

NHS Waltham Forest Clinical Commissioning Group Governing Body Part 1 Minutes

Date:	Wednesday 28 June 2017
Time:	12:00 noon to 2:00pm
Venue:	Boardrooms A, B and C, Kirkdale House, Leytonstone, E11 1HP
Chair:	Dr Anwar Khan, Chairman

Attendees

Members

Name	Initials	Title
Dr Anwar Khan	AK	Chairman
Alan Wells, OBE	AW	Deputy Chairman
Terry Huff	TH	Chief Officer
Les Borrett	LB	Director of Financial Strategy
Dr Ken Aswani	KA	Clinical Director, Leyton and Leytonstone
Dr A Q Sheikh	AS	Clinical Director Walthamstow
Dr Dinesh Kapoor	DK	Clinical Director Leyton/Leytonstone
Dr Syed Ali	SA	Clinical Director Leyton/Leytonstone
Dr Rizwan Hasan	RH	Secondary Care Consultant
Dr Ravi Gupta	RGU	Clinical Director Walthamstow
Dr Mayank Shah	MS	Clinical Director Walthamstow
Helen Davenport	HD	Director of Nursing, Quality & Governance
Richard Griffin, MBE	RG	Lay Member Public and Patient Engagement
Vineeta Manchanda	VM	Lay Member, Chair Audit Committee

Members

Linzi Roberts-Egan	LRE	Deputy Chief Executive, London Borough of Waltham Forest
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In Attendance

Name	Initials	Title
Jane Mehta	JM	Director of Strategic Commissioning
David Pearce	DP	Head of Governance

Apologies

Name	Initials	Title
Dr Tonia Myers	TM	Clinical Director Chingford
Joe McDonnell	JMc	Acting Director Public Health, London Borough of Waltham Forest
Althea Bart	AB	Healthwatch Manager

Members of the Public in Attendance

Name	Initials	Title
Julia Walsh	JW	Head of Communications and Community Participation (CSU)
Paul Rosenbloom	PR	Save Our NHS
Brian Steedman	BS	Save Our NHS
Shekh Motin	SM	Prospective Southern CCG CFO
Jane Harrington	JH	Rapid Feedback Group

1. General Business

091/17 Apologies and Announcements

AW

Apologies were noted as above.

092/17 Declarations of Interest

ALL

In line with statutory guidance a declarations of interest checklist was reviewed by the Chair ahead of the meeting in order to identify any conflicts / potential conflicts of interest relative to the meeting agenda. There were no declarations or potential declarations of interest identified and none declared.

The *Governing Body Declaration of Interest Register* is available on the NHS Waltham Forest Clinical Commissioning Group (WFCCG) website. A copy of the register was available to the Governing Body for this meeting.

093/17 Draft minutes from May 2017 Governing Body

AW

The minutes of the Governing Body meeting held 24 May 2017 were agreed following amendment to minute ref 075/17 (Planning and Innovation Terms of Reference (ToRs)). The amendment qualified that there had been no discussions in respect to ToRs by the Governing Body in the last year.

094/17 Matters Arising

AK

There were no outstanding Matters Arising.

095/17 Chair's Update

AK

The Chair provided an update in 3 areas:

1. Programme Steering Group

As Chair of the Programme Steering Group of the seven CCGs in North and East London the last month has been very busy looking at how we can provide these health and care services.

2. NHS Confederation Conference

Last week, I attended the NHS Confederation Conference where I heard Jeremy Hunt and Simon Stevens speak but also met NHS leaders from around the country who are wrestling with developing Accountable Care Systems to help local people make healthy changes in their lives, access care, and how that care is delivered. Some useful models and approaches were discussed.

3. London sustainability and transformation partnership

In common with other NHS systems across England, we are looking at a number of proposals, including a single lead across all the CCGs in the North East London's sustainability and transformation partnership footprint. We are at a very early stage of these proposals and, throughout June and July, we are working with the other CCGs, local authority partners and other NHS providers, to develop recommendations to be considered by all seven CCG Governing Bodies.

096 /17 **Questions from the Public** **AK**

Q1. Following the critical debate in the May Governing Body meeting, have there been further developments with regard to the East London Health and Care Partnership Agreement?

A1. The Partnership Agreement agreed by the East London Health and Care Partnership Board and dated 31 March 2017 is currently being considered by the member organisations of the Partnership – namely the eight east London councils and twelve NHS organisations.

PR, further noting the concerns expressed at the Governing Body meeting, 24 May 2017, enquired as to progress being made. TH advised that the CCG had fed back their concerns to the Partnership Board. TH further noted that the CCG had not signed-up to the agreement and confirmed that WFCCG remained accountable for its budget. AK, in support of TH, further reiterated the view that local accountability remained a priority.

097/17 **Clinical Director's Presentation** **RGu**

RGu presented the Governing Body with an overview of his Clinical Director roles and responsibilities.

RGu provided a potted history of his career and the various roles he had undertaken prior to his appointment as Clinical Director representing the Waltham Forest CCG (WFCCG) Locality.

RGu confirmed that his key roles as Clinical Director were:

- Chair Medicines Optimisation Committee
- Chair Mental Health
- Co -Chair Walthamstow Locality.

RGu drew attention to specific activities relating to each of the key roles:

1. Medicines Optimisation Committee is an Enabler in WFCCG TST programme, including:

- Promote cooperation and consistence of approach in the commissioning process of medicines within different care pathways
- Ensure that robust standards and governance for medicines management underpin and provide accountability for community wide decision making
- Coordinate the safe and cost effective use of medicines across a health community to improve outcomes for patients

RGu described the role of the Medicines Optimisation and it's far reaching involvement and influences including those areas associated with:

- Entry of new drugs to the health economy
- Diabetes
- Antibiotics
- Cardiovascular Disease
- Respiratory
- Monitoring the prescribing requirements of the Mental Health Wellness Clinic
- Redesigning access to antipsychotics depots injections in primary care

RGu drew attention to key achievements including:

- Support to Care Homes
- Respiratory poster
- End of Life work adopted by other CCGs
- Achieving QIPP target of £1m saving
- WEL Medicines Optimisation and Commissioning Committee
- Successful away day on 15 March 2017, achieving top line objectives.

RGu drew further attention to the work planned for the next 12 months and the ensuing challenges.

2. Mental Health, including:

- Clinical Leadership
- Clinical advice and support
- Mental Health Transformation Programme

RGu drew attention to the achievements for Mental Health Services, 2016/17 including those associated with:

- Primary care Mental Health Service
- Early interventions in psychosis pathway
- Meeting of all National Quality Indicators and targets

RGu informed the Governing Body of the priorities for Mental Health for 2017/18 including:

- Implementation of the Mental Health Transformation Programme
- Redesigning the Psychiatric Care model with Urgent Care in order to improve access for Mental Health, single point access (SPA)
- Enhancing IAPT services

RGu thanked the CCG officers for their support in the medicines optimisation and the Mental Health activities.

AK, thanked RGu for his presentation and the valuable work being undertaken and his leadership within that.

2 Governance

098/17 Board Assurance Framework

HD

HD presented the Board Assurance Framework to the Governing Body.

HD advised that there were 6 risks reported on the BAF of which 3 were red (extreme) risk rated and 3 were amber (high) risk rated.

HD further advised that since the last report to the Governing Body:

There have been 2 risks added to the BAF:

- The CCG does not meet its national and local performance targets. This means that the CCG may fail to ensure that there are improvements to the quality and performance of commissioned services leading to potential harm to patients.
- The CCG fails to achieve its planned surplus due to non- achievement of its £14.2M QIPP plan.

HD noted that the risk relating to the CCG's review of Primary Medical Services not meeting the required deadlines had been removed from the BAF as a result of the good progress made in respect to a timetable for contract signing that included agreement of KPI's and financial issues. HD confirmed that the risk continued to be managed through the Strategic Commissioning directorate.

HD drew attention to the zero tolerance risk areas and advised that there had been 2 amendments made, specifically:

- The zero tolerance risk area relating to business continuity planning has been enhanced to include reference to an effective response to a cyber-attack. The overall risk rating has increased from a medium rated risk area to a high rated risk area.

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- The risk of an occurrence of high numbers of Never Events with repeated incidents and poor evidence of learning has been added as a zero tolerance risk area.

SA drew attention to Risk 2 (none achievement of the target for 95% of A&E attendees to be treated within 4 hours). SA enquired as to what improvements could be made given the ongoing red risk rating. HD, acknowledging SA's concerns, drew attention to the deep dive into urgent care that was being conducted by the CCG and further deep dives elsewhere in the system. JM, supported by KA, agreed with HD, noting that the A&E plan, progressed through the urgent care working group, had enabled the strengthening of governance arrangements and the levels of implementation throughout the system. KA, recognising the contributory factors such as ambulatory care, further advised that the urgent care group continued to provide oversight and assurance against new actions which were aimed at improving outcomes in respect to improved performance against target. AK further noted the importance of engagement with the patient reference groups. AW, acknowledging the good work done questioned the viability of achievement against the target date. TH advised that the National Team had linked additional funding to the Trust achieving target by March 2018.

VM enquired as to why a performance related risk had been added to the BAF given that risks associated with A&E and RTT targets were already recorded separately on the BAF. LB advised that this provided the Governing Body with further assurance around the risk monitoring process associated with the CCG's overall performance against its statutory targets, specific details of which were also provided through the performance reports to the Governing Body.

RG, noting the addition of Never Events as a zero tolerance risk area, enquired as to why there continued to be a lack of translated learning from such events. HD, noting the challenges and difficulties in this area, acknowledged that the desired levels of collective learning were not yet apparent. RH further noted that the Department of Health had set up a Health & Safety Board to address issues associated with organisations not sharing their learning. HD, acknowledging RH, advised that a workshop was being scheduled to take place with members of the Health & Safety Board and that the outcome of this would be fed back at some later date.

JM, noting the recent tragic events in London, enquired as to whether there were any fire risk related issues that the Governing Body would need to be aware of. HD advised that the CQC would be providing a fire safety related report and further noted that discussions were undertaken at the Quality Surveillance Group in relation to how best to seek such assurances from providers, including care homes, with the Group providing the mechanism through which actions and issues would be progressed.

VM, noting the inclusion of specific reference to cyber-attacks within the Business Continuity Plan's (BCP) zero tolerance risk area, enquired as to what progress had been made, given that a second attack, albeit not impacting the NHS, had occurred. HD advised that the issue had been raised through the CQRM process and that each site had been asked for

their plan. HD further advised of the CCG's attendance at the clinical harm review meeting in order to understand the resultant backlog of patients at risk of clinical harm in order that the CCG could provide support as required.

DK further noted that providers have established internal review panels but that more feedback was required from GPs in respect to delays being experienced, for example, pathology results.

MS observed that the process by which information was shared with GPs was unclear and questioned what arrangements were in place in the event of future cyber related incidents. DK confirmed that the process was currently under development.

TH, expressing a general comment in respect to BCP, noted that the arrangements had not worked as well as might have been expected and that Barts Health had initiated a deep dive to better understand the actions needed to be put in place in the event of any future cyber-attacks or other incidents resulted in the loss of services.

AW, whilst acknowledging the necessary focus of the recent cyber incident, drew attention to the increasing threat of terrorist attacks and the need for referencing within the BCP.

AW enquired as to what actions, if any, could be taken against the CCG as a result of the A&E 4 hour wait target and the Referral to Treatment target not being met. LB advised that that in such instances NHS England could implement an improvement process which would lead to the CCG being placed in to special measures. TH clarified that NHS England consider those areas which the CCG can influence against those areas that the Trust can influence noting, however, that the CCG does have a number of specific requirements for which it is accountable.

The Governing Body **approved** the report.

3. Performance and Quality

099/17

Quality Report

LB / HD

LB presented the Governing Body with an overview of the Performance Report as at end April 2017.

LB advised that the report was the first to be presented to the Governing Body for the year 2017/18.

LB further advised that the CCG had assessed that at the time of reporting performance targets were rated as:

- 2 high risk
- 7 medium risk
- 18 low risk

LB noted that thirteen indicators had met their targets in April.

LB drew attention to the 2 high risk rated targets:

Cervical Cancer Screening: In 2017/18 the CCG switched the data source from Health Analytics to Open Exeter in response to overwhelming feedback from the clinical leads. Reported performance was 67.7% against a target of 71%. In order to address the cervical screening uptake the CCG is concentrating on raising public engagement and community activities. A business case is being developed for funding to support cervical screening by calling eligible patients. The proposal will be reviewed by CCG committees in July.

A&E attendance: The CCG and Barts Health have developed an improvement plan that assumes that Whipps Cross achieve 93.19% (and Barts Health achieves 95%) by March 2018. The key elements of the plan focus on improved staffing in the emergency department, improved flow through the hospital and improved discharge. Whipps Cross performance for May was 82.3% against a trajectory of 85.2%. Performance for the week ending 4 June was 80.7% against a trajectory of 86.89%. Performance reporting has been disrupted by the malware IT incident that affected all the Barts Health sites.

LB drew further attention to:

Referral to Treatment (62 Days) Performance: The April performance was 93.5% against a target of 85%. Barts Health overall met the target with performance of 90.1%.

Early Intervention in Psychosis: The April Performance was 100%, as was the previous month's performance.

Home Births: Although performance in April is not yet known the indicator has been assessed as medium risk due to lack of capacity within the Whipps Cross service to support home births where there is currently no dedicated home birth team. The CCG is currently negotiating a Whipps Cross system target with Barts Health.

Diabetes Structured Education The mobilisation of the new service has been delayed and started receiving referrals at the end of May. The CCG Clinical Director and Lead are promoting the education course and Changing Health are attending July localities to present to GPs. Changing Health are also presenting at the education session on 18 May 2017.

HD provided the Governing Body with an overview of the Quality Dashboard and Exception Report:

HD advised that the purpose of the report is to inform the Governing Body of the quality provided to the patients of Waltham Forest at its Provider Organisations, indicating by exception where quality does not meet agreed targets. HD further advised that targets were linked to standards of care which in turn were aligned to the CQC's 5 domains of care, namely, Effective, Safe, Well-led, Caring, and Responsive.

HD drew attention to the 'Areas of Good Practice' and the 'Areas for Improvement' which provided for a balanced assessment against the performance at both the North East London Foundation Trust, (NELFT), and Whipps Cross Hospital (WXH).

HD drew further attention to the exception reporting against individual indicators that identified for both NELFT and WXH:

- RAG rating of performance
- Areas of further intelligence
- Actions being taken by the CCG and / or Trust

HD advised that as result of the recent cyber-attack there was a lack of reliable data. HD further qualified that despite there being a lack of data the CCG's quality and nursing team had access to good intelligence.

HD drew attention to the Exception Report. HD drew further attention to the WXH performance in relation to Overdue Serious Incidents, Duty of Candour, and Complaints and noted that the CCG had issued Contract Performance Notice (CPN) against each of these indicators.

HD reminded the Governing Body that all areas detailed within the Exception Report were reviewed at the CQRM and further advised that, in line with agreed practice, where necessary improvements were not evidenced then the CCG would issue a CPN as a matter of course.

HD drew attention to the NELFT Life Support indicator and noted that reported performance was marginally below target with achievement anticipated in the near future.

HD drew attention to the Care Home dashboard report. HD advised that during April 2017 there had been reports relating to residential homes published along with the North East London Eye Treatment Centre. HD further advised that the CCG had undertaken to inform the GPs aligned to the individual Care Homes when CQC reports in respect to the individual Care Homes were issued. This would be communicated through the GP portal and through the established GP communications channels.

HD drew attention to the quality review visit undertaken at WXH on 11 May 2017. HD advised that the Deputy Nurse Director Quality and Clinical Governance, assisted by the Director of Nursing, had conducted a visit to ward areas, specifically the orthopaedic wards Sage and Sycamore to do a temperature check of staff wellbeing post the CQC inspection. Some areas of improvement identified by staff included:

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- Doctors not signing ward round book
 - Illegibility of Medical staff notes entries

The Governing Body **approved** the contents of the report.

100/17

Maternity Report

HD

HD presented the Governing Body with an update report detailing the priorities for maternity in North East London for 2017/18 in light of the Five Year Forward View and Better Births.

HD advised that the report presented an overview of the good work being done, acknowledging the contributions of the CCG officers Kate Brintworth and Kelvin Hankins.

HD drew attention to the details relating to the Continuity of Care Pilot, noting that the service, provided through Neighbourhood Midwives, had exceeded performance targets, with good feedback received.

HD advised of issues at Whipps Cross Hospital (WXH) in respect to capacity and estates whilst further noting that the provision of additional funding was expected to lead to improvements.

HD further advised of the leading role being undertaken by WFCCG in regard to the Continuity of Care Pilot.

RG enquired as to the capacity related issues at WXH and sought assurance that the capacity gaps would be met. HD clarified that WXH had expressed confidence that the necessary resources would be in place, whilst acknowledging that there was a national shortage of qualified midwives.

TH, further acknowledging that there remained a shortage of midwives at a national level, observed that the pilot was attracting an increasing number of them. TH further enquired as to whether the pilot was serving to grow the resource pool of available midwives and if it was pulling resources from elsewhere in the system, specifically from the hospital setting.

Action: Provide a report to show resourcing source supporting the Continuity of Care Pilot

HD

KA, noting the improvements being made, enquired as to whether there had been equitable improvements in safety issues given previous concerns in relation to maternal health issues. HD advised that there had been a significant reduction in the number of maternity related serious incidents at WXH but to date this had not been replicated at the Royal London Hospital. HD further clarified that a key factor to the improvements witnessed at WXH had been through good leadership and governance arrangements.

The Governing Body **approved** the report.

HD presented the Governing Body with an update of the details contained within the joint report, by the London Borough of Waltham Forest and Waltham Forest CCG, to the Waltham Forest Health and Wellbeing Board on 21 June 2017.

HD reminded the Governing Body that on 16 January 2017 the Local Area was informed that the Special Education Needs and Disabilities (SEND) Local Area Inspection was taking place. The inspectors carried out their fieldwork during week beginning 23 January 2017. Prior to this there had been 21 inspections of the 153 local areas to be inspected.

HD advised that the outcome of the inspection was formally published on 30 March 2017 with the requirement for the Local Area to develop and publish a Local Area Statement of Action.

HD further advised that the report as presented detailed the process undertaken to develop the Statement of Action and the draft Statement of Action, which the Health and Wellbeing Board have been requested to approve for submission.

HD further reminded the Governing Body that the inspection had identified some strong characteristics of progress relating to strategic developments, leadership, involvement of parents and families and the satisfaction of parents and families.

HD drew attention to the identified areas of weakness in the local area's practice and specifically:

- the CCG had not ensured that the Designated Medical Officer (DMO) role had sufficient capacity to address the areas for improvement that have been identified.
- the CCG did not have an agreed role in reviewing and finalising Education, Health and Care (EHC) plans thus limiting the CCG's understanding of the services that would need to be commissioned.
- the CCG had not ensured that a robust process is in place for health providers to contribute to EHC plans. As a result, many plans were not of a good enough quality.

HD advised that in response to the inspection, the CCG had facilitated the establishment of a Project Board, led by the CCG's Director of Quality and Governance, with membership drawn from the CCG, the Local Authority and NELFT. HD further advised that the Project Board would remain in place until October 2017.

HD advised that a comprehensive action plan, details of which were contained within the report, had been developed to address the areas of concern and that the plan had been shared with the Department of Health (DoH) and NHS England SEND lead. HD noted that the actions detailed in

the plan had, had, an immediate beneficial impact details of which would be provided to the Governing Body when more information was available.

HD drew attention to Appendix 3 of the report detailing the written Statement of Action. HD advised that the CCG and the Local Authority were confident with the submission albeit that there were likely to be some amendments prior to formal submission, 3 July 2017, as a consequence of the testing of a number of key performance indicators that would be included within the final submission.

LRE expressed thanks to the CCG for the prompt action that had been taken in response to the original inspection report.

The Governing Body **approved** the Special Educational Needs and Disability (SEND) Statement of Action submission.

4. Finance and QIPP

Finance Report

LB

102 /17

LB presented the Governing Body with an update of the CCG's financial position as at the end May 2017.

LB advised that the CCG was forecasting achievement of a total surplus of £8.87 million albeit that this was not without risk.

LB drew attention to the QIPP target of £14.2 million noting that this represented a forty percent increase over the 2016/17 QIPP target. LB advised that actions for achievement of the target were discussed through the Finance and QIPP committee with a further update to be presented to the Governing Body meeting, 26 July 2017.

LB drew attention to the change in reporting mechanisms for pbr activity, noting that this was a result of work being conducted at a national level.

LB drew further attention to the unreliability of the data provided from Barts Health resulting in the reporting of no variance against plan for month 1 albeit that the data would be refreshed as part of the overall month 3 claim against the Barts contract.

LB, supported by AK, noting that the complexities of the pbr system advised that work was underway to determine how the pbr mechanism could be more aligned with Accountable Care Systems.

The Governing Body **approved** the Finance report.

5. Strategy and Planning

103 /17 Organisational Development Report

JM

JM presented an update on the progress being made against the implementation of the Organisational Development (OD) Strategy since the last report to the Governing Body, October 2016.

JM advised that the report focused on the four main themes of the OD strategy:

1. Developing strong clinical leadership
2. Developing stronger collaborative relationships
3. Strengthening how we involve and engage patients and the public
4. Developing strong cohesive teams

JM drew attention to the OD Strategy Refresh 2017/19, advising that core themes had been identified for both individuals and teams.

JM further advised that the core themes identified would be the vehicle through which the CCG took forward OD over the next two years, and would be structured around the following development priorities:

1. Developing Resilient Teams
2. Building Leadership Capacity & Capability
3. Nurturing Individual Potential
4. Shaping a Fit for Future Workforce

AW drew attention to Table 1 of the report which contained the most statistically significant results arising from the national NHS staff satisfaction survey. AW drew further attention to the indicator relating to the percentage of staff who would recommend WFCCG as a place to work and enquired as to how the figure benchmarked with other CCGs.

JM confirmed that the CCG had undertaken a bench marking exercise and further qualified that the CCG had relevant policies in place and that regular updates in relation to staff satisfaction issues were fed-back at the CCG's monthly staff meetings.

TH requested that the bench marking report be circulated to Governing Body members.

Action: Circulate staff survey bench marking report.

JM

MS enquired as to whether the survey report indicated that the CCG needed to be more mindful and proactive in addressing the issues highlighted. JM acknowledged that was the case and that actions were being taken albeit noting the difficulties to address such issues as responses within the survey tended to be of a general nature.

DK enquired as to whether a mechanism could be established to provide a opportunity for self-assessment of the clinical directors role. JM confirmed that whilst nothing was yet in place it would be considered.

The Governing Body **noted** the report.

6.	For Information	
104/17	Minutes of Audit Committee - May 2017	LB
	There were no comments.	
105 /17	Minutes of Performance and Quality Committee – May 2017	HD
	There were no comments.	
106/ 17	Minutes of Medicines Optimisation Committee – May 2017	HD
	There were no comments.	
107 /17	Minutes of Planning and Innovation Committee – May 2017	JM
	There were no comments.	
108 /17	Minutes of Patient Reference Group – May 2017	HD

RG advised that there was now locality representation at each patient reference group, RG noted the good support provided by the Communications team.

109 /17 **Minutes of IT Committee – May 2017** **LB**

There were no comments.

110/17 AW requested all sub committees of the Governing Body use front sheets to aid appropriate discussion and decision making. **JM**

Action: Use front sheets for all sub-committees **JM**

111 /17 **Forward Plan** **TH**

There were items discussed in respect to the Forward Plan.

A.O.B. There were no A.O.B. items discussed. **TH**

Signature

Date

Next meeting

Date: 26 July 2017

Time: 12.00-14.00

Venue: Boardrooms A,B and C, Ground Floor, Kirkdale House, Leytonstone, E11 1HP
