

Minutes of the NHS Tower Hamlets Clinical Commissioning Group Governing Body Meeting – Part I

02 July 2013, 1430 to 1715

Room 5a and 5b, Education Centre, Mile End Hospital

1 General Business

1.1 Present

Name	Role	Organisation
Dr Sam Everington	Chair – LAP 6 representative – Bromley By Bow Practice	NHS THCCG
Catherine Boyle	Vice Chair - Lay Member (PPE)	NHS THCCG
Dr Judith Littlejohns	LAP 1 representative – The Mission Practice	NHS THCCG
Dr Haroon Rashid	LAP 2 representative – Albion Practice	NHS THCCG
Dr Shatab Chowdhury	LAP 3 representative – Harford Street Health Centre	NHS THCCG
Dr Nicola Hagdrup	LAP 4 representative – Jubilee Street Practice	NHS THCCG
Dr Isabel Hodkinson	LAP 5 representative - Principal Clinical Lead - The Tredegar Practice	NHS THCCG
Dr Victoria Tzortziou Brown	LAP 7 representative – All Saints Practice	NHS THCCG
Dr Stuart Bingham	LAP 8 representative – Principal Clinical Lead – Barkantine Practice	NHS THCCG
Dr Hannah Falvey	Allied Health Professional representative	NHS THCCG
Katherine Gerrans	Practice Nurse representative	NHS THCCG
Maggie Buckell	Registered Nurse	NHS THCCG
Dr Tan Vandal	Secondary Care Specialist Doctor	NHS THCCG
Jane Milligan	Chief Officer	NHS THCCG
John Wardell	Deputy Chief Officer	NHS THCCG
Henry Black	Chief Finance Officer	NHS THCCG
Mariette Davis	Lay Member (Governance)	NHS THCCG
Charlotte Fry	Commissioning Support Director (CSU)	NEL CSU
Huw Wilson Jones	Associate Director Contracting (CSU)	NEL CSU

1.2 In attendance

Name	Role	Organisation
Archana Mathur	Deputy Director Performance and Quality	NHS TH CCG
Ellie Hobart	Head of Engagement	NHS TH CCG
Paul Balson	Governance and Risk Manager (minutes)	NHS TH CCG
Radha Gurung	Administrator	NHS TH CCG
Andrew Ridley	Managing Director	NEL CSU
Paul Iggulden	Associate Director Public Health (for Dr Somen Banerjee)	LBTH
Louise Russell	Service Head, Corporate Strategy and Equality	LBTH

Name	Role	Organisation
Lisa Hollins	Deputy Chief Operating Officer (for Item 2.7)	Barts Health NHS Trust
Frances O'Callaghan	Director of Strategy(for item 2.6)	Barts Health NHS Trust
Shona Davies	Patient Experience Manager (for item 1.5)	Barts Health NHS Trust - - Community Health Services
Khadiru Mahdi	Chief Executive (for item 3.2)	Tower Hamlets Council for Voluntary Service

1.3 Apologies

Name	Role	Organisation
Deborah Cohen	Service Head Commissioning and Strategy	LBTH
Dr Somen Banerjee	Interim Director of Public Health	LBTH
Virginia Patania	Practice Manager representative	NHS TH CCG

1.4 Introductions

The Chair led a round of introductions which covered members of the Governing Body and those in attendance.

The Chair informed members of the public that they would have the opportunity to ask the Governing Body questions at "Section 6. Questions from the public" and any questions should be given to Radha Gurung.

1.5 Declarations of Interest

Dr Haroon Rashid declared the following interest: He gave a speech at a 'Diabetes in Ramadan' programme organised by the charity Silver Star on Friday 28 June 2013 at the East London Mosque. This was a voluntary event. The Chair did not feel this required further action.

There were no further declarations of interest from members or attendees in addition to those held on the register of interests. The complete register of interests is published on the NHS Tower Hamlets Clinical Commissioning Group's website (<http://www.towerhamletsccg.nhs.uk/About-us/conflict-of-interest-register.htm>) or is available upon request from the Governance and Risk Manager (Paul.Balson@towerhamletsccg.nhs.uk).

1.6 Chair's report

The Chair's report contained the following headlines:

1.6.1 Meeting with Citizens UK and work to support the Living Wage campaign

1.6.2 Meeting of all CCG Chairs with Dr Anne Rainsberry – Regional Director (London)

The Chair informed members that following the meeting, all parties understood that London CCGs and NHS England need to work together to develop processes of mutual assurance. Not doing so would make delivering the NHS agenda more challenging.

1.6.3 Assurance event with NHS England on 20 June 2013

1.6.4 Visit of Tim Kelsey – National Director for Patients and Information

1.6.5 Compass Launch

The Chair gave a special mention to the launch programme for Compass Wellbeing CIC commending the enthusiasm of all staff involved in setting up the social enterprise. Special thanks were reserved for Alison Hopkins and John Wardell.

1.6.6 CCG severance payments

The Chair asked members to approve the inclusion of a statement related to CCG severance payments to the NHS Tower Hamlets CCG Constitution. The addition was **approved**.

1.6.7 Individual Funding Request Panel Members

The Governing Body **noted** and **approved** the delegation of Individual Funding Request Panel functionality to Dr. Mike Fitchett of the Island Health Medical Practice from August 2013.

1.6.8 Announcement of the appointment of Bethan George – Deputy Director Integrated Care

The following item was reported verbally:

1.6.9 Engagement with CCG Member practices

The Chair informed members that he would be visiting more member practices in the coming year. He informed members that issues arising from previous visits to date related to information technology (IT) issues. The Chair informed members that issues arising from future visits would be logged and remedial actions plans created where possible.

Members **noted** the Chair's report.

1.7 Chief Officer's report

The Chief Officer's report contained the following headlines:

1.7.1 A&E recovery and Improvement plan and re-establishment of the NHS Tower Hamlets Urgent Care Board

Jane Milligan informed members that the CCG had initiated a lot of work around urgent care planning and had re-established the Urgent Care Board. The Board's membership included the Local Authority and London Ambulance Service.

1.7.2 Winter Planning

Jane Milligan informed members Winter planning had begun.

1.7.3 NHS 111 non-emergency phone number

Members were informed that the CCG would be looking to implement contingency arrangements, as NHS Direct have reported that they are no longer in a position to provide services.

1.7.4 Visit of Department of Health and Local Government Association to the NHS Tower Hamlets CCG Dementia Partnership.

Jane Milligan informed members that the Dementia partnership continued to attract positive publicity following a visit by Geoff Alltimes – Local Government Associate. The CCG will draft a briefing to inform patients, media and others of the partnership's work.

- **Action: Richard Fradgley to draft a briefing to inform patients, media and others of the Dementia Partnership's work**

1.7.5 Initiation of a Counter Fraud risk assessment

Members **noted** the Chief Officer's report.

1.8 Patient story - Discovery interviews

Catherine Boyle introduced Shona Davies - Patient Experience Manager from Barts Health NHS Trust. Catherine Boyle informed members that the Discovery Interview technique was important for service improvement and patient involvement.

Catherine Boyle informed members that the Governing Body intends to have patients present their stories at meetings of the Governing Body from the 2 September meeting onwards and asked members, attendees and the public to encourage patients to come forward with stories for presentation to the Governing Body.

Shona Davies gave an overview of the work of the Patient Experience Team and other techniques her team uses.

Members were informed that discovery interviews are conducted by staff and others trained in the technique with patients who have been or are still in receipt of care. Transcripts from

the interviews are reviewed and reflected on by local clinical and service teams to inform service improvements through the identification of issues and or processes of concern.

Shona Davies presented excerpts from the following Discovery Interviews and how they led to service improvements:

- 1.8.1 A 66 year old female patient who had knee replacement surgery and saw the CReST team as part of her follow up
- 1.8.2 A 74 year old wound care patient visited one of the District Nurse clinics
- 1.8.3 A 54 year old son who is the carer of his 88 year old mother who was in the rehabilitation ward at Mile End Hospital
- 1.8.4 A 36 year old female patient with a long term condition

Shona Davies informed members that the main benefits of using 'Discovery Interviews' was that unlike the complaints process, patients are more forthcoming with their comments,

The Chair asked members if they had any questions for Shona Davies. The following questions were raised:

Dr Isabel Hodkinson commented that she could relate to the despair sometimes felt by patients during the complaints process and asked how Clinicians responded to the findings of Discovery Interviews. Shona Davies informed members that feedback from the Discovery Interview technique 'wins the hearts and minds' of Service Leads and makes them more receptive and reactive to making changes that improve the quality of care for patients.

The Chair asked if there would be an opportunity for patients to be able to comment on District Nursing in Primary Care. Shona informed members that there would be.

Peter Hines-Tabnea – Member of the Public was invited by the Chair to ask a question. He asked (with regards to the 3rd discovery interview) whether or not the member of staff conducting the interview had access to a deaf / blind communication team. Shona Davies informed Peter Hines-Tabnea and members that SENSE (a national charity supporting and campaigning for deafblind people) had conducted some training with the staff and offered staff access to additional support. Peter Hines-Tabnea added that he was trained in communicating with Deaf blind people and offered his services to the Patient Experience team. Shona Davies invited Peter Hines-Tabnea to give his contact details to the service.

Shona Davies was thanked for her presentation by the Chair. Members **noted** Barts Health NHS Trust's use of the Discovery Interview technique.

1.9 Minutes and matters arising of the meeting held 7 May 2013

1.9.1 Accuracy of minutes

The following matters of accuracy were highlighted within the minutes of 7 May 2013.

Present

Dr Stuart Bingham was present at the meeting. The attendance list does not record him as being present. This would be amended.

Patient Story

Catherine Boyle requested that in the sentence (on lines 47-48): *It was noted to be important that Governing Body members hear and consider the patient voice in its decision making processes*; "Governing Body members" is replaced with "service developers".

Catherine Boyle clarified action May#1. The action was not to create a final report for the senior management team and CHS programme board; but to "Join up richness of interviews".

Barts Health NHS Trust

Dr Shah Chowdhury clarified that he had met with new manager - Philippa Knight, not "worked with" as stated in lines 137-138.

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

- **Action: Paul Balson to make the required amendments to the minutes of 7 May 2013 and store as an approved version.**

1.10 Matters arising and actions

The Chair noted that all the actions were marked as complete apart from May#6 and May#7.

Charlotte Fry provided an update on action May#6: There has been a review of 50 patients with the longest breaches. This review has looked case by case to try and identify root causes and potential solutions. Of the 5 longest waiting patients 2 were urology patients.

Huw Wilson-Jones provided an update on action May#7. Members were informed that the delay in completing the action was due to Barts Health NHS Trust focusing on finalising the specialist contracting arrangements. A report will be presented to the Finance, Performance and Quality Committee in due course.

2 Performance and Operations

2.1 Objective scorecard

John Wardell presented the objective scorecard. The aim of the scorecard was to articulate the CCGs performance against the various measures that linked to the CCGs Corporate Objectives for 2013/14. Members were asked to note that the scorecard did not contain all of the measures the CCG is measured against, only those that link to the Corporate Objectives for 2013/14. Members were informed that the report would be produced on a monthly basis.

Members were informed that the format and content of the report was discussed at a Governing Body organisation development session. A number of changes were made to the report as a result.

There were no questions for John Wardell. The Chair thanked John Wardell for the report and members **noted** the report.

2.2 Financial Plan 2013/14

Henry Black presented the NHS Tower Hamlets Financial Plan for 2013/14 to the Governing Body for approval.

Members were informed that the draft financial plan had been presented to the Governing Body on 7 May 2013. The following amendments to the report had been made:

1. The £9.2m resource limit that was allocated to Specialist Services has now been included as a reduction to the organisation's RRL (revenue resource limit) with a corresponding reduction to the acute budget
2. The CCG was given the opportunity by NHS England to increase its control total by 1%. Following the move from an acute block contract to Payment by results, this has released £3m of transitional support from the previous plan which is no longer payable to Barts and has been put towards an increased surplus.

The Chair asked Henry Black if there was any timescale for when the £9.2m allocated to Specialist Commissioning (given to NHS England) would be returned to the CCG. Henry Black informed members that there was no confirmed timescale for the return. NHS England have initiated a group to calculate provider activity broken down by CCG; this will allow individual CCG allocations to be calculated. This piece of work is scheduled to finish in the autumn based on Month 6 data, therefore the outcome will not be known until then. There is no further update until this exercise is completed.

Catherine Boyle noted that as any planned surplus the CCG makes it is able to reinvest; could the CCG be more ambitious and aim for a surplus above 1%. Henry Black advised members that until the Specialist Commissioning adjustment is resolved he would be reluctant to increase the surplus.

Henry Black then presented the key financial risks, opportunities and mitigations to members. Dr Haroon Rashid asked how much the mitigations would cost. Henry Black informed members that if all the risks materialised the full value of £12.2m mitigations would be required to cover this.

The Financial Plan for 2013/14 was **approved**.

2.3 Commissioning and Operating Budget for 2013/14

Henry Black presented the Commissioning and Operating Budget for 2013/14 which set out in more detail the budgets for 2013/14. Members were informed that there had been a number of minor internal movements to previous versions they have seen. These were due to changes in the plans of the CCGs providers.

Members were informed that this version of the plan was submitted to NHS England before the planned surplus was increased, so it was still stated at 2%.

Dr Isabel Hodgkinson noted an inconsistency in the plan, as the GPIT allocation has values of both £1202k and £1004k in the budget. Henry Black confirmed that £1202k was the correct value.

The Commissioning and Operating Budget for 2013/14 was **approved**.

2.4 Finance and Activity

2.4.1 Activity report

Huw Wilson-Jones presented the item. The following highlights were reported:

As it is the start of the new financial year the impact of Barts Health NHS Trust's new tariffs and the impact of Specialist Commissioning arrangements have had an impact on activity levels. Members were informed that although the month 1 report indicated a break even position, most providers were experiencing difficulty in reporting accurate activity data. As a result the activity report must be caveated by the fact that a significant amount of activity remains uncoded.

Barts Health NHS Trust were top of a list of providers with uncoded activity. Members were advised that accurate and timely coding was particularly critical in Payment by Results contracting for determining how much provider organisations are paid. Members were informed that the CCG had sent an escalation letter to Barts Health NHS Trust to address the situation; Huw Wilson-Jones added that ascertaining current activity levels has been complicated through the uncertainty over specialised commissioning activity.

Members were informed that key meetings were taking place to resolve outstanding contract issues with Barts Health NHS Trust. Huw Wilson Jones summarised the key actions that would be required to finalising the Barts Health NHS Trust contract. This included ensuring clinician to clinician meetings and agreements on the reporting of accurate and timely A&E, urgent care centre and primary care re-direction activity.

Members were informed that the Compass Wellbeing CIC launch was a success for both the service and the CSU who provided business support throughout the process.

Members were informed that the CSU had presented its first set of activity and contracting challenges to Barts Health NHS Trust.

The Chair asked members if they had questions for Huw Wilson-Jones.

Mariette Davis asked:

- how can the CCG be making payments to Barts Health NHS Trust if the activity data is inaccurate?
- What are Barts Health NHS Trust doing to mitigate the issue of inaccurate coding?
- How long is the CCG expected to wait while the issue is resolved?

Huw Wilson-Jones informed members that at present, payments to Barts Health NHS Trust are based on the Heads of Terms for the existing block contract. The main remedial action

Barts Health NHS Trust is implementing a recruitment drive for activity coders. As payment by results is dependent on good coding, not having a sufficient number of coders trained to an appropriate level is a risk. The letter sent by the CCG requested an improvement on an agreed trajectory within 5 days or a contract lever would be implemented.

Dr Stuart Bingham asked if it would be possible to obtain trend analysis data on service activity. Huw Wilson-Jones informed members that it would not be possible to get a trend analysis until the quality of data is improved.

Members **noted** the report.

2.4.2 Finance Report month 2 – 2013/14

Henry Black presented the item. The following highlights were reported:

Members were informed that the report is in a new format to previous reports and as such Governing Body members were invited to comment on any presentation or content issues.

Members were informed that the format of the report will become more informative as the financial year progresses.

Members were advised that they should consider caveats to those contained within the activity report when viewing the report; in that provider activity levels are currently difficult to ascertain. As a result of this, the CCG is paying for the planned activity levels and not the actual activity levels for this period. Hence the financial performance is rated as 'Green'.

Catherine Boyle stated that she understood the reasons for the uncertainty in the finance and activity data; but given the CCGs areas of responsibility she queried why, when there is a lack of clarity over data the month is not rated as amber, as surely it was prudent to be cautious rather than over confident. Henry Black informed members that a sizeable activity increase would be required to move the current activity levels to amber were more robust data available, however he recognised the inherent risk in the data quality and agreed to use an amber rating in future should this not improve.

- **Action: Henry Black to ensure that when there is a lack of clarity over data the month rated as amber.**

The month 2 reporting reflected the financial assumptions prior to the CCG changing its planned control total. The change in control total would be reflected in the month 3 report.

Members were informed that improving 'Practice payment codes' was of concern. Although the CCG is achieving the 85% target there are invoices outstanding. The Chair requested the issue is resolved quickly to avoid further confusion and frustration. Henry Black informed members that he would investigate further and implement a remedial action plan.

The planned QIPP savings of £12.1m was presented to members.

Henry Black informed members that the Statement of Financial Position on page 7 of the report and page 62 of the papers is similar to, but is not a balance sheet as the CCG doesn't

have any fixed assets or long term liabilities. Mariette Davis requested additional explanation of this as technically it would suggest that the CCG is insolvent.

Dr Hannah Falvey asked Huw Wilson-Jones if the absence of data was due to the implementation of Payment by Results. Huw Wilson-Jones informed members that this wasn't the only factor; the data quality issues can be attributed to: variations in the quality level of coding across the three Barts Health NHS Trust sites, and the process issues arising from the merger of three separate Trusts and management teams.

Dr Hannah Falvey asked as the CCG were on a block contract last year where there was a reduced need for detailed coding, could last year's data be used to model activity this year? Huw Wilson-Jones informed members that last year's information could not be used to model this year's due to the impact of the transition of specialist commissioning to NHS England, the merger of the three Trusts and the switch to Payment by Results increased the difficulty in obtaining accurate coding data.

Dr Hannah Falvey asked if the CCG could be confident that Barts Health NHS Trust could be held to account on their remedial action plan. Huw Wilson-Jones informed members that the difficulty was the recruitment of competent clinical coding staff. At present Barts Health NHS Trust are hiring interims whilst a longer term solution is sought.

Jane Milligan informed members that the initial timeframe for signing the Barts Health NHS Trust contract was the end of June. The CCG obtained an extension on this, as it was important the contract negotiations were based on accurate information.

Dr Tan Vandal informed members that accurate payment by results data and real time coding is invaluable to the CCGs understanding of activity levels and any issues that arise. He stressed that it was important that the CCG support Barts Health NHS Trust to improve the situation, but equally important that the CCG received assurance from Barts Health NHS Trust that the situation can be improved.

Members **noted** the report.

2.5 Schedule of Delegation

Henry Black presented an updated version of the Schedule of Delegation.

Members were informed that the Schedule of Delegation's purpose is to document what decisions groups and individuals can make on behalf of the CCGs Governing Body. The version submitted for authorisation was based on a template from the National Commissioning Board (now NHS England). The version presented had been amended to ensure that it aligned better with the internal process of the CCG.

Mariette Davis informed members that the amendments added clarity and thanked the management team for their hard work in producing the document.

Members **approved** the Schedule of Delegation.

2.6 Performance and Quality

Charlotte Fry presented the item. The following highlights were reported:

2.6.1 A&E

Barts Health NHS Trust continue to refine their action plans to address performance issues via their internal Emergency Care Improvement Programme Board.

2.6.2 Cancer 62 day target

Barts Health NHS Trust hold fortnightly meetings to understand the reasons for underperformance and to review improvement plans.

The Chair added that he had observed a great energy from Barts Health NHS Trust in reducing the 62 day wait.

2.6.3 Ambulance handovers

Barts Health NHS Trust have recently been focused on looking at ways to improve ambulance handovers.

2.6.4 Serious Incidents

Barts Health NHS Trust have conducted a lot of work on the management of Serious Incidents. Incidents of particular concern relate to MRSA cases and 4 never events. As a remedial action Barts Health NHS Trust have initiated post infection reviews to discuss root causes the incident. Additionally, they will establish a panel review for all of the Barts Health NHS Trust sites and a specific Barts site.

Archna Mathur added that Barts Health NHS Trust had conducted a lot work on identifying key themes and action plans. These actions plans are the focus of the Clinical Quality Review Meetings (CQRMs).

2.6.5 Venous Thromboembolism (VTE)

Charlotte Fry informed members that VTE performance had moved from amber to green as Barts Health NHS Trust had been able to consistently achieve the target.

2.6.6 East London Foundation Trust (ELFT)

There were 2 serious case reviews commencing as well as investigations into serious incidents. It was reported that ELFT was working hard to close long term on-going investigations and this was reported to be going well. With the exception of the serious incident measure the Trust's performance was green.

2.6.7 Barts Health NHS Trust – Community Health Services (CHS)

Members were informed that the first CCG Programme Board had met and was chaired by Dr Shatab Chowdhury. The Board will meet monthly to conduct deep dives into CHS activity. Of particular interest to the Board will be to investigate the CHS contract expiry in 2014/15.

The Chair asked members if they had any questions, the following questions were asked:

Dr Tan Vandal stated that the performance and quality report was helpful as it informed CCG members of what remedial action providers are taking. Dr Tan Vandal enquired if it would be possible to measure the effect the remedial actions were having on performance. Charlotte Fry informed members that she would investigate if this was possible.

- **Action: Charlotte Fry to investigate if the Performance and Quality report could include indicators as to the effectiveness of remedial actions providers are taking**

Dr Hannah Falvey informed members that she was currently conducting some work on pressure ulcers and asked Archana Mathur if there was additional detail on the rate at which they occur? Archana Mathur informed members that the rate of pressure ulcers was high in all providers and are a part of the CQUIN. Members were also informed that pressure ulcers were a focus of the CQRMs, Quality Surveillance Groups and the Patient Safety Forum. Dr Hannah Falvey informed members that there were areas of good practice in several providers and suggested raising the profile of pressure ulcers making it a "Nearly never event". The Chair informed members that he would raise the issue of pressure ulcers at the next CQRM. Jane Milligan informed members that the quarterly quality report contains more information and provides separate reports on community and hospital acquired pressure ulcers.

- **Action: Dr Sam Everington to discuss raising the profile of pressure ulcers at a Barts Health NHS Trust CQRM.**

Dr Haroon Rashid asked if there was a time limit for when the outstanding serious incidents should be closed. Archana Mathur informed members that a plan for closing the 97 overdue serious incidents did exist, but she would inform Dr Haroon Rashid of the time limit after the meeting. The timeframes for completion of serious incidents is discussed at the CQRM. It was stressed that identifying the key themes and addressing them is more important than the timescales.

Catherine Boyle asked what additional information could make the report more meaningful, such as including the friends and family measure or benchmark performance against similar Trusts. Catherine Boyle acknowledged that benchmarking organisations is difficult and complex. Archana Mathur and Charlotte Fry informed members that it is possible to present benchmarked data as this is how NHS England presents the data for London which focuses on the friends & family and mixed sex accommodation performance measures.

Members **noted** the report.

2.7 Outpatient transformation programme update

Lisa Hollins - Deputy Chief Operating Officer and Trust Lead for Transforming 62 day wait at Barts presented the item. The following highlights were raised:

- Dr Sam Everington and Jane Milligan were informed of progress at each stage.
- The focus of the programme was to keep track of patients through the care pathway to ensure that they were all treated on time. When this was first looked at the system had a backlog. Tracking cancer patients through the pathways was a difficult issue.

- Following the improvement programme the backlog has been reduced. The only breaches so far this year have been for those patients who were those too sick to be treated or chose to wait longer.
- The April 2013 performance was >89%, the May 2013 performance was 88% and at the time of reporting the target was 85%.
- Lisa Hollins informed members that the target for the 1st quarter of 2013/14 is on track and that the Trust is aiming to be on track for quarter 2.
- Work is on-going to with other organisations to improve the performance of colorectal urology and gynaecology.
- The Trust has engaged with the patients who don't attend appointments along their pathways. Specialist nurses now have better communication with the patients and inform them of the appointments, pathways and what will happen at each stage. This change was reported to have made a significant positive difference.
- Lisa Hollins thanked the CCG for their assistance in the programme.

Lisa Hollins tabled a presentation for the Governing Body members. The following highlights were raised:

- The programme's aim was to ensure that the right patients were on the right pathway to make sure they don't return to hospital unnecessarily.
- The 3 areas of focus were:
 - **Use of technology:** Barts Health NHS Trust has a joint ICT strategy with the local CCGs. This area of work will be scaled up between October and December to see how communication can be improved and which e-solutions could be used to reduce the administrative burden (the Outpatients department managers 1.4m appointments per annum and each one requires at least 4 letters per patient). Measures included new advice and guidance on answering emails on time, a review of phone lines to ensure they are all working. The new measures will be monitored and reported on in 2 months time.
 - **Faster diagnosis and treatment:** Barts Health NHS Trust have implemented "Productive Pathways". This process ensures that right people are present for the redesign events. The Outpatient pathways have 2 areas where the focus of change needs to be: 1. A faster route to diagnosis (there were 2 pilots in April within Colorectal and Urology) and 2. Use the multidiscipline teams (MDT) to ensure that GPs are involved in designing the end of the pathway. Lisa Hollins invited CCG GPs to represent the CCG at the redesign events.
 - **Ensure reliability and deliver outpatients standards**

The following questions were asked by members:

Dr Victoria Tzortziou Brown informed members that there was a lot of clinical engagement on the outpatient department transformation which she felt was positive. She added that the CCG has a lot of clinical leads in primary care who could be more involved in the areas they lead on. Dr Victoria Tzortziou Brown asked if the clinical leads could be engaged further to ensure that discharge into primary care works well and reduces unnecessary readmissions.

Dr Haroon Rashid noted that the plan looked good on paper and enquired what level of patient and public engagement had been conducted and what the feedback was? Lisa Hollins informed members that the redesign board has patient representatives on it and

there are patients on the wider consultation events that have taken place. In addition, the team has conducted an analysis of complaints related to outpatients and reflected the themes in the new strategy e.g. long waits in clinic and transport issues.

Dr Isabel Hodkinson asked if the redesign was being consulted on across all 3 sites of Barts Health NHS Trust. Lisa Hollins informed members that there were monthly site meetings which allowed for local issues to be resolved locally and allowed frontline staff to talk about specific organisation issues.

Dr Isabel Hodkinson noted that from her experience the outpatient data was not always captured correctly, adding that she hoped the redesign team obtain high quality data.

Dr Isabel Hodkinson asked if the redesign was aiming to retain services at all 3 sites of Barts Health NHS Trust. Lisa Hollins informed members that local services would be retained as much as possible as Outpatient departments and diagnostics were local services.

Dr Hannah Falvey asked how the redesign was building in, and making quality measurable as well as creating slick services so that patients' concerns and expectations are met. Lisa Hollins informed members that she felt this was an area of the redesign that required additional work. However, the initial review of complaints accrued around 20,000 comments and identified several themes that were of concern to patients e.g. patients being crammed into clinics, which will be addressed. Methods for measuring the patient experience are being discussed. One trial measure that is hoped will improve the quality of care for patients to book all pathway their appointments at once rather than at each individual visit.

Dr Hannah Falvey noted that the work to date was good and suggested that the redesign team model an indicator such as "What makes OPD useful and optimises patient experience" and embed it within the redesign programme. Lisa Hollins informed members that there is an NHS England indicator that will be used but expressed doubt if it would work. Lisa Hollins informed members that she would discuss the issue of quality indicators within outpatient redesign with Dr Victoria Tzortziou Brown. Dr Nicola Hagdrup informed members that she would like to be involved in the piece of work.

- **Action: Lisa Hollins, Dr Victoria Tzortziou Brown and Dr Nicola Hagdrup to discuss the issue of quality indicators within outpatient redesign.**

The Chair added that some of his patients have requested a revision of the Barts Health NHS Trust policy on booking, in particular the section stating that patients can only re-book once and children can re-book twice. Lisa Hollins informed members that she would raise this with the redesign team.

Jane Milligan summarised that the outpatient redesign was a local hot topic and that key to success of the programme was the planned care board and that the CCG could best support the work by:

- sharing more information such as discharge reports, and
- looking at how clinical engagement in the CCG can help.

Lisa Hollins was thanked by the Chair for her hard work. Members **noted** the report and progress made to date.

2.8 Barts Health NHS Trust Strategy

Frances O'Callaghan - Director of Strategy - Barts Health NHS Trust presented the item. The following highlights were raised:

- Barts Health NHS Trust needed a strategy as there was a need to secure a post-merger identity that staff and patients could relate to. The Strategy will set out a clear statement for where the Trust sees its future.
- Having a Strategy is a requirement of becoming a Foundation Trust which the Trust is currently aspiring to. Frances O'Callaghan informed members that becoming a Foundation Trust was not just a badge for the Trust; FT status would allow the Trust to have greater control of its destiny and the ability to reinvest capital into their services as well as other benefits.
- The CCG was asked for its help and guidance in developing and delivering the Barts Health NHS Trust Strategy.
- Barts Health NHS Trust is in its 2nd year since being formed and is seeking to identify a strategic approach for its ambitions: Providing brand standard performance targets, good services for local people alongside specialised academic services.
- There is an identified need to develop cardiac care the Barts site, this development is subject to approval and will involve a service consolidation.
- Other services that could be consolidated to improve clinical outcomes include trauma and some cancer services.
- The Strategy outlines a commitment to the public health and integrated care agendas. Frances O'Callaghan noted that such a commitment was unusual for an acute trust. Barts Health NHS Trust have appointed a Director of Public Health demonstrating their commitment to the public health agenda.
- Barts Health NHS Trust is aware that it can only deliver its Strategy working with several organisations, in particular Local Authorities and Primary Care.
- Barts Health NHS Trust would like to work with the CCG to ensure that the right patient, receives the right care, at the right place at the right time.
- There are on-going discussions on how best to maximise the use of the 6 sites within Barts Health NHS Trust. E.g. where to reduce duplication of services
- Members were informed that Barts Health NHS Trust understands that it needs to get the correct balance of consultation, communication and involvement right prior to making service changes.

The following questions were put to Frances O'Callaghan:

Dr Haroon Rashid asked if the Strategy took into account the Private Finance Initiative (PFI) liabilities that Barts Health NHS Trust held? Frances O'Callaghan informed members that she was aware that the PFI liabilities were a large financial issue for the Trust. Although there was no clear solution at present, the overriding message from the Trust is that the PFI issues cannot overwhelm the Trust's overall agenda for healthcare.

Dr Hannah Falvey asked what the next steps for the Strategy were. Frances O'Callaghan informed members that the Strategy would be presented to the Barts Health NHS Trust at the end of July adding that the document would be dynamic and would be subject to change. However, post July Barts Health NHS Trust will be sufficiently confident regarding which

services are most likely to change and will be able to inform the CCG of timescales for the change. Members were informed that the

Dr Hannah Falvey noted that one of the key “brand standards” was that of the uptake of safeguarding training adding that she would like to see a process for how Strategy translated to in-year delivery. Frances O’Callaghan informed members that the Strategy covers the next ten years; each year will have an annual plan. Members were informed that the annual plan had been submitted to the National Trust Development Agency (NTDA) adding that she would have preferred it if the NTDA had received the Strategy first.

John Wardell informed members he felt it was useful document to receive at the CCG Governing Body. He noted that he liked that fact the delivery of ‘Integrated Care’ was a priority. John Wardell added that he would have liked to see culture prioritised as an important element to integrate the whole Trust across its sites. Frances O’Callaghan informed members that one aim of the Strategy was to bring 3 constituent Trusts together under a new culture. Key components of the new culture would be the willingness and belief that the Trust could make the required changes and maintain clinical development. Members were informed that the key to cultivating a new culture is ensuring that all staff types are engaged and sighted on the day to day requirements. An additional challenge to the Trust is doing this when under a lot of pressure, as bad times create ‘top down pressure; which crushes cultures.

Dr Victoria Tzortziou-Brown noted that one of the aims of the Strategy was to ‘use the facts’ adding that she would like to see a commitment to accurately collect and share data to empower learning. Members were informed that the collection and sharing of data worked well within the Tower Hamlets GP networks and that this could be used as a model for Barts Health NHS Trust.

Catherine Boyle noted that she found the Strategy very useful. However, she didn’t see the word ‘Patient’ a lot adding that she would like to see a Trust commitment to patient and public engagement. Frances O’Callaghan informed members that although the Trust felt that it had commitment and the mechanisms for meaningful engagement, she noted that the Trust could always do better.

Andrew Ridley noted that he liked the Strategy but stated that he was surprised there was not more mention of ‘local integration’ and ‘Primary Care services’. Andrew Ridley also added that: given the difficult financial settlement of the NHS he was surprised not too see ‘efficiency’ or ‘productivity’ feature within the Strategy. Frances O’Callaghan informed members that she thought “efficiency and productivity” was covered within the Strategy, but added that she would request the Strategy is revised to demonstrate a more explicit commitment to this.

Jane Milligan summarised the item:

- The Strategy was presented to the CCG Governing Body for an initial review.
- Frances O’Callaghan would take the issues identified during the initial review back to the Barts Health NHS Trust management team.
- Jane Milligan and Frances O’Callaghan would work through the issues of integration with the other WELC CCGs.

Frances O'Callaghan was thanked for her presentation. Members **noted** the progress to date on the Barts Health NHS Trust Strategy.

3 Commissioning and Strategy

3.1 Health and Well Being Strategy

Louise Russell - Service Head, Corporate Strategy & Equality at Tower Hamlets Local Authority presented the Health and Wellbeing Strategy.

The following highlights were raised:

- The Health and Well Being Strategy had been worked on for a whole year.
- Previous iterations of the Strategy had been circulated to many CCG Groups for consultation.
- The Strategy would be signed off by the Health and Well Being Board within 2 weeks.
- The main addition to this iteration of the Strategy is that it provides more focus on grounding the Strategy in the community to address the wider determinants of health.
- It was felt that the mental health elements of the Strategy required additional work.
- Although the Governing Body agenda stated that the Strategy was presented to the Governing Body for **information** it was requested that the Governing Body **approve** the Strategy.

Jane Milligan noted that the CCG had started the commissioning cycle for the next year which follows publication of the JSNA adding that it would have been beneficial for the CCG and the Local Authority if the publication of the Health and Wellbeing Strategy fed into the commission cycle as well.

Dr Victoria Tzortziou Brown asked what Louise Russell had learned from last years production of the Health and Wellbeing Strategy. Louise Russell informed members that she had conducted a stakeholder evaluation. Dr Victoria Tzortziou Brown requested a copy of the evaluation report.

- **Louise Russell to send Dr Victoria Tzortziou Brown a copy of the HWB Strategy stakeholder evaluation.**

Dr Isabel Hodgkinson informed members that she thought the Strategy was a useful document and what the next phase was, how it would be mobilised and what the impact of its implementation are.

- **Louise Russell to report to the Governing Body at a later date (TBC) on what the next phase of the Health and Well Being Strategy is, how it will be mobilised and what the impact of its implementation are.**

Governing Body members **approved** the Health and Wellbeing Strategy.

3.2 Voluntary and Community Sector Strategy and Action Plan

Khadiru Mahdi - Chief Executive of Tower Hamlets Council for Voluntary Service presented the item. The following highlights were raised:

- Members were asked to note that the document is a partnership strategy developed by a consortium of organisations across Tower Hamlets.
- Khadiru Mahdi informed members that he is building the capacity of all voluntary organisations to allow them to be commissioned and link with the CCG priorities creating synergies between all the organisations in Tower Hamlets.
- Members were informed that he represents hundreds of voluntary organisations.
- The Chair was asked why there was not a voluntary sector representative on the CCG Governing Body.
- Members were informed that the strategy would be presented to the Tower Hamlets Strategic partnership for ratification

Members asked the following questions:

Catherine Boyle asked how collaborative work within the voluntary sector would work given the differences in organisation size. Khadiru Mahdi informed members that the joint framework would allow for various representatives from across the voluntary sector participate in all the working groups to work collaboratively. Members were informed that Khadiru Mahdi had hosted a conference to look at priorities in the changing health environment and voluntary organisations could work on the issues together.

Catherine Boyle asked Khadiru Mahdi how the VCS proposed to work, would the body be proactive in approaching the CCG or wish to respond to commissioning cycle outputs. Khadiru Mahdi informed members that one of the strategic objectives of the VCS was to look at how the body can bring its voice to the attention of the decision making bodies.

Dr Isabel Hodgkinson asked how the partnership and the CCG currently interact. Jane Milligan informed members that both she and the Chair sit on the partnership. Jane added that at present the membership of the partnership is being revised as present there is no representation from the Police and Fire services.

Catherine Boyle enquired how the VCS manages its conflicts of interest when the organisation can be both a commissioner and a provider. Khadiru Mahdi informed members that the VCS advises voluntary organisations when there are potential conflicts of interest and that they are clear as to the purpose of their attendance at meetings.

Dr Stuart Bingham enquired how many voluntary organisations there were in Tower Hamlets and how they join the VCS. Khadiru Mahdi informed members that there were approximately 1200 organisations and that he was developing a database to divide Tower Hamlets into clusters, types and other categories. Members were informed that a more accurate number of organisations would be available within a few months. Dr Stuart Bingham requested a list of organisations once completed.

- **Action: Khadiru Mahdi to provide an up to date list of the voluntary organisation in Tower Hamlets to the CCG when it is available.**

The Chair thanked Khadiru Mahdi for the report adding that NHS Tower Hamlets CCG gives its support to the voluntary sector. Governing Body members **noted** the strategy and action plan.

Catherine Boyle reminded members and attendees of the CCG offered a bursary for voluntary organisations.

3.3 Integrated Care update

John Wardell presented the item. The following highlights were reported:

- Phase 1's aim was to document the financial and clinical case for change of the integrated care programme. This was completed in late 2012.
- Phase 2's aim was to determine operational and delivery plans for each of the 3 CCGs within WELC.
- The programme was now moving into phase 3 which was the operational and delivery phase.
- Each Borough has a work programme supported by the Programme Board hosted by Tower Hamlets CCG.
- The governance arrangements for the 3 CCGs are under review. In brief the arrangements are a quarterly meeting of the 3 CCG Chief Officers supported by John Wardell and Bethan George.
- The key risks to the success of the programme at present was: Information Governance issues at a national level are currently preventing access to the stratification data which is crucial to the programme. The CSU and John Wardell recently met Tim Kelsey – IG lead for NHS England (London) for assistance. John Wardell informed members that he would report back on progress on this issue.
- The local delivery of the programme is progressing well as it builds on the Primary Care development work.
- A number of IT solutions are being swiftly implemented; such as ORION
- Joint working with Barts Health NHS Trust and the Local Authority is underway.
- The CCG hosts a fully staffed Project Management Office providing support for the whole WELC framework.
- A number of workshops have been established with the aim of improving discharge support.
- Mental Health Liaison based on the Birmingham Raith mental health model is underway.
- The programme has lots of patient and public engagement planned but is working to develop and strengthen it and are working with Healthwatch to identify ways of improving it.
- Work is underway with UCLP to define a valuation strategy to look at qualitative and quantitative methods of measuring the programme's effectiveness. Initially there will be a streamlined workshop on scoping the detail; which will be presented to a larger group at a later date.
- The PMO is co-ordinating an expression of interest for the program to become an Integration Pioneer (announced by the DH May 2013), deadline for expressions of

interest is 28th June 2013. Becoming a pioneer will add focus and further momentum, while also allowing us to share and learn from others who have similar programmes.

John Wardell added that he hoped he had given an adequate overview of a complex piece of work. Governing Body members asked the following questions:

Dr Nicola Hagdrup highlighted that another risk related to IT was that of mobile working arrangements for community health teams adding that although it was a risk an action plan was in place. The Chair informed members that he had received a visit from EMIS regarding iPads for community nurses. He advised members to contact him if they required more information.

Dr Isabel Hodgkinson highlighted the risk that education and support is essential as Barts Health NHS Trust will lose on patients and thus income if the programme is successful; adding that a culture change is needed which will include both staff and patients.

Katherine Gerrans asked if the CHS transformation service had helped or hindered the process. Dr Nicola Hagdrup and Dr Isabel Hodgkinson stated that the CHS transformation would play a key part in the success or failure of the programme. Katherine Gerrans informed members she was concerned about a reduction in of quality of care due to the loss of senior nurses.

John Wardell informed members that he has strong levels of engagement with CHSs senior officers and clinical leads adding that frequent communication is crucial to ascertaining whether the CHS model is sustainable and when resources are needed to ensure quality of care does not drop.

Members **noted** the report.

4 For information

4.1 Audit Committee activity summary

Mariette Davis informed members that there were no additional issues to those contained within the report and that she would provide a summary of the June meeting of the Audit Committee to the September meeting of the Governing Body.

Members **noted** the report

4.2 Transformation and Innovation Committee

Maggie Buckell informed members that the Committee identified a risk around the reporting of Integrated Care.

Members **noted** the report

5 Other business items

There were no further items raised.

6 Questions from the Public

The Chair asked members of the public if they had any questions for the Governing Body.

Len Aldis - Patient Group member of the Harley Grove Practice asked if any treatments had been put out to tender? Charlotte Fry informed Len Aldis that no treatments had been put out to tender. Len Aldis informed members he felt that this was good.

7 Date of next meeting

The Chair thanked all members and attendees and inform them that the next meeting in public for the Governing Body would be:

Tuesday 3 September
14.30 to 17.30
Meeting room
East One
22 Commercial Street
London,
E1 6LP

End

8 Action Points

Action reference	Action	Lead	Due Date	Update
July#1	Richard Fradgley to draft a briefing to inform patients, media and others of the Dementia Partnership's work	RF	27 August 2013	Richard Fradgley confirmed that a statement had been prepared. Action complete
July#2	Paul Balson to make the required amendments to the minutes of 7 May 2013 and store as an approved version.	PB	27 August 2013	All amendments made and the approved version of the minutes stored. Action complete.
July#3	Henry Black to ensure that when there is a lack of clarity over data the month rated as amber.	HB	27 August 2013	Henry Black has informed the finance team that future reports will rate unknown or unclear data sets as amber. Action complete
July#4	Charlotte Fry to investigate if the Performance and Quality report could include indicators as to the effectiveness of remedial actions providers are taking	CF	27 August 2013	Charlotte Fry asked to investigate on 22 July 2013. It was reported that discussions are in progress; it is unlikely that "indicators" would be used. There is a clear link developing to the analysis / reporting of the effectiveness of the remedial actions. Action complete
July#5	Dr Sam Everington to discuss raising the profile of pressure ulcers at a Barts Health NHS Trust CQRM.	SE	27 August 2013	Archna Mathur to raise this at the Quality leads SI panel on 9th August to establish the best way to pose challenge at CQRM. Action complete
July#6	Lisa Hollins, Dr Victoria Tzortziou Brown and Dr Nicola Hagdrup to discuss the issue of quality indicators within outpatient redesign.	LH / VTB / NH	27 August 2013	Dr Victoria Tzortziou Brown and Dr Nicola Hagdrup asked to contact Lisa Hollins on 22 July 2013. On-going
July#7	Louise Russell to send Dr Victoria Tzortziou Brown a copy of the HWB Strategy stakeholder evaluation.	LR / VTB	27 August 2013	On-going
July#8	Louise Russell to report to the Governing Body at a later date (TBC) on what the next phase of the Health and Well Being Strategy is, how it will be mobilised and what the impacts of its implementation are.	LR / PB	27 August 2013	Health and Well Being Strategy tentatively added to forward planner for the Governing Body meeting in November. Action complete
July#9	Khadiru Mahdi to provide an up to date list of the voluntary organisation in Tower Hamlets to the CCG when it is available.	KM / PB	27 August 2013	Khadiru Mahdi reported that he is developing the database. It is scheduled to go live in September. He will provide an update then including an update on

				how the VCS will share information. Action complete
May#6	Charlotte Fry to check the performance data regarding urology at Queens Hospital.	Charlotte Fry	27 August 2013	Charlotte Fry reported that a quality check of the data looked at each case to identify root causes and potential solutions. Action complete
May#7	Huw Wilson-Jones to provide an in-depth report on the impact that the transfer of services to NHS England had on Barts Health NHS Trust.	Huw Wilson-Jones	27 August 2013	Table of NHS England submission presented to the FPQ. Will be circulated to Governing Body members in due course. On-going

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