NHS
Tower Hamlets
Clinical Commissioning Group

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

5 November 2013, 1430 to 1700

Seminar room 1 & 2, Barkantine Health Centre, 121 Westferry Road, London, E14 8JH

1 General Business

1.1.1 Present

Name	Role	Organisation
Dr Sam Everington	Chair – LAP 6 representative – Bromley By Bow Practice	NHS THCCG
Catherine Boyle	Vice Chair - Lay Member (Patient and Public Engagement)	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
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
Virginia Patania	Practice Manager representative	NHS THCCG
Dr Somen Banerjee	Interim Director of Public Health	LBTH

1.1.2 In attendance

Name	Role	Organisation
Archna Mathur	Deputy Director Quality and Performance	NHS THCCG
Ellie Hobart	Head of Engagement	NHS THCCG
Jean-Claude Simba	Team Administrator	NHS THCCG
Paul Balson	Minutes - Governance and Risk Manager	NHS THCCG
Nigel Woodcock (for item 3.1)	Programme Director	WELC CCGs
Rosna Mortuza	Senior Commissioning Support Manager	NEL CSU
Neil Kennet-Brown (for item 3.2)	Programme Director	NEL CSU
Dianne Barham (for item 3.3 and 5)	Chief Executive	Healthwatch
Huw Wilson Jones	Associate Director Contracting (CSU)	NEL CSU

1.1.3 Apologies

Name	Role	Organisation
Dr Hannah Falvey	Allied Health Professional representative	NHS THCCG
Charlotte Fry	Commissioning Support Director (CSU)	NEL CSU
Deborah Cohen	Service Head Commissioning and Strategy	LBTH
Paul Iggulden	Associate Director Public Health	LBTH

1.2 Declarations of interest

The Chair asked Members for any declarations of interest.

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 from the Governance and Risk Manager: Paul.Balson@towerhamletsccg.nhs.uk.

1.3 Chairs report

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

- The appointment of the new NHS England Chief Executive – Simon Stevens
- Results of the CQC intelligent monitoring report on Barts Health NHS Trust
- The launch of NHS England's public engagement stage regarding proposals to improve specialist cancer services
- The 'Putting patients back in the picture' independent report and the NHS complaints system review

In addition to these items contained within the report, Dr Sam Everington reported the following:

- **Reduction in resources.** Henry Black – Chief Finance Officer is planning for the future financial challenges arising from a potential reduction in resources. The reduction is due to amendments in the NHS England allocation formula for CCGs.
- **Life expectancy in Tower Hamlets.** The Chair used data from the Office of National Statistics to highlight a key challenge for the CCG. Recently issued data showed that Women in Tower Hamlets have a healthy life expectancy of 54.1 years, which is 15 years lower than those in the affluent Richmond upon Thames.
- **CQC Inspection panel.** The CQC have invited members of the public to tell an inspection panel what they think of the services provided by Barts Health NHS Trust. The event in Tower Hamlets is on Wednesday 6 November, 6.30pm at Tarling East Community Centre, Martha Street, E1 2PA.
- **Specialist cancer and cardiovascular services review.** NHS England and local Clinical Commissioning Groups are leading a review of specialist cancer and cardiovascular services in North and East London and West Essex. They are seeking the views of patients and public on the clinicians' ideas for how these services can be improved. The closest event for Tower Hamlets residents is on Monday 18 November, 6-8pm, Main Hall at The Old Town Hall, 29 Broadway, Stratford, E15 4BQ.

- **Pioneer status.** The WELC Integrated Care Programme has been successful in obtaining 'Pioneer' status. Members were informed that this would assist the WELC group of CCGs to commission coordinated services for patients and carers.
- **East London GPs amongst the best in the country**. The Health and Social Care Information Centre most recent Quality and Outcomes Framework (QOF) data rated Tower Hamlets GPs:
    - The top performers in England for the management of blood pressure and cholesterol in people with diabetes and coronary heart disease.
    - In the top 10 in England for chronic kidney disease and hypertension.
    - First in London for blood pressure control in chronic kidney disease.
    - In the top five in London for cholesterol and blood pressure control in coronary heart disease, stroke and diabetes.
- Dr Sam Everington informed members he would be meeting with the Department of Health to discuss future developments in healthcare.

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

1.4 Chief Officer's report

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

- The '111 Service' go-live date for North East London and the City.
- Key points from the 10 October 2013 letter from Sir David Nicholson. The letter asked all CCG Leaders and NHS Area Directors to place specific focus on patient engagement.
- An update on CCG equality and diversity workstreams.
- The 2013 Health Convention at the Whitechapel Ideas Store on 19 October was a success and the CCG will be planning a number of similar engagement events.
- Excerpts from local media featuring the work of the CCG.
- A summary of Freedom of Information Act requests.

In addition to these items contained within the report, Jane Milligan reported the following:

- **Strategic planning for 2014/15.** NHS England, the Local Government Association, Monitor, and the National Trust Development Authority would be issuing initial guidance on the 2014/15 strategic and operational planning process. Full guidance is expected in December. The CCG has been working on a 2 to 5 year plan for 2014/15 onwards. This is a change to the usual 1-year plan year plan and will enable more strategic planning. In addition to a Tower Hamlets borough specific plan, there will be an overarching WELC CCG (Waltham Forest CCG, Newham CCG, City and Hackney CCG and Tower Hamlets CCG) plan. A draft of the Strategy will be presented to the January meeting of the Governing Body. Amongst the key challenges for the NHS was that of managing the health issues of an ageing population. Members were encouraged to read the letter.

➢ **Action: 2014/15 plan to be added to the January Governing Body agenda.**

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

1.5 Patient story

Dr Sam Everington informed members and those in attendance that the purpose of having a 'Patient story' as a standing item was to ensure that patients remain at the heart of everything the CCG does and is ingrained in all its work.

Catherine Boyle introduced Nicola Austic and Richard Caley. Nicola has a number of health issues and Richard is her partner and carer. Members noted that it would be useful to know what healthcare in Tower Hamlets was like from the perspective of both a patient and a carer.

The key points made by Nicola and Richard were as follows:

- Nicola is wheelchair bound and suffers bouts of extreme pain. She attends classes that help her to manage her pain. Richard has found attendance at these classes useful, as much of the time it is he who has to assist Nicola with her pain management.
- Nicola enjoys the first 5 seconds of the day and just before she falls asleep; these are the moments where she does not experience pain.
- They would like a more personal element in their healthcare and proposed the idea of a 'Health Liaison Officer' who would assist patients and carers with navigating NHS services and handle any additional issues with the NHS.
- They feel that their care has benefitted by being treated as a single unit. They felt that other groups of people could benefit from this same approach.
- They find it very frustrating to wait for appointments each time one is cancelled or attendance was not possible.
- Nicola added that patients with physical disabilities need support as their mental health deteriorates, stressing that there is a link between both physical disabilities and deteriorating mental health.
- Nicola praised her local GPs process for delivering healthcare and recommended that it should be a model of care.

Catherine Boyle thanked Nicola and Richard for their contribution. Catherine Boyle informed members that a common theme arising from the patient stories to date was that patients found the clinical care to be good; it is the infrastructure (appointments, communication, etc.) that lets patients down.

Members were asked to comment on the patient story.

Dr Nicola Hagdrup thanked Nicola and Richard for a well-articulated patient story adding that the points raised sum up the aims of the CCG's Integrated Care Programme - making care, patient centred. Dr Nicola Hagdrup added that the idea of a 'Health Liaison Officer' is good and that the CCG plans to have a similar role in place to help patients better access and navigate the NHS system as well as deliver the patient's wishes where possible.

Members stated that they would like to see if the issues raised by Nicola and Richard had been addressed in one year's time.

- **Action: Paul Balson to add 'Update from Nicola and Richard's patient story'' to the forward planner.**

Catherine Boyle asked Nicola and Richard if they had any further comments.

Nicola informed members that patients see mental health as a taboo subject; GPs need to understand that it is hard for patients to discuss their mental health issues. Nicola said “People have pain, not just in their bodies but in their minds and this needs to be addressed too.”

Dr Sam Everington noted that GPs are often filmed in consultation and critiqued in order to become better GPs. Nicola added that viewing the patient story video allowed her to see how she presented herself, identifying the tell-tale signs of imminent ill health. Nicola and members agreed this could useful to other patients

Governing Body members thanked Nicola and Richard for their contribution and **noted** the patient story.

1.6 Minutes and matters arising of the meeting held 3 September 2013

1.6.1 Minutes

Dr Isabel Hodkinson and Dr Shatab Chowdhury corrected section 3.4.3 regarding podiatry to state: 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.

Mariette Davis informed members that she would forward a number of amendments regarding the financial risks & opportunities section and the BAF to Paul Balson.

- **Action: Paul Balson to make amendments to section 3.4.3 and the BAF sections of the 3 September minutes.**

With these amendments to the minutes, members **approved** them as an accurate record of the meeting.

1.6.2 Matters arising

- Action 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. This action is underway with the Governance and Risk Manager leading.
- Action 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 informed members that he presented a report to the Finance and Activity Committee and the action was now complete.

2 Performance and Operations

2.1 CCG Objective Scorecard

John Wardell presented the scorecard informing members that it was unchanged since the 5 September Governing Body meeting. An updated scorecard would be presented to the 7 January 2014 meeting of the Governing Body meeting.

John Wardell clarified an issue raised at the last meeting; that the two datasets on the scorecard are 1. Verified data and 2. Live, but unverified data.

2.2 NHSE Quarter 1 Balanced Scorecard

Archna Mathur presented the item to the Governing Body for the first time. The following items were raised in discussion:

- The Balanced Scorecard is part of a new CCG assurance process and presents the CCGs RAG rating across 5 Domains. The 5 domains are:
    - **Domain 1** – Are people getting good quality care
    - **Domain 2** – Are patient rights under the NHS Constitution being promoted?
    - **Domain 3** – Are health outcomes improving for local people?
    - **Domain 4** – Are CCGs delivering services within their financial plans?
    - **Domain 5** – Are conditions of CCG authorisation being addressed and removed (The CCG is not RAG rated on domain 5, as the CCG is fully authorised)?
- Overall, the Q1 Balanced Scorecard for Tower Hamlets CCG presented a positive picture with 3 out of 5 Domains achieving green RAG ratings.
- Domain 2 is rated red due to Barts Health NHS Trust's poor performance against NHS Constitution targets. Members were asked to note that although there have been some improvement in the issues affecting this measure; the position is unlikely to change before the next quarter. How change can be affected at Barts Health NHS Trust is something the CCG is working on.
- With regards to Domain 1 - Are people getting good quality care; Archna Mathur informed members that although the measure was amber-green, there is uncertainty over whether patients get quality care in accordance with the scorecard definition. A key reason for the uncertainty is that this domain's rating is dependent on the existence of remedial action plans for areas of poor performance. Members were informed the CCG has evidence of a number of action plans for managing areas of poor performance, hence the rating.
- The CQC have started their inspection of Barts Health NHS Trust. It is uncertain how their findings will influence the ratings for the Quarter 2 scorecard.
- The NHSE Quarter 1 Balanced Scorecard would be presented to the Governing Body on a regular basis to allow the Governing Body to track progress against the domains.
- Catherine Boyle noted that the report was easy to understand and helpful to have all these measures in one place.
- Catherine Boyle asked Archna Mathur if Barts Health NHS Trust have access to this report. Archna Mathur informed members that although Barts Health NHS Trust does not see the report, they are aware of all their areas of shortfall and work with the CCG in implementing remedial actions plans. However, to promote transparency between the CCG and Barts Health NHS Trust, Archna Mathur added that she would share the report.

➢ **Action: Archna Mathur to share the CCG scorecards with Barts Health NHS Trust.**

- Dr Haroon Rashid enquired if there were turnaround trajectories for the red rated domains. Archna Mathur informed members that each red rated contributory measure had its own turnaround time and trajectory. The key question was what is the likelihood of positive change before the next quarter.
- Jane Milligan informed members that Barts Health NHS Trust have their own balanced scorecard and one of the measures is how they are rated by their regulators.
- Catherine Boyle informed members that she would like to see an exchange of information between the NHS TH CCG Governing Body and Barts Health NHS Trust's Board. Dr Sam Everington informed members that the Governing Body Members would be meeting with the

Non-Executive Directors of Barts Health NHS Trust in early 2014 to discuss performance amongst other issues.

- **Action: Tracey Price to arrange a joint meeting between NHS TH CCG Governing Body Members and the Non-Executive Directors of Barts Health NHS Trust.**

Members **noted** the NHSE Quarter 1 Balanced Scorecard.

2.3 Finance and Activity

2.3.1 Activity report

Barts Health NHS Trust

Huw Wilson-Jones presented the item. The following items were raised in discussion:

The key issues within the report were similar to the risks within previous reports.

The PbR (payment by result) basis of the Barts Health NHS Trust contract represents the main risk in conjunction with the disaggregation of NHS England (including Specialist Commissioned Group) commissioned activity. This risk is being mitigated through the activity of a working group who will triangulate with which organisation the finance and activity sits.

There are still risks with the activity splits between Specialised Commissioning Group (SCG). and CCG contracts and this is going to be analysed in year. Tower Hamlets CCG are liaising with associate CCGs to try to get final sign-off from all commissioners.

The CSU have challenged £12–16m activity challenges based on incomplete data within time frames and incorrect coding.

There are areas of some over and under performance in the smaller provider contracts that cancel each other out.

There has been some overspend on the BMI Healthcare Ltd contract of £53k.

There has been an overspend of just under £200k at Great Ormond Street due to less than anticipated specialist activity being transferred to NHS England.

A&E and the re-design of the urgent care pathway is an important area for QIPP.

The Maternity tariff is being implemented and at present it is difficult to calculate the impact on the CCG as a result of the new tariff. The CCG currently pays £5m up front at the beginning of the year as opposed to spreading out the costs throughout the year.

Patient transport has moved from a block contract to tariff. The coding data will be scrutinised for accuracy to ensure the CCG is paying for the correct service.

Integrated care is reporting a negative variance. Members were informed that the programme is not expected to have a positive impact until the next financial year.

Mariette Davis asked: even though we have achieved QIPP for this year, is it correct that the CCG has to be more ambitious next year? Henry Black informed her this was correct.

Dr Isabel Hodkinson noted that if the Integrated Care Programme was successful the CCG may have to consider expanding its budget. Henry Black informed members that the Programme Budgets are contained within the Operating Plan and change accordingly on an annual basis.

John Wardell informed members that he and Henry Black had met with Deborah Cohen to look at what impact the integrated care programme could have on Local Authority services.

Dr Shatab Chowdhury informed members that the Integrated Care Programme was about putting healthcare packages into place to improve quality of care and ensure value for money. The programme would first look at Continuing Care budgets, once managed, this will add clarity over the coming years to the level of resources required to fully implement Integrated Care.

Dr Isabel Hodkinson added that the CCG will need to plan for the implementation of Personal Health budgets.

Virginia Patania added that the success of the urgent care programme is difficult to gauge as the two datasets being monitored produce opposing conclusions. Virginia Patania added that she was working with finance and other clinicians to determine which data set to use.

Dr Sam Everington requested that an item on Personal Health Budgets is presented to the January meeting of the Governing Body.

- **Action: Continuing Care budget setting and personal health budgets to be added to the forward planner for January.**

2.3.2 Finance Month 5 report

Henry Black presented the item. The following points were raised in discussion.

The CCG has been reallocated £1.3m for Walk in Centre activity following discussions with NHS England.

The specialised commissioning adjustment made in month 1 (£9.3m) has been returned as £9.5m. Henry Black added a caveat that there will be a readjustment based on month 6 that is currently difficult to model. Henry Black added that the CCG had reserves to cover eventualities.

The CCG is increasing its forecast surplus to £13m. As this has been declared at month 6 the CCG will get it back in the next financial year. Henry Black added that although there are risks in the system, they are reasonably mitigated.

The CCG's operating cost is underspent by £584k at month 6.

The issue of Better Payments Practice Codes is currently unresolved and discussed at Secretary of State Level. This has made it effectively impossible to approve for payment any invoice requiring validation of patient identifiable information.

The summary and progress report on financial risks will go to the Finance and performance Committee for additional scrutiny as requested by Mariette Davis – Lay Member Governance.

Dr Tan Vandal noted that there was one red rated measure which was due to a lack of information from the provider. Dr Tan Vandal asked Henry is there was a risk sharing process in the event of financial difficulties as a result of bad / missing data. Henry Black informed members that the CCG is

covered by national rules and can challenge on poor data. However, as there an ongoing informal dialogue with Barts Health NHS Trust, Henry Black hoped that formal proceedings would not be necessary.

Catherine Boyle asked Huw Wilson-Jones if the poor data was attributable to coding issues? Huw Wilson-Jones informed members that it was partially down to the coding quality issue at Barts Health NHS Trust but added that it was improving, but being monitored as part of the claims process.

Catherine Boyle noted that when reading the Barts Health NHS Trust Board papers their report on the quality of coding indicated that there were doing well. Catherine Boyle added that she hoped the Barts Health NHS Trust Board felt as anxious as the CCG Governing Body about their coding.

Henry Black informed members that there were 2 issues influencing the quality of coding:

- The merger of different information systems across the 3 constituent hospitals of Barts Health NHS Trust.
- The lack of experienced clinical coders.

Henry Black added that the situation was improving as at quarter 1 the Trust was coding 20% of activity, at at the end of quarter 2 they are coding 80%.

2.4 Future CCG allocations

Henry Black presented the item. The following items were raised in discussion.

NHS England will no longer be using a historic base to determine the national formula be for CCG allocations. This movement would see a 1.6% reduction in the recurrent allocation for London as a whole reduce and 5.6% from £322,139k to £304,129 for Tower Hamlets.

The main change to the formula is that the historic methodology included a weighting relating to Disability-free Life Expectancy (DFLE). The DFLE was intended to provide additional resources to target reductions to health inequalities in the areas where these exist. This led to increases for Primary Care Trusts within inner city areas with greater levels of deprivation. As Tower Hamlets has one of the highest in the country, it received a higher allocation. The removal of this has impacted negatively the CCGs allocation.

It is expected that this loss of resources for services locally will partly be offset by a corresponding uplift in Local Authority funding. However, the process to derive Local Authority funding uses a different formula and it is likely that the compensating adjustment will not match the reduction in CCG funding.

As it stands, the CCG is due to lose £18m from the £320m if there is no disability free allocation. There are ongoing discussions that suggest it may be included. There is another discussion stating that this will be compensated by an increase in Public health allocation.

It is expected that all CCGs will move to target over a phased transition period. This is referred to nationally as the Pace of Change (PoC). Dr Sam Everington enquired when the pace of change would be determined. Henry Black informed members that the PoC is expected to be confirmed in December.

Dr Somen Banerjee reminded members that Tower Hamlets has the lowest life expectancy for women and fourth lowest for men in the country meaning that a high proportion of Tower Hamlets adults' life is spent in poor health. As the allocation will negatively affect the CCG ability to make

positive change, Dr Somen Banerjee asked Henry Black if there were any other Tower Hamlets specific public health variables that could lead to an increase in allocation.

Henry Black informed members that the rationale for the reallocation is that the main health issue for the future is that of an ageing population. Therefore the new allocation formula focuses on boroughs with an older population.

John Wardell proposed, that as the formula will be using the total number of registered patients as opposed to data from Office for National Statistics (ONS) the CCG work to ensure that every Tower Hamlets resident is registered with a GP.

Members agreed that this would be prudent. John Wardell informed members he would discuss this with Maggie Buckell and ensure that it is factored into the Primary Care Strategy. John Wardell stated that he would report back to the Governing Body in March on this issue.

- **Action: John Wardell and Maggie Buckell to discuss a 'Patient registration' element of the Primary Care Strategy.**

- **Action: Paul Balson to add 'CCG allocations / Primary Care Strategy to the March meeting of the Governing Body.**

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2.5 Performance and Quality

Archna Mathur presented the item. The following points were raised in discussion:

2.5.1 Cancer Waiting Times

Barts Health NHS Trust failed the following standards: 2 week wait for urgent referrals, 2 week wait for urgent referrals for breast symptoms, 31 day 1st treatment and 62 day GP referral standard. Barts Health NHS Trust have increased capacity to establish additional clinics including Saturday and weekday evening clinics. There should be an improvement in November according to the Barts Health NHS Trust improvement trajectory. Members were informed that the CSU and CCG would be tracking this.

2.5.2 Referral to Treatment (RTT)

Members were informed that this standard incorporates a number of targets and due to the coding issues at Barts Health NHS Trust; it is constantly changing in terms of measured performance.

Members were informed that the main issue was that Tower Hamlets CCG had 27 validated breaches recorded for patients waiting over 52 weeks in September 2013.

Two data quality serious incidents have been reported in relation to RTT.

Barts Health NHS Trust have received help from the external Elective Intensive Support Team (EIST) who have made a number of observations and recommendations e.g. staff have inadequate training to implement the care pathway and it is uncertain what the plan is to improve the trajectory. The CCG and the NTDA meet every 2 weeks with Barts Health NHS Trust on this issue.

2.5.3 A&E

Members were informed that A&E performance was variable across the three Barts Health NHS Trust A&E sites and would continue to be monitored.

2.5.4 Serious Incidents (SI)

Barts Health are reporting 61 SIs for the month for the month of Sept (in August there was 39 and in July there was 88). Although there was an increase in the number of incidents, there was a reduction in the number of overdue incidents.

Dr Isabel Hodkinson enquired where Serious Incidents related to information technology should be reported. Archna Mathur informed her that the Informatics Group would be the best forum for them.

The Emergency Care and Acute Medicine Clinical Academic Group (ECAM CAG) Clinical Quality Review Meeting (CQRM) has made a significant impact in their management of SIs.

The Women's and Children's CAG conducted a deep dive into their overdue SIs. The root cause of many SIs was found to be non-adherence to, and education of staff in following process. Members were informed that Dr Sam Everington wrote to Barts Health NHS Trust requesting gaps in patient safety governance processes be addressed.

2.5.5 Mixed sex accommodation (MSA)

Members were informed that MSA was receiving a high level of scrutiny and reported 20 breaches in September. This was compared to 40 breaches in August, so improvement is being seen.

Although the new guideline for MSA was produced on 1 September, The Royal London Hospital reported the most breaches (11 in September 2013 compared to 30 in August 2013). The 11 breaches are due to Barts Health NHS Trust embedding the new processes and breaches are related to critical care step down beds.

2.5.6 Never events

Members were informed that there have been 6 never events year to date; 5 of these are gynaecology / obstetric retained swab incidents. Barts Health NHS Trust conducted a deep dive into the events asking detailed questions into the root causes for the high levels of recurrence. Members were informed that the remedial actions plans have improved, but will continue to be tracked via the Barts Health CQRM. Members were informed that the CQRM now facilitates better Clinical discussion and is more effective as a result.

Dr Judith Littlejohns informed members that the plan was clinically sensible.

2.5.7 Methicillin resistant Staphylococcus Aureus (MRSA)

Members were informed that MRSA rates were high for London overall, but that Barts Health NHS Trust's last case was in September and that they have implemented a good process for post infection review. To date, no theme or pattern has been identified in the root causes.

2.5.8 Friends and Family Test (FFT)

Members were informed that there had been increase in performance, particularly for A&E. Members were informed that inpatient services consistently perform well.

2.5.9 Care Quality Commission

Members were informed that the CQC were be undertaking an inspection beginning on 5 November that would cover all of Barts Health NHS Trust hospital sites. The CQC would be looking at whether the care is: safe; effective; caring; responsive to people's needs and well-led.

2.5.10 Safeguarding

Members were informed that although child safeguarding training levels were not meeting targets across the whole of Barts Health NHS Trust, improvements were being made.

In addition to monitoring training levels for safeguarding, the CQRM has also challenged how safeguarding practice is embedded with staff understanding application of training. The Trust are to conduct an audit to assess availability of level 3 trained staff on each shift.

2.5.11 Service alerts

Members were informed that CSU categorise all service alerts received and implement action plans that relate to the common root causes. As requested by members at the September meeting of the Governing Body, the service alerts are shared with the CCG's members.

2.5.12 East London Foundation Trust

Members were informed that there were 9 overdue SIs (compared to 10 overdue SI reports in July). These SIs were not Tower Hamlets specific.

2.5.13 Community Health Services

Members were informed that priority service areas identified for CHS included Physiotherapy, Foothealth & Audiology and that key areas of concern included: waiting times and Did Not Attend (DNA) rates.

Members were asked to comment on any issues of note. The following points were raised:

- Dr Tan Vandal, who recently chaired a CQRM noted that:
    - Clinician to clinician engagement was working in improving quality and performance and that this should be continued.
    - With regards to cancer targets; clinically the wait time is increasingly critical for certain types of cancer than it is for others.
    - The incidence of SIs and levels of safeguarding training was concerning.
    - The sharing the service alerts with members was good practice.
    - The report is useful, but focuses mostly on Barts Health NHS Trust; the Governing Body does not receive an idea of how other local hospitals treating Tower Hamlets' patients are performing.

➢ **Action: Archna Mathur to provide quality dashboards from other providers to the Governing Body.**

Archna Mathur informed members that she had a new member of staff: Sandra Moore - Senior Quality and Performance Manager. This member of staff would allow Archna Mathur to get a better picture of all commissioned providers, adding that to date the focus has been establishing processes with the CCGs biggest provider – Barts Health NHS Trust.

Mariette Davis asked when the actions and process would be seen to have a positive impact. Archna Mathur informed members that this was uncertain, adding that the CCG pushes for improvement trajectories and action plans continually through a number of forums and use of contractual levers.

Dr Haroon Rashid asked if there were any signs of stabilisation at the Trust, whether staff and management were experiencing stress and was there anything the CCG could do to assist.

Jane Milligan welcomed the CQC inspection, hoping that it would bring together a number of issues that need to be addressed at Barts Health NHS Trust into one place. Jane Milligan added that the merger of the Trust had taken longer than estimated; this combined with the change in commissioning arrangements the situation has been a test of the capacity of the organisation. Although the CCG monitors the performance of Barts Health NHS Trust, it is hoped that the inspection will provide a global review of the Trust and highlight a number of issues that would lead to long term and sustainable remedial action.

Members **noted** the Performance and Quality report.

2.6 A&E Winter Planning

Archna Mathur presented the A&E and Winter Planning item, informing members that historically A&E performance in the winter months has been volatile and is a topic of national focus.

The key sections of the presentation included:

- The background to the current performance issues.
- The membership of the Urgent Care Working Group.
- The work to date of the Urgent Care Working Group and the development of A&E Recovery and Improvement Plan (R&IP) and Winter spending plans.
- Identification of the causative factors.
- The main components of the R&IP to ensure that service continuity and performance standards of >95% is met throughout winter.
- The Draft winter spending plans
- Monitoring arrangements the trajectory of performance within A&E.
- Next steps

Virginia Patania made the following comments:

- The CCG had very little influence on the amount of additional funding that Barts Health NHS Trust received to manage Winter A&E performance, adding that she felt Barts Health NHS Trust should be managing performance all year round on current levels of resources.
- The CCG must be mindful that it does not interfere with operational issues.
- Concern that £12m for a short term fix may further impact on staff morale already low given the number of staff changes and re-grading.

Dr Sam Everington informed members that the multi-agency Urgent Care Working group has been a success. The key change is that all players who have an impact on A&E attend to solve problems together. The Barts Health NHS Trust A&E Consultants have valued this.

Dr Sam Everington informed members that in previous years, the funding went from the Strategic Health Authority to the Trust for it to determine its use. The change this year is that the funds are allocated to the CCG with pre-determined spending plans.

2.7 Board Assurance Framework – Quarterly update

Mariette Davis presented the item. The report highlighted key changes to the BAF since it was presented to the Governing Body on 5 September 2013.

Members were informed that the Audit Committee would be conducting a deep dive into the risks related to 'Strategic Objective 2: Improving the quality of all our commissioned services'.

Mariette Davis noted that to patients and the public the BAF "Target risks" do not adequately capture the ambitions of the CCG and would like to see a "5 year target rating" included within the BAF where applicable.

Members **noted** version 3 of the Board Assurance Framework.

3 Commissioning and Strategy

3.1 Cancer and Cardiovascular reconfiguration pre-consultation

Neil Kennet-Brown presented the item. The following highlights were reported:

- Clinicians in North and East London and West Essex (working through UCL Partners) have recommended that specialist cancer and cardiovascular services should be reorganised to provide better care and better patient experience.
- NHS England, as the main commissioner for specialised services, is leading an engagement on the clinical recommendations.
- Engagement is due to start by the end of October and conclude on 29 November.

The following comments were made by members:

Dr Tan Vandal noted that the report was good adding that there was significant evidence that large centres deliver better results, but queried: if NHS England commission the service; how will the CCGs be able to affect outcomes? Neil Kennet-Brown informed members that part of the consultation focuses on ensuring that the overall end state involves CCGs.

Dr Sam Everington noted that large centres often deliver better results, but cautioned that it conflicts with the needs of patients, who want care closer to, or at home. As the proposal will mean patients have further to travel for the service, Dr Sam Everington asked if there were plans for extensive communication and engagement. Neil Kennet-Brown informed members that communications and engagements was a priority for the team.

Dianne Barham informed members that interviews with cancer patients revealed that when patients have cancer, they will travel extra-long distances for the best treatment. Dr Sam Everington recommended that Dianne Barham and Neil Kennet-Brown meet to discuss this issue further.

Catherine Boyle noted that the engagement plan did not include a location in Tower Hamlets and asked if this would be changed. Neil Kennet-Brown informed members that 5 locations were chosen for the pre-consultation. Stratford and Euston, as major transport hubs were deemed adequate for residents of Tower Hamlets. Neil Kennet-Brown added that these locations were for the initial

feedback only and that the formal consultation and engagement process would be more thorough and planned at a later stage.

Dr Isabel Hodkinson noted that Cancer care was not the responsibility of any one organisation and asked Neil Kennet-Brown if there was a pan CCG London wide voice? Dr Sam Everington informed members that he had appointed a CCG Cancer Lead who would attend cross London Cancer meetings.

Dr Haroon Rashid asked if the funding for the service would come from the Specialist Commissioning top slice from the CCG budget. Neil Kennet-Brown informed members that NHS England have been looking at the potential benefit and coding issues that will lead to savings for CCGs.

Dr Shatab Chowdhury informed members that a risk identified with the establishment of tertiary units was that they become inward facing and unable to effectively interact with other aspects of care. Dr Shatab Chowdhury stated that he would like to see thorough communication with Community Health Services. Neil Kennet-Brown informed members that communications with other services was important and that the joining up of services was a core ambition of the service.

Dr Victoria Tzortziou-Brown noted that the case for change was clear but asked if the plan was to centralise cardiology services from every hospital. Neil Kennet-Brown informed members that the plan was to move only the specialist services.

Dr Tan Vandal queried if the service would be looking to combine all services: prevention, identification, treatment and surgery. Neil Kennet-Brown informed members that the challenge was to work towards a seamless service.

Dr Somen Banerjee wished that it was explicitly stated that the specialist unit has a role in prevention of ill health too as well as other organisations.

Members **noted** the pre-consultation.

3.2 Future collaborative commissioning arrangements with Barts Health

Nigel Woodcock presented the proposed arrangements to members.

Members felt that the proposal was good, but stated that they would like further detail on how Clinician to Clinician engagement would fit in. Dr Sam Everington informed members that Dr Tan Vandal has started a paper outlining how Clinical engagement would fit in to the process.

Nigel Woodcock was thanked for the piece of work and Members **approved** the arrangements**.**

3.3 Healthwatch delivery plan

Dianne Barham presented the item. The following highlights were reported:

1) Healthwatch is developing patient leaders; equipping them with the skills, knowledge and evidence to adequately represent their group at the various forums. Dianne Barham felt that patients could be better represented in the trinity of: providers, commissioners and patients.
2) Healthwatch is gathering experience data from under represented patients. E.g. Somali, Bengali and the housebound. This is being conducted through phone surveys and is capturing details of what it is like for these patients to navigate the health and social care services that they use.

3) Healthwatch is conducting service reviews such as in A&E and has a strong relationship with the CQC.
4) Healthwatch is asking patients about the quality of care they receive from their local GP.
5) Healthwatch has a function to provide a one-stop choice that allows patients to make an informed decision.

In summary, Dianne Barham informed members that Healthwatch overall aim is to have a positive impact on the healthcare of local patients and support patients, who may not have the pre-requisite knowledge to understand current engagement processes.

Katherine Gerrans welcomed the paper adding that the Long term conditions working group is looking for ways to increase patient involvement.

Catherine Boyle thanked Dianne Barham for the presentation and welcomed the work on community health leaders adding that she would like to develop systems of getting the 'patient voice' into Governing Body meetings.

Members and Dianne Barham agreed that the CCG needs to look at the current systems and processes to ascertain if there were additional ways the intelligence and information patients provide can be better communicated to the Governing Body.

Jane Milligan informed Dianne Barham that the CCG could also provide information and intelligence to Healthwatch to guide their service reviews.

Members **noted** the delivery plan.

3.4 Community Health Services update

Dr Shatab Chowdhury provided an update on the CHS programme board, the following highlights were reported:

- Since the CHS Review conducted in April 2013, a number of changes have been made to drive improvement in community health services in Tower Hamlets.
- There are still outstanding issues which are being addressed to improve the way in which patients/families and GPs experience the effectiveness of community health services.
- The CHS Programme Board has developed a focussed delivery plan with Barts Health to achieve specific positive outcomes.

Members **noted** the report

4 For Information

4.1 Audit Committee summary

No comments were raised by members.

4.2 Transformation and Innovation Committee summary

No comments were raised by members.

4.3 CCG Staff survey results

No comments were raised by members.

5 Other business items

6 Questions from public

Amjad Rahi from Healthwatch asked the following questions:

6.1.1 What is the CCGs definition of “choice”?

Dr Sam Everington informed Amjad Rahi that although GPs have access to ‘Choose and book’ and have access to waiting time data; the GPs of Tower Hamlets would like to be able to access more data on quality and performance to give patients more choice. Access to this data is not available at present.

6.1.2 With regards to Outpatients Departments (specifically back pain) reporting over performance; are GPs referring patients unnecessarily?

Dr Victoria Tzortziou-Brown informed Amjad Rahi that back pain is an identified problem. It is estimated that there are 17,000 patients waiting for an appointment in Tower Hamlets alone. Of these only a small percentage of patients get into surgery. Clinical evidence shows that in the majority of cases surgery doesn’t help with the patient’s condition. It is a priority of the CCG to make the patient experience much better. With this in mind, the CCG has commissioned a musculoskeletal service with a shorter assessment service and reduced physiotherapy waiting time. For a patient with a slipped disc, physiotherapy may be better.

Dr Victoria Tzortziou-Brown informed members that the CCG was looking to streamline the service further and will continue to improve the pathway.

Huw Wilson-Jones informed Amjad Rahi that over performance tends to mean that more patients being seen than forecast in the operating plan. The cause of this is often due to a waiting list initiative or poor planning.

6.1.3 Amjad Rahi stated he would like to see patient appointments prioritised on the basis of need and not a ‘first come first serve’ basis.

Huw Wilson-Jones informed Amjad Rahi that patients are prioritised on the basis of need.

End

7 Matters arising

Action reference	Action	Lead	Due Date	Update
Nov #1	2014/15 plan to be added to the January Governing Body agenda.	PB	23 December 2013	On the agenda for 7 January 2014. Additionally all the future milestones have been added to the Governing Body forward planner. **Action complete**
Nov #2	Paul Balson to add 'Update from Nicola and Richard's patient story'' to the forward planner.	PB	23 December 2013	**Action complete**
Nov #3	Paul Balson to make amendments to section 3.4.3 and the BAF sections of the 3 September minutes.	PB	23 December 2013	**Action complete**
Nov #4	Archna Mathur to share the CCG scorecards with Barts Health NHS Trust.	AM	31 January 2014	Barts Health rep to attend GB meeting with a view to further discussing consistency of information shared at both CCG Governing Body and Barts Health Board. **Action pending**
Nov #5	Tracey Price to arrange a joint meeting between NHS TH CCG Governing Body Members and the Non-Executive Directors of Barts Health NHS Trust.	TP	31 January 2014	A date has been organised for the end of January. **Action complete**
Nov #6	Continuing Care budget setting and personal health budgets to be added to the forward planner for January.	PB / HB	23 December 2013	**Action complete**
Nov #7	John Wardell and Maggie Buckell to discuss a 'Patient registration' element of the Primary Care Strategy.	JW / MB	23 December 2013	The Patient registration' element links to the review of the quality in primary care work programmes and it is built into the Work programme **Action complete**
Nov #8	Paul Balson to add 'CCG allocations / Primary Care Strategy to the March meeting of the Governing Body.	HB / PB	23 December 2013	**Action complete**
Nov #9	Archna Mathur to provide quality dashboards from other providers to the Governing Body.	AM	23 December 2013	Scheduled to be discussed with the CSU and other CCGs **Action pending**
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 has been compiled by the Governance leads within the North East London and the City geographical area. **Action complete**