

Enclosure B



**Tower Hamlets
Clinical Commissioning Group**

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

6 May, 1430 to 1715

Worship Space, St. Paul's Church, St. Stephens Road, London, E3 5JL

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 Isabel Hodkinson	LAP 5 representative - Principal Clinical Lead - The Tredegar Practice	NHS THCCG
Dr Hannah Falvey	Allied Health Professional representative	NHS THCCG
Katherine Gerrans	Practice Nurse representative	NHS THCCG
Virginia Patania	Practice Manager 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

1.1.2 [In attendance](#)

Name	Role	Organisation
Archana Mathur	Director of Quality and Performance	NHS THCCG
Bill Jenks	CCG Engagement Manager	NHS THCCG
Ellie Hobart	Deputy Director Organisational Development and Engagement	NHS THCCG
Josh Potter (for item 3.1 and 3.2 only)	Deputy Director of Commissioning and Transformation	NHS THCCG
Paul Balson (Minutes)	Governance and Risk Manager	NHS THCCG
Richard Fradgley (for item 3.5 and 3.6 only)	Director of Mental Health and Joint Commissioning	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
Dr Gabrielle Fair (for item 3.6 only)	Clinical Director Older People	ELFT
John Wilkins (for item	Deputy Chief Executive	ELFT

Name	Role	Organisation
3.6 only)		
Liz Potter	Governing Body Observer	Greenaway Associates

1.1.3 [Apologies](#)

Name	Role	Organisation
Maggie Buckell	Registered Nurse	NHS THCCG
Dr Osman Bhatti	LAP 7 representative – Chrisp Street Practice	NHS THCCG
Dr Shah Ali	LAP 8 representative – Barkantine Practice	NHS THCCG
Mariette Davis	Lay Member (Governance)	NHS THCCG

1.1.4 [Welcome](#)

Dr Sam Everington welcomed members and attendees to the meeting.

1.2 **Declarations of Interest**

The Chair asked Members for any declarations of interest. The following interests were reiterated:

- Dr Hannah Falvey reminded the Chair of a declared interest: that she is employed by Barts Health NHS Trust and Accelerate CIC.
- Dr Victoria Tzortziou Brown reminded the Chair of a declared interest: that she works one session per week at Barts Health NHS Trust.

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**

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

- The CCG's involvement in launching 'Towards a healthier Tower Hamlets' with the Local Authority
- Tower Hamlets Health and Well being Board (HWBB) announce a commitment to improve support for disabled children
- The CCG's involvement in upholding the Tower Hamlets Charter of Child Rights
- The letter from NHS England regarding Care.Data.
- The outcome of NHS Tower Hamlets CCG elections
- The launch of the NHS Tower Hamlets CCG Bursary Scheme
- Governing Body approval of the NHS Tower Hamlets CCG 2014/15 budget
- Communications during local elections

- Annual Meeting of the NHS Clinical Commissioners

Members were informed that at the meeting it was announced that CCGs may be given responsibilities around the commissioning of tertiary services. Members were informed that there would be further internal discussions on this issue.

- New Members of the Governing Body were welcomed.
- Dr Hannah Falvey leaving

Dr Sam Everington informed members that Dr Hannah Falvey was leaving the CCG and read out a number of complimentary comments from CCG staff. The Governing Body wished Dr Hannah Falvey all the best in her new role.

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

1.4 Chief Officers report

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

- The submission of the draft annual report and accounts on 23 April 2014
- The positive feedback from NHS England with regards to the Quarter 3 assurance report.
- The Transforming Services – Changing Lives program

Jane Milligan also informed members that McKinsey had been commissioned by NHS England, NTDA and Monitor to support health and social care economies who had particular challenges (.e.g. provider and / or financial). McKinsey have been appointed to provide this support in North East London to ensure that their long term strategies were aligned. Clinical working groups had been established to initiate this piece of work and this is due for completion by the end of June.

- Executive summaries of 2 quality assurance visits to Accelerate and The London Independent Hospital
- The CCG's compliance with the Information Governance Toolkit at level 2
- CCG Health Conversation 2014

Jane Milligan informed members that there would be an engagement event on 31 May 2014 at the Chrisp Street Ideas store. Additional information would be circulated in due course.

- An update on recent publications and guidance in the NHS
- NHS Tower Hamlets CCG in the media
- Freedom of Information Act requests
- Waivers of standing orders.

1.4.1 [Governance and Risk Manager leaving](#)

Jane Milligan informed members that Paul Balson would be leaving the CCG. The Governing Body wished Paul Balson all the best in his new role.

1.5 Members story

Dr Hannah Falvey introduced the item which was a video highlighting member GPs opinion on the subject of quality. Key themes included:

- The variable levels of feedback in response to service alerts in terms of timeliness and quality of feedback.
- Poor levels of provider communication with GPs
- Patients choose alternative providers based on waiting times; despite poor levels of after care.
- Increased levels of 'red tape' for District Nurses affect patient care.
- No continuity of Health Visitors
- The Network Improved Service (NIS), in particular how the education elements of it improve quality of care, was praised.
- The introduction of email throughout all Tower Hamlets General Practice was seen a positive step.
- The improvement of Diabetes care in Tower Hamlets, which has been driven by committed consultants and well trained nurses, was seen as a model of good practice.

Archna Mathur informed members that it was important for GPs to continue raising issues through the Service Alert system. Members were informed that there were now KPIs for service alerts around the length of time taken to 1. Acknowledge receipt and 2. Receive a full response. This would address the variances in timeliness and quality of responses

Dr Martha Leigh asked if there were ways to incentivise the reporting of service alerts. Dr Isabel Hodgkinson stated that if the feedback GPs received once a service alert is reported was improved; the number of service alerts reported would increase. Dr Isabel Hodgkinson noted that the feedback would be useful if it were presented collectively (i.e. trend analysis, common themes) as well as individually.

Jane Milligan noted that the video was useful and informed members she would recommend the video to the Chair of Barts Health NHS Trust.

- **Action: Jane Milligan to forward the Member's story video to Sir Stephen O'Brien – Chair of Barts Health NHS Trust.**

Catherine Boyle noted that although the video was useful, it would be good to see Barts Health NHS Trust proactively seeking information like this and would be interested in what their response to the video would be.

Dr Tan Vandal noted that good communication was key to good care, highlighting that 90% of complaints can be attributed to poor communication.

Dr Sam Everington noted that levels of consultant engagement varied across providers and stated that he would like to improve current levels of engagement. It was suggested that Consultants themselves could be asked to comment on the quality of the services they provide. This would then be compared with the perceptions of patients and GPs.

Members expressed a need for more quantifiable consultant comparison data on waiting times, SIs, never events etc. in order to address the issue of variability amongst Consultants. This would highlight areas of good practice and encourage the sharing of good practice.

Members **noted** the Member's story.

1.6 Minutes and matters arising of the meeting held 4 March 2014

1.6.1 [Minutes](#)

The following amendments were requested

- Huw Wilson Jones informed members that he had submitted a few corrections to Paul Balson on the Finance and Activity report.
- With regards to page 34; Dr Isabel Hodkinson confirmed IT budgets will be managed by CCGs.
- Katherine Gerrans noted that 'The Practice Manager' was not included in the update on quorum of the Governing Body.
- Catherine Boyle informed members that her statement on section 2.5 bullet 6 should be corrected to say:

Catherine Boyle observed that the action plan did not come across as focused on the patient as the assessment within the action plan evaluated impact on service users as low when in fact it was likely to be very high (e.g. cancellation of operations). The feedback that the CCG received from patients suggested that while clinical care was good, the infrastructure and systems often resulted in poor patient experience. Steven Ryan agreed the action plan had a service delivery rather than patient focus. This was not the intention and he agreed to review the action plan.

- **Action: Paul Balson to make the amendments to the minutes of 4 March 2014.**

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

1.6.2 [Matters arising](#)

The following actions were discussed:

- March action 3: Members were informed that a meeting between Dr Sam Everington, Jane Milligan and the Carer's Centre was being organised. Deborah Cohen advised members that she would also attend the meeting.

- **Action: Tracey Price to arrange a meeting between: Carer's Centre, Dr Sam Everington, Jane Milligan and Deborah Cohen.**

- March action 6: Dr Somen Banerjee informed members that the action had been passed to Esther Trenchard-Mabere and an update would be provided at the next meeting.

2 Performance and Operations

2.1 Board Assurance Framework – Quarterly update

Jane Milligan presented the first version of the Board Assurance Framework (BAF). Members were informed that it would be further refined for the next Governing Body Meeting. Members were asked to forward any comments or queries to Jane Milligan and / or Paul Balson.

Jane Milligan updated risk 1.2; although the CCG found it difficult to appoint a Designated Nurse for Looked after Children (LAC), temporary cover was found for the role. Members were informed that Maggie Buckell would be taking over the role of safeguarding children lead from Dr Hannah Falvey.

Members **noted** the BAF

2.2 Finance and Activity

2.2.1 [Activity report](#)

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

- Key over performing areas at Barts Health NHS Trust includes Outpatients, Critical Care and Patient Transport and the more complex A&E activity.
- The Barts Health NHS Trust contract is close to being agreed and signed.
- The Specialist Commissioning misattribution of activity across London is due to be finalised by the London Technical group by the end of Quarter 1.
- The Prescribing over performance reflects additional Winter Pressures.

The following items were raised in discussion:

Virginia Patania asked for an update on the issue of Barts Health NHS Trust Accident and Emergency no longer sharing their datasets with the CCG. Huw Wilson Jones informed members that this was a result of the debate on diversions; the CCG did not feel assured that they were being charged correctly for diversions. Barts Health NHS Trust is in the process of collating evidence that patients are recorded correctly. This is why they are not sharing the data. Members were informed that Huw Wilson-Jones and Virginia Patania would investigate further.

- **Action: 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.**

Dr Martha Leigh queried the accuracy of the maternity figures which were currently being disputed and investigated. Huw Wilson-Jones informed members that he would investigate

the issue further, noting that the CCG had sufficient control measures in place to cover the financial risk.

- **Huw Wilson-Jones to investigate the accuracy of maternity activity figures further.**

[2.2.2 Draft Annual Accounts summary](#)

Henry Black presented a summary of the 2013/14 draft annual accounts. Members were informed that the draft annual accounts had been submitted to KPMG, the CCGs External Auditors. The accounts would be in draft until they are presented to the Audit Committee on 2 June 2014. The Audit Committee would then make a decision or not as to recommend the accounts to the Governing Body for adoption at a formal section of the 3 June seminar.

Members **noted** the draft annual accounts summary.

2.3 Performance and Quality report

Archna Mathur presented the item. The highlights were:

[2.3.1 Cancer](#)

Barts Health NHS Trust performance on the 2 week wait had improved for Tower Hamlets patients. However, overall performance across sites and the Trust overall vary. Following a review of the patients who breached the target, it was found that the length of wait was minimal over and above the 2 week standard and in some cases the patient made the choice to wait.

Achievement of the 62 day target remained a challenge. Data from across London shows that achievement of this target is a London wide issue.

There will be robust 2 weekly deep dives into challenged specialities starting with colorectal to establish root causes of capacity breaches with agreed timescales for recovery.

[2.3.2 RTT](#)

RTT was a continuing concern with the agreed improvement trajectories unlikely to be achieved until quarter 2. Dr Haroon Rashid asked if the RTT plan had considered the staffing levels from a long term strategic point of view. Jane Milligan informed members that the RRT plan does take a long term consideration of supply and demand and the staffing levels required to deliver this. However, it must be noted that Barts Health NHS Trust is struggling to find quick fixes and it was disappointing that they will not achieve the target in April.

[2.3.3 A&E](#)

The 4 hour A&E target at Barts Health NHS Trust was achieved for 2013/14. Performance at the Royal London site remained a concern. Fifteen of the 22 Trusts that received winter funding across London achieved the target. Work is underway to prepare for winter 2014/15 and ensuring sustainable in year performance.

Dr Sam Everington noted that the Royal London site experiences additional pressures as it is a trauma centre. Members were informed that LAS have been transferring patients within designated post codes to Newham University Hospital to reduce pressure on the Royal

London site. Dr Sam Everington highlighted the need for LAS to balance waiting times with giving the patient the best care.

Dr Tan Vandal highlighted the importance of not losing sight of the 5% of patients who are not seen within the 4 hours; noting that the reports do not provide data on how the 5% are affected clinically by the wait. Dr Sam Everington informed members that although the clinical value of the 4 hour target is queried; evidence suggests that Trusts who manage the target are well managed overall.

2.3.4 Serious Untoward Incidents

Barts Health NHS Trust has 97 overdue serious incidents at the time of reporting, deterioration compared to February (89). The CCG has expressed their concern and were informed that special measures were in place. Deborah Cohen asked Archna Mathur to investigate what the 'Special measures' were and asked for details of serious incidents affecting Tower Hamlets patients. Archna Mathur informed members that serious incident data does not collectively distinguish patients based on the borough they come from, the focus is more by CAG although at the time of reporting the patient host CCG is known.

- **Action: Archna Mathur to investigate what the special measures Barts Health NHS Trust have put in place to manage the overdue serious incidents are.**

2.3.5 MSA

Following a cross London audit of mixed sex accommodation breaches conducted by CSU, it was found that Barts Health NHS Trust was applying the guidance correctly. Although the number of breaches is high, the CCG is assured that they are applying the guidance correctly and in the spirit of delivering safe care and note that although the target is important, there is a need for us to be proportionate in our mechanism for obtaining assurance on this target. The plan is to follow up with a repeat audit of breaches and continue to monitor through the year.

2.3.6 General

Dr Tan Vandal noted that there are several KPIs showing little or no improvement over a long timeframe and enquired if any of the actions are having any effect at all and requested assurance that within specialties, the clinical leaders are aware that they are responsible for delivering on targets, not just the managers.

Katherine Gerrans asked if the incidences of MRSA and C.diff at Barts Health NHS Trust are unavoidable given that they report that hand washing is accessible and monitored. Archna Mathur informed members that the report does not classify the cases of MRSA or C.diff into avoidable or unavoidable.

Catherine Boyle informed members that she has heard a lot from Barts Health NHS Trust about patients being put at the centre of care. However, several datasets appear to demonstrate this is not the case. Catherine Boyle asked: how can the Governing Body feel assured that patients are at the centre of care. Jane Milligan proposed asking Barts Health NHS Trust to attend the Governing Body meeting and provide a narrative to the data and provide answers to structured questions from the CCG.

John Wardell proposed a rolling programme of Barts Health NHS Trust Directors to attend the Governing Body meeting to answer the CCGs questions, provide commentary on the data and provide a strategic overview.

- **Action: Archna Mathur, Ellie Hobart and Paul Balson to invite Barts Health NHS Trust representatives to a future Governing Body meeting on a rolling basis to comment on the patient experience data.**

Dr Sam Everington informed members that the questions would also be presented to the CQRMs.

Dr Hannah Falvey proposed that within the quality accounts, the CCG ask for additional detail on particular areas of concern in their responses

- **Action: Archna Mathur to consider additional detail on particular areas of concern in the quality accounts.**

Members **noted** the quality and performance report.

2.4 Advocacy and Interpreting service

John Wardell tabled a paper on this item, noting that there has been much speculation regarding the future of the service. The following highlights were raised:

- In July 2011 Community Health Services (inclusive of the Bilingual Health Advocacy and Interpreting Service – BHIAS). The CCG also offered an interpreting service via PRAXIS to a number of GP practices.
- In 2012/13 the CCG reviewed BHIAS and agreed a new service specification with Barts Health NHS Trust which aimed to provide high quality first person interpreting that delivered on the population's needs.
- The CCG renewed the contract with PRAXIS.
- As a result of the merger of Barts Health NHS Trust the BHAIS centralised into one team.
- In 2013/14 the service's total activity was 55,000 contacts which was 3500 above the service specification.
- Barts Health NHS Trust conducted a staff consultation between 13 March and 22 April 2014. They are taking 3 weeks to conduct an in-depth review of the feedback. Barts Health NHS Trust recognises that there is staff anxiety and have held five staff events to gather feedback. The feedback documentation will be published on 15 May 2014.
- A number of concerns have been raised by GPs locally regarding the review. The nature of which has been fuelled by rumours of services ending in Newham.
- Barts Health NHS Trust have given assurance that they will deliver against their agreed service specifications and will meet with the CCG if there are concerns after 15 May 2014.

The following items were raised in discussion:

- Virginia Patania and Dr Haroon Rashid queried the accuracy of the datasets that are used in determining service needs as the data is currently based on what service is delivered, not what is required. Dr Haroon Rashid informed members that he would look at the datasets used to inform the business case with John Wardell.
- Dr Martha Leigh praised the model of advocacy and interpreting that was provided from within the District Nursing Service. The model was a success as the District Nurse had a good relationship with the community.
- Dr Sam Everington noted that it would be useful for the service to consider technological solutions.
- Catherine Boyle raised concerns regarding the level of stakeholder engagement in this process.
- Dr Isabel Hodgkinson informed members that a review of the service is required to ensure that the service reflects the languages of the local population.
- Jane Milligan noted that there have always been issues with the advocacy and interpreting service and that the review provides an opportunity to consider different models of how to commission the services going forward.

Members **noted** the report.

2.5 Equality and Diversity terms of reference

Dr Haroon Rashid presented the draft terms of reference for an Equality and Diversity Committee of the Governing Body.

Members **approved** the terms of reference.

2.6 2014/15 Risk Management Strategy

Archna Mathur presented a summary of the changes to the 2013/14 risk management strategy.

Members **approved** the 2014/15 Risk Management Strategy.

Break

3 Commissioning and Strategy

3.1 Transformation and Innovation Committee annual report

Josh Potter presented the report. The following highlights were reported.

- The main purpose of the Committee is to oversee the commissioning strategy of the CCG. This involves:
 - making recommendations to the Governing Body,

- providing review / guidance for business cases and,
 - overseeing the programme scorecard
- The CCG was recently audited on its ability to deliver QIPP schemes. The CCG was felt to have sufficient controls in place
- Two recommendations arose from the audit:
 - Although the Programme Boards recorded the risks to the achievement of each programme, they did not record the mitigating actions of risks.
 - It was recommended that the Programme Boards include a 'Lessons learned' section
- Josh Potter informed members that both recommendations would be implemented by the end of May 2014.
- The 2013/14 plan was delivered ahead of target.
- The delivery system for 2014/15 should be more robust.

Members **noted** the presentation.

3.2 The 5 year strategic plan

Josh Potter presented the item. In summary:

The 5 Year Plan is a requirement for CCGs to come together with other CCGs in the area to form a Strategic Planning Group, in order to develop a medium to long term plan for the commissioning of services in that area. Tower Hamlets CCG is in WEL SPG, along with Newham and Waltham Forest CCGs.

The CCG has been offered a support package from McKinsey who will help to do a further analysis of operating plans and strategic plans of providers to see if there are any disconnects or risks.

Feedback from NHS England has been positive overall.

The next step will be a 20 June submission to NHS England. Members requested that this becomes a regular item at the Governing Body

- **Action: Paul Balson to add the 5 year strategic plan as a standing item at the Governing Body.**

Members **noted** the plan.

3.3 Local innovation

Dr Sam Everington introduced 2 items showcasing local innovation in Tower Hamlets; both had been nominated for a HSJ award.

[3.3.1 Tower Hamlets General Practice Networks](#)

Dr Isabel Hodkinson presented the item.

Dr Sam Everington thanked Dr Isabel Hodkinson and informed members that the network structure in Tower Hamlets is a recurring positive topic of conversation outside of Tower Hamlets and that the Secretary of State intends to visit Tower Hamlets.

Dr Isabel Hodkinson recommended that Public Health England consider the structure when rolling out their programmes.

Dr Somen Banerjee informed members that he would be taking the success story back to the Local Authority.

Members **noted** the presentation

[3.3.2 Referral Management Lessons for Success](#)

Dr Victoria Tzortziou-Brown presented the item.

The next steps for the programme were:

- To be more consistent in measuring patient experience
- Incorporate care pathways into EMIS
- Share the learning with other areas

Dr Sam Everington thanked Dr Victoria Tzortziou-Brown.

Members **noted** the presentation

3.4 IRIS Contract

Richard Fradgley presented the item. Members **noted** the item.

3.5 Modernising inpatient services for older people with a functional mental health problem

Richard Fradgley introduced John Wilkins - Deputy Chief Executive and Dr Gabrielle Fair from East London Foundation Trust to assist presentation of the item.

Governing Body members were asked to approve that the proposal to modernise inpatient services for older people with a mental health problem:

- proceeds to consultation/engagement with the public
- proceeds to consideration by the Overview & Scrutiny Committees of the London Boroughs of Tower Hamlets, Hackney and the Corporation of London.

The following points were raised in discussion:

- The proposal will address the issue of how patients with mental health issues are not lost in the system.
- A secondary driver is that of the efficiency savings.
- The CCG needs to support East London Foundation Trust to become more efficient.
- The benefits of the proposal include:
 - Improved patient outcomes in terms of quality of care and access to support for physical health.
 - More streamlined out of hours medical management
 - Facilitates improved estate for City and Hackney patients
 - The efficiency savings to be reinvested into the service.
- One risk of the proposal is that patients in the North West of Tower Hamlets could find the service inaccessible. This is mitigated by East London Foundation Trust implementing their transport assistance policy
- The proposal is awaiting feedback from the Local Authority scrutiny and overview committee, at present the purdah has meant this report cannot be issued.
- Dr Judith Littlejohn advised members that additional detail would be added in the future and that this paper is asking for approval to go out to consultation.
- John Wilkins thanked the CCG for their support in developing the business case.
- Catherine Boyle noted that the business case contained a clear rationale for change and demonstrated clear benefits.
- Members discussed the issue of a reduction in overall beds. Richard Fradgley informed members that the improved service would reduce the number of beds required. Dr Isabel Hodgkinson noted that patient and public and consultation would have to be very clear in stating the benefits

The Governing Body members **approved** the proposal.

4 For information

4.1 TH CCG Objective Scorecard

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

4.2 Audit Committee summary

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

4.3 Finance, Performance and Quality Committee summary

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

4.4 Locality Board summary

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

4.5 Executive Committee summary

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

4.6 Non- Obstetric Ultrasound (NOUS) business case

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

5 Questions from the public

Peter Nichol a carer in Tower Hamlets has submitted several questions related the CCG strategy and financial situation and how carers are affected. Jane Milligan informed members that Dr Sam Everington and she would meet with Peter Nichol to discuss his questions in detail. The answers to the questions would be published in the 1 July Governing Body papers.

Peter Nichol was thanked for raising questions which had generated interesting discussions within the CCG.

- **Action: Jane Milligan and Dr Sam Everington to meet with Peter Nichol to discuss his questions in additional detail.**

6 Any other business

No additional items were raised by members.

End

Matters arising

Action reference	Action	Lead	Due Date	Update
May #1	Jane Milligan to forward the Member's story video to Sir Stephen O'Brien – Chair of Barts Health NHS Trust.	JM	18 June 2014	Action completed
May #2	Paul Balson to make the amendments to the minutes of 4 March 2014.	PB	18 June 2014	Action completed
May #3	Tracey Price to arrange a meeting between: Carer's Centre, Dr Sam Everington, Jane Milligan and Deborah Cohen.	TP	18 June 2014	Action completed
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.	HWJ	18 June 2014	Action complete. HWJ is scheduling a meeting with Rahima Miah and Virginia Patania to establish regular reports.
May #5	Huw Wilson-Jones to investigate the accuracy of maternity activity figures further	HWJ	18 June 2014	Action complete. CSU have checked the SLAM and SUS figures and happy with them. The next step is with the Trust to come back to us on where they think their activity is wrong.
May #6	Archna Mathur to investigate what the special measures Barts Health NHS Trust have put in place to manage the overdue serious incidents are.	AM	18 June 2014	Action completed
May #7	Archna Mathur and Ellie Hobart to invite Barts Health NHS Trust representatives to a future Governing Body meeting on a rolling basis to comment on the patient experience data.	AM EH	TBC	Action completed
May #8	Archna Mathur to consider additional detail on particular areas of concern in the quality accounts.	AM	18 June 2014	Action completed
May #9	Paul Balson to add the 5 year strategic plan as a standing item at the Governing Body.	PB	18 June 2014	Action completed
May #10	Jane Milligan and Dr Sam Everington to meet with Peter Nichol to discuss his questions in additional detail.	TP	18 June 2014	Action completed
Mar # 2	Dr Sam Everington to meet with The Carers Centre in Tower Hamlets	SE	23 April 2014	Action completed
Mar # 3	Dr Somen Banerjee to present the key points from the Patient Story to the School Nurse redesign group.	SB	23 April 2014	Action forwarded to Esther Trenchard-Mabere Action completed



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