uk/news/commissioning-news/child-mental-health-spending-cut-by-50-million-since-last-government/20008883.article#.VLhKGfuO70 and that further cuts are on their way, please could the CCG confirm:

- What has happened to the CCG’s spending on CAMHS in Waltham Forest during this period?
- What is the projected spend in 2014/15 and beyond?
- How have any cuts already made impacted on the number of staff available, the number of community referrals and the average time spent on individual cases?

A2. The CCG has not reduced spend for CAMHS Tier 3.

The service is commissioned as part of the NELFT Mental Health block contract arrangement; the value of the commissioned service is £2.8m.

The CCG has recently commissioned a review of CAMHS services to inform future commissioning intentions and develop robust outcome measures, the review will be completed by 31 March 2015.

Governance
006/15  Board Assurance Framework  HD

HD gave an overview of the Board Assurance Framework (BAF). There are 10 risks reported on the BAF of which 6 are red (extreme risk) rated and 4 are amber (high risk) rated. HD informed there has been 1 new risk added to the BAF since the last report to the Governing Body. The risk relates to the CCG not achieving its cancer wait targets. AS noted the risk rating had increased from 16 to 20. HD outlined there was significant concern around Referral To Treatment (RTT). The Performance and Quality Committee oversees RTT, there are weekly meetings and monthly Clinical Quality Review Meetings addressing RTT issues. HD reiterated that a contract query notice was served in relation to RTT in 2014.

HD drew attention to the continued failure of Whipps Cross Hospital to deliver sustained quality improvement in the delivery of safe effective care. This means that some patients are not receiving the quality care WFCCG commissions and some patients have a poor experience and are at risk of potential harm. HD clarified that a separate report would be presented later in the meeting to provide details of this significant risk.

In relation to cancer waiting times, HD informed that an extra-ordinary meeting has been arranged for 30 January 2015 with the CCG’s lead Cancer officer, the CCG’s Director of Quality and Governance, the CCG’s Director of Strategic Planning and the London Transforming Cancer Team to address all waiting time issues and patient experience issues.

NKL outlined the implementation at Whipps Cross One Stop Breast Clinic had not been completed. NKL has written to Barts Health Trust to ask for details of the business case proposals.

AW suggested it would be useful for the BAF timeline to be extended to show risk ratings from the previous year and into the following year. HD agreed this can be done.

AW commented that he had previously been the most critical around whether the CCG were doing enough to change red risks to amber risks. AW outlined that following the deep dives presented at the Performance and Quality Committee he was now satisfied
that the CCG was doing enough with risks it had direct control of and was using its influence in relation to risks it had indirect control over. DK agreed, there had been progress in many areas and the Whipps Cross Clinical Forum had contributed to this.

**Action** Board Assurance Framework to include extended timeline showing previous year.

The Governing Body noted the report.

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<tr>
<th>007/15</th>
<th>Governance of the Better Care Together (BCT) Programme</th>
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<tr>
<td>SA</td>
<td>SA outlined the purpose of the Governance of the Better Care Together (BCT) Programme report. The report is concerned with governance of health and social care integration in Waltham Forest. The Governing Body is asked to approve the proposed changes to governance of health and social care integration programmes under the banner of Better Care Together. It is also asked to approve the proposed changes to the Joint Commissioning Board terms of reference. Better Care Together programmes aim to reduce the numbers of people admitted to hospital and the length of stay by improving joint working and cooperation across social care and health.</td>
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<td>It was noted that on page 1 of the report, page 31 of the meeting pack, two dates were incorrect; they should read 12 November 2014 and 8 January 2015.</td>
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<td>AK commented that the governance structure was a good example of integrated care.</td>
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<td>The Governing Body approved the proposed changes to governance of health and social care integration programmes under the banner of Better Care Together.</td>
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<td>The Governing Body approved the proposed changes to the Joint Commissioning Board terms of reference.</td>
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<th>008/15</th>
<th>Freedom of Information Update, Q1 to Q3 2014–15</th>
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<td>HD</td>
<td>HD gave an overview of the Freedom of Information Update, Q1 to Q3 2014–15 and drew attention to an increase in performance compared to the same period of activity during 2013/14. From 1 April to 31 December 2014, the CCG received 201 requests for information. During this time 94% of requests were closed within the statutory time period of 20 working days. This is in line with an average of 94% for all WELC CCGs. The Information Commissioner’s Office expects statutory organisations to respond to 85% of requests within 20 working days.</td>
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<td>The Governing Body noted the report.</td>
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<th>009/15</th>
<th>Lay-Person – Job Description</th>
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<td>JM</td>
<td>JM outlined the process for appointing a Lay Person to the Governing Body. If a lay person post becomes vacant the constitution outlines the appointment process which is as follows: The role function and person specification for the post will need to be agreed by the governing body and be compliant with CCG regulations. The post will be advertised widely. Short listed candidates will need to undertake psychometric and ‘other’ testing in addition to interview. The interview panel will consist at least the Chair and Chief Officer of the governing body and NHSE representative for the lay person roles. JM clarified that governing body lay members, for the vacant role, are not required to be accountants or reside in Waltham Forest.</td>
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<td>JM drew attention to several changes to the person specification.</td>
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<td>The Governing Body approved the job description and person specification.</td>
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<td>Performance and Quality</td>
<td>010/15</td>
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<td>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 December 2014 some indicators have shown improvement, including; Integrated Care, Flagging in A&amp;E, Diabetes Structured Education, Cancer 2 Week Waits, Rehabilitation length of stay and Whipps Cross Friends and Family Test. Indicators considered high risk at the end of December include; Dementia Diagnosis, Diabetes Care Plans, Bowel Cancer Screening, District Nursing Waiting Times and Clostridium Difficile Infection Control.</td>
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<td>LB reported in light of recent large scale data quality issues, Barts Health Trust board has taken the decision to suspend the monthly mandatory reporting of referral to treatment waiting times data from October. LB outlined Barts Health Trust has committed to providing a trajectory that will eliminate 52 week waiters by the end of March 2015. In the event the trajectory is not met, CCG imposed fines will not be re-invested into Barts Health. LB informed that all GP practices had been written to reminding the options available through Choose and Book, as a result Barts Health referrals from Waltham Forest had reduced.</td>
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<td>LB reported the A&amp;E 4 hour target for Whipps Cross failed the 95% standard for November 2014 with a performance of 90.1%, down from 92.3% in October. Since November performance has deteriorated further. WFCCG are attending and supporting the Whipps Cross weekly Long Stay Patient meetings and conducting a diagnostic report/recommendations to further support management of Delayed Transfers of Care (DTOC). CCG directors are also attending the Whipps Cross weekly Long Stay Patient meetings and conducting a diagnostic report/recommendations to further support the discharge process. The CCG is also working with McKinsey to work out how Barts Health can operate on a sustainable basis.</td>
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<td>AW commented that the CCG needs to see sustained progress, short term improvements have not been sustained. RH asked how much the Delayed Transfers of Care (DTOC) were contributing to the problems. TH outlined that they had an impact but it was marginal. HD commented that this was a regional and national problem.</td>
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<td>HD gave an overview of the Quality Report. Whipps Cross Friends and Family Test (FFT) Score was 71 in November, above the target level and an improvement on the previous month of 51. The volatility in the score is the result of relatively small increases in negative feedback in the Whipps Cross A&amp;E FFT score and may be linked to variable performance on waiting times in A&amp;E. The YTD position is showing an improvement on the previous year. NHS England is now calculating and presenting the FFT results as a percentage of respondents who would/would not recommend the service to their friends and family. In November the percentage of A&amp;E attendances that would recommend Whipps Cross was 94% (London average: 87%). The percentage of inpatients who recommend Whipps Cross was 92% (London average: 94%). Response rates for the Maternity FFT remain too low to perform any meaningful analysis. The issue of poor response rates was formally addressed at the Barts Health Clinical Quality Review meeting 18 December. BH confirmed that the collection of survey forms has been addressed and the process for requesting patients to complete the survey has been revised and actioned. Results for the Q2 Staff FFT show that 48% (down from 49%) of staff at Barts Health would recommend the Trust as a place to work and 70% (up from 69%) would recommend the trust as a place to receive care.</td>
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Waltham Forest currently has 28 recorded cases of Clostridium Difficile in the period up to the end of October against a trajectory of 25 cases. An infection control action plan was agreed at the September Clinical Quality Review Meeting. Actions include how to improve hand hygiene compliance. HD reported that the CCG expects to meet this target for 2014/15, but there is a high risk to delivery due to recent high numbers of cases.

The CCG has agreed an improvement in flu vaccination rates with NHS England that would bring it above the London average. Data for December showed the following levels of immunisation: 72.3% for the over 65yrs; 39.3% for the “at risk” group; and 31.1% for pregnant women. The CCG expects to meet this target for 2014/15. Current performance is above target. Achieving this target should increase the size of the CCG Quality Premium payment for 2014/15.

HD reported there remain five overdue Serious Incident (SI) reports from NELFT for Waltham Forest CCG patients at the end of November (four the previous month) the previous 4 outstanding SIs were closed, the figure reported refers to different new SIs. The cases were reviewed at the WELC Serious Incident Panel on 14 January.

WFCCG has two attributed cases of MRSA up to the end of November, both trust assigned. One case has been identified at the Whippys Cross site. The Infection Prevention lead is meeting with the trust to review action plans and learning.

HD outlined there were three mixed sex accommodation breaches for WFCCG in November, two of which were at the Royal London and one at Whippys Cross. Breaches have improved substantially over the long term. The remaining breaches are largely due to bed availability and the transfer of patients from critical care.

SA asked how the CCG is dealing with the staffing level challenges experienced by Whippys Cross? HD responded that Barts Health had downgraded band 6 nurses to band 5, but had assured external stakeholders that the Cost Improvement Plans (CIPs), at the time of the re-organisation, would not have a negative impact. Experience has shown this not to be the case as many of the experienced nurses have now left Whippys Cross because they were downgraded. It was noted, however that Barts Health are recruiting to vacant posts on the lower Band 5. Barts Health had assured this would not have a negative impact. Experience has shown this not to be the case. Staff levels are recorded daily on the UNIFY system, but this does not detail the level of agency staff employed per shift. The CCG have been informed by Barts Health that Whippys Cross staff are offered the high cost area allowance. The CCG has shared its concerns with the Care Quality Commission (CQC). RH commented that it was not just numbers of nurses that was the issue but the grading levels. HD informed that Barts Health had seconded nurses from the Royal London Hospital while recruitment of nurses was on-going.

TH informed the meeting that Barts Health intended to sell off part of the estate at the Whippys Cross site. The CCG’s view was that key worker accommodation should be part of the plans. AT outlined that Public Health will have input into these plans.

The Governing Body noted the Performance and Quality report.
prior to the inspection and remains a concern following the CQC inspection conducted in November 2013.

HD outlined the CQC will publish their report in March. The report is likely to identify a number of the quality issues already identified and escalated by WFCCG. The Care Quality Commission (CQC) conducted an unannounced inspection in June 2013 and served 4 warning notices to Barts Health for the Whipps Cross site. The CQC conducted a follow up announced inspection in November 2013 and removed the 4 warning notices on the basis the urgent quality improvements had been implemented following the inspection of June 2013. In May 2014 a relative shared a letter of complaint sent to Barts Health regarding the care of the patients on Mary Ward. WFCCG conducted four consecutive quality assurance visits of Mary Ward and highlighted concerns to Barts Health regarding the quality and safety of care. The CCG has also conducted quality assurance visits to other care of the elderly wards and has, highlighted concerns and made recommendations for quality improvement. WFCCG commissioned the Patients Safety Association to undertake a pilot project at Whipps Cross hospital setting out a Gold Standard Framework for elderly patients.

HD outlined that at the Clinical Quality Review Meeting in May 2014, Barts Health advised 7 beds would be closed on Acorn Ward, the paediatric ward, at Whipps Cross due to staffing shortages.

HD highlighted Safeguarding Children and explained she and the chair of the Local Safeguarding Children’s Board met with Barts Health Medical Director and senior management team for children on 29 July 2014. The purpose of the meeting was to raise concerns regarding the safety of children receiving care at Whipps Cross. Barts Health gave assurance that the issues would be addressed.

HD drew attention to other areas of the report raising concern including staffing, cancer 2 week waits, maternity services and clinical harm reviews.

HD informed WFCCG has resumed chairing the weekly Delayed Transfers of Care (DToC) conference call for Whipps Cross. It has engaged the support of our colleagues from West Essex and Redbridge CCGs along with respective Local Authorities. In addition WFCCG have attended the weekly Long Stay Patient meeting at Whipps Cross Hospital and have completed a Diagnostic Report setting out immediate and short term recommendations to Barts Health for improvement.

HD explained that NHS England have engaged McKinsey, a management consulting firm, at Whipps Cross for a 6 week programme of work. The findings of which will be reported to the Governing Body.

HD clarified that the CQC will publish their report in March 2015. Due to concerns raised at Whipps Cross they have brought forward scheduled visits to Royal London Hospital and Newham Hospital and the final report will be in the public domain in May 2015.

The Governing Body noted the report.

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<th>Finance and QIPP</th>
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<td><strong>Finance Report</strong></td>
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<td><strong>LB</strong></td>
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<td>LB gave an overview of the finance report as at the end of December 2014. Based on information available to date the CCG is projected to achieve a total surplus of £8.1 million which is £5.0 million above the planned surplus for 2014/15.</td>
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The position assumes the CCG will agree a recovery trajectory for Referral to Treatment (RTT) in Q3 and Q4 which Barts Health meets and on which basis the CCG will re-invest any RTT fines due for the second half of the year. The CCG’s current risk assessment assumes that it will incur a tariff cost of £0.3 million associated with additional elective activity linked to clearing the backlog during 2014/15.

LB reported at month 9 the CCG continue to report a projected year end risk of £1.5 million in relation to continuing healthcare which includes £0.1 million associated with risk assessed QIPP. This is an area of significant financial risk for the CCG. In relation to prescribing the CCG are now projecting a £0.1 million deficit based on extrapolating actual prescribing data covering the 7 month period from April 2014 through to October 2014 for a full year and then adjusting for delivery of phased QIPP savings against the full target of £1.0 million.

In relation to Quality, Innovation, Productivity and Prevention (QIPP) the CCG are now projecting delivery of £9.9 million of QIPP savings within our reporting.

AW asked what happens with any underspend? LB reported any underspend is rolled over into 2015/16 so is not lost to the CCG. LB outlined the CCG is still under-funded for its population.

AS asked what the fine savings were in quarter 3 and 4. LB informed it was £2m-£2.5m, but this money would be re-invested in Barts Health services.

The Governing Body noted the report.

**Strategy and Planning**

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<th>013/15</th>
<th>Quarterly IT Strategy Implementation Update</th>
<th>LB</th>
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| LB gave an overview of the quarterly IT Strategy Implementation Update. Twelve practices that did not operate modern IT systems have been successfully migrated to Emis Web as per the recommendation in the IT strategy. The one remaining practice has been scheduled for June 2015. A further 8 practices (6 Vision & 2 SystmOne) have committed to move. The first Vision practice successfully migrated in December, and a further 7 practices are scheduled to migrate from April–July 2015. At the end of this rollout there will be 35 / 45 practices on Emis Web.  

The IT Committee has defined the criteria to be used in deciding whether or not the remaining 10 practices (2 Vision & 8 SystmOne) should migrate. This decision is scheduled for September 2015. The rollout of new hardware (Servers and PCs) has been completed to 43 of the 45 practices.  

The CCG have been working with Waltham Forest Federated GP Network Limited to design an IT solution for the 8 to 8 service pilot the CCG is commissioning. Emis Clinical Services has been chosen as the clinical GP system. This will enable access to the full clinical record for patients that are registered with a WF practice using Emis Web and seamless access to the information recorded during the consultation for the home practice. For those patients registered with a practice not using Emis Web a work around solution accessing the summary care record and emailing a manual discharge summary has been proposed.  

The CCG is initiating a programme of work to put in place an information and IT infrastructure to support its future scope of primary care commissioning activity and its drive to improve the quality of clinical services delivered. A project is underway to deliver two deliverables: establish/confirm the scope of CCG primary care commissioning activity and objectives and priorities for improvement in quality; define
the requirements for an information and IT infrastructure, determining how far these can be covered by the CCG’s existing and planned infrastructure, and specifying what additional products and services are needed and external source. A draft procurement specification will be available by end January 2015.

AW asked if there were any cases where no patient records, neither full EMIS web records nor summary care records, are available to GPs when patients present at extended hours appointments within the network. LB confirmed there are 6 practices where this will occur. NKL informed that GP will only be in a situation where they cannot see a patient record where the patient has opted out.

The Governing Body noted the report.

014/15 Urgent Care Strategy

NKL gave an overview of the Urgent Care Strategy and asked the governing body to approve the draft, note the challenges ahead and provide support and comment. NKL highlighted the challenges in communication of the strategy. JW commented that the sooner the draft is published and patient’s views are gathered the better. JW added that from 500 patients surveyed recently, 43% had indicated they had been referred to A&E.

The Governing Body noted the report.

015/15 Better Care Together Programme Plans

JM gave an overview of the Better Care Together Programme Plans and outlined the report explains the creation of Better Care Together, which is an overarching programme of all health and social care integration programmes to be overseen by the Better Care Together board, which will report to the Health and Wellbeing board. JM drew attention to page 182 of the meeting pack which outlined the detail of the plans.

The Governing Body approved the plans.

016/15 Minutes of the Performance and Quality Committee - November 2014

No comments

The minutes were noted.

017/15 Minutes - Medicines Management Committee – November & December 2014

No comments

The minutes were noted.

018/15 Minutes of Planning & Innovation Meeting – November & December 2014

No comments

The minutes were noted.

019/15 Finance & QIPP – November & December 2014

No comments.

The minutes were noted.

020/15 IT Committee Minutes – November & December 2014

MS highlighted that digitalisation would be the next phase of the process.

The minutes were noted.

021/15 Walthamstow Locality Commissioning Meeting – November 2014

No comments
The minutes were noted.

<table>
<thead>
<tr>
<th>Date</th>
<th>Summary</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>022/15</td>
<td><strong>Leyton-Leytonstone Locality Commissioning Meeting – December 2014</strong></td>
<td>JM</td>
</tr>
<tr>
<td></td>
<td>No comments</td>
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<td>The minutes were noted.</td>
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<tr>
<td>023/15</td>
<td><strong>Chingford Locality Commissioning Meeting – December 2014 &amp; January 2015</strong></td>
<td>JM</td>
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<td>No comments</td>
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<td>The minutes were noted.</td>
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<tr>
<td>024/15</td>
<td><strong>Any Other Business</strong></td>
<td>All</td>
</tr>
<tr>
<td></td>
<td>There was no other business.</td>
<td></td>
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<tr>
<td>025/15</td>
<td><strong>Forward Plan</strong></td>
<td>All</td>
</tr>
<tr>
<td></td>
<td>No comments</td>
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<tr>
<td>026/15</td>
<td><strong>Date of Next Meeting</strong></td>
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<tr>
<td></td>
<td>Wednesday 25 February 2015</td>
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<td></td>
<td>The meeting closed at 4:00pm.</td>
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Signed………………………………………………..Date…………………………..

Dr Anwar Khan