NHS
Tower Hamlets
Clinical Commissioning Group

Minutes of the NHS Tower Hamlets Clinical Commissioning Group Governing Body Meeting (Part 1)

Tuesday, 03 March 2015, 14.30 – 17.00

Hall One, Osmani Centre, 58 Underwood Road, London E1 5AW

1 General Business

1.1 Welcome, introductions and apologies

1.1.1 Present

Name	Role	Organisation
Jane Milligan	Chief Officer	NHS THCCG
Dr Sam Everington	Chair – LAP 6 representative – Bromley By Bow Practice	NHS THCCG
Cate Boyle	Vice Chair - Lay Member (Patient and Public Engagement)	NHS THCCG
Dr Tan Vandal	Secondary Care Specialist Doctor	NHS THCCG
Henry Black	Chief Finance Officer	NHS THCCG
Mariette Davis	Lay Member (Governance)	NHS THCCG
Dr Judith Littlejohns	LAP 1 representative – The Mission Practice	NHS THCCG
Dr Martha Leigh	LAP 4 representative – Wapping Practice	NHS THCCG
Dr Osman Bhatti	LAP 7 representative – Chrisp Street Practice	NHS THCCG
Dr Victoria Tzortziou-Brown	LAP 3 representative - Principal Clinical Lead – All Saints Practice	NHS THCCG
Virginia Patania	Practice Manager representative	NHS THCCG
Dr Isabel Hodkinson	LAP 5 representative - Principal Clinical Lead - The Tredegar Practice	NHS THCCG
Katherine Gerrans	Practice Nurse representative	NHS THCCG
Dr Shah Ali	LAP 8 representative – Barkantine Practice	NHS THCCG
Dr Haroon Rashid	LAP 2 representative – Albion Practice	NHS THCCG
Robert McCulloch-Graham	Corporate Director	LBTH
Dr Somen Banerjee	Interim Director of Public Health	LBTH

1.1.2 In attendance

Name	Role	Organisation
Archna Mathur	Director of Quality and Performance	NHS THCCG
Justin Phillips	Governance and Risk Manager	NHS THCCG
Richard Fradgley	Director of Mental Health and Joint Commissioning	NHS THCCG
Martin Bould	Senior Joint Commissioner	NHS THCCG
Charlotte Fry	Commissioning Support Director	NEL CSU
Lee Eborall	Director of Acute Contract Management	NEL CSU
Dr Steve Ryan	Medical Director	Barts Health
Yvonne Blucher	Acting Chief Nurse	Barts Health
Dianne Barham	Chief Executive	Healthwatch

1.1.3 Apologies

Name	Role	Organisation
John Wardell	Deputy Chief Officer	NHS THCCG
Maggie Buckell	Registered Nurse	NHS THCCG

1.1.4 Public

Name	Role	Organisation
S. Ryan	Journalist	Centre for Investigative Journalism
M. Marshall	Researcher	UCL
A. Bason	Director	Lundbeck Ltd

1.1.5 Welcome

Dr Sam Everington welcomed members and attendees to the Governing Body meeting part I. Apologies were received for John Wardell and Maggie Buckell.

1.2 Declaration of Interests

Dr Sam Everington asked Members for any declarations of interest. No declarations of interest were noted for Part I of the meeting.

The complete register of interests is published on the NHS Tower Hamlets Clinical Commissioning Group's website: http://www.towerhamletsccg.nhs.uk/about/conflict-of-interest-register.htm or is available from the Governance and Risk Manager: justin.phillips@towerhamletsccg.nhs.uk

1.3 Chair's report

Dr Sam Everington presented the Chair's report. The following highlights were reported:

- Barts Health Heroes Awards March 2015 - This year saw 517 nominations with 392 individuals and 125 teams put forward by those wanting to say a heartfelt 'thank you'. Tower Hamlets CCG sponsors the compassionate care award.

- Barts Health change of executives - Peter Morris, after six years as Chief Executive, announced his intention to step down and chief nurse, Professor Kay Riley who, after 30 years' service to the NHS, announced her retirement.

- Primary Care Co-commissioning update.

Members noted the Chair's report.

1.4 Chief Officer's report

Jane Milligan presented the item. The following highlights were reported:

- Tower Hamlets CCG – Lead commissioner for new London-wide digital mental wellbeing service.

- Tower Hamlets Better Care Fund achieves a fully approved status.

Members noted the Chief Officers report.

1.5 Minutes and matters arising of the meeting held January 27 2015

1.5.1 Minutes

The following amendments were requested:

Dr Victoria Tzortziou-Brown pointed out that the previous minutes approval were for Nov 4 2014 not July 2014.

Dr Martha Leigh requested that there be an addendum to the November Maternity Patient Story as it had come to light that the negative patient story was two years old so should not have been used as a reflection of current practice.

With the amendments, the minutes were approved as an accurate record of the meeting.

1.5.2 Matters arising

The matters arising were reviewed with outstanding actions carried forward. Updates were given on the following actions:

- Nov#2 - Archna Mathur is establishing process for arranging a Board to Board meeting. In progress, Tracey Price has e- mailed suggested dates.

- Nov#4 - Write to Clinical / Managerial lead at each site to request when direct to colonoscopy service will be available from their service. Will be implemented in Q1 2015/16 – Josh Potter

- Jan#3 - Archna Mathur to discuss with Dr Tania Anastasiadis suitable comparative cancer data for GPs. Strong drive at Cancer Board to give GPs more information – Dr Sam Everington.

- Jan#5 - Follow up safeguarding issue raised by interviewer re: integrated care.

  Update: during the course of the evaluation on the co-ordinated care NIS, the researcher received complaints from 4 sources and passed these to the CCG on the dates below:

  - 17th August – Two separate complaints about care homes
  - 19th January 2015 - Two separate complaints (1 care home and 1 GP)

  Patients had given consent for their stories to be repeated but their names not to be revealed as they were still in the care homes and felt they could be easily identified and this would have a negative effect. The researcher was able to gain consent and a summary of the complaints was passed to Alan Tyrer, safeguarding lead for LBTH. Alan Tyrer will forward the outcome of his investigation. Where the complaint related to the GP Surgery, the patient and their family were advised to complain to NHS England.

- Jan#7 CHS team to pick up IT issues raised by Dr Isabel Hodkinson. Added to IT workstream agenda.

1.6 Members' Story

Dr Isabel Hodkinson introduced the CCG member's story video.

The member's story video was played providing views on personalisation and care planning from Dr Simon Brownleader – Blithehale Medical Centre and Dr Penny Louch – Health E1 – Homeless Medical Centre. Comments raised include:

- Patients need to be aware it's about choice and they need to understand what is right for them.
- The context and conversation needs to be individualised as no two patients are the same.
- The ultimate outcome to enable patients to self-care or call upon self-care strategies, but support is required and there is need to consider many variables such as education attainment, level of health literacy, language needs etc.
- Continuity of Care is a key factor – consideration is needed as some element of this is lost with patients registered with a GP practice rather than a named GP.
- The principle of care planning is positive but it must be about collaborative and cooperative planning and the patient understanding what is trying to be achieved in their care plan.
- Not always useful for all patients.
- It has to be useful and not just a tick box exercise.
- Technology will be a key enabler of the process.

Members noted the item.

1.7 Healthwatch

Dianne Barham gave an update stating that there was an overall picture of more positive feedback than negative. An overview of Healthwatch workstreams was provided:

- Appointment and Administrative Review
- Launch of Communication Intelligence Bursary – CCG Fund
- Care Homes – Alternative Provision
- Better management of children in primary care.
- Cancer – review of patient experience of community services
- How could GPs provide more of a hub in the community
- Trends with neighbouring Healthwatch

Members noted the item.

2 Performance and Operations

2.1 CQC Inspection of Royal London Hospital - Update

Dr Steve Ryan presented the CQC inspection report highlighting that the eight care settings had been reviewed against the five key domains.

Positives - Absolute commitment of staff; particularly at a time of such pressure and intensity of workload; cleanliness of the environment on both sites; excellence in trauma care at Royal London; engagement and talent of the clinical teams and the Gateway Centre at Newham received very positive feedback.

Areas of Concern:

- Staffing levels and impact of agency controls re filling shifts plus mismatch between HR, finance and nursing data
- Data quality and reliability as recognised by Executive team as demonstrated by the current RTT situation
- Nursing documentation
- Availability of surgical paediatric trays
- Recording and documentation of DNAR – important this must be addressed
- Security in delivery suite (acknowledged review underway)
- Poor environment in old outpatients building - health records and some other staff remain
- Potential filing back log in health records (35 cages of notes but these were all in transit to clinics across the site)
- Sewage leak in 2nd floor new build OP area & PFI response – current looking at alternative sites – this had occurred on two previous occasions but never escalated so further work required around appropriate escalation.
- Concerns were also raised about outstanding CQC data requests

Next Steps:

- Whipps Cross report for factual accuracy checking returned 17 February 2015
- Royal London and Newham reports for factual accuracy checking not expected for 10 weeks
- Some clarification needed re: site quality summit after report received

- Feedback to CQC re process and how further BH site inspections will work e.g. will board and CAG, corporate leads be interviewed each time?

- CHS preparation/focus

Yvonne Blucher pointed out that the Royal London and Newham sites were inspected at the same time and that the final reports had not been published but the report presented to the CCG was informal feedback that can be shared.

Dr Steve Ryan raised that he was surprised to learn that some staff still felt that there could be possible repercussions from providing feedback to the CQC, outlining that this was definitely not the case and there was a future piece of work to investigate further. Mariette Davis asked if this situation arose because staff did lose their jobs after the 2013 CQC inspection. Dr Steve Ryan confirmed this as a misconception and that to the best of his knowledge, no members of staff lost their jobs.

Cate Boyle asked for further detail regarding the next steps to ensure staff are able to raise concerns and feel confident how these will be managed. Yvonne Blucher informed the meeting that work was already underway to achieve this through the Changing Lives Programme which took place nine months ago and worked with CAG and corporate teams. Dr Steve Ryan outlined further relevant workstreams including the staff attitude and pulse survey and the workshops run by Ashley Brooks.

Dr Victoria Tzortziou-Brown asked if a specific post could be established at Barts Health to address the staff reporting concerns issue as this model had been successful in other hospitals. Yvonne Blucher pointed out that this approach had already been implemented with the Changing Lives Programme with champions appointed.

Katherine Gerrans asked if the staffing restructure had had an impact on staff recruitment and retention and that previous updates had predicted an improvement in 6 months. Yvonne Blucher informed the meeting that there had been significant improvement in staff recruitment and retention but challenges still remain in some specialist areas. She also mentioned that Trust uses a safer staffing activity tool and that the organisation was well engaged with guidance with a report going to the Board in April. Dr Steve Ryan pointed out that Barts Health in his opinion probably has the best recruitment across London but that some pockets of difficulty still remained.

Dr Isabel Hodkinson asked if the Barts Health executives thought that the CQC was equipped to look into Barts Health given the size of the Trust and whether students are part of the reporting channels. Dr Steve Ryan thought the CQC was up to the job and that the review process had employed three separate teams to look at each site which would result in a separate report for each site. It was confirmed that both nursing and medical students are included in the staff reporting process.

Dr Sam Everington asked for further information relating to the move to the new heart and chest services. Dr Steve Ryan informed the meeting that overall the service move was going well but that some programme risks had been identified such as staff vacancies, operations and theatres timing issues and IT concerns and that work was underway to mitigate against these.

Sid Ryan (journalist from the Centre from the Investigative Journalism) asked the following two questions:

1. Is there an indicative date when the final set of the three CQC reports will be made public?

Dr Steve Ryan outlined that there are still several weeks of work to ensure accuracy of reports followed by a ten day review process so the date is likely to be during May or June 2015.

2. Can the CCG please outline its involvement in discussions around the CQC reports, including the dates of any important meetings or summits?

Archna Mathur informed the meeting that the development of the CQC reports sat solely with the CQC and conversations relating to report content were held directly between CQC and Barts Health. She pointed out that the CCG was already working very closely with Barts Health to support performance. Key meetings have been attended in relation to Whipps Cross – i.e. risk summit 11th February. This is a meeting called by NHSE however not CQC.

Members noted the item.

2.2 BAF

Jane Milligan presented the Board Assurance Framework. The following key points were highlighted:

- CQC inspection undertaken at Royal London and Newham sites, currently reports not formally shared. Outcome of CQC inspection will inform next BAF iteration.

- Substantive Designated Doctor recruited. Agreement made with Newham CCG for shared Nurse for Looked After Children post. As both posts now substantively recruited, this risk will be de-escalated from BAF to the local team risk register.

- Financial challenges of Primary Care Co-commissioning -This is a new risk added to the BAF to capture and monitor the financial risk management of Primary Care Co-commissioning. The CCG has agreed on full delegation of Primary Care Services from NHSE. Due to the full assessment of the impact of these services on the finances in and to the CCG this is considered to be a significant risk to the CCG. The risk rating and further detail of the risk will be defined after the due diligence process is complete.

The following points were raised in discussion:

Katherine Gerrans pointed out that sharing a designated nurse across two boroughs could be both positive and negative; positive for joint working but negative as the post could be 'spread too thin'. Archna Mathur said it was her opinion that this was positive as the post is substantive and the workload for each borough will be 0.5 WTE so there should not be capacity issues.

Virginia Patania requested further detail relating to the Primary Care Co-commissioning due diligence work. Henry Black explained that this piece of work was underway and until the report is published it is not possible to currently predict the financial impact on the CCG. Dr Osman Bhatti asked that given the April 1st 2015 date to take on fully delegated co-commissioning, what date the due diligence would be completed. Henry Black stated that the due diligence report should be completed by the end of March 2015.

Dr Isabel Hodkinson stated that she felt that as commissioners the CCG are not collecting enough information relating to Equality and Diversity.

- **Action: Equality and Diversity information collection to be discussed at CCG E&D committee and a plan agreed.**

Members noted the item.

2.3 Finance and Activity

2.3.1 Finance report month 10

Henry Black presented the month 10 report. The key areas to note:

NHSE has requested an increase in the required surplus by £3.5million. He explained that this would not be detrimental to Tower Hamlets CCG as there are adequate reserves and the funding can be carried down in the following year. Dr Isabel Hodkinson asked if the additional £3.5million would impact on any current projects. Henry Black confirmed that this was not the case.

Barts Health Contractual Query Notice - At Month 9, a total of £1.2m had been withheld as a result of the Trust's failure to provide a satisfactory Remedial Action Plan in relation to RTT. This has now been supplied and the CCG are to release this money to the Trust.

Contractual Penalties Barts Health - Barts began the financial year with a planned financial deficit in the region of £43m, but this has deteriorated substantially during the financial year and has most recently been forecast at £97m. By imposing the contractual fines, THCCG needs to balance the benefits of applying contractual measures designed to penalise poor clinical care with the obvious impact on the Trust's finances, and the potential adverse consequential impact on its operational capacity. In light of this, CCG executives are discussing with the Trust how a jointly agreed plan may be able to deliver the quality improvements required.

Henry Black, in addition to the report, informed the meeting that new tariff proposals by NHSE for 2015/16 set out a choice of an enhanced alternative (the Enhanced Tariff Option – ETO) for the full year ahead or a Default Tariff Rollover (DTR) option. It was explained that the ETO option was the same contract as 2014/15 but with a 0.3% increase or the DTR option was the 2014/15 contract but without CQUINS. Providers have till 6pm on March 4 2015 to respond. Lee Eborall pointed out that if Barts Health failed to submit by the deadline, the legal position is that the 2014/15 tariff position will apply.

- **Action: Lee Eborall to inform Governing Body members of the Barts Health Tariff outcome**

2.3.2 Activity report month 10

Lee Eborall presented the report. The following highlights were reported:

Increase in activity overall which hopefully should correlate with an improvement in RTT going forward.

Main drivers for YTD position:

- Barts £6,689k overspend.
- Guys £593k overspend.
- Mental Health Services £22k underspend, due to a refund being issued for Mother and Baby Unit, and Specialist CAMHS Unit activity which should have been charged

to Specialist Commissioning.
- Prescribing is reporting a breakeven position.

Reserves have been adjusted to reflect a YTD underspend of £9.9m.

Dr Martha Leigh requested further information relating to the maternity spend figures.

- **Action: Lee Eborall to circulate the maternity spend report**

Members noted the item.

2.4 Performance and Quality report

Archna Mathur presented the Performance and Quality Report and highlighted that the coversheet provided a comprehensive review. The key areas to note were:

The cancer 2 week wait (2ww) is reporting a positive position - The Trust has achieved the 2ww standard for Q3 with performance of 93.3%. Challenges remain at the Royal London site, with colorectal cancer having the highest speciality level 2ww breaches. A deep dive meeting with the colorectal team took place early February, and issues from this meeting escalated to the Executive Group Director and Executive Director for Delivery and Improvement. Issues escalated are:

- Lack of General Manager continuity
- Unclear assessment of colorectal demand and capacity
- Lack of progress with consultant recruitment
- Ineffective planning for planned leave
- Unclear contingency planning for the move colorectal cancer back to RLH from Barts in April and anticipated pressure on HDU beds.

Referral to Treatment (RTT): Barts Health continues to underperform against the national waiting time standards at speciality and Trust aggregate level and a Board decision has been made to suspend reporting of RTT data although monitoring via the CCGs/TDA continues. The trajectory for improvement has now been agreed and early indications show a steady reduction in the total waiting list size and backlog. The December position has shown a reduction of c300 patients on the incomplete pathway, in line with the proposed trajectory. There has been a reduction in the 52 week waiters in December as more robust tracking and validation is put in place. Specific tracking is now also focusing on all patients 40+ weeks to ensure expediting all pathways by the end of March 2015. The highest number of 52+ week waiters is in Trauma and Orthopaedics with a current trajectory to clear these by May 2015 and all other specialities by March 2015.

The following points were raised in discussion

Dr Tan Vandal commented that the shift in the 2 ww cancer position was positive but that the five points raised by the colorectal deep dive were all management level issues and is asked if the CCG can be assured that all these points are being tackled. Archna Mathur informed

the meeting that she is currently in discussion with Cancer and Surgery CAG to ensure each of these issues are closed down appropriately.

Robert McCulloch-Graham asked that in terms of an organisation the size of Barts Health whether there was a reliance on the commissioners and CQC to identify performance issues or are there systems to self-identify; is the culture one of being reactive or proactive? Archna Mathur gave her opinion that overall she felt the culture of identifying performance issues was more reactive. Dr Sam Everington pointed out that the organisation was dealing with changes in trust structures, shift in leadership and that there was a lot of variability and that a lot of the performance issues were nationwide issues.

Dr Isabel Hodkinson stated that she was concerned about business process / analytics – there is a sense there is not enough clinician involvement in IT issues and that the needs of the clinicians have not been tied into the IT model i.e. Cerner should be able to run flows properly.

Katherine Gerrans requested to know who pays for the McKinsey analysis work for the Stepping into the Future Programme. Jane Milligan confirmed that it is a combination of NHSE and TH CCG.

Members noted the item.

Break

3 Commissioning and Strategy

3.1 London-wide Transformation Programmes and the Proposed Governance Arrangements

Jane Milligan presented the London-wide Transformation Programme paper explaining that the paper is a joint paper from all London CCG Chief Officers. Recognising the direction towards population based commissioning, the ongoing development of co-commissioning with NHS England and the challenges ahead for NHS commissioners in London, CCGs from across London have been working with NHS England colleagues to consider how we can best collaborate to secure transformation and enable change. This has been the subject of CCG and NHS England (London) awaytime discussions as the environment in which we all operate has changed. From these discussions the Commissioning System Design Group (CSDG) was established in August 2014 as a collaborative working group between London's CCGs and NHS England (London) with a remit to develop a proposal on how we could secure extra value from working together to help us to deliver future transformation and in particular to respond to the recommendations set out in the London Health Commission's report, Better Health for London, and the NHS Five Year Forward View.

The following points were raised in discussion:

Virginia Patania stated that she had difficulty articulating the benefits for London-wide joined up working from the perspective of urgent care. Jane Milligan agreed that some areas more than others would fit better to a pan-London model and that the next steps of the programme would be to speak to the Programme Leads.

Dr Isabel Hodkinson expressed concerns that the larger scale pan London work may detract from local capability and that there was still a sense that she was unsure where the governance sat as some of the detail is being worked up.

Jane Milligan gave a strong reassurance that work that was appropriate to remain at a borough level would not be adversely affected by the programme and at this stage the concept was being agreed, noting concerns and no work would be pushed up to a pan-London level unless it makes sense.

The Governing Body **approved** the following with the caveat that the CCG will continue to monitor and bring back to a future Governing Body meeting:

- the thirteen priority programmes to be developed and progressed over for 2015/16;

- the interim London-wide programme governance arrangements, recognising that further proposals will be brought back to CCGs with regard to final governance arrangements;

- the proposed maximum CCG transformation funding of 0.15% for 2015/16, at this stage for planning purposes, and

- the next steps for programme and resource development. (all approved points as outlined in the paper - London-wide Transformation Programmes and the Proposed Governance Arrangements).

3.2 Final Commissioning Plans 2015/16 (QIPP)

Josh Potter presented the Quality, Innovation, Productivity and Prevention plans 2015/16 highlighting that in addition to meeting the corporate priorities, address health needs in the area and secure a number of quality improvements and outcomes for the local population, the expectation is that the plans outlined in the report will yield NET savings of £6.5m, thereby ensuring that we are able to meet our planned 2% financial surplus next year. The Governing Body is asked to approve the plans outlined in the report, thereby ratifying the recommendation from the Transformation and Innovation Committee.

The following points were raised in discussion:

Dr Tan Vandal asked if the Q (quality) element of the all the proposed QIPP plans had been adequately considered or did the plans represent a cost-saving exercise. Josh Potter confirmed that all the business cases that were presented to the Transformation and Innovation Committee had incorporated a quality element for consideration.

The Governing Body **approved** the plans outlined in the Quality, Innovation, Productivity and Prevention 2015/16 report, thereby ratifying the recommendation from the Transformation and Innovation Committee.

3.3 Better Care Fund Section 75 (BCF75) Agreement

Josh Potter presented the Better Care Fund Section 75 Agreement paper highlighting that the Tower Hamlets Better Care Fund plan was submitted to the Department of Health in April 2014, a revised version was submitted in September 2014 and approval of the plan was confirmed by NHS England on 07 January 2015 (see Appendix 1). The plan has effect from 01 April 2015. The planned expenditure covered by the Better Care Fund plan is £21.577m. In order to provide a governance framework for the commissioning and delivery of the Better Care Fund and the management of the budget and expenditure, an agreement made under section 75 of the National Health Services Act 2006 is required. This agreement includes the following core components:

- Commissioning arrangements, including confirmation of which agency will act as Lead Commissioner for each element of the fund;

- Governance arrangements, including arrangements for reporting progress in delivering the plan to the Health and Wellbeing Board;

- Arrangements for management of the pooled funds;

- Arrangements for managing risk across the partners to the agreement;

- Information about each of the individual schemes which together make up the Better Care programme; and

- A standard range of terms and conditions covering issues such as dispute resolution and information sharing.

The following points were raised in discussion:

Dr Isabel Hodkinson felt this was an exciting opportunity and a better way of working although work would need to be done to mitigate the risks.

Dr Somen Banerjee and Robert McCulloch-Graham thought the paper should have included the intended outcomes although Josh Potter pointed out that that paper had already been presented to the Governing Body.

Dr Judith Littlejohns stated that Mental Health and Substance Misuse is only covered in one section of the BCF75 and is concerned there is not a common vision. Dr Somen Banerjee thought there would be an opportunity to refresh to address this next year.

The Governing Body **approved** the terms of the section 75 agreement, as well as the intended governance arrangement.

4 For information

4.1 Transformation and Innovation Committee Summary

No further comments were raised. Members noted the item.

4.2 Finance, Performance and Quality Committee Summary

No further comments were raised. Members noted the item.

4.3 Executive Committee Summary

No further comments were raised. Members noted the item.

5 Questions from the public

No further questions were raised.

6 Any other business

No additional items were raised by members.

End

Matters arising

Action reference	Action	Lead	Due Date	Update
Mar#1	Equality and Diversity information collection to be discussed at CCG E&D committee and a plan agreed	JM	Ongoing	**To be discussed at E+D meeting 7.5.15**
Mar#2	Lee Eborall to inform Governing Body members of the Barts Health Tariff outcome	LE	Mar 2015	
Mar#3	Lee Eborall to circulate the maternity spend report	LE	Mar 2015	
Jan#2	Scorecard to be discussed at future SMT with view to update metrics.	JP	Mar 2015	**Discussed at SMT 2/2/15 – scorecard under review.** **Ongoing Discussions.**
Jan#3	Archna Mathur to discuss with Dr Tania Anastasiadis suitable comparative cancer data for GPs	AM	Ongoing	**Ongoing**
Jan#7	CHS team to pick up IT issues raised by Dr Isabel Hodkinson	LM	Feb 2015	
Nov#2	Archna Mathur is establishing process for arranging a Board to Board meeting.	AM	March 2015	**Ongoing**