

**Minutes of the Governing Body meeting held on  
Tuesday 13 January 2015 3.00pm - 5.00pm  
(Public)  
St Paul's Church, Hammersmith**

**Present**

<b>Name</b>	<b>Role</b>	<b>Organisation</b>	<b>Initials</b>
Tim Spicer	GP Member (Chair)	H & F Clinical Commissioning Group	TS
Susan McGoldrick	GP Member (Vice Chair)	H & F Clinical Commissioning Group	SM
Peter Fermie	GP Member	H & F Clinical Commissioning Group	PF
James Cavanagh	GP Member	H & F Clinical Commissioning Group	JC
Tony Willis	GP Member	H & F Clinical Commissioning Group	TW
Zohreen Ashraff	GP Member	H & F Clinical Commissioning Group	ZA
Paul Skinner	GP Member	H & F Clinical Commissioning Group	PS
Michele Davison	GP Member	H & F Clinical Commissioning Group	MD
Christine Elliot	Co-opted GP Member	H & F Clinical Commissioning Group	CE
Samia Hasan	Co-opted GP Member	H & F Clinical Commissioning Group	SH
Trish Longdon	Lay Member	H & F Clinical Commissioning Group	TL
Jane Wilmot	Lay Member	H & F Clinical Commissioning Group	JW
Philip Young	Lay Member	H & F Clinical Commissioning Group	PY
Paul Ferguson	Practice Manager Member	H & F Clinical Commissioning Group	PF
Philippa Jones	HFCCG Managing Director	H & F Clinical Commissioning Group	PJ
Clare Parker	Chief Officer	CWHHE Collaborative	CP
Jonathan Webster	Director of Quality and Safety & Secondary Care Nurse Member	CWHHE Collaborative	JWe
Helen Troalen	Acting Chief Finance Officer	CWHHE Collaborative	HT

**In attendance**

<b>Name</b>	<b>Role</b>	<b>Organisation</b>	<b>Initials</b>
Ben Westmancott	Director of Compliance	CWHHE Collaborative	BW
Mark Jarvis	Interim Company Secretary	H&F Clinical Commissioning Group	MJ
Helen Poole	Deputy Managing Director	H&F Clinical Commissioning Group	HP
Kathleen Sadler	Deputy Managing Director	H&F Clinical Commissioning Group	KS
Richard Nicholson	Wheelchair Service	Central London Clinical	RN

	Programme Lead	Commissioning Group	
Nicky Brownjohn	Associate Director for Safeguarding	CWHHE	NB

### Apologies

Name	Role	Organisation	Initials
Alan Hakim	Secondary Care Consultant	H & F Clinical Commissioning Group	AH
Vanessa Andreae	Practice Nurse Member	H & F Clinical Commissioning Group	VA

### Minutes

Item	Agenda Item /Discussion	Actions
<b>1.</b>	<b>Welcome, Introductions and Apologies</b>	
1.1	The Chair welcomed everyone to the meeting.	
1.2	Apologies were received from Alan Hakim and Vanessa Andreae.	
<b>2.</b>	<b>Declarations of Interest</b>	
2.1	No interests were declared other than those already recorded.	
<b>3.</b>	<b>Minutes of the Previous Meeting</b>	
3.1	Subject to the following change in section 28 (page 12) "ZA said that the CCG was encouraging GPs to complete care plans for complex need patients, which included a plan of what to do when they felt unwell and who to contact.", the minutes of the meeting held on 11 November 2014 were <b>approved</b> as accurate.	
<b>4.</b>	<b>Matters Arising</b>	
4.1	There were no matters arising from the minutes	
<b>5.</b>	<b>Action Log</b>	
5.1	It was noted that all actions had been closed with the exception of 0139 – update on CCG/CSU transition - which would come back to a later meeting.  Members <b>noted</b> the action log.	
<b>6.</b>	<b>Ratification of Chair's Action</b>	
6.1	TS reported that, following the agreement of the November 2014 Governing Body, he approved the award of the gynaecology contract.  The Governing Body <b>approved</b> the action taken.	
<b>7.</b>	<b>Chairman's Report</b>	
7.1	TS highlighted the following: <ul style="list-style-type: none"> <li>• <b>Better Care Fund</b> – progress was being made on the implementation of the Community Independence Service across the three boroughs. The lead provider had been awarded to Imperial College Healthcare Trust. However, 12 other parties were included in the bid. The focus of the service would be improving services and meeting the needs of people in the community.</li> <li>• <b>New Models of Care</b> – new models of care were being looked at in collaboration with colleagues across health and social care. Work was also being done to look at the workforce implications. Discussions were taking place with</li> </ul>	

	<p>the GP Federation about the opportunities of creating local opportunities to grow the workforce.</p> <ul style="list-style-type: none"> <li>• <b>Primary Care Co-commissioning</b> – all CCGs have been involved in on-going discussions about the implementation of co-commissioning and the implications it would have locally. Dialogue has continued with NHS England in order to clarify certain aspects and an expression of interest had been submitted. A period of three months discussion and engagement with the CCG membership would now take place.</li> </ul> <p>The Governing Body <b>noted</b> the report.</p>	
<b>8</b>	<b>Chief Officer's Report</b>	
8.1	<p>CP introduced her report and highlighted following:</p> <ul style="list-style-type: none"> <li>• <b>Northwick Park A&amp;E Department</b> - The new A&amp;E department at Northwick Park hospital opened on 10 December 2014, providing a state-of-the-art department incorporating all the main elements of emergency care and bringing the A&amp;E closer to the hospital's other emergency services.</li> <li>• <b>Safeguarding</b> – new requirements come into force from April 2015 which strengthen the requirements for services to work together to safeguard adults from abuse and neglect. These arrangements would provide an opportunity to further strengthen collaboration with colleagues in the local authority and police.</li> <li>• <b>Patient Experience</b> – a patient experience and insight dashboard has been developed in collaboration with the Quality Observatory. This would provide each CCG with an overview of patient experience which can be filtered by provider and GP practice. Nationally mandated and local surveys would be included.</li> <li>• <b>Maternity Booking Service</b> – the service was launched on 5 January. It was designed to make it easier for women to access maternity services within North West London.</li> <li>• <b>Allocations to CCGs</b> – allocations have now been published. Overall the North West London position was positive although for Hammersmith and Fulham there would be a small reduction for 2015/16.</li> <li>• <b>Right Care Campaign</b> – the Right Care Campaign was launched to encourage local people to use the NHS in the most appropriate way. It focuses on asking people to self-care where appropriate and use pharmacies, 111 and GPs, including weekend opening where any patient can use the services available regardless of whether they are registered with the practice.</li> <li>• <b>Better Care Fund</b> – confirmation has been received that</li> </ul>	

	<p>plans have been fully approved following re-submission. Progress will now be made to take things forward across the three boroughs.</p> <p>The Governing Body <b>noted</b> the report</p>	
<b>9.</b>	<b>Primary Care Co-commissioning</b>	
9.1	This item was covered under the Chairman's report.	
<b>10.</b>	<b>Wheelchair Procurement</b>	
10.1	<p>JW introduced the paper. She summarised the history to the procurement and the rationale for seeking approval to take forward the recommendations set out in the paper. She highlighted that the changes to the procurement process were required as the previous governance arrangements were not thought to be appropriate and because two of the original CCG partners had withdrawn.</p> <p>During discussion PY advised the GB the Hounslow Governing Body had accepted his suggestion that reference in the governance diagram to the Collaboration Board should be changed to the Collaborative Performance Committee. CP highlighted that although the paper suggested that notice should be given to providers now this would need to wait until after the service re-design element had been completed. She suggested at this point it might be appropriate to advise providers that it may be necessary to give notice on the contract in due course. CP also highlighted that the key gap within the current provision was the lack of alignment across the various providers involved which the procurement process needed to address.</p> <p>RN confirmed that the value of the current approved repairer contract was £2.6m across the 7 CCGs involved in the procurement process.</p> <p>SM sought assurance that there was appropriate levels of user engagement across all the CCGs in the procurement process and that this was reflected in all levels of the programme. TS stressed the importance of ensuring that there was co-production with services users. RN confirmed that this was the case and that there had already been significant user engagement in the process. He said that an engagement event was planned during the half term holidays in order to get the views of younger service users.</p> <p>TS sought clarification on the timescales for finalising the procurement and secure new services. RN advised that the service re-design element needed to be completed by 31 March. Further work would then be undertaken and brought back to Governing Bodies.</p> <p><b>The Governing Body approved the recommendations set out in the paper and PY's suggestion with regard to the change of Collaborative committee.</b></p>	
<b>11.</b>	<b>Patient and Public Engagement, Communications and Equality</b>	
11.1	<p>TL introduced the paper. She highlighted the issue of patient participation groups (PPGs) within GP practices and the fact that at least 6 practices did not currently have a PPG. Of those that did have PPGs in place it was noted that they were at various stages of development. She stressed the</p>	

	<p>importance engaging with patients and said that members of the Patient Reference Group had expressed interest in being involved. SH said that Parkview were now progressing with the establishment of a PPG and trying to get more patients involved. In response to a question from ZA, TL confirmed that the GP Federation was keen to support PPG work. PJ advised the Governing Body that as part of the Prime Minister's Challenge Fund programme there was an element identified to support patient engagement and that a PPG officer had been appointed.</p> <p>TL highlighted that the CCG was on track to deliver on the target of increasing the number of health checks being undertaken for people with a learning disability. She also said that there was a lot of positive work going on to inform patients about information sharing and the implementation of the direct care programme. JW showed members copies of the posters and leaflets that had been produced to publicise this initiative. She said that these would be in GP practices soon. It was also thought that other messaging opportunities could be identified to further publicise this.</p> <p>The Governing Body <b>noted</b> the report.</p>	
<b>12.</b>	<b>Finance</b>	
12.1	<b>12(i) – CCG Month 8</b>	
	<p>HT introduced the month 8 report. She highlighted that the reported £7.2m surplus was £0.02m above plan and that the planned year end £11.85m surplus was on target to be achieved. HT did, however highlight that the acute contract position was overspending by £1.2m year to date with a forecast outturn of £2.3m variance from plan. She advised that the CNWL contract value had now been finalised in budgets, which had enabled £0.4m of funding to be released back to reserves. The Governing Body was advised that the CCG position had been balanced with a £0.6m release of contingency funds for the month, which was a further £0.4m in month, equivalent to 33% of the fund.</p> <p>HT reported that the underlying position remained a worsening of £2.3m, due to the full year impact of investments made in year and the impact of re-stating the Imperial and Chelsea and Westminster contracts at PbR tariff. She pointed out that the contract terms for 2014/15 provided protection this year. Contract baselines for 2015/16 were currently being prepared.</p> <p>The Governing Body was advised that the contingency had not yet been fully utilised, and along with potential slippage on investments will offset the risks identified, in the most likely scenario.</p> <p>PY sought clarification on whether the current overspending within the former CSU functions would impact on overall running costs, especially in respect of next years' budgets. HT said that for 2014/15 the biggest cost pressures related to the spend on interims, which did have an impact on running costs. She said that there was a workforce plan in place and that permanent staff were being recruited. She said that the 2015/16 budget would be based on a balanced budget. In view of the likely need for some interim posts HT advised that there would be a specific budget identified for</p>	



	<p>these posts in 2015/16. It was noted that as interims did impact on the overall running costs this would have to be managed as part of the 10% overall reduction required next year, which would mean choices being made over spending on staff costs. HT said that the staffing implications of co-commissioning were unclear at this time although it would become clearer over the coming weeks.</p> <p>PJ advised the Governing Body that the level of expenditure within the CCG on interims was relatively low. All of the contracting team were substantive. The majority of short term contracts were within the Retrospective Appeals team.</p> <p>It was confirmed that the Governing Body would receive a detailed budget setting paper at a future meeting.</p> <p>The Governing Body <b>noted</b> the report.</p> <p><b>12(ii) – Escalation Report From Finance and Performance Committee, Including QIPP</b></p> <p>The Governing Body <b>noted</b> the paper.</p> <p><b>12(iii) – Shaping a Healthy Future Month 6 Report</b></p> <p>The Governing Body <b>noted</b> the paper.</p>	HT
<b>13.</b>	<b>Performance</b>	
13.1	<p>TL introduced the report. She advised the Governing Body that concerns had been raised at the Quality, Patient Safety and Risk Committee in respect of changes that were planned by West London Mental Health Trust to the provision of the recovery house service. The Trust were not now planning to have a recovery house within Hammersmith and Fulham. TL said that this had been discussed with the Governing Body as part of a broader discussion on mental health services at a recent seminar and that a piece of work would be undertaken to look at the wider provision of mental health services to ensure that the CCG was commissioning the right services for its residents.</p> <p>PJ advised the Governing Body that the data in the performance report was a couple of months out of date and felt that it would be helpful for the Governing Body to have a more up to date understanding of the A&amp;E performance in light of the national publicity on A&amp;E performance. She said that in respect of local services there were pressures in the system and that there was a piece of work being undertaken across London to try and identify the reasons for the current performance levels. She said that there had been an increase in the number of more minor cases (type 3) attending A&amp;E departments and an increase in the levels of complexity of the more serious cases which required admission. PJ confirmed that there would be a fuller report to a future Governing Body meeting following the conclusion of the London wide analysis.</p> <p>PJ advised the Governing Body that, in order to help with the additional pressures, Imperial College Healthcare Trust had received funding for an</p>	

	<p>additional 8 consultants in A&amp;E, that additional clinics had been established, GP access had been improved, winter funding had been used to expand 7 day working within social care, an increase in the resources available to the virtual ward service, and an increase in the level of resource to improve 7 day discharging.</p> <p>TS commented that he had been discussing the use of the virtual ward with colleagues who confirmed that it was being well used. Following a request for ZA it was agreed that data on the virtual ward activity would be provided.</p> <p>The Governing Body <b>noted</b> the report.</p>	??
<b>14.</b>	<b>Board Assurance Framework</b>	
14.1	<p>BW introduced the report. He said that risk 1 – patients taking more control of their health and wellbeing – had been reviewed and looked at in relation to the wider CCGs perspective. He said that public engagement would be further reviewed as part of the review of objectives and risk that would be taking place over the coming months. TL commented that although this had been done there was currently no assurance mechanism in place to mitigate the risk. BW accepted this and said that this would be addressed.</p> <p>BW reported that the likelihood of risk 3 – securing high quality services and improved outcomes for patients (safeguarding children) - had been reduced as action had been taken following the CAMHS review and because communication across the health commissioners had been improved. TL raised the point that for 2015/16 the CCG needed to be more focussed on outcomes. This was generally accepted although it was recognised that it would be difficult to achieve in the short term across all contracts. It was noted that this was happening with some of the smaller contracts and within areas such as the Community Independence Service.</p> <p>BW also reported that as a result of improved multi-agency working risk 4 – securing high quality services and improved outcomes for patients (safeguarding adults) – had been reduced to 15.</p> <p>SM raised concern that West London Mental Health Trust (risk 10) was not aligned strategically to the CCG. This impacted on a number of areas such as quality reporting, performance reporting and monitoring. PJ acknowledged that there did need to be wider discussions with the lead commissioner (Ealing CCG) about the improvements that were needed.</p> <p>The Governing Body <b>noted</b> the report.</p>	<p>BW</p> <p>PJ</p>
<b>15.</b>	<b>Safeguarding Annual Report</b>	
15.1	<p>JWe introduced the report and thanked Nicky Brownjohn for the work she had done in putting the report together. He advised the Governing Body that this was the first annual report on safeguarding presented to the CCG. He said that the report provided and overview of the quarterly reports regarding roles, responsibilities and activity relating to safeguarding across the CCGs. JW highlighted the key achievements for safeguarding children as being a fully established children’s safeguarding team for each CCG, the joining of Ealing CCG to the safeguarding team, the establishment of</p>	

	<p>multi-agency safeguarding hubs across the collaborative, continued active participation of the safeguarding team with the London Safeguarding Childrens Board. In relation to safeguarding adults JW highlighted the achievements as a fully established safeguarding adults team, the CCG's response to the Winterbourne View enquiry, improved engagement by all CCGs in the multi-agency safeguarding adults agenda and the continued involvement with provider Trusts to raise standards of safeguarding within the services they provide.</p> <p>JWe advised the Governing Body that there had been 1 serious case review that Hammersmith and Fulham had been involved in and had contributed to 3 others. He also advised that key priorities for both children and adults for 2014/15 were set out in the report.</p> <p>JW noted that the report was for 2013/14 and wished to assure the Governing Body that lessons had been learnt so that in future the report would be available much earlier in the year.</p> <p>The Governing Body <b>approved</b> the report.</p>	
	<b>16. CWHHE Quality and Safety Committee Revised Terms of Reference</b>	
16.1	<p>JWe advised the Governing Body that the terms of reference had been shared widely and that comments had been incorporated into the current version which reflected the developments on how the CCGs work together on provider quality and assurance.</p> <p>The Governing Body <b>approved</b> the terms of reference.</p>	
	<b>17. Individual Funding Request Policy</b>	
17.1	<p>The Governing Body noted that the revised policy had been reviewed by the IFR team and that the report accompanying the policy was very comprehensive.</p> <p>The Governing Body <b>approved</b> the policy.</p>	
	<b>18. AOB</b>	
18.1	There were no items of any other business.	
	<b>19. Questions from the public</b>	
19.1	<p><i>Suzanne Harris wished to know if the CCG and Imperial College Healthcare Trust had plans to continue with what she considered were cynical and profligate spending on things such as study trips to the USA, expenditure on information about the A&amp;E closures, use of private security firms at meetings and the running of a social/development event for staff.</i></p> <p>CP responded in respect of the USA trip and said that this had been an opportunity to see first-hand some of the ways others were dealing with similar issues to ourselves. She felt that this would have a direct positive impact on patient care. She did not believe that this would have been as successful had it been conducted via video conferencing arrangements as it gave people the opportunity to observe things and understand the systems and processes better.</p> <p>In relation to the expenditure on publicity over the A&amp;E changes CP said that it was important that the changes were publicised so that patients understood how best to use the services. She said that the effectiveness</p>	



of the publicity had been evaluated and this had demonstrated that over 60% of people were aware of and understood the changes. She felt that as a result the publicity had been successful.

CP said that the social/development event for staff was part of the overall staff development programme and that it had been decided to combine it with a social event. This was being paid for from charitable funds.

TS felt that it would not be appropriate to respond to the question of why private security staff had been used by Imperial at a meeting. However, he did say that as employers the CCG and Trust had a duty of care to its staff and membership.

*Jim Grealy wished to understand why the CCG had not discussed the Care Quality Commission report following the inspection at Imperial, why the ambulance handover times were significantly lower for Imperial than other places and why the current challenges to the service had not been anticipated in the plans that were approved for the A&E changes. He also sought clarification as to whether planning had already started for next winter.*

TS acknowledged that the A&E situation was important and that, following the conclusion of the London wide report into service changes there would be a full report to the Governing Body. He assured Mr Grealy that many colleagues were involved on a daily basis trying to improve the situation. He also confirmed that the Winter Resilience Committee was now a standing committee and that it met all year and would be planning for next winter. CP advised that winter funding that had previously been non-recurrent had now been made recurrent and funded within the CCG baseline. This would ensure that more robust planning could be taken forward.

CP also advised that figures from Chelsea and Westminster Trust and Imperial in relation to A&E performance were not measured in exactly the same way and therefore it was not possible to draw direct comparisons. However, she said that changes were being made so that this could be done in the future. She said that Chelsea and Westminster were now achieving in excess of 95% whilst Imperial were achieving between 85-90% in relation to the 4 hour waiting time standard.

During this part of the meeting, the Governing Body were also asked to comment on a funding proposal for the IRIS project, which had been turned down. PJ advised that at the time the bid was considered the advice given was that this should more appropriately be considered by the Local Authority in the first instance. She also said that a different process was being put in place for considering bids from individual services in 2015/16. She also agreed to talk further to IRIS about the bid.

The following questions had been submitted to the CCG in advance of the Governing Body meeting.

*1. What is the CCG's response to the poor findings around St Mary's Paddington A&E by the CQC ?*

JWe said that there had been a quality summit at the beginning of September 2014 where Imperial College Healthcare Trust had presented its response to the CQC report and proposed action plan. He said that the key focus in respect of St Mary's A&E department had been on the cleanliness, and that immediate action had been taken to rectify the issues raised. JW advised the meeting that the CCG had also been working with the Trust in relation to infection control issues.

Suzanne Harris was concerned that the overall size of the A&E department at St Mary's was the primary issue and sought information on whether there were plans to increase the size of the department in order to accommodate the number of patients now using the facility. TS acknowledged that the department at St Mary's was small. However, work was being done to improve the flow of patients through the department. In the longer term plans within SaHF were for an expansion of the facility. However, this would be some years ahead.

CP advised that the Trust had opened an additional 12 beds in January whilst they undertake the patient flow work. PJ advised that a further 20 "step down" beds had been opened and that work was underway to look at how services could be better located within the space available.

In response to a further point about the option to build on the Charing Cross site, TS said that the decision making process in relation to service configuration was part of the SaHF process and that as commissioners the CCG had to consider and make best use of the estate that is already in place.

*2. How much investment has been put into District Nursing in H&F in the past 10 years? The answer is none for more than 10 years now. Significant investment was put into Westminster and K&C but none in H&F. The virtual ward, case managers and Rapid Response / Community Independence Service have been the investments in the past 5 years but these have generated more referrals to the DN Service with no additional funding.*

PJ said that the CCG district nursing is funded as part of the overall block contract with Central London Community Healthcare for community services. She said that CCGs had identified that currently around £17.9m of funding from the block contract is allocated to district nursing services across Hammersmith and Fulham, West London and Central London CCGs. Of this, £5.9m is for Hammersmith and Fulham. She further commented that from 2013/14 the amount of funding for district nursing services was increased by £779,000 to support transformational development across the three areas, reflected in the amounts stated above. Of this additional investment, £299,000 was for Hammersmith and Fulham. This was a response to a detailed study undertaken in 2013 on the district nursing functions and capacity. PJ felt that this demonstrated that there had been year on year investment in community services, including district nursing services.

DRAFT