

Enclosure B



**Tower Hamlets
Clinical Commissioning Group**

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

1 July 2014. 2.30 to 1730

Room 5, Education Centre, Mile End Hospital, E1 4DG

1 General Business

1.1 Welcome, introductions and apologies

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 Victoria Tzortziou-Brown	LAP 3 representative - Principal Clinical Lead – All Saints Practice	NHS THCCG
Dr Martha Leigh	LAP 4 representative – Wapping Practice	NHS THCCG
Dr Osman Bhatti	LAP 7 representative – Chrisp Street Practice	NHS THCCG
Dr Shah Ali	LAP 8 representative – Barkantine Practice	NHS THCCG
Katherine Gerrans	Practice Nurse representative	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
Deborah Cohen	Service Head Commissioning and Strategy	LBTH
Dr Somen Banerjee	Interim Director of Public Health	LBTH
Maggie Buckell	Registered Nurse	NHS THCCG
Mariette Davis	Lay Member (Governance)	NHS THCCG

1.1.2 In attendance

Name	Role	Organisation
Archna Mathur	Director of Quality and Performance	NHS THCCG
Nicola Weaver	Engagement Manager, Representing Deputy Director Organisational Development and Engagement	NHS THCCG
Josh Potter (for item 2.6)	Deputy Director of Commissioning and Transformation	NHS THCCG
Paul Iggulden	Associate Director of Public Health, representing Somen Banerjee	LBTH
Zakia Khan	Transformation Manager, Long Term Conditions	NHS THCCG
Shuma Begum	Committee Administrator	NHS THCCG
Charlotte Fry	Commissioning Support Director	NEL CSU
Huw Wilson-Jones	Deputy Director Contracts (Barts Health)	NEL CSU
Marwa Al-Memar	Member of the public	MEDICX
Olya Kufas	Finance Manager	NHS THCCG
Andrea Antoine	Deputy Director of Finance	NHS THCCG

1.1.3 Apologies

Name	Role	Organisation
Virginia Patania	Practice Manager representative	NHS THCCG
Dr Isabel Hodkinson	LAP 5 representative - Principal Clinical Lead - The Tredegar Practice	NHS THCCG

1.1.4 Welcome

Dr Sam Everington welcomed members and attendees to the meeting. Apologies received from Virginia Patania (Practice Manager Rep) and Isabel Hodkinson (LAP 5 representative - Principal Clinical Lead - The Tredegar Practice)

1.2 Declarations of Interest

The Chair asked Members for any declarations of interest. No declarations of interest noted for Part I of the meeting.

The complete register of interests is published on the NHS Tower Hamlets Clinical Commissioning Group's website: <http://www.towerhamletsccg.nhs.uk/about/conflict-of-interest-register.htm>

1.3 Chairs report

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

- Local election results
- Diabetes care in Tower Hamlets
- Transforming Services, Changing Lives
- Serious incident in Patient Transport
- Meeting with Peter Nichol – a carer in Tower Hamlets
- BMJ awards
- Healthwatch newsletter

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

1.4 Chief Officers report

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

- Submission of annual report and accounts on June 3 2014
- Changes to NHS Tower Hamlets CCG Constitution
- Quality assurance visits
- The 2014 Health Conversation

- Tower Hamlets bid to be a London Food Flagship Borough (June 2014)
- Information Governance Update
- NHS Tower Hamlets CCG in the media
- Freedom of information requests

Members **noted** the Chief Officers report.

1.5 Vox Pops from the patient conversation 2014

Cate Boyle introduced the item which was a video highlighting vox pops from patients at the patient conversation event on 31 May 2014. Cate informed the meeting that there were four workshops each one attended by ten members of the public. Key themes included:

- Importance of managing health and wellbeing
- Signposting to voluntary sector providers

Cate Boyle highlighted that services are available in the community but people do not know they are there. Dr Haroon Rashid agreed with this observation. It was also noted that there are pilots of social prescribing taking place in Tower Hamlets GP practices which supported the signposting theme.

Cate Boyle informed the meeting that a report on Health Conversations 2014 will be circulated to members and that the Vox Pops video will be available for viewing on the Tower Hamlets CCG website.

Deborah Cohen informed the meeting that the Care Act places a duty on local authorities to facilitate and promote a diverse and high quality market of care and support services including prevention services and that self-management is a key component of the joint commissioning agenda.

Members **noted** the item.

1.6 Minutes and matters arising of the meeting held 6th May 2014

1.6.1 [Minutes](#)

The following amendments were requested

- Dr Martha Leigh requested that page 28 paragraph 2 District Nurse changes to Advocate.

➤ **Action: Sandra Moore to make the amendments to the minutes of 6 May 2014**

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

1.6.2 [Matters arising](#)

No matters arising and all actions completed.

1.7 Minutes and matters arising of the meeting held 3rd June 2014

1.7.1 [Minutes](#)

No amendments requested.

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

1.7.2 [Matters arising](#)

No matters arising. All actions completed.

2 Performance and Operations

2.1 Board Assurance Framework

Jane Milligan presented the Board Assurance Framework and informed members that the framework had been refreshed. Jane Milligan highlighted the following key risks:-

- Continuing Health Care and the increasing demand and budgetary pressures and Specialised Commissioning (risks 3.7, 3.8).
- Specialised Commissioning – allocation issues and constraints (risk 3.7)

Members **noted** the item.

2.2 TH CCG Objective Scorecard

John Wardell presented the objective scorecard. Key areas to note:-

- Tower Hamlets CCG corporate objectives have been refreshed
- Tower Hamlets Commissioning Strategy has been updated to reflect the refreshed corporate objectives

Members **noted** the item.

2.3 Finance and Activity

2.3.1 [Activity Report](#)

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

- YTD position £1.974m underspent. Forecast outturn position £9.250k underspent.
- Month 1 position showing overspend of £234k for Barts Health and £54k overspend for Moorfields.
- There is a large proportion of uncoded activity, mainly related to specialist commissioning areas.
- Challenges with pricing of maternity tariff.

- Level of activity in trauma and orthopaedics rising.

The following items were raised in discussion:

Dr Tan Vandal highlighted the need to monitor the additional tariff costs associated with co-morbidities complications and the importance of understanding activity related to trauma and orthopaedics, day and thoracic procedures.

Jane Milligan informed members that Tower Hamlets CCG have been allocated funding to support clearance of the backlog for those patients waiting over 18 weeks and system resilience. Plans are currently being submitted. The expectation from NHSE is that the 18 week backlog will be cleared by September 2014.

Members **noted** the item.

2.3.2 [Finance report month 2](#)

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

Key risks and issues

- Re-submission of Operating Plan to deliver a surplus of £11.9m which is higher than original plan. This will have an impact on the limit of non-recurrent resource available to Tower Hamlets CCG.
- Specialised Commissioning Reconciliation Exercise – the impact is expected to be cost neutral. This is a challenge with Barts Health as the quality of the data does not support absolute accuracy.
- G&STT GUM charges – The South London CCGs who commission Guys and St Thomas's have agreed a process of pass-through with their Local Authority. The Trust has been unable to agree terms with London Borough of Tower Hamlets and have billed Tower Hamlets CCG on the same basis as their arrangement with their local CCG's. This presents a financial risk to Tower Hamlets CCG of up to £340k.
- Contract finalisation – the arbitration ruling with Barts Health has limited ability to extract productivity gains but QIPP plans will mitigate against this. Agreement is close to being reached with Community Health Services and ELFT.
- Barts Health 2013/14 closedown – due to PBR rules there is a significant time delay in terms of the final position. There is a risk that the final position will be higher than position agreed at year end.
- The financial position will change once the refreshed operating plan has been submitted due to the increase to £11.9m in surplus.

The following items were raised in discussion:

Deborah Cohen asked for clarification on the impact of the dispute between GSTT and LBTH about the tariff for GUM activity. Henry Black informed the Board that where there is a dispute of this nature concerning a locally negotiated price the default position will be that the Provider will charge the CCG the higher value until agreement is reached.

Jane Milligan informed the meeting that specialised commissioning is in special measures and that there is a national taskforce set up of which she is a member. Jane highlighted the movement towards co-commissioning and that there is a local meeting on Friday July 11th to discuss this and that this will link in to national discussions.

Henry Black informed the meeting that there is a London wide body set up to review specialist commissioning specifications to identify what is tertiary and what is specialised.

Mariette Davis reported that she is doing some work with Henry Black on financial actuals and understanding forecasting tools. This piece of work will be taken through the audit committee.

Dr Tan Vandal asked if the specialised commissioning budget was disaggregated would the CCG have the appropriate funding. Henry Black reported that there is some uncertainty in relation to allocations but CCGs have been given assurance that any changes should be matched with funding.

Members **noted** the item.

2.4 Performance and Quality report

Archna Mathur presented the item. The key areas to note were:

2.4.1 [Cancer](#)

- Barts Health are not meeting waiting times performance standards for 2 week waits for suspected cancer. Performance at 83.4 % trust level 76.5 % for Royal London Hospital. Archna Mathur informed the meeting that Barts Health has capacity problems but the backlog is starting to clear for breast. Some improvement expected in May and June although not expecting compliance. Barts Health has introduced a real-time demand and capacity tool and extra clinics have been introduced at weekends and evenings at Royal London Hospital and Whipps Cross. Archna has met with all challenged specialities to understand the issues and root causes in relation to the poor performance.

2.4.2 [RTT](#)

- Barts Health still not meeting the performance standards. The latest position with respect to patients waiting > 52 weeks is 37 (May) of which 11 of these were Tower Hamlets CCG patients. Main challenges continue to be data quality, staff capacity and understanding of RTT.

2.4.3 [A&E](#)

- Barts Health has struggled to meet the 95% performance standard. Surges in activity across all sites and increase in trauma activity have contributed to challenging performance at the Royal London Hospital. Focus is now on 'operational resilience'. Funding has been allocated towards development of year around system resilience and winter plans.

2.4.4 [Serious Untoward Incidents/Never Events](#)

- Barts Health have 93 overdue SIs for May compared to 94 in April. A joint CCG and Barts Health event hosted by Tower Hamlets CCG) took place on May 15th which involved a deep dive into SI processes with some key recommendations for improvement.

- For ELFT there were 39 overdue SIs for May compared to 24 in April. This is being followed up at CQRM
- Zero never events reported in May for both Barts Health and ELFT.

2.4.5 [MSA](#)

- 40 breaches were reported for Barts Health in April mainly at Royal London Hospital. The reasons continue to be critical care step down due to bed capacity. New guidance states that such breaches do not require reporting.

The following items were raised in discussion:

Tan Vandal highlighted that the gap for two week waits is referral to diagnosis. There appears to be a disconnection between surgical and non-surgical oncology departments.

Dr Osman Bhatti highlighted the delay in receiving GP discharge letters from Barts Health and that there is variability in content and general engagement. Dr Judith Littlejohns informed the meeting that ELFT send a brief letter and then a more detailed letter follows. HW informed the meeting that there is a KPI for GP discharge letters.

Dr Haroon Rashid said the performance and quality issues are impacting on GP referral patterns.

Dr Victoria Tzortziou-Brown informed the meeting that she attends a Barts Health Consultant and GP meeting. Communication is frequently raised as an issue and that there are challenges for both Consultants and GPs. There is a plan to have a workshop to address 5-10 key issues.

Jane Milligan informed the meeting that the performance was disappointing and that there is a need for the key people involved to come and present to the governing body. Barts Health has appointed a new Clinical Director for Surgery and Cancer, Dr Ajit Abraham and that he should be invited to the Governing Body meeting. Jane informed the meeting that concerns will be raised with Barts Health Quality Assurance Committee.

- **Action: AM to invite Dr Ajit Abraham to the November Governing Body to discuss cancer performance.**

Archna Mathur informed the meeting that Barts Health share recognition of the quality and performance issues and they are taking action to improve which provides some assurance.

Members **noted** the item.

2.4.6 [General](#)

2.5 Barts Health NHS Trust – 2013/14 KPI Performance Highlight Report (DRAFT)

Susan Murray from Barts Health presented the item. The key areas to note were:

Performance Summary

- Performance against Monitors Compliance Framework has been variable. Main drivers have been RTT, cancer standards, access standard for people with learning disabilities, underperformance on emergency care standard and healthcare acquired infections.
- The Trust Development Authority Escalation Score for Barts Health is at 4 (amber/red material concerns)
- Performance against the **Cooperation and Competition Panel** 'Contractual Remedies' and 'Benefits Realisation' indicators, have varied over 2013-14, with some areas of improvement and some areas on concern.
- A **CQC inspection** by the Chief Inspector of Hospitals took place in November 2013. A detailed action plan in response to the inspection has been developed and is being implemented. As a result of this inspection, previous warning notices were lifted.
- **CQC Intelligent Monitoring** (published March 14) identified 9 risks and 10 elevated risks and a proportional risk score of 15.59%

Performance Highlights and Exceptions

- Many of the key areas of operational performance and quality are regularly covered by the SPR and CQRM meeting throughout the year
- Particular areas of concern, e.g. 18 weeks, have been escalated through fortnightly meetings between the Trust and the CCGs, supported by the CSU and TDA
- Although touched on within the high level summaries, these areas will therefore not be the focus of the highlight and exception report
- For the purposes of this highlight report, a sub-set of KPIs have been identified

The following items were raised in discussion:

Dr Tan Vandal asked when Barts Health would be in a position to report KPIs at service level. Susan Murray informed the meeting that they will be in a position to report at CAG level for the majority of KPIs and that this is happening down to consultant level with some KPIs being used in the ward accreditation process.

Dr Sam Everington informed the meeting that consultants can see where they are in terms of performance on their dashboard.

Cate Boyle informed the meeting that she would like to see more qualitative data and narrative in the report specifically in relation to patient experience.

Members **noted** the item.

2.6 2013/14 Diabetes CQUIN

Zakia Khatun presented the report. The highlights were:

- The National Diabetes Inpatient Audit (NaDIA) was conducted in hospitals across England in 2010, 2011 and 2012.
- The 2012 audit showed the following for the Royal London Hospital

18.7% of inpatients were diabetic, with 60% being Type 2 diabetics being treated with insulin. 93.3% were admitted as emergencies and only 7.6% were admitted specifically for diabetes management.

Fewer patients received appropriate blood sugar testing compared to previous years (one of the lowest performing hospitals in this category).

A reduction in the time spent by the nursing, consultant and podiatrist staff with this group of patients compared to previous years.

- In response Tower Hamlets CCG and Barts clinicians developed a CQUIN to improve the quality of diabetic inpatient care at the Royal London in six ward areas which receive some of the highest number of diabetic inpatients. The CQUIN incorporates key components of diabetes inpatient care developed by Diabetes UK, and measures taken to maximise the number of patients receiving their annual retinal screen and ensure that GPs are informed of changes to the patients' annual care plan whilst inpatient.
- A "mini NaDIA" (National Diabetes Inpatient Audit) undertaken by the service demonstrated that inpatient care planning was having a positive impact on the quality of inpatient care for diabetics. The following improvements were demonstrated:

The number of people visited by the diabetes team more than doubled

Insulin prescription errors reduced by 75%

Insulin management errors reduced by 85%

Percentage of people given a foot assessment increased from 10% to 64%

Patient Satisfaction increased from 66% to 72.6%

2.7 Annual report from the Audit Committee

Mariette Davis presented the item. Key areas of work the audit committee has been involved in between April 2012 – June 2014 were:

- Governance, risk management and internal control
- Internal Audit and Counter Fraud
- External Audit
- Management

- Financial reporting
- The Audit Committee reviewed the BAF at each of its meetings including a specific 'Deep Dive'. These reviews resulted in a number of recommendations that have improved the format and use of the BAF.

The committee has made a positive contribution to the CCG

Members **noted** the item.

Break

3 Commissioning and Strategy

3.1 5 Year Strategic Plan Update

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

- WEL CCGs have started their review through the development of the 5 year strategic plan 'Transforming Services Together'.
- WEL CCGs seek to put in place appropriate arrangements to enable delivery of plan together.
- It is acknowledged that there are some complexities in the WEL collaborative working arrangements particularly in relation to governance and resource sharing
- WEL CCGs propose to strengthen collaborative working arrangements particularly with regard to governance and resource sharing.
- Current arrangements being reviewed and WEL CCGs are working with NHS England to understand their concerns and how these might be appropriately addressed
- WEL CCGs will be developing proposals for enhanced governance arrangements, streamlining of work streams and the further alignment of collective resource and will be presenting these to upcoming Governing Body meetings.

Members **noted** the item.

3.2 Transforming Services Changing Lives – Case for Change

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

- Phase one of 'Transforming Services Changing Lives' has ended. This involved:

Mapping of local services

Identification of current gaps and challenges within the local system and its impact on patients

Development of a vision for the NHS in East London

Drivers to enable change

- High level proposals for Phase 2 (July-Oct)
- Programme Board has approved a draft case for change

Dr Sam Everington informed members of the meeting that this was quite a different approach and more holistic in nature and that this starts becoming something we are all accountable for.

Dr Tan Vandal acknowledged that it was very helpful that the CCGs were working together. The challenge will be getting clinicians and clinical teams engaged and it will be about culture change.

Several members raised concerns that City and Hackney CCG were not involved in the process.

Jane Milligan asked how patients were engaged in the process. Neil Kennett Brown informed members that there is a Patient Participation Reference Group and that the members of this group had participated in two stakeholder events and had also been involved in reviewing the case for change. Neil Kennett Brown also informed the meeting that a set of principles have been developed to support the work going forward.

Members **noted** the item.

3.3 Primary Care Co-Commissioning

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

- Tower Hamlets CCG submitted a formal expression of interest (EOI) in collaboration with City and Hackney, Waltham Forest and Newham CCGs on 20th June with the aim of some implementation during 14/15 and more complete co-commissioning for 15/16. Waiting on feedback from NHSE.
- Joint EOI covers areas of strategic co-commissioning that the 4 CCGs wish to do together with NHSE
- The current EOI describes a focus on general practice but in future inclusion of other contractors (pharmacy, dental and optometry) may be explored as collaborative models of delivery develop against the 3 priority areas of co-ordinated, proactive and accessible care
- Performance and regulation are out of scope of primary care co-commissioning
- Key next steps include:-

Convene a WELC primary care committee
Convene a WELC Estate Development Group
Development of a co-commissioning work programme

Deborah Cohen informed the meeting that it would be helpful to have a presentation to Health and Wellbeing Board.

Cate Boyle informed the meeting that it would be good to see the enablers reflected in relation to patient experience. Jane Milligan informed the meeting that the next phase would bring clarity in relation to patient experience measures.

Dr Haroon Rashid enquired about the impact on the core contract with NHSE. Charolotte Fry informed the meeting that revalidation and performers list is excluded.

Members **noted** the item.

3.4 Programme Update

The following updates were provided by members:

Long Term Conditions

Katherine Gerrans reported the following key points:

- Tower Hamlets is a national pilot site for the patient activation measure. This is a key piece of work being undertaken by the Kings Fund. It will identify at what level patients are engaged through the use of a questionnaire

Planned Care

Dr Shah Ali reported the following key points:

- Working on redesign of pathways
- Improving quality of GP referrals
- IVF criteria being reviewed
- Progressing work on the tele-dermatology project

Maternity

Dr Martha Leigh reported the following key points:

- 'Alongside' unit opening at Royal London Hospital. This will promote aspiration to normalise maternity care and will help with capacity issues.
- CQUINs for maternity have been agreed these relate to the following key quality areas:-

Increasing community births
Continuity of care
Improve quality of information women receive

- Gateway service review
- Review of antenatal/postnatal pathways

Patient Engagement

Cate Boyle reported the following key points

- Work on patient engagement progressing in Integrated Care and Community Health Services
- CQUIN with Barts Health on patient engagement
- Patient Leadership Programme being progressed. The programme is co-funded with Healthwatch. The plan is to train 15 patients so that they can have equal dialogue. This will be a great resource for the CCG.
- Meeting set up with CHS PPI Lead

4 For information

4.1 Legislative Reform Order

No further comments were raised. Members noted the item.

4.2 Management of GP Conflicts of Interest

No further comments were raised. Members **noted** the item.

4.3 CSU Year End Summary

No further comments were raised. Members **noted** the item.

4.4 Audit Committee Summary

No further comments were raised. Members **noted** the item.

4.5 Transformation and Innovation Committee Summary

No further comments were raised. Members **noted** the item.

4.6 Finance, Performance and Quality Committee Summary

No further comments were raised. Members **noted** the item.

4.7 Executive Committee Summary

No further comments were raised. Members **noted** the item.

4.8 Equality and Diversity Committee Summary

No further comments were raised. Members **noted** the item.

5 Questions from the public



6 Any other business

No additional items were raised by members.

End

Matters arising

Action reference	Action	Lead	Due Date	Update
July #1	Archna Mathur to arrange for new Clinical Director of Surgery and Cancer at Barts Health to Nov 14 GB Meeting: Comment: Ajit Abraham will attend the November Governing Body	AM	Sept 1 st 2014	
July #1	Charlotte Fry to arrange for co-commissioning presentation on primary care to go to Health and Well Being Board (on agenda for July 8 2014) Comment: Completed	CF	Aug 1 st 2014	
May #4	Huw Wilson Jones to feedback to Virginia Patania on whether there is a report that gives the CCG assurance on appropriate recording of A&E data. Comment: Completed	HWJ	18 June 2014	
May #5	Huw Wilson-Jones to investigate the accuracy of maternity activity figures further Comment: Update to August finance and activity committee with expectation that work stream will continue to be under scrutiny each month rather than a one off examination of the data.	HWJ	18 June 2014	