

**GOVERNING BODY OF THE CCG
(Hammersmith and Fulham)
IM&T Committee**

Thursday 8th June 2017, Room 3.3 & 3.4, 3rd floor, 15 MBR

Present:		
Tony Willis	H&F Clinical Commissioning Group – GP and Governing Body member (Chair)	TW
Laurie Slater	IT Lead and GP, Brook Green Surgery IG and Choose and Book lead for HFCCG	LS
Coral McNeilly	Primary Care Commissioning Manager, Hammersmith & Fulham CCG Team	CM
Dave Thomas	Head of IT Operations	DT
Christine Dunne	Head of Primary Care Systems	CD
Feisal Siddiqi	Head of Service Delivery and Business IT	FS
Kwesi Afful	Digital Innovation and Citizen Lead	KA
Femi Otukoya	Interim Head of Finance and Management Accounts	FO
Zeba Jamal	Senior Primary Care Systems Facilitator	ZJ
Margaret Kelly	Business Support Manager, Hammersmith & Fulham CCG Team (Minutes)	MK

Item	Agenda Item /Discussion	Action Owner
1.	Welcome & Apologies and Declaration and Conflicts of Interest	
1.1	Apologies were received from Ian Riley, Bill Sturman, John Keating, Shelley Martin and Sophie Ruiz. The previously acknowledged potential conflicts of GPs as commissioners and providers were noted.	
2.	Draft Minutes (2.3.17 and 13.4.17)	
2.1	The committee approved the draft minutes as an accurate record of the previous two meetings.	
2.	Revised IM&T Terms of Reference	
2.1	The committee approved the draft Terms of Reference and recommended them to July's governing body for ratification. <u>Post Meeting Note – July Governing Body</u> A number of issues were raised in relation to the lack of lay membership on the committee and that there should be a requirement to engage with patients and not just consult. Ben Westmancott emphasised the need to ensure that dialogue with the Caldicott Guardian and the SIRO were robust. The Governing Body did not approve the revised terms of reference and wished for the issues identified during discussion to be addressed. TW agreed to approach Sena Shah, in his role as Governing Body member, to determine whether he has capacity to act as a representative at future IM&T meetings.	TW
3.	ETTF and Project update	
3.1	The committee received a programme update on ETTF focused on digital services, capital and Wi-Fi also on the new staff structures and governance arrangements. CD provided the committee with an update on recruitment and reported that a number of posts are now recruited to with a schedule in place to recruit to a total of 46 posts from the ETTF pay budget. TW queried whether these were additional posts. DT clarified that some additional posts were created with two for ETM, two asset posts and three posts to evaluate the new systems and testing also project management posts for HSCN the new data centre and WiFi. CD reported that three	

	<p>people were in post working on system development and providing direct GP support with one person across the 8 CCGs providing support on EMIS capacity plus a manager focusing on development work. Furthermore, a data quality post was in place to look at the data quality requirements and an e-learning manager to ensure mandatory and non-mandatory training was being delivered. CD said that the new staff in post will allow DT and herself more time to focus on the operational elements. LS asked for clarification around how the staff are utilised across NWL. CD clarified that three posts would work on ETTF across the seven CCGs with equal support. Across the collaborative there was more demand for system development with altered focus at different times for the different areas but the balance may shift in 2018/19. CD assured the committee that reporting back would be transparent and will identify how supported.</p> <p>CD reported that in terms of governance that the collaborative board meets monthly with chairs and MD in attendance. She noted that the digital programme structure has been revised to reduce the number of meetings and to make best use of existing arrangements thus, maximising attendance. CD said the Digital Service Delivery Board has been replaced with the Digital Collaboration Board with part 1 to focus on BI and IT and part 2 on programme delivery and would oversee the Local Digital Services Programme.</p>	
3.2	<p><u>Patient Health App Now</u></p> <p>The committee were informed by KA that the “<i>Patient Health App Now</i>” tested at Harrow CCG was an off the shelf health App developed and owned by South West London CSU. KA reported that the additional London wide ETTF investment has helped progress a number of activated patient online accounts for booking appointments and collectively NWL are the highest performing STP footprint area in London. He added that Harrow CCG was ranked 2nd with 24.9% due to the link through on Health App Now, with the additional investment of 405k generating 140 additional accounts in 2 months. KA reported that contact was planned with the mental health team to develop the mental health section of the app. TW asked how it planned to measure success. KA clarified that from July it planned to review cultural shifts and app usage to determine any behaviour change and reduced A&E attendance. The committee noted greater numbers making contact with the 111 service and reduced attendance at Harrow A&E. TW said local engagement needs to be considered with Healthwatch, PPGs and local schools. The committee noted the contact made with Mencap and the planned development of an easy read section and a proposed engagement plan to mirror Harrow CCG.</p> <p>Some of the added benefits of the app were that;</p> <ul style="list-style-type: none"> - It maximises the functionality of the clinical systems to reduce admin overheads - Improves data quality, digital diagnostics for ordering and reviewing results and digital referrals (ERS (for acute through the Digital CQUINs) and local tasking (community providers)) with reliable Directory of Service - Digital prescriptions (EPS) and repeats (Patient Online Services) - Patient generated data to support individuals care (Diabetes app pilot) - Supports online consultations for patients through videoconferencing and encourages its use to reduce non-physical visits (MDT discussions, training and/or learning) - Supports mobile working for professionals through the WiFi for professionals (UTM) and mobile devices (GP IT Capital) to support federated working and more flexible use of clinical space <p>TW requested further clarification of the online patient notification. It was clarified that a digital event was held but were working through the verification to understand the different providers and the available options. The committee noted that an IT specialist was in post with work underway on the ITT and plans in place to obtain expressions of interest by October 2017. The committee also noted that the data would be held with the Information Exchange. TW queried whether PID, patient</p>	

	<p>recorded information was being held. KA clarified that work was underway with Imperial Trust to agree a robust process to hold information securely, with a CIE route being considered but further work was required on the detail.</p> <p>LS queried the cost of the verification. KA said that various costs were put forward for consideration. TW queried the year 2 maintenance cost of £5k and whether it includes PID costs. It was clarified that all road map costs were included and all functionality for 2017/18 and the maintenance costs were provided as part of the ETTF costs with resources already in place. LS supported the app and suggested the CCG sign up and that long-term patients may contribute financially. KA reported that for H&FCCG a similar process and timeline would apply with the app available in three months.</p> <p>The committee:</p> <ul style="list-style-type: none"> • Noted the ETTF project update • Requested a business case be developed for the Operational Group's consideration and sign up 	KA
4.	Cyber Security Incident	
4.1	<p>CD advised the committee that the Cyber Security Incident that affected GP Practices across NWL CCGs was caused by a Ransom Ware called WannaCry that spread through emails. She added that seven sites were affected across NWL but none in Hammersmith & Fulham. CD said that NWL IT Security proactively took the decision to isolate the computers that were infected from the network immediately rather than go for a complete shutdown.</p> <p>CD informed members that communication to all Corporate and GP staff was issued as a matter of priority advising staff what needed to be done when faced with the malware situation. She noted that IT Engineers were deployed to GP practices to carry out the remediation and re-imaging the PCs and updating their systems with latest patch to fix this problem. DT said that the IT Security Lead, On Call Director, Informatics Director and the On Call Manager for NWL IT Operation were in touch with the NHSE National Teams throughout on updates. CD added that a new patch management tool was being installed so that going forward GP Practices would start receiving patches.</p> <p>The committee noted the update on the Cyber Security Incident</p>	
5.	Service Desk Performance	
5.1	<p>FS provided an update on the service desk performance. The committee noted that a total of 3,895 calls were logged with the service desk in April 2017, with 77% of phone calls answered in 60 seconds and 10% of breached calls breached for less than 4 working days. FS reported that all KPI's have been met with 92% of service users satisfied with the level of service provided. The committee noted a total call reduction across all CCGs of 25% and 45% for H&F GP practices alone, which follows a three monthly trend. TW requested further trend analysis work be carried out to establish whether changes to the Out of Hospital services contract had any impact on the number of calls and to do a comparison across CWHHE with this time last year. DT informed the committee that out of 500 calls logged that 311 people were randomly selected and asked to complete a short survey about the support call and to provide feedback on the level of satisfaction.</p> <p>The committee noted the update on Service Desk Performance</p>	CD/DT
6.	Local CCG Budget update	
6.1	<p>FO presented the paper and update on the IM&T budgets within the draft 2017/18 financial plan for H&F CCG.</p> <p>FO reported that Hammersmith and Fulham CCG have a specific local budget for IM&T for 2017-18 totalling £527,000 which the CCG rolled forward into 2017/18. She added that the budget covers recharges for the CSS team hosted by Brent CCG, and local expenditure on CWHHE projects hosted</p>	

	<p>by Central London CCG, licence fees and other non-pay costs. In addition, the CCG would receive non recurrent funds in 2017/18 as part of GP Forward View.</p> <p>FO informed members that the local expenditure sum of £159k was still to be allocated, based on the 2016/17 outturn, with the CCG to incur local spend of £115k on BT licence fees, EE messaging and miscellaneous non pay costs, which leaves a balance of £44k. FO highlighted that further detail on the budget split was to be determined.</p> <p>FO stated that NWL CCGs are part of the capped expenditure programme (CEP), due to not yet submitting a financial plan which delivers the STP control total. The committee noted that the current gap was greater than 1.5% of the Revenue Resource Limit (RRL). FO said at May's Governing Bodies it asked CCGs to withhold investment in 2017/18 until plans were finalised. She added that it was expected that final budgets would be presented to July's Governing Body meetings for approval.</p> <p>The committee:</p> <ul style="list-style-type: none"> • Noted the draft 2017/18 budget for IM&T spend • Noted that the NWL CCGs are part of the Capped Expenditure Programme (CEP) and have been requested to withhold investments until 2017/18 financial plans are finalised 	
7.	<p>HFCCG Corporate Risk Register IT Risks and demonstration of Aspyre (PMO software)</p>	
7.1	<p>CM provided a verbal update to the committee on the CCGs corporate risk register and advised that further work was required to identify local IT risks to be added to the local primary care risk register and CCG corporate risk register.</p> <p><u>Demonstration on the Aspyre PMO software</u></p> <p>LW provided a demonstration on the Aspyre PMO software, being used since January for all ETTF projects managed on behalf of the CCGs. She noted that real time information and weekly updates are provided for each project to include a risk register and CCG organisational risks, also IT statistics reports, how the service is funded and the type of project (national/local) and the start and end dates. LW reported that the software was being maintained by the IT Project Managers and would provide CCGs with oversight of all the ETTF projects. LW agreed to share the information with CCGs and arrange for system access and provide an activation email and password with a link to the website.</p> <p>The committee noted the update on the CCG corporate risk register and Aspyre (PMO software) demonstration</p>	LW
8.	<p>Primary Care Update</p>	
8.1	<p>CM provided a primary care updates for the following areas:</p> <p><u>Practice mergers</u></p> <p>CM reported that Brook Green Medical Centre/North End Medical Centre and Bush Doctors are not planning on merging patient lists currently but are looking for remote access to each other's IT systems to allow admin functions to be carried out such as patient recall from one site.</p> <p><u>Address Book Review Update</u></p> <p>CM informed the committee that the new structure has been agreed which should encourage use of community services then e-RS. All email and paper options are within a subfolder. The Primary Care IT team are currently updating folders to reflect this structure. Once this is complete, an Excel document will be produced detailing the format of the address book which will be circulated with clinicians in the borough for feedback before any further changes are made. The planned go live dates are 20th and 21st July.</p>	

	<p><u>E-RS Update</u> CM stated that from October 2018, Trusts will not be accepting referrals not received via e-RS. The Primary Care Team has been working with the Planned Care Team, Trusts and Practices to prepare for this. For Imperial e-RS meetings have been held on a quarterly basis with the Trust and NWL CCGs. Imperial have agreed to review the speciality and clinic type linked to their services on the Directory of Services (DoS) which will make services easier for GP practices to find on e-RS. Additionally, they have provided an email address for all e-RS queries from GP practices which has been circulated in the CCG's Primary Care newsletter. Contact has been made with Chelsea and Westminster Trust with a meeting scheduled for the end of July. They have yet to map their services currently available on e-RS and are in the process of appointing an e-RS lead.</p> <p><u>Network Plan update</u> CM informed the committee that the Network Plan for 17-18 would be going through CCG governance processes throughout June for 1st July implementation on 1st July 17.</p> <p>CM reported that the digitisation areas were:</p> <ul style="list-style-type: none"> • E-RS: Payment will be based on achieving a percentage increase. Exact target to be agreed. • Online Services: 80% of routine GP appointments available online and increase in active online accounts <p>CM noted that a Whole Systems dashboard would also be included as part of the referral review element. CM added that a training plan for the H&F SLUGs (SystemOne User group) for 17-18 has been developed to reflect the areas within the network plan and said that the SystemOne User Group was being set up for the different IT areas with dates to be established for the rest of the year. CD noted that the user group response rates differ with the process used at Ealing to be replicated across CCGs. CM said for ER-S it would look at having one user group for clinicians and one for the admin element and suggested producing notes for those unable to attend. TW suggested mentioning the national user group to the members and noted that minutes, reports and presentations are available on the website. CD agreed to include a link to the national user group in their minutes.</p> <p>The committee noted the Primary Care update</p>	CD
9.	Informatics IT project status report and ICT Service report	
9.1	The committee noted the Informatics IT project status report and ICT Service report which came to the meeting for information only.	
10.	Any Other Business	
10.1	<p>Verbal updates were provided for the following items:</p> <p><u>Telemedicine and Care Homes</u> DT informed members that a piece of work was in progress around Telemedicine and Care Homes with an initial meeting held with Toby Hyde, Head of Strategy, in attendance. The committee noted that GP practices were prospective pilot sites and asked for an update to be provided for the next meeting.</p> <p><u>ER-S and Address Book</u> LS mentioned a discussion had with imperial Trust about 2 week waits being sent by e-mail and the request for them to be sent via ER-S. He added that the Fed Medical Director was keen to push forward ER-S and join the working group. CM said that contact was made with Chelsea and Westminster (C&W) Trust and spoke to Adrian, ER-S manager, to ascertain whether the Trust were willing to join the Imperial user group. CM noted that Imperial are already set up but would need to take this work forward and map services for C&W.</p>	DT

Multi-Agency Safeguarding Hub (MASH) Safeguarding Issue of Governance

LS noted that one or two GP practices were approached by MASH requesting access to data for research purposes. He added that an Information Sharing Agreement (ISA) was being developed and negotiated through a NWL group. LS reported the difficulty in getting ISA's out to GP practices and queried whether reports should be requested from GPs and if this should be designed as an emergency function. LS added that patients wanted their GPs to produce a report instead of allowing access to their records. TW said any new sharing functionality would require BMA sign off.

The committee **noted** the verbal updates provided

The next meeting is scheduled for Thursday 17th August, 1.30 – 3.30 pm