**Governing Body (Public) Meeting**

**Wednesday 23rd May 2018**

**Queens Hall, Ealing Town Hall**

**14:00-17:00**

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<table>
<thead>
<tr>
<th>Members Present:</th>
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<tr>
<td>Dr Mohini Parmar (MP)</td>
<td>Dr Martin Lees (ML)</td>
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<tr>
<td>Elected GP from North North Network, Chair of the Governing Body</td>
<td>Secondary Care Clinician</td>
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<td>Dr. Vijay Tailor (VT)</td>
<td>Ms. Tessa Sandall (TS)</td>
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<td>Elected GP from Acton Network (Vice Chair)</td>
<td>Managing Director, Ealing CCG</td>
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<td>Dr Raj Chandok (RC)</td>
<td>Ms. Carmel Cahill (CC)</td>
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<td>Elected GP from South (Vice Chair)</td>
<td>Lay member leading on Quality</td>
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<tr>
<td>Dr David Ashby (DA)</td>
<td>Dr. Annet Gamell (AG)</td>
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<td>Lay Member leading on Informatics</td>
<td>Lay Member leading on Primary Care</td>
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<td>Ms. Pippa Street (Representing Mary Mullix) (PS)</td>
<td>Dr. Shanker Vijayadeva (SV)</td>
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<td>AD Director of Quality, CWHHE CCGs</td>
<td>Elected Sessional GP</td>
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<td>Ms. Fionnuala O’Donnell (FOD)</td>
<td>Mr. Philip Young (PY)</td>
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<tr>
<td>Elected Practice Manager</td>
<td>Lay Member leading on Finance &amp; Audit</td>
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<td>Mr. David Ashby (DA)</td>
<td>Dr. Alex Fragoyannis (AF)</td>
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<td>Lay member leading on Informatics</td>
<td>Elected GP from Central Ealing Network</td>
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<td>Dr Maria Waters (MW)</td>
<td>Mr. Rob Larkman (RL)</td>
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<td>Elected GP from South Central Ealing Network</td>
<td>Accountable Officer NW London CCGs</td>
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<td>Mr. Neil Ferrelly (NF)</td>
<td>Dr Angad Saluja (AS)</td>
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<td>Chief Finance Officer, NWL CCGs</td>
<td>Elected GP from North Southall Network</td>
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<th>In Attendance:</th>
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<tr>
<td>Dr Ian Bernstein (IB)</td>
<td>Mr Peter Cleary</td>
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<td>Clinical Lead</td>
<td>Chair Ealing HealthWatch Representative</td>
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<td>Ms. Sharon Hodson (SH)</td>
<td>Ms. Naseem Isaq (NI)</td>
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<td>Business Support Manager, Ealing CCG</td>
<td>Strategic Support Officer, Ealing CCG</td>
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<td>Ms. Mystica Burridge (MB)</td>
<td>Mr. Ben Westmancott (BW)</td>
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<td>Ealing HealthWatch Representative</td>
<td>Director of Compliance, CWHHE CCGs</td>
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<tr>
<td>Elizabeth Coles (EC)</td>
<td>Tara-Lee Baohm</td>
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<tr>
<td>Assistant Director Quality Improvement &amp; Clinical Assurance</td>
<td>Deputy Managing Director-Service Redesign, Ealing CCG</td>
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<tr>
<td>Rutuja Kulkarni-Johnston</td>
<td>Neha Unadkat</td>
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<tr>
<td>Consultant in Public Health, representing Judith Finlay LBE</td>
<td>Deputy Managing Director – Integrated and Primary Care, Ealing CCG</td>
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<th>Item</th>
<th>Discussion</th>
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| 1.   | **Welcome & Apologies**  
MP opened the meeting welcoming the members, attendees and members of the public. As there were several new members a full round of introductions were made.  
Dr Angad Saluja the newly elected GP for North Southall Network, Dr Martin Lees newly |
recruited secondary care clinician and Rob Larkman the Chief Operating Officer (COO) for Brent and Harrow CCGs, and the Interim Accountable Officer for the CWHHE CCGs were introduced to the Governing Body.

**Apologies were received from:** Judith Finlay, Mary Mullix, Sally Armstrong and Serena Foo.

2. **Declarations of Interest** *
   There were no declarations of interest not already recorded.

3. **Minutes of the Ealing CCG Governing Body - 28th March 2018**
   The minutes of the meeting on the 28th March were approved subject to an amendment on page 5 – Note that the Operating Plan submission was delegated to the Governing Body Seminar, 25 April 2018.

4. **Matters Arising**
   There were no matters arising not already on the agenda.

5. **(a) Ealing CCG Chair’s Report (Mohini Parmar)**
   MP presented her report highlighting the following:
   - The departure of Ealing’s Chief Officer Clare Parker, noting the thanks of the Governing Body for her hard work and support over the preceding years.
   - The departure of Dr Mohammad Alzarrad the previous elected clinical lead for North Southall Network who had not been re-elected following recent election. Dr Parmar noted thanks to Dr Alzarrad for his hard work for the Governing Body over the past five years.
   - The election to the Governing Body clinical lead role of Dr Angad Saluja from the North Southall Network.
   - The recruitment of Dr Martin Lees to the role of secondary care clinician to the Governing Body.
   - The sad loss of Mr Stephen Myers a much appreciated member of the care coordination team who had recently passed away.
   - The joint work with the London Borough of Ealing, WLMHT and the CCG that has led to the Borough as “best in class” for Delayed Transfers of Care (DTOC).

   The Governing Body noted the report.

   **(b) Accountable Officer’s Report to the Governing Body, March /April 2018 (Rob Larkman)**
   RL presented his report highlighting the following –
   - On-going work in relation to the sustainability and transformation plan and the various delivery areas.
   - That the arrangements for North West London QIPP delivery are being reviewed by a small working group to improve the visibility and accountability of those schemes that are undertaken across NW London, and to get greater assurance on the risks to delivery. A report will be going to the Joint Senior Management team early in May.
   - Work is on-going with CCGs and GP Federations to develop General Practice at Scale.
   - Improving Access to Psychological Therapy (IAPT) this has a high profile nationally and all 8 NWL CCGs have a plan and following engagement work with mental and physical health practitioners are now beginning to see good results.
   - Ealing CCG had been listed as “best in class” for the improvement to DTOC delivery.

   The Governing Body noted the report.
Managing Directors Report-18/19 Business Plan (Tessa Sandall)

TS Presented confirming that the 18/19 business plan had been discussed with Governing Body members at a Governing Body Seminar and with clinical leads at an Executive meeting.

The Business Plan reflects locally led, prioritised, projects and programmes that sit outside of the ‘Business As Usual’ (BAU) work of the CCG. Ealing CCG also works in partnership with the NWL Strategy and Transformation Team to deliver NWL-wide projects and programmes, however as they are led and resourced at a NWL level these are not included in the Ealing Business Plan. The Business Plan also reflects the CCG’s priority in terms of increasing capacity within the health and social care system and delivery of financial sustainability in 18/19.

There will be regular update reports to the Governing Body on achievement against the targets.

The Governing Body members had discussed IAPT in the Governing Body seminar and recognised that the CCG will find it difficult to deliver the NHS England (NHSE) expectations in this area, but were looking at mitigation actions.

The Governing Body:

• Noted NHS Ealing CCG’s revised priorities and how they align to the Sustainability and Transformation Plan (STP) and the North West London (NWL) objectives and areas of focus.
• Reviewed and approved the CCG’s 18/19 Business Plan priorities to deliver the STP.

Managing Directors Report-17/18 Business Plan Delivery (Tessa Sandall)

TS presented highlighting the purpose of the report was to update the Governing Body on achievements against the delivery of the business plan in 2017/18 as outlined within the organisation’s Annual Business Plan as of March/April 2018. The following was noted:

• The CCG had flagged the frailty pilot as Red as it had been stopped due to availability of resource from LNWUHT. Plans were in place to review this and look at testing the model of care again.
• TS noted that she was pleased with the achievement on DTOC and the CCG was continuing to work with LNWUHT work on DTOC.
• TS asked that thanks be recorded to the staff within Ealing CCG who had worked extremely hard to deliver the business plan and business as usual (BAU).

MP recorded her gratitude to the CCG team.

The Governing Body:

• Noted the CCG’s achievement to date across the STP and Local priorities for 17/18.
• Noted the alignment of Business Plan and reporting against National priorities.

As a number of the elected member posts on the Governing Body had fallen due for re-election MP asked AG the returning officer to provide an update to the Governing Body on the outcomes. AG reported that as the tenures of the following elected Governing Body members were coming to an end, the CCG recently ran elections for the following roles:

• Elected GP from South Southall Network
Nominations were invited from the membership, and the closing date for this was 16 May 2018.

Ealing CCG received one expression of interest for the following roles:
- Elected GP from South Southall Network (Raj Chandok)
- Elected GP from North North Network (Mohini Parmar)
- Elected GP from Acton Network (Vijay Tailor)

AG confirmed that the expressions of interest received met the criteria as set out in the constitution and were unopposed; therefore there is no need for a vote for these posts and the members are duly re-elected.

Election for the Nurse Member Representative Governing Body member role
Ealing CCG received two expressions of interest for the Nurse Member Representative Governing Body member role -
- Sally Armstrong
- Venetta Norgrove

Both expressions of interest met the criteria as set out in the constitution therefore an election would be held.

The voting instructions, supporting statements and ballot form will be sent out in due course for the Election for the Nurse Member Representative Governing Body member role

The Governing Body was asked to note, ratify and congratulate the three GB members and to note that as there had been 2 expressions of interest for the nurse role this will now go for election.

### Items for Approval

6. **Final Budget for Ratification (Neil Ferrelly)**

The Governing Body is asked to:
- Ratify the Financial Plan and associated budgets that were approved at the Governing Body Seminar on 25th April ahead of submission to NHS England on the 30th April;
- Note the risks to the delivery and the further work to be completed to mitigate these risks

NF presented this report noting the purpose was to provide the Governing Body with the Financial Plan for 2018/19 and associated budgets for ratification. It was noted the plan meets mandated NHS England business rules set out in the Operating Plan refresh and has been developed based on the emerging principles of shared working in North West London. The CCG plans to deliver an in year surplus control total of £0.714m in line with the proposed North West London Financial Strategy which is on the Governing Body agenda today for formal approval.

NF highlighted page 9 of the report, commenting key factors contained within the plan included an increase in core allocation of £14.987m (3.07%). Other cost pressures had also been factored
in; including an increase in Delegated Primary Care spend of £2.3m Acute and CHC pressures of £0.8m. It was also noted there was no pressure assumed on NCSO (scarce drugs) (£2.2m) and release of Cat M benefit (£0.6m). The overall QIPP requirement to factor in is £18.249m (3.25%) net of investment of £2.090m. It was further commented that the contribution to North West London Strategy & Transformation Programme is £3.281m.

Slide 12, QIPP Plan 2018/19 was also discussed and highlighted –as follows:
- The QIPP required to fund the plan is £18.249m (3.25%) and compares to actual QIPP delivered in 2017/18 of £12m (2.2%)
- £16.3m (2.9%) of this has been identified leaving £1.9m (0.35%) still to find to achieve the plan
- Investment of £2.09m has been required for the identified schemes
- The CCG therefore has a challenge to deliver this level of QIPP in 2018/19 and this is taken into account in the risk assessment section later in the presentation
- £10.2m of the identified schemes relate to provider contract activity of which £5.1m is contained within contract. Majority of this relates to acute providers.

TS commented the business plans are reflective of QIPP and the CCG is already focusing and delivering on delivering the QIPP schemes, and developing appropriate measures and monitoring against actions.

**The Governing Body ratified the financial plan, and noted the risk associated and that further work needs to be completed to mitigate the risks.**

7. **NWL CCGs’ joint financial strategy 2018/19 (Neil Ferrelly)**

The Governing Body is asked to:
- Approve the NWL CCGs’ Joint Financial Strategy

NF noted two papers were enclosed; one which was the overview and the second was the supporting document for the Proposed NWL CCGs’ Financial Strategy 2018.

NF noted the CCGs in North West London have a long history of collaboration to support the implementation of their shared clinical strategies, Shaping a Healthier Future and Like Minded. These strategies were aligned and recommitted to through the publication of the sustainability and transformation plan (STP) in 2016.

Since establishment in 2013, the 8 CCGs have recognised the need for an underpinning financial strategy to support the implementation of those clinical strategies. The purpose of this document is to seek Governing Body approval of the updated strategy to reflect the new and changed context. It was noted the recommendations and adjustments were discussed at the Shadow Joint Committee and the Committee recommended this be brought to the Governing Body.

NF talked through the recommendations made; page 3 notes **Recommendation 1** and that the Governing Body is asked to:
- Agree that there is a need for a financial strategy across the 8 CCGs covering the financial years 2018/19 – 2021/22
- Confirm support for the objectives and principles set out above
• Confirm that all CCGs should contribute to the strategy equally, based on a percentage contribution of their resource limit.

Pages 4 and 5 of the report reflect elements of the strategy, including risk sharing and that both CWHHE and BHH currently have risk sharing arrangements to enable CCGs to deliver their control totals. This is a benefit for all CCGs, as individual CCGs have limited ability to manage one off cost pressures in year. Funding shared teams and setting QIPP targets and individual control totals were also mentioned.

Page 5 of the report was discussed; noting the table sets out how we develop the allocation of control totals for CCGs. The table sets out that for 3 challenged CCGs, the QIPP requirements are -10.3%, -8.3% and -11.2%. The likelihood of delivering these figures is extremely low, and therefore compromises the achievement of the control total. A maximum QIPP requirement therefore needs to be set to avoid planning for failure. It is recommended that this is set at 5.8% and 6% for Harrow CCG, which is at the high end of savings that deficit organisations have historically achieved.

Page 8 of the report was also referred to which notes recommendations 2, 3, 4, 5 and 6 – as follows:

**Recommendation 2:**
The Governing Body agrees that the financial strategy should contain the 5 elements set out as objectives of the financial strategy ((1) To support the delivery of the clinical strategy (STP), (2) To support the reduction in variation and fragmentation that drives the case for closer collaboration, harnessing the collective heft of CCGs in negotiating with providers to reduce duplicative care pathways and increase the amount of care delivered closer to home, (3) To enable the delivery of the commissioning sector control total (4) To return all CCGs to in year financial balance as quickly as possible, (5) To support over capitation CCGs to recalibrate to manage within their lower capitated positions).

**Recommendation 3:**
The Governing Body agrees that:
- The S&T staff and associated budget should move from the non-recurrent financial strategy and be treated in the same way as other staff.
- This should happen alongside the work to review staffing structures to support the single AO, which has previously been agreed.

**Recommendation 4:**
The Governing Body agrees that:
- They have a responsibility to set a control total for the CCG that is deliverable in its own right, and which facilitates the overall delivery of the sector control total through ensuring that all individual CCG control totals are deliverable.
- The four step process described under 4 above should be used to agree the sector control total with NHSE and to agree the split of that control total between the 8 CCGs.
- Where minimum and maximum QIPP targets are applied, the increased benefit should remain with those CCGs who stretch their QIPP targets by setting higher control totals which can then be drawn down in future years, not by transferring funding from one CCG to another.
**Recommendation 5:**
The Governing Body agrees that cross subsidies should be identified and phased out using appropriate trajectories.

**Recommendation 6:**
The Governing Body agrees the application of the 2018/19 financial strategy based on the attached paper.

MP thanked NF and the wider team for developing the financial strategy. IB asked what the governance arrangements will be for the NWL Finance Committee. NF noted the Joint Finance Committee is currently operating as a reference group, and therefore any discussions will be held at the Shadow Joint Committee and then brought back to the Governing Body until this Committee is moved from shadow form. MP noted two points; firstly that this is a single control total set by NHS England (NHSE), and secondly, that the Joint finance working group will have representation from each CCG, but that items discussed will come to the Governing Body.

RL commented work was still underway in terms of the wider governance implications, and that there were opportunities to streamline these processes. TS reflected she was pleased to see GB members input into the financial strategy which had helped to shape the overall direction of this, including the methodology for QIPP schemes this year.

NF noted the CCG had been supportive in the formulation of this plan. TS commented that when 2017/18 QIPP performance had been looked at, there had been variable performance. Therefore, one of the aims for this year was to reduce this variance and bring the strategy together in looking at real cost reductions. Although there has been an increase in allocation to the CCG, the cost pressures outstrip this.

**The Governing Body approved the NWL CCGs’ Joint Financial Strategy**

8. **EPRR Annual Report 2017/18 (Pippa Street)**
   **The Governing Body is asked to:**
   - Ratify the approval of the EPRR Annual Report 2017/18 at the CWHHE CCGs quality and performance committee on 26 April 2018.

PS presented providing some background as to what the statutory requirements for CWHHE CCGs were in relation to Emergency Preparedness Resilience & Response (EPRR).

Emergency Preparedness, Resilience and Response (EPRR) is defined by a series of statutory responsibilities under the Civil Contingencies Act 2004 and the Health and Social Care Act 2012, which require NHS organisations to maintain a robust capability to plan for, and respond to incidents or emergencies that could impact on their communities. In accordance with the aforementioned legislation North West London (NWL) Clinical Commissioning Groups (CCGs) have developed incident response and threat specific plans e.g. Cold/Severe Weather and Heat wave Plans to ensure it continues to deliver its critical business operations and support our partners in the event of a major incident or emergency.

CCGs are Category 2 responders under the Civil Contingencies Act 2004 – our main role is to provide ‘reasonable’ support to Category 1 responders rather than respond or manage an incident directly, however this can be delegated to CCGs by NHS England (London).
PS continued that progress had been made throughout the year with training exercise and partnership working.
There will be time to review the learning from the events of 2017 including those relating to the terror incident at Westminster Bridge, the fire at Grenfell Tower, and the explosion on a train at Parsons Green NWL staff had been involved with all of these.

NWL staff continues to be part of the wider multi agency work on Grenfell. MP noted the work carried out by NWL staff during these events, thanking them for this.

PY noted that there were issues following the fire at Grenfell Tower as although NWL CCGs were only required to be level 2 responders, NHSE delegated all its responsibilities to West London CCG, this was an enormous amount of work which has continued, and other CCGs recognise the need to learn the lessons from this. West London CCG is preparing a report for the public Governing Body in July 2018. The fire has generated an additional £9m of costs for West London and although NHSE has now agreed to pick this up, there was also a huge amount of work required by the management team. PY noted we need to look at being prepared for possible other events i.e. Heathrow Airport and Central London, and to consider that level 2 Responders may not apply to some events. PS noted the comments from PY.

The Governing Body noted that NW London are compliant with the issues required and ratified the approval of the EPRR Annual Report 2017/18 at the CWHHE CCGs Quality and Performance Committee on 26th April 2018.

**Items for Discussion**

9. Board Assurance Framework 2018/19 (Ben Westmancott)
The Governing Body is asked to:

- Note that we have agreed our strategic objectives which have been broken down further into nine areas of focus. These have been used to identify the key risks to delivery.
- Note the risks described in this paper, that these have been discussed at executive level and represent the latest agreed position of the key risks pending further consideration by the risk owners.
- Note that there will be an opportunity for the Governing Body to consider the document at a seminar to consider the priorities and risks from a CCG perspective and ensure that these are reflected appropriately. We are moving towards a shared Board Assurance Framework (BAF) for all North West London CCGs, supported by CCG-specific risk registers.
- Note that BAF entries will be reviewed by governance teams collectively in the Risk Management Working Group (being established) which includes representation from CCGs and shared teams.

BW presented advising that the BAF was now drawn up across the eight NWL CCGs; there were shared objectives for all eight CCGs, which were supported by 9 areas of focus. Time had been spent on the document to draw up common shared aims.
BW advised that the document was a work in progress and that a different version of the document may have been presented at other governing bodies. Work was still required around the wording on risks and the document would come back to the July Governing Body to share risk and mitigations.
There will be a focus on the infrastructure required across the eight CCGs to achieve a consistent approach to the risks and mitigations.

The Governing Body noted the report.

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<td><strong>10 (a) Finance Report Month Twelve (Neil Ferrelly)</strong></td>
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<td>NF presented reporting that subject to external audit confirmation the CCG had achieved all of its statutory duties for 2017/18. The reported position last month was that the CCG had needed to release the resilience reserve due to costs of scarce drugs.</td>
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<td>At month 12, the CCG achieved an in-year surplus of £1.3m, which was a favourable variance of £0.6m from it’s planned in year surplus of £0.7m. The in-year surplus was achieved mainly due to the release in M12 of the £2.4m Sustainability &amp; Transformation Plan (STP) 0.5% reserve as advised by NHS England.</td>
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<td>PY noted that the Audit Committee will sign off the accounts with no adjustments on the 24 May; the Audit Committee will give approval as this was delegated to them from the Governing Body.</td>
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<td>The Governing Body noted the financial position for Month 12 (subject to audit).</td>
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| **10 (b) NWL M12 CCG finance report (Neil Ferrelly)** |
| NF asked the Governing Body to note the attached report which shows the month 12 full year performance across the 8 NWL CCGs including QIPP, underlying position and contracts position. |
| It was noted The 2017/18 deficit of £5.9m results mainly from the NCSO drugs and Harrow. After adjusting for non-recurrent items NWL CCGs collectively are reporting an underlying position of £30.3m deficit. Last month the underlying position was a £19.9m deficit. The movement was mainly caused by release of 0.5% risk reserve (£14m) |
| The Governing Body noted the report. |

| **10 (c) Month 11 Integrated Performance & Quality Report (Tessa Sandall)** |
| It was noted this report had been discussed in detail at Quality & Patient Safety Committee. In regards to West London Mental Health trust (WLMHT), The WLMHT Clinical Quality Group (CQG) was held on 26th February 2018. This included discussion on current WLMHT SI position as of 9th May 2018. It was noted that not as much progress as hoped was being made on SI reporting. TS noted work continues with the Trusts to monitor action plans to reduce the SI’s and also deliver against their CQC plan. |
| In regards to London North West Healthcare Trust (LNWUHT) Serious Incidents, it was noted: |
| • There had been good improvement in closing down the number of SI’s received. The Trust acknowledged that although there had been a distinct reduction in the number of SIs, there was still a large number that needed to be closed. |
| • The Trust has taken a number of actions to reduce these including, the development of |
an action plan to resolve the issues and having fortnightly meetings between the Trust and Lead Commissioners to go through the SIs and this had been reported as being helpful.

It was also noted that to accompany the IPR report, there is a detailed coversheet. CC requested the coversheet and the IPR report be merged together. Appendix 1 was highlighted; which notes the constitutional standards at Month 10. It was anticipated the final view would be brought to the July GB meeting, and the outcomes brought back towards the end of the year.

AG commented on the overdue SIs, and how can we improve this process. The issue is that if these actions are not being closed down, where is the learning process? PS responded that a lot of support is being offered, with weekly and fortnightly meetings taking place with WLMHT to work on this, facilitate the backlog and get assurance. Resources the team need to put in have been recommended, and learning is becoming embedded in the process. The relationship with the Trust is a positive one, and they have been receptive to these actions.

The Governing Body noted the report.

11 Reports/ Minutes for noting:
   a. ECCG Committees (Reports)
      • Integrated Quality, Patient Safety and Performance Report
      • Primary Care Commissioning Committee Summary Report

   The Governing Body noted the reports.

   b. CWHHE Committees (minutes)
      • Minutes from Investment Committee, 23rd Nov 2017
      • Minutes from Audit Committee, 18th Jan 2018

   The Governing Body noted the reports.

12 Q4 (17-18) PPE Report (Neha Unadkat)
   The Governing Body is asked to: Note and approve the report.

   The Governing Body noted the report that had been approved at the Quality & Performance Committee on 23 May 2018.

13 Public Questions & Answers on Agenda Items

   Q1. Your report talks of a surplus of £1.4 million; there is a shortage of district nurse could this money be spent on the community?

   TS responded - The CCG provide income to LNWWUHT to deliver the district nursing service, there is an improvement plan with LNWWUHT for them to bring more staff into the system and plans to improve current working. The CCG have passed the full amount of income to LNWWUHT as contracted for. The surplus is different to what we pass to LNWWUHT.

   Q2. This is not good enough there needs to be plans.

   TS responded – the CCG will continue to monitor the action plan with LNWWUHT. LNWWUHT are responsible for delivering the service and the contract is operated by them not the CCG.
Q3. At the LNWUHT board meeting they included statistics on community vacancies, what is the CCG doing to facilitate 100% of community nursing services.

TS Responded – there is an improvement plan in place around district nursing and other community nursing. The CCG are supportive of LNWUHT trying to attract new staff. It is noted that this is a challenging area to recruit to across NW London and beyond.

Q4. Notice that the LAS hand over report in now by Trust as opposed by hospital site, can this be provided.

TS Responded – Data is not available by hospital site in this report by Trusts. The Trusts will internally monitor and report this by site and will have action plans.

Q5. In respect of red flags on the reports who looks at the tables and decides that items should be red flagged? As a member of the public you look at the red flags but how does the CCG get to change them.

TS responded there is a robust process to review highlight reports, project leads are expected to have workbooks that review each project on a rolling basis, which are then reviewed by the Senior Management Team.

Q6. Why was the frailty pilot discontinued?

TS Responded In terms of the frailty pilot it was down to resourcing issues that stopped the pilot, there was not enough geriatric capacity and this was only available for a limited time each day. Resourcing issues at LNWUHT have met with the LNWUHT team and will be reviewing the pilot to look at getting this up and running again. It is working at Northwick Park Hospital and are looking at how this could start again at Ealing this will be on-going into 18/19. MP confirmed that this was not an Ealing CCG resource issue this was at LNWUHT.

Q7. Worried that you mention that there are nearly 30,000 unpaid carers in Ealing and that this is set to go up, how do you define this and how do you train these people?

CC responded - this is the number of people assumed to have a caring responsibility. The CCG and Local Authority worked on this together, and the figure was perceived as we are not able to quantify this number. They worked with statistics that are available and assumed this figure is around 30,000, this includes parents looking after a disabled children, husbands and wives of frail partners and others. FOD added that the Ealing Standard is including carers and are working with practices to identify these.

Any Other Business (AOB)

There was no other business

Dates of Next Meeting:
- Wednesday, 18th July 2018, Ealing Town Hall, Time To Be Confirmed