

Tower Hamlets
Clinical Commissioning Group

**Minutes of the NHS Tower Hamlets Clinical Commissioning Group
Governing Body Meeting (Part 1) – draft 2**

Tuesday, 02 September 2014, 14.00- 14.55

Studio 5, Toynbee Studios, 28 Commercial Street, E1 6AB

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 Martha Leigh	LAP 4 representative – Wapping Practice	NHS THCCG
Dr Osman Bhatti	LAP 7 representative – Crisp 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
Maggie Buckell	Registered Nurse	NHS THCCG
Dr Osman Bhatti	LAP 7 representative – Crisp Street Practice	NHS THCCG
Mariette Davis	Lay Member (Governance)	NHS THCCG
Virginia Patania	Practice Manager representative	NHS THCCG
Dr Isabel Hodkinson	LAP 5 representative - Principal Clinical Lead - The Tredegar Practice	NHS THCCG
Dr Somen Banerjee	Interim Director of Public Health	LBTH

1.1.2 In attendance

Name	Role	Organisation
Archana Mathur	Director of Quality and Performance	NHS THCCG
Justin Phillips	Governance and Risk Manager	NHS THCCG
Shuma Begum	Business Manager	NHS THCCG
Charlotte Fry	Commissioning Support Director	NEL CSU
Huw Wilson-Jones	Deputy Director of Contracts	NEL CSU
David Bush	Senior Commissioning Support Manager	NEL CSU
Nigel Woodcock	Programme Director – CSU Review	NEL CSU
Kay Riley	Chief Nurse	Barts Health NHS
Deborah Kelly	Deputy Chief Nurse	Barts Health NHS

1.1.3 [Apologies](#)

Name	Role	Organisation
Dr Victoria Tzortziou-Brown	LAP 3 representative - Principal Clinical Lead – All Saints Practice	NHS THCCG

1.1.4 [Welcome](#)

Dr Sam Everington welcomed members and attendees to the Governing and welcomed and introduced: Kay Riley – Chief Nurse and Deborah Kelly – Deputy Chief Nurse – Barts Health NHS. Apologies received from Victoria Tzortziou-Brown (LAP 3 rep). The chair thanked Deborah Cohen for her work with Tower Hamlets CCG and wished her will with her future plans.

1.2 Declarations of Interest

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

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

1.3 Chairs report

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

- London health commission event
- Cancer and heart disease specialist centres
- Epilepsy patient forum
- Physician associate training courses
- Department of psychological medicine rapid assessment interface and discharge service launch
- The Chair also thanked Virginia Patania and her team for their work campaigning for a review of the current DoH changes to MPIG funding formula in her provider role as a practice manager.

Members noted the Chair's [report](#).

1.4 Chief Officers report

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

- Contract Query Notice to Barts Health NHS
- NHS England assurance process 13/14

- Quality assurance visits

Members noted the Chief Officers report.

1.5 Minutes and matters arising of the meeting held July 2nd 2014

1.5.1 [Minutes](#)

There were no requested amendments of the previous minutes. The minutes were approved as an accurate record of the meeting.

1.5.2 [Matters arising](#)

No matters arising and all actions completed.

2 Performance and Operations

2.1 Safer Staffing Levels – Barts Health NHS

Kay Riley (Chief Nurse) and Deborah Kelly (Deputy Chief Nurse) - presentation: Safer Staffing Levels at Barts Health NHS Trust

Key issues covered in presentation:

- NICE recommendations and Barts Health compliance with these recommendations.
- Monthly reporting in place for 100% of wards
- Plans for introduction of e-rostering
- Shortfall at the RLH site
- Cardiovascular and Women and Children's CAG with greatest staffing shortfall

The chair thanked Kay Riley and Deborah Kelly and commended them for their hard work to address current staffing issues. The chair opened the meeting to questions:

- Dr Martha Leigh- Maternity is a difficult area with many challenges relating to safe staffing and that a lot of good initiatives had been implemented, however:
 1. There is an urgent situation; on several occasions units have closed resulting in distress and huge inconvenience to women in labour. How will this managed going forward, especially factoring in the predicted winter birth rate peak?
 2. There is a new maternity unit to open in the future – what plans have been put in place to mitigate risk up until the opening and address the longer term issues of safer staffing?
- Kay Riley's response: the following strategies have been established to address both of these points:
 - Flex capacity across sites
 - Changes in midwifery leadership – more integrated approach
 - Birth rate strategy – paper going to board
 - Workforce planning strategy going forward
 - Combination of approaches going forward
- Katherine Gerrans appreciated the challenges of Cost Improvement Plans and was pleased to see as part of the quality assurance visits motivated staff, however was concerned by lack of morale and the impact of loss of colleagues who had recently

- left following grade reviews. – Are quality outcome measures triangulated with data on lost places or staff downgrading?
- Kay Riley informed the Governing Body that these issues are being addressed by quality assurance processes and that the previous work place review had resulted in the loss of skilled staff in some areas but the turnover worries were starting to stabilise. Kay also noted that HCA staff downgrading process was not the Trust's proudest moments but a programme had begun to redevelop new career paths.
 - Katherine Gerrans asked what assurances will there be 6-12 months on that will demonstrate these steps are having an impact?
 - Kay Riley informed the Governing Body that they are working with Portsmouth University to review this area of work and the findings will inform their future direction of travel.
 - Maggie Buckell was pleased to see what Barts Health NHS was learning about itself as an organisation from the Safer Staffing Requirements that had only been in place since May. Maggie asked for further clarification relating to Barts Health bank and agency staff strategy.
 - Kay Riley informed the meeting that the overall intention was to use no agency staff but that the bank arrangement was an example of good partnership working and was viewed as an opportunity to recruit and there was an approach to 'own' all temporary staff at all levels.
 - Deborah Kelly informed the Governing Body of additional areas of work:
 - o Organisation proactively looking for overfill to redistribute capacity
 - o Previous international recruitment ie Spanish nurses
 - o Next round of international recruitment – Sept '14
 - o Working with education academies around long term sustainability
 - o Good work recruiting into apprentices from local population
 - Cate Boyle asked if triangulation of the data of the 34 shortfall areas and patient and performance metrics had been carried out, and if so, had any correlations been observed?
 - Kay Riley informed the Governing Body that heat maps were being used to carry out this work to identify areas where staffing issues are impacting on performance and also that each ward was able to track its performance and quality metrics.
 - Cate Boyle expressed her concerns relating to paper systems of reporting that are still in use in at Barts Health and that these systems may affect data quality and result in a less integrated system. Cate asked for assurances that these issues are being addressed.
 - Kay Riley's response: currently there is a very well integrated system in place and that appropriate triggers for safer staffing data concerns are in place.
 - Mr Tan Vandal expressed that he appreciated how much work has been invested in this area. Questions:

1. Is data on safer staffing levels and associated performance and quality issues shared with consultant teams?
 2. Are there quality based tools in place to assess whether patients are going home satisfied?
- Kay Riley informed the meeting that the answer to question 1 is partially yes – there is a named consultant on each ward for safer staffing and there is currently a conversation about how to integrate a multi-professional approach. Patient satisfaction data is available at CAG and board level but more difficulty at a speciality team level.
 - Archna Mathur asked for comments relating to the CQC new elevated risks to whistleblowing.
 - Kay Riley informed that there had been 47 whistleblowing incidents to date, with 8 cases still open and that work had been carried out to ensure staff felt comfortable reporting concerns in confidence. A piece of work is currently being carried out in conjunction with Portsmouth University around whistleblowing as she is aware there is still more work required in this area. The organisation has also recently launched their PALS and complaints leaflets for staff and patients to further support this area
 - Cate Boyle appreciated the huge amount of work around compliance with national standards, managing data etc. Cate asked Kay if she felt that she is getting sufficient support with the safer staffing work?
 - Kay Riley informed the Governing Body that she feels that she has all the support she needs; she felt confident going forward meeting the future demands of safer staffing in Barts Health NHS; that she thought there was huge strength in what Barts Health NHS can offer and that the organisation had some of the best recruitment rates in London. Kay expressed concerns she had that her team are currently addressing:
 - o Concerns relating to retention – and why some areas are losing staff?
 - o NMC delays issuing PINs

2.2 Board Assurance Framework (BAF)

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

- Risk 1.1 - A Contract Query Notice (CQN) was issued to Barts Health in July highlighting concerns re: performance against national standards (A&E, RTT, cancer) and quality metrics (eg serious incidents). After review, it was decided that the risk rating should be increased to ensure that it reflects the potential impact to the organisation and that the risk is appropriately escalated to the Governing Body and Audit Committee. There was no change in the perceived likelihood of the risk.

Jane also highlighted the recent internal audit report of the BAF which is to be discussed at the Audit Committee on Sept 8th and that the report deemed that the Governing Body can take reasonable assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.

Mariette Davis recommended the organisation's BAF to the Governing Body as a suitable risk management process and excellent compared to similar organisations.

Cate Boyle pointed out some of the risks ie 3.3.7 were rated amber but there were no actions to support the ongoing work to reduce the risk rating. This is to be further discussed at the Audit Committee.

Members noted the item.

2.3 TH CCG Objective Scorecard

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

- The majority of metrics have been rated as green with the exception of cancer wait times and several grey areas where data to support the metric is not currently available.

Members noted the item.

2.4 Finance and Activity

2.4.1 [Finance report month 4](#)

Henry Black presented the report and also highlighted emerging risks:

- NHSE Transformation fund across London for CCGs – proposal to top slice all CCGs to fund programme. This presents a risk as other areas of London are likely to have a greater need for transformation funding. Possibility we would contribute into the pot but will not have much need to call upon.
- NHSE board have voted on allocation for the next two years – work to be carried out whether allocation is accurately reflected by formula.
- Month 4 financial position on track to meet targets. Concern in Barts Health NHS relating to over-performance and this was highlighted in the CQN.

Dr Isabel Hodgkinson questioned how NHSE can take top slice as the CCG is a statutory body and was opposed to NHSE cutting across our statutory responsibilities.

Henry Black suggested discussing at a future seminar and formulating a response.

2.4.2 [Activity Report](#)

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

- YTD Position: £3,577k underspent. Forecast outturn position: £11,855k underspent
- Main drivers for YTD position:
 - Barts £2,653k overspend
 - Homerton £222k overspend
 - Mental Health Services £49k underspend but expected to be in line with contract offer
 - Other Non-Acute – Continuing Healthcare Net Position £322 overspend partially offset by learning difficulties with a £116k underspend

- Prescribing is reporting an underspend position of £61k
- Reserves have been adjusted to reflect a YTD underspend of £3.6m

The following items were raised in discussion:

The combined CHC budget which includes Fully Funded Spots is forecast to overspend by £285k based on latest data provided by the CHC team from Broadcare. This budget tends to fluctuate month on month due to service user movements and price changes.

The review of the Barts Health NHS Trust's Remedial Action Plan of the CQN is tackling the reasons for many of the over performing areas – outpatients and inpatient impacts for RTT achievement, the impact of the new provider for patient transport activity and the higher than expected activity for outpatients - Allied Health professional activity and the shift to procedures instead of outpatient appointments.

Community Health Services

Contract negotiations - CFO and DoF have now reached a financial agreement. CSU is working closely with BH to finalise reporting requirements and DQIP to support performance reporting this year and delivery of CIDs in 15/16.

Contract management – Overall activity in Q1 was significantly below the same period in 13/14. It is acknowledged that further work is required to ensure that activity comparisons are on a like for like basis and to ensure that activity isn't being under reported.

DNA rates continue to be above target and historic trends. BH have identified the worst performers and have initiated deep dives to identify where improvements can be made.

Procurement - The emerging clinical model was presented and discussed at an engagement event on 19th August which was attended by GPs, CCG staff, local authority, Healthwatch, voluntary sector and patient representatives. A variety of ideas were generated from discussions and these will be incorporated into service development and engagement plans moving forward.

Maternity

Maternity activity at Barts does not show any over performance year to date but does start to show a more complex ante natal case mix than the national average. There will be an assessment of the supporting information to validate this position as there may be a £50k pressure per quarter from month 3 onwards.

No significant increase in births across the CCG has been identified with again small numbers of women choosing to give birth at UCL and the Homerton. It must be noted however that the maternity service at Barts have indicated that they believe the reported birth numbers via the contract are lower than those recorded within the department. The Trust have been asked to validate this.

Outpatient

Outpatient activity is over-performing (£1.2m). The majority of this is in Outpatient Procedures although the newly-recorded AHP outpatient attendance activity is also over performing. This is being challenged and reviewed via the Activity Query Notice process.

Inpatient

Inpatient Non Elective activity is over-performing against the contract plan over performing by £1.8m at M3 YTD. Respiratory conditions are the main pressure and the CSU are liaising with the CCG programme boards to assess what services could impact on this type of activity.

It was highlighted that the over-performance may perversely result in an increase in the readmission penalty.

Isabel Hodgkinson asked if the unplanned admission enhanced service (DES) requiring GPs to identify top 2% of patients at highest risk of admission could be used to support this work?

Charlotte Fry informed of a piece of work by the technical delivery team: readmission risk profiling and following patients.

Mr Tan Vandal highlighted the need to define the over-performance as a) is it new activity? or b) has activity not gone up and the cost price increased?

2.5 Performance and Quality report

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

2.5.1 [Cancer](#)

Two week wait for Barts Health NHS Trust has been achieved for August, there was a slight underperformance at the Royal London site but overall showing signs of improvement.

- 31 day targets to 1st treatment are being met at Trust and RLH level with 96.9% and 97.3% respectively. 31 day subsequent surgery and drug treatment have been met for May.
- 62 day GP referral performance remains challenging with May provisional data showing underperformance against the 85% target of 77% at Trust level and 66.7% at RLH level. The Trust, via the CCGs, has submitted a return to NHSE (London) to understand the reasons behind 62 day under-performance and timescales for recovery.
 - Late referrals from other Trusts
 - Complex diagnostic pathways
 - Complex pathways, particularly prostate
 - Complex conditions and many patients with multiple primaries
 - Failed diagnostic tests e.g. colonoscopy
 - 2WW delays

The trajectory indicates that the 62 day target should be achieved by October.

2.5.2 [RTT](#)

Barts Health continues to underperform against the required waiting time standards for the admitted, non-admitted, incomplete pathways and patients waiting in excess of 52 weeks. RTT reporting has been impacted by the implementation of CERNER at Whipps Cross and the Trust has agreed with Commissioners and Regulators to postpone reporting of the June position until the July submission and reporting of the July position until August. Late reported June data demonstrates 77 patients waiting over 52 weeks.

2.5.3 [A&E](#)

Barts Health have struggled to meet the 95% standard post April. Surges in activity across all sites and increase in trauma activity have contributed to challenging performance at the Royal London site. The focus for CCGs and the Trust is now on “operational resilience” to bring together system wide planning for A&E performance improvement and management of elective care pathways (RTT) to establish sustainable year round performance delivery and on-going and robust capacity planning. The Trust has produced an elective and non-elective Demand and Capacity plan in order to release the central funding that has been allocated to each CCG towards development of year around system resilience and winter plans c£5m across Newham, Waltham Forest and Tower Hamlets CCGs.

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

Barts Health has 91 overdue SIs for June compared to 94 in April. The Trust process to manage serious incidents was also part of the CQN issued to Barts Health. The overall number of SIs for July was 58 which is a significant decrease on previous months and a large number of pressure ulcer SIs are soon to be closed which will significantly improve July performance data. Never Events: Zero cases were reported in June. Never Events for ELFT: Zero never events were reported for May.

2.5.5 [CQC](#)

Updated action plans have been requested from the Trust and reviewed revealing slippage on a few key milestones. The progress against the CQC action plans will form the basis of the joint Quality Conversation event to be hosted jointly with Barts Health on the 18 September involving all key stakeholders and executives.

2.5.6 [Comments](#)

Mr Tan Vandal pointed out that the MSA breaches highlighted in the report indicate a shortage of beds and reflects poor patient flows and inherent inefficiencies in the Trust. He also felt positive with the improvement in surgery and cancer care performance and was encouraged with the engagement at CQRM.

Cate Boyle thanked Archana Mathur for her excellent work and was encouraged that the performance data is the first indication of a turn around. Cate also thanked Archana for really drilling down into the available data in such a way that holds Barts Health NHS to account.

Members noted the item.

2.6 Safeguarding Adults Board – Annual Report

Richard Fradgley presented the item. The key areas to note were:

The report notes significant changes in the national context for safeguarding adults during 2014/15, which form the basis of the Board's forward plan, including

- the Care Act requires that the Safeguarding Adults Board becomes a statutory body as from 1/4/15
- The House of Lords have published a scrutiny report of the Mental Capacity Act and have stated that statutory bodies are not implementing the legislation as Parliament intended. It has recommended a review of the Deprivation of Liberty legislation. Work to improve compliance with the Mental Capacity Act in the borough will continue
- The Cheshire West judgement has resulted in a significant number of people who previously did not fall under the Deprivation of Liberty Safeguards now coming under the remit of the safeguards. A substantial work programme led by the Council is underway to ensure that service users are appropriately assessed for DoLs.

The Report emphasises the continued strong inter-agency working including NHS commissioners and providers that has contributed to the Board's work during 2013/14.

Dr Isabel Hodkinson pointed out that there is Adult Safeguarding Mental Capacity training available although this is not mandatory and there is a future piece of work around embedding training.

Members noted the item.

Break

3 Commissioning and Strategy

3.1 Transforming Services Together (TST)

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

- Support for developing the programme plans and PMO have been commissioned.
- Review of existing arrangements and programmes, eg integrated care, will be undertaken.
- First meeting of TST programme scheduled for September 17th 2014.
- Refreshed TST plans to be submitted end of September.
- Transforming Services, Changing Lives (TSCL) case for change consultation, due at end of October.
- NHSE is keen for TST plans to be signed off across the whole of NEL. There would need to be a change in legislation and the CCG should establish a decision making group re: statutory responsibilities.

Members noted the item.

3.2 Community Health Services

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

- Improvements in Contract Management of CHS contract.
- Revised Barts Health Community Health Services governance structure is delivering improvements in responsiveness to commissioner requests and quality of reporting.
- New structures have been in place for 4 months and have demonstrated continuous improvement.

During April this year Barts Health re-organised CHS services bringing services fully under the responsibility of existing acute Clinical Academic Groups (CAG's). This has led to regular senior level representation by BH at Service Performance Review (SPR) meetings and a revised Terms of Reference.

Since this change there has been a marked improvement in responsiveness to commissioner requests, resulting in marked improvements in the quality and punctuality of reports and papers received.

Some of the key improvements include the following:

- Senior Contract Lead and senior representation from BH at SPR – *facilitating quicker decision making.*
- Consistency of attendees at SPR meeting has improved – *ensuring continuation of progress.*
- Reports are much improved and improving on a monthly basis – *BH have dedicated resources to push forward further improvements via a newly created Technical Sub-group (TSG)*
- A Minimum Dataset has been received – *with BH working collaboratively with the Commissioning Support Unit via the TSG to improve data completeness and quality of submissions, ahead of the nationally mandated implementation of Community Information Dataset (CIDS) in April 2015.*
- Responsiveness to commissioner requests – *commissioner requests are being responded to proficiently e.g. BH undertaking a full audit of DNA rates, working collaboratively with the commissioner to better understand and drive forward improvement in this area.*
- Papers and reports are being provided punctually – *improving the effectiveness of SPR meetings.*

Members noted the item.

3.3 Transformation, Innovation, Committee Update

Maggie Buckell presented the item. The following highlights were reported:

- A piece of work needs to be undertaken to determine the CCG's strategic vision on working with the community and voluntary sector; this needs to be aligned to the CCG's 5 year plan and linked to the Integrated Care Programme and the Better Care Fund.
- The TIC Committee discussed the wider implications of Council savings on services being provided in the borough, especially in regards to services that are being jointly

commissioned with the CCG; this is going to be a longer term issue and carries reputational risk to the CCG. Concern was raised regarding the lack of communication from the Council regarding their future funding/efficiency savings: one area identified was that of Child and Adolescent Mental Health Services funding

Dr Somen Banerjee suggested it may be worthwhile bringing the CAMHS issue to the Health and Wellbeing Board officer's group.

4 For information

4.1 Monitor – Tariff Consultation

No further comments were raised. Members noted the item.

4.2 Finance, Performance and Quality Committee Summary

No further comments were raised. Members noted the item.

4.3 Locality Board Summary

No further comments were raised. Members noted the item.

4.4 Executive Committee Summary

No further comments were raised. Members noted the item.

5 Questions from the public

No questions were raised.

6 Any other business

No additional items were raised by members.

End

Matters arising

Action reference	Action	Lead	Due Date	Update

DRAFT