

## Central London Healthcare, a Community Interest Company

### Board of Directors Meeting Minutes

<b>Date</b>	04/11/2014	<b>Time</b>	12:15 – 14.00pm
<b>Venue</b>	CLH Meeting Room		

#### Present

1. CHAIR: Mathew Johnson, (MJ)
2. Marina Muirhead, (MM)
3. Jeanette Creaser, (JC)
4. Dr Maher Shakarchi, (MS)
5. Dr Dennis Abadi, (DA)
6. Dr Andy Goodstone, (AG)
7. Siobhan Browne, (SB).

#### In attendance

Minutes: Charlotte Lazarus (CL).  
Agenda item 5: Charles Tutagalevao (CT).

#### Apologies

1. Joan Gordon Brown, (GB)
2. Dr Cuong Nguyen, (CN)
3. Dr David Spiro, (DS)
4. Dr Vijay Patel, (VP).

#### Conflict of Interests

No conflict of interests declared.

#### Minutes of the previous meeting

Approved with no comments.

#### Item Action

1	<b>Prime Ministers Challenge Fund (PMCF)</b>  MM advised the Board that she would discuss PMCF more in depth at the Annual Members meeting on 13 <sup>th</sup> November 2014, the update for member practices at that AGM will consist of: <ul style="list-style-type: none"> <li>• Resourcing and funding of a GP network development team</li> </ul>	
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	<ul style="list-style-type: none"> <li>• How the PMCF money will be utilised, a draft plan for spend and discussion</li> <li>• Discuss practice performance, ensuring quality of care is maintained and monitored</li> <li>• Discussion of instating a clinical lead, possibly DS to cover governance, clinical and fraud issues. Putting a stage 1, 2, 3 policy in place for dealing with poor performance of practitioners delivering OOHS</li> <li>• Ensuring member practices understand that the PMCF monies is non-recurrent</li> <li>• Discussing long term future of the GP provider network</li> <li>• A focus on the eight OOHS we plan to roll out first and way</li> <li>• Showing of the draft MoU practices will be required to sign to commence delivery of OOHS.</li> </ul> <p>Practice representatives will be backfilled for attendance at the AGM.</p>	
<b>2</b>	<p><b>Out Of Hospital Services (OOHS)</b></p> <p>MS raised his thoughts that a “soft on performance” approach to OOH could be implemented or a tough approach, all depending on the stance the Board wishes to take. MM proposed that the Board needs a good process in place, which will cover data, process and outcomes so as to monitor quality assurance for instance as this was absolutely critical for our own internal assurance processes. This process would also signal to practices that the network is a safe and sustainable network. MS agreed, but also raised his concern that certain practices are not equipped in running the services, MM said this should be helped if approval is given by the CLCCH Finance and Performance Committee for the GP network team, this would be a function of their role to support practices in being able to get themselves into a position where the network can commission services from them.</p> <p>Things we would need to consider / assure:</p> <ul style="list-style-type: none"> <li>• Practices governance structures</li> <li>• Practice may potentially refer to a community service, if not satisfied with the service.</li> <li>• Address increased work load</li> <li>• How to mitigate impact of staff going on A/L. (JC noted that in this instance, it should be part of the network co-ordinator’s role to update the system and distribute the work accordingly)</li> </ul> <p>It is important to get going on what we can deliver in the short term and do not get too carried away with discussing the details of some of the more complex OOHS which have a longer lead in time all agreed. JC added that a large emphasis should be placed on Phlebotomy as it is a core OOH service.</p>	
<b>3</b>	<p><b>Community Independence Service (CIS)</b></p> <p>Commercially sensitive agenda item. Text removed for public circulation.</p>	
<b>4</b>	<p><b>CLH estate</b></p> <p>The Finance and Assurance Committee has made a formal recommendation to the Board of Directors to give notice on CLH HQ at 1b Harewood Row in January 2015 for a move date in July 2015, the Board’s approved this recommendation.</p>	EG to give notice

5	<p><b>Wellwatch (WW) report to the Board</b></p> <p>It was reported that WW is contractually required to meet a 4000 care plan target by March 2015. CT presented some of the actions in place to improve the current performance of the service:</p> <ul style="list-style-type: none"> <li>• Communicating with practices to increase clinics</li> <li>• Extending WW by opening up the service until 19:00pm</li> <li>• Historically limited to 8 conditions. Now WW will see patients with Dementia and a number other conditions.</li> </ul> <p>JC highlighted that Marylebone will increase its WW clinics. MM advised that If a member of the WW team leaves the service, there will be no replacement. As there is only 4 months remaining and the service is predicting a year end deficit position of approximately £96k. Board members requested that a report to board on WW, should be a standing agenda item until the service ceases at 31.03.15. Furthermore, a plan must be put in place to ensure that WW is well covered in case a member of staff finds a new job. Hence there should be more coordination between PRS and WW staff to ensure a member of PRS might be able to assist, if required.</p>	<p>AG to look at WW QoF targets and MM to sign the letter</p> <p>Everyone send back feedback regarding WW action plan.</p>
6	<p><b>Finance report to Board</b></p> <p>The service is predicting an end of year financial surplus of £14k. This pressure has been caused by an overspend of approximately £96k.</p>	
Next meeting		
Tuesday 2 <sup>nd</sup> December 12.15-14.00pm		