

## CWHHE CLINICAL COMMISSIONING GROUP COLLABORATIVE

**Performance Committee**  
**Thursday 23 July 2015, 10.30-12.00**  
 Room 5.4, 15 Marylebone Road  
 (as approved on 10 September 2015)

### Members in attendance

Trevor Woolley (TW)	Lay member, Chair
Philip Young (PY)	Lay member, CWHHE CCGs [Item 5 onwards]
Alan Hakim (AH)	Secondary Care Consultant, CWHH CCGs
Nicola Burbidge (NB)	Chair, Hounslow CCG
Mohini Parmar (MP)	Chair, Ealing CCG [Item 6 onwards]
Kathryn Magson (KM)	Deputy Chief Officer, CWHHE CCGs [Item 8 onwards]
David Tomlinson (DT)	Interim Chief Financial Officer, CWHHE CCGs
Tessa Sandall (TS)	Managing Director, Ealing CCG
Louise Proctor (LP)	Managing Director, West London CCG
Matthew Bazeley (MB)	Managing Director, Central London CCG
Helen Poole (HP)	Deputy Managing Director, H&F CCG
James Eaton (JE)	Associate Director of Performance and Delivery, CWHHE CCGs
Elizabeth Ogunoye (EO)	Associate Director of Performance, NWL CCGs
Ben Westmancott (BW)	Director of Compliance, CWHHE CCGs

### Non-members in attendance

Simon Carney (SC)	Interim Governance Officer, CWHHE CCGs (Acting Secretary)
Michael Roach (MR)	Clinical Improvement & Quality Assurance Manager, CWHHE CCGs
Lizzy Bovill (LB)	Programme Director, CWHHE
Mona Hayat (MH)	Assistant Director of Transformation [up to and including item 6]

	Business Items	Action
<b>1.</b>	<b>Welcome/apologies</b>	
1.1.	Apologies were received from John Riordan, Rohan Hewavisenti, Clare Parker, Jonathan Webster, Ruth O'Hare and Sue Jeffers.	
<b>2.</b>	<b>Declaration of interests</b>	
2.1.	No interests were declared at the meeting beyond those identified previously.	
<b>3.</b>	<b>Minutes from previous meetings</b>	
3.1	The minutes of the 18 June 2015 meeting were approved as a true and accurate record.	

4.	Matters arising	
4.1	<p><b>[4.1] David Tomlinson to quantify the extent of the unresolved financial issues that pertain to Property Services and present findings back to the committee, including a timeline for addressing the issues / put PS issues on NHSE’s assurance agenda.</b></p> <p>David Tomlinson provided the following update:</p> <ul style="list-style-type: none"> <li>• the agreed letters had been sent to Property Services;</li> <li>• it was clear that PS had the will to resolve the issues but seemed to lack the technical and physical capacity to implement solutions: they were consistent in their over-promising and under-achievement;</li> <li>• around £5m remained in outstanding invoices, some £2.9m within CLCCG; and</li> <li>• since CLCCG’s most recent meeting, however, there had been early-but-encouraging signs of improvement.</li> </ul>	
4.2	<p>The Committee, noting the limited options available under the existing NHSE framework, <b>agreed</b> that:</p> <ul style="list-style-type: none"> <li>• consistent and unrelenting pressure should be kept on PS to ensure they retained focused on CWHHE issues;</li> <li>• we should establish whether the experience of PS is unusual or similar to that of other CCGs;</li> <li>• the Chief Officer should raise the concerns at senior levels in PS, preferably in a forum that includes other CCGs and NHSE (and within the broader context obtained above); and</li> <li>• a progress report should be brought to the Committee at its October meeting.</li> </ul>	<p>DT</p> <p>DT</p> <p>CP</p> <p>DT</p>
4.3	<p>The Committee also asked for consideration to be given to the support that CWHHE could offer PS in resolving the issues.</p> <p><b>[6.3] Investigate issue of a broken phone line at Chiswick Health Centre and report back in July</b></p>	
4.4	<p>Elizabeth Ogunoye reported that the ‘phone line had been restored and that further investigation suggested that it was not necessarily the underlying cause of the dip in performance. <b>[Action Closed]</b>.</p> <p><b>[6.8 &amp; 6.9] Compare the figures outlined in the IAPT report with the latest London position and report back to committee, with a view to discussing if inviting the Chief Executives of each provider to present to the committee would be beneficial / Compare the figures outlined in the IAPT report with the latest London position and report back to committee, with a view to discussing if inviting the Chief Executives of each provider to present to the committee would be beneficial</b></p>	
4.5	<p>Improvements to performance had been seen in Q4 – more data was required though before an improvement trend could be considered establishing itself. Noting that the renewed focus on Mental Health pointed towards elevating the issue, the Committee <b>agreed</b> that the issue of escalating to a CEO meeting should be revisited at the <b>September</b> meeting.</p>	<p>EO / RH</p>

<p>4.6</p> <p>4.7</p>	<p><b>[6.11] Report back to the committee about IAPT-related suicides in July.</b></p> <p>Michael Roach reported that, upon investigation, there appeared to be no clear-cut linkages or conclusions that could be drawn from the available data.</p> <p>The Committee <b>agreed</b>, therefore, that the next steps were to:</p> <ul style="list-style-type: none"> <li>▪ Identify and engage an appropriate specialist to complete the review (Nicola Clark);</li> <li>▪ await the full RCA's from the IAPT cases to be received by the CCG Quality Team;</li> <li>▪ Pull the 5 aforementioned RCA's and review the them against the core themes within the two known IAPT SI's with an aim to identify any common factors; and</li> <li>▪ work with WLMHT to further understand the significance of these IAPT related suicides; and</li> <li>▪ report back within the context of whether this is a broader issues for other providers.</li> </ul>	<p><b>MR</b></p>
<p><b>5.</b></p>	<p><b>Matters for escalation from CCG Finance and Performance Committees</b></p>	
<p>5.1</p>	<p>There were no matters for escalation to report.</p>	
<p><b>6.</b></p>	<p><b>NWL Wheelchair Service Re-design Update</b></p>	
<p>6.1</p> <p>6.2</p> <p>6.3</p> <p>6.4</p> <p>6.5</p>	<p>The Chair introduced the item, noting that this was the third time the issue had been before the Committee and that the current plan now estimated that delivery would not be before October 2016.</p> <p>Mona Hayat reported that the factors leading to the delays were multifarious, manifold and each had added to the complexity of the project landscape. 'Scope creep' was the particularly notable, caused by issues such as:</p> <ul style="list-style-type: none"> <li>• delays in obtaining required specification (etc) information from providers;</li> <li>• establishing dedicated clinical leads in each of the participating CCGs (four out of the seven remained undecided); and</li> <li>• National-level changes to the wheelchair provision framework and the adoption of the new charter.</li> </ul> <p>MH reported that, with the recent drive to establish a formal programme brief, role, responsibilities and mutual accountability mechanisms had been clarified and set out.</p> <p>However, due to the delays and a strong belief that it could achieve a better result more quickly, Hounslow CCG had decided that week to withdraw from the collective procurement and pursue its own procurement.</p> <p>The Committee discussed the issues in detail and at length. Acknowledging that a combined procurement would almost inevitably add to process costs and timescales, it felt robust assurances were required to</p>	

	<p>establish whether the case for a combined approach to the procurement was extant, given progress and lessons learned to date. To that end, the Committee:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> Hounslow’s withdrawal from the procurement and its decision to commission the service itself;</li> <li>• <b>agreed</b> that:           <ul style="list-style-type: none"> <li>○ the project should, for now, continue as planned but the term ‘public consultation’ is clarified asap and communicated carefully (ie is it a formal public consultation or is it a stakeholder engagement / feedback gathering exercise);</li> <li>○ the project’s rationale (ie the case for collaborative approach remains true for the remaining participants), timelines, time allocations are reviewed expeditiously;</li> <li>○ the lessons learned so far, including Hillingdon and Harrow’s ‘consultations’, are incorporated into the project plans;</li> <li>○ assurances from the above review should be brought to the Committee in September / October; and</li> <li>○ lessons learned from the ‘story so far’ with the Wheelchair procurement, including those from Hounslow’s withdrawal, are captured and that MDs meet to establish the ground rules for collaborative procurement exercises.</li> </ul> </li> </ul>	<p style="text-align: right;"><b>LB / MH</b></p> <p style="text-align: right;"><b>LB / MH</b></p> <p style="text-align: right;"><b>LB / MH</b></p> <p style="text-align: right;"><b>LB / MH</b></p> <p style="text-align: right;"><b>LB</b></p>
<b>7.</b>	<b>Performance Report</b>	
7.1	The Committee noted the report, with thanks.	
<b>8.</b>	<b>Committee Effectiveness Review</b>	
8.1	<p>The Chair introduced the paper and reiterated his long-standing unease about the positioning and role of the Committee. The question remained about what lies within the ‘performance’ ambit and what its interface should be with those that overlap or are without – eg finance, internal performance, quality and other corporate CWHHE / CCG committees.</p> <p>The initial analysis of Chairs’ attendance at the Committee suggested that the lack of clarity about the role of the Committee had led to its business being viewed with a lower priority than was appropriate. Noting the limitations of said analysis, the Committee <b>agreed</b> to broaden the analysis’s scope to include the other Committees as well.</p> <p>The Committee <b>noted</b> that the 30 July CWHHE Quality and Patient Safety Committee would be considering options for reconfiguring quality and performance issues at Committee-level. It <b>agreed</b> that this should be circulated to all members.</p> <p>The Committee also <b>agreed</b> that the Chair’s proposal to write to the Chief Officer, setting out his continuing discomfort as above, reflecting the Committee’s broad agreement that change was required.</p>	<p style="text-align: right;"><b>SC</b></p> <p style="text-align: right;"><b>SC</b></p> <p style="text-align: right;"><b>Chair</b></p>
<b>9.</b>	<b>Any other business</b>	
9.1	There was no other business.	

**Dates of next meeting:** *Thursday 10 September, 10:30 – 12:00.*