

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

03 September 2013, 1430 to 1730

Board Room, East London Foundation Trust, 22 Commercial Road,  
London, E1 6LP

**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 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
Deborah Cohen	Service Head Commissioning and Strategy	LBTH
Virginia Patania	Practice Manager representative	NHS THCCG
Huw Wilson Jones	Associate Director Contracting (CSU)	NEL CSU

**1.1 In attendance**

Name	Role	Organisation
Ellie Hobart	Head of Engagement	NHS THCCG
Kit Wong	Mental Health Commissioning Manager	NHS THCCG
Paul Balson	Governance and Risk Manager (minutes)	NHS THCCG
Paul Iggulden	Associate Director Public Health (for Dr Somen Banerjee)	LBTH
Richard Fradgley	Deputy Director of Mental Health and Joint Commissioning	NHS THCCG
Shuma Begum	Administrator	NHS THCCG
Dr Ashrafi Jabin	Clinical Lead for Mental Health	NHS THCCG

## 1.2 Apologies

Name	Role	Organisation
Archana Mathur	Deputy Director Strategy and Planning	NHS THCCG
Dr Somen Banerjee	Interim Director of Public Health	LBTH
Dr Nicola Hagdrup	LAP 4 representative – Jubilee Street Practice	NHS THCCG

## 1.3 Declarations of interest

The Chair asked Members for declarations of interest.

Dr Hannah Falvey reminded the Chair of a declared interest with regards to item 4.1 Update on current position regarding Barts Health NHS Trust; stating that Barts Health NHS Trust employed her.

Dr Victoria Tzortziou-Brown reminded the Chair of a declared interest concerning item 4.1 Update on current position regarding Barts Health NHS Trust; stating that Barts Health NHS Trust employed her for one GP session a week.

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/conflict-of-interest-register.htm>) or is available upon request from the Governance and Risk Manager ([Paul.Balson@towerhamletsccg.nhs.uk](mailto:Paul.Balson@towerhamletsccg.nhs.uk)).

## 1.4 Announcements

Dr Sam Everington informed members that although the Governing Body usually answers questions from members of the public at the end of the meeting, to ensure a good discussion on the launch of the mental health strategy consultation, questions would be taken from members of the public straight after the item.

## 1.5 Chairs report

The following items were reported in the Chair's report:

- The CCG is now fully authorised with no conditions
- The CCG's revised constitution was approved by NHS England
- The CQC report into the safety and welfare of patients at Whipps Cross Hospital.
- The key findings of the Berwick report
- Details of the Cost Improvement Programme (CIP) Assurance process

In addition to these items within the report Dr Sam Everington informed members of a CQC inspection of Barts Health NHS Trust due to deliver its report between the 5 and 7 November.

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

## 1.6 Chief Officers the report

The following items were reported in the Chief Officer's report:

- PELC (Partnership of East London Co-operatives) have been appointed the 111 service for East London and the City between November 2013 and March 2015
- The Barts Health NHS Trust A&E recovery plan
- The CCG's redesigned and 'Plain English' version of the prospectus is complete and will be launched at a CCG event on Saturday 19th October.
- A number of stories featuring the CCG in the media

In addition to these items within the report, Jane Milligan informed members that the redesigned CCG website would be launched on 6 September 2013.

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

## 1.7 Patient story

Dr Sam Everington informed members and those in attendance that the purpose of having 'Patient story' as a standing item was to demonstrate the CCGs focus on patients and remind members of the reason they work for the CCG.

Catherine Boyle introduced the item by thanking the patients for their contribution to the item noting that they both talked positively about mental health issues and provide an idea of what it is like to live with mental illness in Tower Hamlets. Catherine Boyle also noted that the item would frame the launch of the mental health strategy consultation.

A video of patient interview excerpts was presented to Members. The key points made by each patient were as follows:

### 1.7.1 Patient #1

- The patient reported feeling symptoms since she was 11 and was diagnosed when she was around 17 or 18 years old as bi-polar type 2.
- The lows of her condition got so bad and that she attempted suicide when she was 19 or 20 years old.
- She found working difficult due to anxiety, depression and paranoia.
- When the mental health Professional engages with the patient's family and not just the patient, it helps the family to understand how the patient feels.
- It is easier to develop a relationship with a Psychiatrist and a Community Psychiatric Nurse as opposed to an Understudy.
- The patient's local GP can't prescribe mental health drugs and the patient has never attended he local GP surgery with a mental health problem.
- Since her local GP surgery changed to a walk in centre, the quality of service has reduced. Letters often arrive late, communications have gotten worse and it is harder to make an appointment. Additionally, the found making a phone call when the symptoms are manifesting difficult. Therefore being put on hold or asked to call back when making an appointment was hard to manage.

- The patient noted that volunteering has proven to be a good idea as she can help others through empathy and understanding of the condition. She added that she would have liked this service to have been available to her when she needed it.
- Clinicians need to listen to the needs of the patient.
- The 'Patient story' programme is a good idea. It is important that patients receive feedback on the points they raise.

#### 1.7.2 Patient #2.

- The patient reported that he had been sectioned twice, the last occasion occurring in October 2012. Since then the patient has been seeing a Psychiatrist.
- The patient reported that at times he can feel really low or really manic and not know why, leading to an occasional loss of control.
- The patient noted that the Psychiatrist at the community mental health team (CMHT) was good.
- The patient stated that he was managed quicker at his last accident and emergency attendance which helped his symptoms. However, he was then under hospital care for 5-6 weeks with no shoes, toothpaste or toothbrush as the hospital weren't prepared.

Catherine Boyle asked Richard Fradgley and Judith Littlejohns for assurance that the points raised by the patients would be addressed. A member of the public also requested that the patients are informed of what action would be taken as a result of their contribution to the patient story item.

Judith Littlejohns informed members that the quality issues (in particular the speed that letters are sent to patients) identified in the videos would be discussed at the mental health Care Quality Review Meetings (CQRMs). Judith Littlejohns added that she would provide feedback to service users in the videos; additionally the learning from the videos would be presented to the Mental Health Partnership Group to feedback how the services could be improved.

- **Action: Dr Judith Littlejohns to present the key points of learning from the patient story item to the East London Foundation Trust (Mental Health) CQRM and feedback to service users on how the information they provided will be used.**

Richard Fradgley noted that the big theme from the videos was the impact that mental health symptoms can have on an individual's life course from a young age. Richard Fradgley stated that the final version of the Mental Health Strategy would address this theme as well as others.

Catherine Boyle reiterated the positive impact individual feedback to patients has.

Maggie Buckell added that for patients with long term conditions, reiterating their symptoms and what processes they had been through to several clinicians was difficult.

Dr Sam Everington informed members that with his patients he stresses the need for continuity in whom they see for their healthcare.

Dr Hannah Falvey noted that as she is the children and young people lead it was useful to hear about the difficulty patients experienced in obtaining access to health. Hannah Falvey

added that an additional challenge for the CCG will be the integration of mental health and education.

A member of the public asked how confident the CCG was that GPs in Tower Hamlets are skilled in identifying patients with mental health disorders. Dr Sam Everington informed members that a GP's skill set depends on their training and experience they have received. Dr Judith Littlejohns informed members that Tower Hamlets GPs have protected learning time with consultants and psychiatrists attached to practices who are present at case reviews. These measures empower GPs to be more confident to identify psychiatric issues. Katherine Gerrans informed members that practice nurses also receive training in identifying mental health issues.

Dr Isabel Hodgkinson noted that the challenge for the CCG was to address the disconnect between mental health and physical health; adding that there are physical manifestations of mental ill health. Dr Tan Vandal added that the disconnect between physical and mental health is seen in secondary care through the initial focus on treatment of a patient's physical ailments before their mental issues are addressed. Dr. Tan Vandal recommended that as commissioners the CCG needs to work on managing person's mental health and physical health in parallel.

- **Action: John Wardell to take the patient story key points and feedback (in particular the need for improved congruence between physical and mental health issues) to the programme boards for consideration and action.**

Catherine Boyle noted that the patient story item highlights the importance of listening to patients adding that the CCG would like patient stories from any aspect of healthcare and encouraged members and attendees to either volunteer or ask others to volunteer by emailing [info@towerhamletsccg.nhs.uk](mailto:info@towerhamletsccg.nhs.uk).

Governing Body members **noted** the Patient Story item.

## 1.8 Minutes and matters

The minutes of the previous meeting were **approved** as an accurate record of the previous meeting.

## 1.9 Matters arising

There were 2 on-going actions from the previous meeting:

### 1.9.1 July #6: Quality indicators in outpatient redesign

Dr Victoria Tzortziou-Brown informed members that Dr Nicola Hagdrup and herself had been in communication with Lisa Hollins at Barts Health NHS Trust to identify quality indicators in outpatient redesign. Members were informed that there had been some good news; that waiting times and the time taken for letters to be sent had reduced. Members were informed that the CCGs main concerns are related to diagnostics being returned to consultants. This was **completed**.

### 1.9.2 The impact on Barts Health NHS Trust of the transfer of services to NHS England

Huw Wilson Jones informed members this action is on-going because of a validation issue currently being resolved between NHS England, Barts Health Trust and the Commissioning

Support Unit. Members were informed that there were 2 workstreams underway that aim to resolve the issue by the November meeting of the Governing Body.

- **Action: Paul Balson to update the matters arising accordingly.**

## 2 Commissioning and Strategy

### 2.1 Launch of the Mental Health Strategy Consultation

Dr Judith Littlejohns introduced the draft mental health strategy to members and attendees. The following major points were raised:

- The draft strategy is jointly owned by the Health and Wellbeing Board, the Local Authority and the Clinical Commissioning Group. This will make better use of each group's resources and reduces the likelihood of patients falling through holes in the systems between the organisations.
- Across all ages, including older people in Tower Hamlets, mental illness accounts for 40% of morbidity.
- Mental illness has a profound impact on health, relationship, housing, educational and employment outcomes.
- The CCG's vision is to commission integrated mental health services that are safe and effective, with friendly staff that inspire confidence in the people and families using them, and which help people to take control of their own lives and recovery.
- This will be achieved through the principle that it takes a lifecourse approach, actively considering how the whole population can be supported to be mentally healthy from cradle to grave.
- The strategy will aim to ensure that every programme board has a mental health element within them to make mental health everybody's business.
- To develop the strategy the working group has held a series of stakeholder workshops to help us to shape the Strategy's priorities. This has included service users and carers, clinicians and professionals and voluntary sector partners across each stage of the lifecourse.
- Richard Fradgley informed members the mental health of children and young people has been the area that people across the board have informed the Strategy group needs to be the number one priority of the Strategy. The strategy will hope to catch children and young people at school or through other outreach services as well as consider how families where a parent has a mental health problem are supported.
- Tower Hamlets has very high levels of mental illness in adults. If you have a serious mental illness in Tower Hamlets, you are three times as likely to be obese, four times as likely to be morbidly obese. However if you're known to mental health services, you're less likely to be admitted.
- The strategy hopes to ensure that all mental health services work together to promote choice and control for service users and carers; as well as provide a joined up interface of mental health and physical health, building on a similar project initiated at Barts Health.
- Dementia is a key national priority. Over the past three years, the CCG has delivered significant improvements in services for people with dementia and their carers. As a consequence our community dementia pathway won the national 2013 Local

Government Chronicle Health and Social Care Award for its demonstration of how integrated health and social care can contribute to improved outcomes and experience for service users and carers. Despite our successes, the strategy will aim to continue to improve services for people with dementia and their carers.

- The next steps are that the consultation will run until 10<sup>th</sup> October, when the consultation will be closed at an event hosted by the Mayor of Tower Hamlets. At this meeting the Health and Wellbeing Board will sign the Time to Change pledge. This will signal the CCGs intent to make a difference to the stigma and discrimination that people with mental health problems experience in the borough.
- Deborah Cohen informed members that one of the key principles the local authority wanted to highlight was to attack the stigma associated with mental health, the perceived shame and the fear patients experience when admitting to having an issue.
- The strategy will aim to build and strengthen partnerships with its 3<sup>rd</sup> sector partners which have worked well to date.
- The strategy will also make plans for future developments healthcare; e.g. self-directed support and personal health budgets.

Catherine Boyle congratulated the strategy team for a comprehensive document that had a strong evidence base that informed the objectives and projected a vision for the future. Catherine Boyle then asked: If Tower Hamlets has such a high level of need why is investment in mental health less than average? Does this mean there is an unmet need or is the CCG making efficient use of resources? Catherine Boyle added that it is important to address the funding issue as Tower Hamlets has a projected 29% growth in population over the next ten years.

Richard Fradgley informed members that measuring financial allocations is complex and difficult to get correct. However, Tower Hamlets actually invests more than the London average. Richard Fradgley added that the allocation is based on per capita, in Tower Hamlets this is difficult to ascertain due a 30% turnover of the population. The strategy will also aim to improve the quality of the data that assumptions and allocations are based on.

A member of the public stated that he was glad to see the strategy would have a young people focus, but asked of there were any plans to influence perinatal health? The member of the public also asked in there will be a focus on educating parents? Adding that parents often don't understand the influence they have on the mental health of children.

Dr. Judith Littlejohns informed members that the strategy has committed to a review of all services, of which perinatal care is a part of.

Maggie Buckell asked how the strategy intends to work with schools, specifically how to get Child and Adolescent Mental Health Services (CAHMS) into schools.

Dr. Haroon Rashid noted that the lifecourse approach was good, adding that based on the patient story, what was the likelihood of employing family therapists.

Richard Fradgley informed members that the previous questions had all been asked by stakeholders during the engagement programme; adding that any interventions the strategy proposes would be based on a good evidence base. Additionally, the strategy would aim to ensure that all interventions would have multiagency input to look at how they would be implemented across Tower Hamlets.

A member of the public asked if the consultation phase for the strategy would include focus groups. Dr. Judith Littlejohns informed members and attendees that there is a schedule of events for consultation on the CCG website.

A member of the public stated a preventative approach to mental health in the strategy would be good, highlighting “Academies” and “5 a day to mental health” that could empower children and adolescents to look after their own mental health. Deborah Cohen informed members and attendees that the strategy can only have a direct influence over statutory organisations at present; but would endeavour to work with all organisations in Tower Hamlets.

Jonathan Warren welcomed the joint approach to mental health and added that he was really pleased to see a move to performance management by quality and not just that of financial accounts.

Dr. Sam Everington thanked Richard Fradgley, Dr. Judith Littlejohns and Deborah Cohen for their contribution in developing the strategy.

Governing Body members **noted** the launch of the mental health strategy consultation.

### 3 Performance and operations

#### 3.1 Tower Hamlets CCG Objective Scorecard

John Wardell presented the scorecard which summarises the CCGs performance against the various measures that are linked to the CCGs Corporate Objectives for 2013/14. The following highlights were reported:

- The CCG’s performance in the NHS Outcomes Framework (NHSOF) 1. Preventing people from dying prematurely, and 2. Health related quality of life for people with long term conditions is challenging.
- The CCG performs best in its ONS cluster for NHSOF 3. Helping people to recover from episodes of ill health or following injury.
- Indicators where the CCG is are waiting on national development of measurement criteria are shaded blue.
- Indicators where the indicator is not expected to be available this month e.g. because it is an annual measure are shaded grey.
- On the new friends and family test data: Barts Health NHS Trust are achieving a score of 10.54% against a 15% target.
- Barts Health NHS Trust is making progress with ‘urgent care streaming’. In quarter 1 at least 1800 people have been streamed from A&E.
- With regards to equality and diversity impact assessments, the CCG has carried out screening assessments on all workstreams. This will turn to ‘Green’ once the assessment have been signed.

John Wardell asked members if members had any questions.

Dr. Sam Everington informed members that he had been in discussion with NHS England to develop processes of mutual assurance on commissioning scorecards.

John Wardell informed members that the first meeting with NHS England to initiate mutual assurance would be held in the week commencing 9 September. John Wardell added that at the time of reporting their scorecard mirrors ours with regards to where the areas of concern (category reds) are.

Catherine Boyle noted that although the friends and family score is an aggregated score from A&E and admissions, it features on the scorecard twice. John Wardell informed members he would investigate why and report back to members.

- **Action: John Wardell to investigate the friends and family test parameters and why there are 2 scores for it on the scorecard.**

Dr. Isabel Hodgkinson queried how the appraisals measure could be turned to green. Jane Milligan informed members that all CCG operational staff have finalised objectives and appraisal programmes; not all Governing Body members had been fully completed.

Mariette Davis asked whether or not the scorecard should cross reference and influence the Board Assurance Framework (BAF).

- **Action: Josh Potter and Paul Balson to ensure that the balanced scorecard and BAF cross reference and influence each other.**

### 3.2 Tower Hamlets Finance and activity summary report

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

- It is expected that the Barts Health NHS Trust contract will be signed imminently.
- Acute over-performance is primarily due to Specialist Commissioning activity and the coding of patients who fluctuate between CCG funded acute care, specialist commissioning funded care and back to CCG funded acute care again.
- Number of births rose last year, this year so far it has been broadly in line with 2012/13
- The new maternity tariff has caused a difference in projected activity levels.
- There were currently no major over activities
- Other acute Trusts have not signed contracts.
- Continuing Health Care (CHC) is overspent. This is related to BUPA's withdrawal from the childrens continuing care contract and spot purchasing arrangements needing to be put in place. This is being reviewed
- There is a forecast underspend at year for Community Health Services.

Huw Wilson Jones asked members for questions:

Deborah Cohen asked if there was an action plan regarding the volume of uncoded activity, noting that there is a risk that in month 8 the CCG could receive a sizeable bill it did not expect.

Huw Wilson Jones informed members and attendees that the assumptions during the period Barts Health NHS trust resolve the coding issue has been agreed and cannot be changed. In the rare event that a challenge is made, the CCG has access to a claims process supported by national guidance.

Huw Wilson Jones informed members that Barts Health NHS Trust's information systems will be audited in due course.

Mariette Davis enquired who would be conducting the audit? Who will pay for the audit and how much will it cost?

Huw Wilson Jones informed Mariette Davis that the audit will be jointly funded by the CCGs and Barts Health NHS Trust and the terms of reference and parameters are currently being worked on.

Catherine Boyle noted that the issue of poor quality coding at Barts Health NHS Trust has been discussed at several meetings of the Governing Body and asked for assurance that the situation is being improved.

Huw Wilson Jones informed members that he was assured the coding situation was improving. Catherine Boyle commented that she felt it was difficult to feel assured that there had been progress and also asked if Barts Health NHS Trust were aware that if processes for good coding are not in place, the CCG will benefit due to the baseline activity levels all assumptions are based on?

Dr. Isabel Hodkinson stated that she felt that Barts Health NHS Trust were unprepared for coding that they are producing poor quality data, asking the Governing Body: at what point will the CCG consider investing in innovators to move the coding project forward.

Dr. Tan Vandal informed members that evidence suggests that when clinical coding is improved, frequently; it is the provider that benefits.

Jane Milligan informed members that the process for coding and challenge needs to be thoroughly tested by both the CCG and Barts Health NHS Trust and that the outcome of the information systems audit will be welcomed.

Dr. Haroon Rashid stated that when the benefits from the CCG not paying for uncoded activity is a double edged sword. As the CCG does save money, it will increase the financial pressure on Barts Health NHS Trust.

Huw Wilson Jones was thanked for the report and the Governing Body **noted** the report.

### 3.3 Finance Month 4 2013/14 report

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

- The month 4 report reflects many of the key points raised in the activity summary report
- There are a number of issues that affect the CCGs ability to reflect the month 4 report. The main one is that Barts Health NHS Trust have reported an underspend; which the CCG doesn't think is correct. Henry Black added that this has been reported as amber as a prudent measure.
- As requested at the last Governing Body meeting, areas where the data is queried have been graded as amber.
- The CCG's operating budget (the budget for the Governing Body and management team) is within its tolerance levels

- QIPP plans are expected to deliver their target of £12.1m. There is a slight risk this won't be achieved, but the CCG has a risk provision of £500k.
  - The CCG has not received adequate activity information from its providers to include in this report.
  - Better payments practice code is an issue. It is a key performance indicator and is measurable by how efficient the CCG is in terms of paying its creditors within 30 days of receipt of an invoice. The CCG is currently achieving 74% in terms of value of invoices and 64% in terms of the volume of the invoices. The performance in this area is mainly due to the restrictions on access to patient level data under s251 of the Data Protection Act. This has made it impossible to approve for payment any invoice which requires validation of patient identifiable information. At present there is no current solution to this problem, which affects the entire NHS and is being discussed at Secretary of State level.
  - The key risks and opportunities were listed and Governing Body members were asked to review the reasonableness of probabilities applied and assure themselves of the actions being taken.
  - Mariette Davis informed members that the section on risks and opportunities was good and would like to focus on this in the next Audit Committee meeting.
- **Action: Henry Black to present the financial risks and opportunities at the next Audit Committee meeting.**

### 3.4 Performance and Quality report

Charlotte Fry presented the report, the following highlights were reported:

#### 3.4.1 Barts Health NHS Trust

- Some of the measures are rated as red / amber as they consider what the performance is for all patients at Barts Health NHS Trust and the performance for the population of Tower Hamlets CCG.
- Cancer waiting times have shown an improved position with regard to the 62 day referral to treatment times but standards in other areas have deteriorated. The CSU and CCG will continue to meet bi-weekly with Barts Health NHS Trust to improve performance and reduce the number of avoidable breaches.
- Referral to Treatment: Barts Health NHS Trust are not achieving all waiting time standards. The Intensive Support Team from NHS England (London) is helping to conduct a critical review to get them back on trajectory.
- Winter planning is becoming an area of focus and will be reported to the November meeting of the Governing Body.
- Barts Health NHS Trust are making significant progressing in closing serious incident (SI) reports.
- Although mixed sex accommodation is red rated, there is a steady improvement in the reduction of mixed sex accommodation breaches at Barts Health NHS Trust.

Dr. Sam Everington added that he felt the mixed sex accommodation was less of a clinically crucial target 62 day cancer wait and felt that often there were reasonable clinical reasons for why this target was not met.

- There have been 3 provisional cases of Methicillin resistant Staphylococcus Aureus (MRSA) reported since April 2013. Barts Health NHS Trust have undertaken a root cause analysis and this issue will continue to be closely monitored at the CQRM.

#### 3.4.2 East London Foundation Trust

- The only red is for outstanding serious incidents which is improving.
- There were 3 homicides in June with 2 serious case reviews underway.

#### 3.4.3 Community Health Services (CHS)

- Long waiting times have been reported in physiotherapy (an average of 13 weeks) this is mainly attributed to technical issues with choose and book.
- Foot Health has experienced difficulty in obtaining accurate information. Barts Health NHS Trust are looking at ways to get information for month 5.
- Audiology are working to improve attendance rates by allow patients to come direct to Ear, Nose and Throat (ENT) rather than accessing the service through acute care.

Dr. Judith Littlejohns asked if the audiology performance grading included netcare. Huw Wilson Jones informed confirmed that it did.

Dr. Isabel Hodkinson asked if there was any additional information regarding podiatric surgery. Dr. Shah Chowdhury informed members that the podiatric surgery waiting list was being conducted on a first come first served basis and we were seeing a greater number of discharges from the service without a commensurate change in service improvement. This will be monitored though the programme board work.

John Wardell advised members to use the service alert reporting mechanism to highlight learning and improvement opportunities in our providers.

Dr. Haroon Rashid reminded members that as podiatric care is a crucial component of diabetes care and that Tower Hamlets has a high rate of diabetes; it is essential that the podiatric service is improved. Dr. Shah Chowdhury informed members that the service is being challenged on their performance.

Dr. Sam Everington informed members that he receives copies of the significant incidents and enquired if other Governing Body members would like details. Members expressed interest in receiving details of serious incidents.

- **Action: Collette McQueen to circulate details of serious incidents to Governing Body members.**

Dr. Tan Vandal informed member that he felt many of the breaches in many areas of performance were avoidable and enquired what impact the actions raised at CQRMs have. Charlotte Fry informed members that she would discuss this issue with Archna Mathur.

- **Action: Charlotte Fry and Archna Mathur to include within the quality report, what impact actions proposed at CQRMs have on performance and quality.**

Catherine Boyle asked about the friends and family test, specifically where the data originates from and what service it applied to.

Catherine Boyle that noted that it was good to see the CCG holding providers to account. However she also noted that it seemed that they state what they will do, but don't know how they will do it. Catherine Boyle also asked for some assurance that in the pursuit of one performance measure, other programmes aren't adversely affected.

- **ACTION: Josh Potter to obtain more detail of the friends and family test at a programme board level.**

### 3.5 Integrated Risk Management Strategy

Mariette Davis presented the item. The following highlights were reported:

- The document is an update version of the one submitted for authorisation and is presented to the Governing Body for approval.
- It is the responsibility of the Governing Body to ensure it operates correctly and is able to assure itself.
- The Integrated Risk Management Strategy provides details of how the Board Assurance Framework gets updated.
- The main changes to this version of the document includes the processes for populating the BAF and its relationship with the operational risk registers, the role of the audit committee audit and the annual governance statement.
- If approved, the document will be uploaded to the CCG website and circulated to staff.

There were no questions from members of the Governing Body. The Governing Body **approved** the Integrated Risk Management Strategy.

### 3.6 Board Assurance Framework

Mariette Davis presented the item to the Governing Body for noting. The following highlights were reported:

- The BAF is an effective tool the Governing Body can use to drive its agenda.
- The aim of the BAF is to pull all the risks facing the organisation into one document.
- Members were informed of the process for populating the BAF.
- The BAF is dynamic and will be updated on a quarterly basis.
- The risks will now be presented to each of the committees for scrutiny and updating.
- The Audit Committee will receive it and give the board assurance by scrutinising it and recommending further actions.
- The Internal Auditors have conducted their first review and made the following recommendations that would be implemented in the next version:
  - Additional KPIs on risk progress
  - The addition of timelines for achievement
- The majority of key risks on the BAF are related to Barts Health NHS Trust,

Mariette Davis noted that it was good that the performance of Barts Health NHS Trust was on the agenda.

- **Action: BAF to be presented to the programme boards and Committees of the Governing Body for update.**

Catherine Boyle noted that a lot of the risks were categorised as high risk.

Mariette Davis informed members that although several of the risks were “high” some of those risks were expected to be low risk by the end of the year; the Governing Body was advised to focus its efforts on the risks that were expected to not reach their end of year targets.

The Governing Body **noted** the BAF.

### 3.7 Whistleblowing

Mariette Davis presented the item to the Governing Body for approval. The following highlights were reported:

- As the Lay Member for Governance is independent of the operational aspects of the CCG; within the policy they are: 1. Kept informed of any staff concerns raised through the policy and 2. Investigate when the other stages have been deemed unsatisfactory by the Whistleblower.
- The document has been reviewed by the Senior Management Team and the Counter fraud Lead.
- A key issue identified by the Senior Management Team was to identify the appropriate action in the event an individual from another NHS organisation whistleblows to the CCG. This was resolved.

Dr. Isabel Hodkinson noted that phase 1 of the policy has a negative focus and would like the section reworded to be more positive so that it the CCG is not perceived as being adversarial. Dr. Isabel Hodkinson also commented that she would like to cultivate a culture where an escalation of an issue to the Lay Member for Governance is regarded as a “Never event”.

- **ACTION: Paul Balson to amend “Phase 1” of the policy to make it more positive and less adversarial.**

Dr. Hannah Falvey asked if Rob Mills - Designated Nurse Tower Hamlets Nursing and Safeguarding had reviewed the policy and noted that she would like a more explicit reference to the Savile enquiry

- **Action: Paul Balson to ask Rob Mills to review the policy in light of the Savile enquiry.**

The policy was **approved** subject to the above changes.

## 4 Barts Health NHS Trust

Jane Milligan presented the report to the Governing Body for discussion.

The report looked at the key issues / concerns for Barts Health NHS Trust and provided a summary of the current approach to performance management and commissioning of the Trust. The key issues reported included:

- The Trust is facing challenges associated with the merger of 3 Acute Trusts.
- They are under pressure to deliver on the expectations of multiple Clinical Commissioning Groups.
- The issue of Barts Health NHS Trust (formerly Barts and The London NHS Trust) and performance is not a new issue. The Primary Care Trust's also experienced difficulties.
- The major difference to historic performance issues is that Barts Health NHS Trust no longer have access to non-recurrent funds to address any financial short falls
- The focus is now for Barts Health NHS Trust is to devise robust lasting solutions to the issues; as opposed to interim 'quick fix' solutions.
- The CQC inspections of the Trust provide opportunities to learn and make changes.
- The monthly meetings with the National Trust Development Agency (NTDA) are assisting with the management of their performance.
- Although Barts Health NHS Trust needs to turn its finances around, the common perception that the Private Finance Initiative (PFI) is the primary cause of their finance issues, this is not true.
- Barts Health Trust own a lot of land and buildings from which they can benefit.
- Virginia Patania asked Jane Milligan who would receive the payment from in the event of sale of the Royal London site (e.g. for the development of a hotel: Barts Health NHS Trust or NHS England? Jane Milligan informed members that the proceeds from the sale should go to Barts Health NHS Trust, but informed members that she would provide a definitive answer.
  - **Action: Jane Milligan to investigate which body will receive the proceeds from the sale of the Royal London site.**
- Members were informed that a more significant risk for Barts Health NHS Trust is that of Barts Health NHS Trust being spread out over too many sites.
- Members were informed that Barts Health NHS Trust had released a briefing stating that they were cancelling contracts for services such as telephones, transportation, etc.
- Dr. Isabel Hodgkinson informed members that as clinical services are combined, it is crucial that the quality and financial case for any changes are made clear by the CCG.
- Jane Milligan informed members that an additional financial challenge is the move to payment by results (PbR) and the risks associated with this (e.g. absence of accurate coding by the Trust).
- Members were informed that there were other identified challenges with Barts Health NHS Trust's overall strategy.
- The CCG has good links with the CQC that will enable joint working on improving specific areas of the Trust's performance.
- Barts Health NHS Trust should observe that the success of previous projects were successful due to good clinical engagement. It is therefore essential that clinicians are involved in any proposed changes.

- The Trust's progress on safeguarding training, cancer waits, A&E targets and other areas key areas require improvement.

Mariette Davis asked what the Trust's plans for improvement were.

Jane Milligan informed members that Henry Black will be attending a meeting to discuss the Trust's turnaround plan for staff reviews and other measures. Additionally, a joint strategy-meeting and consultation programme is being developed with CCGs, Barts Health, and other key stakeholders to ensure that a clear idea of what their plans are, and how assistance can be provided is given.

Dr. Stuart Bingham informed members that the Barts Health NHS Trust outpatient new to follow up ratio was poor and was having an impact upon quality of care. It was requested that Barts Health NHS Trust are reminded of the national targets for new to follow up ratios in outpatients including other London teaching hospitals.

Dr. Isabel Hodkinson informed members that data quality at Barts Health NHS Trust must improve as the inability to do diagnostics is a big risk.

Dr Victoria Tzortziou Brown advised members that when working with Barts Health NHS Trust on quality or performance issues, inviting the clinical leads is important to ensure continuity (as the management team stay in post for a shorter period of time). Dr. Sam Everington agreed with the point, citing the example of when the CCG asked Barts Health Clinicians to report each 62 day wait Cancer target breach as a serious incident. This led to positive change in the service.

Dr. Tan Vandal informed members that for the Barts Health NHS Trust turnaround plan to work the engagement of Clinical Academic Group Clinical Leads was imperative.

Dr. Stuart Bingham enquired at what point would a 'Service Alert' become 'Whistleblowing' and at what point would the CCG consider alternative remedial actions e.g. the occurrences of MRSA in the new building despite assurance that the new building would reduce occurrences. Jane Milligan informed members that many of these issues are managed at the Care Quality Review Meetings (CQRMs).

Dr. Stuart Bingham noted that the death rates for Barts Health NHS Trust aren't reported for areas such as heart surgery. Jane Milligan informed members that their performance in this area is quite good and that areas of poor performance are addressed through the CCG, NTDA and Department of Health.

Dr. Judith Littlejohns enquired if the CCG could encourage the other NELC CCGs to participate in Clinical engagement with Barts Health NHS Trust; stressing the value of strong CCG relationships.

John Wardell informed members that the management team would look at ways to strengthen relationships with other CCGs and noted that the CCG has a good relationship with the local authority.

Governing Body Members agreed that they would like Barts Health NHS Trust to cease "glossing over" bad news and state the facts.

Dr. Hannah Falvey enquired what the CCG's relationship with the CAGs was like. Dr. Isabel Hodkinson informed members that CAGs are invited to meeting of CCG leads.

Dr. Hannah Falvey stated that she would like to meet the other CCG Child safeguarding leads and build working relationships. Dr. Sam Everington agreed that this was a good idea and recommended it for all areas of responsibility.

- **Action: CCG Management team to facilitate meetings between the NELC CCG leads for specific areas of responsibility. E.g. Child and Adult Safeguarding.**

Catherine Boyle informed members that she had made contact with the Patient and Public Involvement Lead across the NELC sector and have agreed to meet on a regular basis.

Dr. Haroon Rashid highlighted to members that all the major risks facing Barts Health NHS Trust are financial and that even with CCG collaboration; failing to resolve them within 6 months would be concerning for the CCG. Dr. Haroon Rashid recommended that the CCG make a contingency plan.

Dr. Isabel Hodkinson and Maggie Buckell both stated concerns over the "soft culture" impact of the changes to staffing plans, noting that the Trust had circulated the consultation. The key concern was that staff will feel less empowered to look after their patients when staff don't feel looked after themselves. It was recommended that the Nurse leadership is also involved when proposing changes.

Catherine Boyle noted that that approximately half of Barts Health NHS Trust's income derives from specialist commissioning they will also be experiencing financial difficulties owing to the lack of clarity with regards to specialist commissioning. It was recommended that the CCG liaise with NHS England.

Dr. Sam Everington informed members that the CCG had written to NHS England on this issue, but to date a meeting has yet to be arranged with the 12 CCGs in the north east and central region Jane Milligan will follow this up with Paul Bennett in the area team.

Dr. Hannah Falvey asked she were correct in assuming that Specialist Commissioning were behind in their payments in April.

Jane Milligan informed members that this was correct and that an NHS England representative would be invited to a future meeting of the Governing Body

- **Action: Paul Balson to invite NHS England to attend a future meeting of the Governing Body on the Specialist Commissioning processes.**

Jane Milligan thanked Archana Mathur for her work in addressing performance and quality issues with Barts Health NHS

Jane Milligan also suggested that the CCG support the Barts Health NHS Trust Non-Executive Directors in the management of quality and performance.

Dr. Isabel Hodkinson enquired if Barts Health NHS Trust Winter planning was site specific or across the entire Trust. Dr Sam Everington informed members that it was site specific with some areas of oversight.



Members **noted** the report.

## **5 For information**

### **5.1 Safeguarding**

The Governing Body had no further comments on the report presented **for information**.

### **5.2 Audit Committee summary**

The Governing Body had no further comments on the report presented **for information**.

### **5.3 Transformation Innovation Committee summary**

The Governing Body had no further comments on the report presented **for information**.

## **6 AOB**

There were no further items raised under AOB.

## **7 Questions**

There were no additional questions from members of the public. The Chair thanked members and attendees and closed the meeting.

**End**

## 8 Matters arising

Action reference	Action	Lead	Due Date	Update
Sept #1	Dr Judith Littlejohns to present the key points of learning from the patient story item to the mental health CQRM and feedback to service users on how the information they provided will be used.	JL	29 October 2013	The videos presented to the Governing Body have been forwarded to the Mental Health team who will present to the CQRM. <b>Action completed.</b>
Sept #2	John Wardell to take the patient story key points and feedback (in particular the need for improved congruence between physical and mental health issues) to the programme boards for consideration and action.	JW	29 October 2013	The key learning points will be presented to the programme board meetings and officer meetings. <b>Action complete</b>
Sept #3	Paul Balson to update the matters arising accordingly	PB	29 October 2013	<b>Action complete</b>
Sept #4	John Wardell to investigate the friends and family test parameters and why there are 2 scores for it on the scorecard.	JW	29 October 2013	The 2 scored are as a result of 2 sources. 1. Validated data from CSU. 2. Non-validated but up to date data. <b>Action complete</b>
Sept #6	Josh Potter and Paul Balson to ensure that the balanced scorecard and BAF cross reference and influence each other.	JP / PB	29 October 2013	The balanced scorecard is now referenced in the BAF as an assurance that the CCG Governing Body retains oversight of its performance metrics. <b>Action complete</b>
Sept #7	Henry Black to present the financial risks and opportunities at the next Audit Committee meeting.	HB	29 October 2013	The document was discussed at the Audit Committee. The next meeting of the FPQ will look at the range of finance reports available to the CCG, <b>Action complete</b>
Sept #8	Collette McQueen to circulate details of serious incidents to Governing Body members.	CM	29 October 2013	SI summaries are now sent to all GB members who have requested them. <b>Action complete</b>
Sept #9	Charlotte Fry and Archna Mathur to include within the quality report, what impact actions proposed at CQRMs have on performance and quality.	CF /AM	29 October 2013	This will happen going forward. It has been agreed that from now on the summary reports will include a note of any relevant actions from the CQRMs or other quality / performance forums in the narrative against key targets or improvement areas. <b>Action complete</b>

Sept #10	Josh Potter to obtain more detail on the friends and family test at a programme board level.	JP	29 October 2013	Plans are underway to split the inpatient data by specialty and then aligning it to the relevant board. <b>Action complete</b>
Sept #12	BAF to be presented to the programme boards and Committees of the Governing Body for update.	PB	29 October 2013	BAF has been added to the agenda of each of the Committees and meetings arranged with the risk leads. <b>Action complete</b>
Sept #13	Paul Balson to amend "Phase 1" of the Whistleblowing policy to make it more positive and less adversarial.	PB	29 October 2013	Policy amended. <b>Action complete</b>
Sept #14	Paul Balson to ask Rob Mills to review the policy in light of the Savile enquiry.	PB / RM	29 October 2013	Rob Mills has reviewed and suggested amendments in light of 'Savile'. <b>Action completed</b>
Sept #15	Jane Milligan to investigate which body will receive the proceeds from the sale of the Royal London site.	JM	29 October 2013	Jane Milligan raised the issue with the TDA - there are no plans confirmed about the nature of the disposal but the TDA are working with NHS England to secure capital receipts to remain with BH. <b>Action complete</b>
Sept #16	CCG Management team to facilitate meetings between the NELC CCG leads for specific areas of responsibility. E.g. Child and Adult Safeguarding, etc.	PB	29 October 2013	A list of area leads is being compiled by the Governance leads within the North East London and the City geographical area. <b>On-going</b>
Sept #17	Paul Balson to invite NHS England to attend a future meeting of the Governing Body on the Specialist Commissioning processes.	PB	29 October 2013	NHS England management team will attend the 4 March meeting of the THCCG Governing Body. <b>Action complete</b>
July#7	Louise Russell to send Dr Victoria Tzortziou Brown a copy of the HWB Strategy stakeholder evaluation.	LR / VTB	27 August 2013	<b>Action complete</b>
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	Huw Wilson Jones will report back to the Governing Body at the November meeting. <b>On-going</b>