



**Tower Hamlets
Clinical Commissioning Group**

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

Tuesday, 05 May 2015, 14.30 – 16.15

Queen Elizabeth Conference Room, The Royal Foundation of St Katharine,
2 Butcher Row, London E14 8DS

1 General Business

1.1 Welcome, introductions and apologies

1.1.1 Present

Name	Role	Organisation
Jane Milligan	Chief Officer	NHS THCCG
John Wardell	Deputy Chief Officer	NHS THCCG
Dr Sam Everington	Chair – LAP 6 representative – Bromley By Bow Practice	NHS THCCG
Cate Boyle	Vice Chair - Lay Member (Patient and Public Engagement)	NHS THCCG
Dr Tan Vandal	Secondary Care Specialist Doctor	NHS THCCG
Henry Black	Chief Finance Officer	NHS THCCG
Mariette Davis	Lay Member (Governance)	NHS THCCG
Dr Judith Littlejohns	LAP 1 representative – The Mission 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 Victoria Tzortziou-Brown	LAP 3 representative - Principal Clinical Lead – All Saints Practice	NHS THCCG
Virginia Patania	Practice Manager representative	NHS THCCG
Dr Isabel Hodkinson	LAP 5 representative - Principal Clinical Lead - The Tredegar Practice	NHS THCCG
Katherine Gerrans	Practice Nurse representative	NHS THCCG
Dr Shah Ali	LAP 8 representative – Barkantine Practice	NHS THCCG
Maggie Buckell	Registered Nurse	NHS THCCG
Dr Somen Banerjee	Interim Director of Public Health	LBTH

1.1.2 In attendance

Name	Role	Organisation
Archna Mathur	Director of Quality and Performance	NHS THCCG
Justin Phillips	Governance and Risk Manager	NHS THCCG
Rob Mills	Nurse Consultant Safeguarding Children & Designated Nurse	NHS THCCG
Charlotte Fry	Commissioning Support Director	NEL CSU
Lee Eborall	Director of Acute Contract Management	NEL CSU
Dr Ben Ko	Designated Doctor for LAC	NHS THCCG
Anne Morgan	Interim Designated Nurse for LAC	Newham CCG
Neil Kennett-Brown	Programme Director, Transformational Change	NEL CSU

1.1.3 [Apologies](#)

Name	Role	Organisation
Dr Haroon Rashid	LAP 2 representative – Albion Practice	NHS THCCG
Robert McCulloch-Graham	Corporate Director	LBTH

1.1.4 [Public](#)

Name	Role	Organisation
K. Davies	Partner	Carnall Farrar
H. Comerson	Consultant	Carnall Farrar
T. Matham	Research Fellow	Open University
R. Hill	Health Outcomes	Daiichi Sankyo
L. Hibbs	Head of Innovation	NHS Improving Quality

1.1.5 [Welcome](#)

Dr Sam Everington welcomed members and attendees to the Governing Body meeting part I. Apologies were received for Dr Haroon Rashid and Robert McCulloch-Graham.

1.2 Declaration of Interests

Dr Sam Everington asked Members for any declarations of interest. No 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> or is available from the Governance and Risk Manager: justin.phillips@towerhamletsccg.nhs.uk

1.3 Chair's report

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

- Whipps Cross University Hospital CQC Report
- Tower Hamlets Integrated Provider Partnership - Tower Hamlets to Lead NHS into New Era of Patient Care
- Prime Minister's Challenge Fund
- Dr Sam Everington congratulated Dr Somen Banerjee on the permanent appointment as the Local Authority - Director for Public Health. He also thanked Katherine Gerrans on behalf of the CCG. Katherine is stepping down after three years and was thanked for her measured and intelligent input into the development of the Governing Body and the difference made in supporting and championing the role of nurses in transforming healthcare.

Members noted the Chair's report.

1.4 Chief Officer's report

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

- The Big Conversation Events
- Tower Hamlets Dementia and IAPT Performance
- It was also highlighted that the second AGM of NHS Tower Hamlets Clinical Commissioning Group will take place on the evening of September 22nd 2015 at Toynbee Hall.

Members noted the Chief Officers report.

1.5 Minutes and matters arising of the meeting held March 3 2015

1.5.1 [Minutes](#)

The minutes for the Governing Body March 3 2015 part I and part II were approved as an accurate record of the meetings.

1.5.2 [Matters arising](#)

The matters arising were reviewed with outstanding actions carried forward. Updates were given on the following actions:

- Nov#2 - Archana Mathur is establishing process for arranging a Board to Board meeting. Still in progress – not that easy as significant changes taking place to Barts Health Board – hold off until new Board established
- Jan#3 - Archana Mathur to discuss with Dr Tania Anastasiadis suitable comparative cancer data for GPs – Continuing to proceed despite limited data available.

2 Performance and Operations

2.1 Finance and Activity

2.1.1 [Finance report month 12](#)

Henry Black presented the Month 12 Finance Report, stating that this was based on the draft annual accounts submitted to NHS England. The key areas to note:

At month 12 the CCG is reporting a full year surplus of £16.2m against a plan of £11.9m surplus.

NHSE has requested an increase in the required surplus by £3.5million. He explained that this would not be detrimental to Tower Hamlets CCG as there are adequate reserves and the funding can be carried down in the following year.

The Barts Health position shows a full year over performance of £8.9m. Henry Black pointed out that although a full and final settlement had been agreed with Barts Health, if they were to breach KPIs then the penalties would still be imposed.

An over-performance was reported for the following Non-Barts Health providers: Moorfields, UCL, Guy's and St. Thomas's, Homerton and BMI Healthcare. Henry Black pointed out that Barts Health had used other providers to reduce RTT.

2.1.2 [Activity report month 12](#)

Lee Eborall updated the Governing Body regarding the Barts Health tariff decision. At the last meeting it was noted that Barts Health were still to decide between the enhanced alternative (the Enhanced Tariff Option – ETO) for the full year ahead or a Default Tariff Rollover (DTR) option. Barts Health has accepted the ETO option for 2015/16.

It was noted that a number of CCG contracts had been signed and agreed, which put the organisation in a good position going forward.

Lee Eborall explained that some national contracts were a hybrid of the ETO and DTR arrangements and that further information relating to these would be presented to future Governing Body meetings.

With regards to the financial shutdown of 14/15, after formal consultation relating to the 52 week and 62 day target, penalties were expected to be applied.

Lee Eborall presented the month 12 activity report. The following highlights were reported:

- The CCG has reported a Full Year Surplus of £16.2m compared to its plan of £11.9m
- Main components being:
- Barts £8.9m overspend.
- Non Acute has reported a £2.7m underspend.
- Corporate has reported a £1.3m underspend.
- With minor overspends and underspends across the SLA Portfolio.

The following points were raised in discussion:

Mariette Davis queried if the decrease in maternity activity at Barts Health coupled with an increase of activity at the Homerton and other sites was due to quality issues. Dr Sam Everington reminded the meeting that he had previously sent out a letter to clinicians to consider other providers. Jane Milligan explained that there had been a trend for patients to use other services and that no concerns in quality had been picked up.

Dr Shah Ali queried if the surplus included the WEL CCG risk sharing arrangement fund and if this was in place going forward. Henry Black explained that for the 2014/15 financial year that the risk sharing arrangements was covered but due to the financial positions of the WEL CCGs, that it was not expected to need this arrangement going forward.

- **Action: John Wardell requested an update on the AHP and critical care situation at the next meeting.**

Jane Milligan thanked Henry Black and Lee Eborall and their teams for being in a position of closed contracts.

Members noted the item.

2.2 Performance and Quality report

Archna Mathur presented the Performance and Quality Report and highlighted that the coversheet provided a comprehensive review. The key areas to note were:

The Trust has achieved the two week wait (2ww) standard for February with performance of 96% and the 2ww was also achieved for the first time since April 2014 at the RLH site with 94%. Challenges do still remain at the Royal London site, with colorectal cancer, head and neck and urology specialities still reporting 2ww breaches. An escalation meeting with the CAG Clinical Group Director, Director of Service Delivery and Improvement and Director of Operations for Cancer and Surgery CAG has taken place where the following issues from the colorectal deep dive were escalated:

- Lack of General Manager continuity
- Unclear assessment of colorectal demand and capacity
- Lack of progress with consultant recruitment
- Ineffective planning for planned leave
- Unclear contingency planning for the move colorectal cancer back to RLH from Barts in April and anticipated pressure on HDU beds

The outcome of this meeting is now permanent recruitment to a General Manager for colorectal cancer, business cases for required consultant posts now in train and the need to build the HDU capacity into the wider work around theatre productivity and hospital flow. It was recognised at this meeting that further internal work is required to better develop clinical leadership within specialities as part of the pending CQC action plan.

Referral to Treatment (RTT): Barts Health continues to underperform against the national waiting time standards at speciality level. The Trust are currently not reporting on RTT although monitoring via the CCGs/TDA continues. The 52+ patients have seen a reduction from 112 in January to 63 in February as more robust tracking and validation is in place. Specific tracking is now also focusing on all patients 40+ weeks to ensure expediting all pathways by the end of March 2015. The highest number of 52+ week waiters is in Trauma and Orthopaedics with a current trajectory to clear these by May 2015 and all other specialities by March 2015.

A&E: Barts Health has failed to achieve on the all types 95% standard for 2014/15. Year to date performance into 2015/16 is also fragile with overall performance c87% and RLH performance c80% for all types. The RLH site is focussing on key work streams, currently supported by McKinsey is focussing on initiatives to improve processes within the ED (Emergency Department) and also on management of supported discharges. Work is underway to assess the impact of schemes supported through “operational resilience” funding in 2014/15 to then feed into agreements of priority initiatives for 2015/16.

The following points were raised in discussion:

Mr Tan Vandal stated that he was reassured that with Archana Mathur's continued engagement with the Surgery and Cancer CAG director, that improvements are being made.

John Wardell queried why ELFT still had 22 overdue serious incidents for March. Archana Mathur explained that a deep dive had been set up to look into and close down the outstanding incidents.

Members noted the item.

2.3 Annual Reports: Safeguarding Children and Looked after Children

2.3.1 Safeguarding Children Annual Board Report 2013-2014

Maggie Buckell formally thanked Anne Morgan for her work as the interim designated nurse for looked after children.

Rob Mills presented to the Governing Body the Safeguarding Children Annual Board Report 2013-2014.

It was pointed out that there had been an increase in the number of children in need in 2013/14 compared to the previous year and that currently 248 children had a child protection plan.

Rob Mills gave an overview of the Serious Care Reviews and also stated that The CCG safeguarding children priorities for 2014/15 were:

- Align CCG priorities with those of the LSCB
- Ensure its commissioning processes are robust enough to ensure future health demands of the increasing number of vulnerable children are met.
- To secure the long-term expertise of a Designated Nurse for Looked After Children
- Improve the safeguarding arrangements for GP and other independent contractors
- Ensure CSE and receives a high priority within commissioning and partnership working

2.3.2 Looked After Children (LAC) Annual Report 2013-2014

Dr Ben Ko presented the Looked After Children (LAC) Annual Report 2013-2014. He outlined the main achievements, the outstanding issues and the priorities of the future:

Main Achievements; Designated Doctor in post; review of LAC Health Service undertaken; audit of initial health assessment; service user survey; improved joint working with LBTH and 2012 CQC recommendations implemented.

Outstanding Issues; Designated Nurse post vacant (covered by Acting Nurse); access to CAMHS, especially LAC placed out of borough; service for young offenders who are also looked after; additional nurse and administrative support to be recruited and IT issues - access to EMIS and Framework i.

Priorities for the Future; ensure that health services in Tower Hamlets work effectively with social care and other local authority services to improve the health needs of LAC; ensuring that information is shared readily and appropriately; IT systems support the whole integrated multi-agency team; referrals for health assessments from social care are made in a timely manner and Continuing care and needs of all LAC are monitored effectively.

The following points were raised in discussion:

John Wardell queried the data regarding the DNA rates. Dr Ben Ko explained that there were strict systems of telephoning and contacting patients but further work was needed to engage adolescents as still high DNA rates. It was also pointed out that a shortage of housing in Tower Hamlets was worsening the problem with a lot of children being placed outside of the borough.

Dr Sam Everington highlighted the ongoing work needed to encourage foster parents to ensure that children, where appropriate, could be placed in families near to services.

Members noted the item.

Break

3 Commissioning and Strategy

3.1 2015/16 Financial Plan & 2015/16 Draft Budgets

Henry Black presented the 2015/16 Financial Plan & 2015/16 Draft Budgets report to the Governing Body. The key areas to note were:

- The CCG budget is planning to deliver a 2.6% surplus in 15/16.
- It was explained that the CCG had not yet been given the primary care co-commissioning allocation but an indicative sum was £14million. The final position will not be available for several weeks and that an additional paper will be presented to a future Governing Body as this presented an additional risk.
- Henry Black also reminded the Governing Body members of the position with regards to the population growth versus the uplift that was presented at the previous Governing Body.

The following points were raised in discussion:

Virginia Patania requested that in future for the allocations to be broken down by GP contract type (GMS/APMS/PMS) with the risks of each outlined. She also asked if we risked using some of the surplus in 15/16. Henry Black explained that this was a possibility and that each year we get closer to our target.

The Governing Body members **approved** the 2015-16 Financial Plan and the 2015/16 Budget.

3.2 Transforming Services Together TST - Update

Jane Milligan and Neil Kennett-Brown presented the TST update report.

The following points were raised in discussion:

Cate Boyle queried if involving the public voice had changed the shape of services. Neil Kennett-Brown confirmed this had very much been the case and that in future outcome based commissioning would also shape services.

Dr Isabel Hodgkinson stated that due to TST overlapping with several programmes such as Integrated Care etc she was slightly anxious as to how the connection between the different programmes was being approached and at what level service design sits. She also asked if conversations were taking place as to what should be done at a borough level and what can be commissioned through the WEL pathways? Neil Kennett-Brown explained that as the clinical strategy is developed, it will be clearly thought through and set out as to what services are appropriate at the different levels. He also pointed out that the TST Board would make recommendations but ultimately, the final decisions will be made by the individual Governing Bodies.

John Wardell pointed out that the next phase (the prioritisation of the nine areas), that despite what is decided locally to push forward – that we will need to ensure Barts Health are also in agreement to ensure it's achievable.

Dr Somen Banerjee queried what level of engagement there had been with the Health and Wellbeing Board. Neil Kennett-Brown explained that informal meetings had been taking place in advance of the plan to go formally to the Health and Wellbeing Board in September 2015.

Dr Sam Everington highlighted the need for the TST programme to deal with the future design of services especially in light of the £93million deficit that Barts Health are reporting. He also pointed out that further engagement work was underway with a plan to meet the East London MPs after the election.

Members noted the item.

4 For information

4.1 Audit Committee Summary

No further comments were raised. Members noted the item.

4.2 Transformation and Innovation 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 Information Governance - Update

No further comments were raised. Members noted the item

5 Questions from the public

No further questions were raised.

6 Any other business

No additional items were raised by members.

End

Matters arising

Action reference	Action	Lead	Due Date	Update
May#1	John Wardell requested an update on the AHP and critical care situation at the next meeting.	LE	July 2015	
Jan#2	Scorecard to be discussed at future SMT with view to update metrics.	JP	Mar 2015	Discussed at SMT 2/2/15 – scorecard under review

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

Tuesday, 26 May 2015, 14.00

Education Room, Tower Hamlets Archive Library, Bancroft Road

7 General Business

7.1 Welcome, introductions and apologies

7.1.1 Present

Name	Role	Organisation
Jane Milligan	Chief Officer	NHS THCCG
John Wardell	Deputy Chief Officer	NHS THCCG
Cate Boyle	Vice Chair - Lay Member (Patient and Public Engagement)	NHS THCCG
Dr Tan Vandal	Secondary Care Specialist Doctor	NHS THCCG
Henry Black	Chief Finance Officer	NHS THCCG
Mariette Davis	Lay Member (Governance)	NHS THCCG
Dr Judith Littlejohns	LAP 1 representative – The Mission Practice	NHS THCCG
Dr Osman Bhatti	LAP 7 representative – Crisp Street Practice	NHS THCCG
Dr Victoria Tzortziou-Brown	LAP 3 representative - Principal Clinical Lead – All Saints Practice	NHS THCCG
Virginia Patania	Practice Manager representative	NHS THCCG
Dr Isabel Hodkinson	LAP 5 representative - Principal Clinical Lead - The Tredegar Practice	NHS THCCG
Dr Haroon Rashid	LAP 2 representative – Albion Practice	NHS THCCG
Dr Shah Ali	LAP 8 representative – Barkantine Practice	NHS THCCG
Dr Somen Banerjee	Interim Director of Public Health	LBTH

7.1.2 In attendance

Name	Role	Organisation
Archna Mathur	Director of Quality and Performance	NHS THCCG
Justin Phillips	Governance and Risk Manager	NHS THCCG
Charlotte Fry	Commissioning Support Director	NEL CSU

7.1.3 Apologies

Name	Role	Organisation
Maggie Buckell	Registered Nurse	NHS THCCG
Dr Sam Everington	Chair – LAP 6 representative – Bromley By Bow Practice	NHS THCCG
Dr Martha Leigh	LAP 4 representative – Wapping Practice	NHS THCCG
Robert McCulloch-Graham	Corporate Director	LBTH

8 Approval of Annual Accounts 14/15 and Letter of Management Representation

Henry Black presented the Annual accounts 2014/15 to the Governing Body.

Mariette Davis outlined that the Audit Committee had received the External Audit Reports and that they had reported clean opinions on the audit of the CCG's financial statements. Also, Internal Audit had provided the following Head of Internal Audit Opinion:

“Based on the work undertaken in 2014-15, significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. During the year the Internal Audit did not issue any audit reports with a conclusion of limited assurance or no assurance.”

After review of the Annual Accounts 2014/15 and consideration of the HOIAO and External Audit Reports, the Audit Committee recommended that the Governing Body adopts the Annual Accounts and approves the management representation letter.

The Governing Body **approved** the annual accounts 2014/15 and the management representation letter.