

**Tower Hamlets**  
**Clinical Commissioning Group**

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

Tuesday, 01 September 2015, 14.30 – 17.15

Hall Two, Osmani Centre, 58 Underwood Road, London, E1 5AW

## 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
Henry Black	Chief Finance Officer	NHS THCCG
Dr Judith Littlejohns	LAP 1 representative – The Mission Practice	NHS THCCG
Dr Haroon Rashid	LAP 2 representative – Albion 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
Mariette Davis	Lay Member (Governance)	NHS THCCG
Cate Boyle	Vice Chair - Lay Member (Patient and Public Engagement)	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
Richard Quinton	Interim Director of Commissioning	NHS THCCG
Charlotte Fry	Commissioning Support Director	NEL CSU
Lee Eborall	Director of Acute Contract Management	NEL CSU
Karen Breen	Managing Director – RLH	Barts Health
Dianne Barham	Chief Executive	Healthwatch
Kevin Kewin	Policy and Performance Service Manager	LBTH

#### 1.1.3 [Apologies](#)

Name	Role	Organisation
Maggie Buckell	Registered Nurse	NHS THCCG
Mr Tan Vandal	Secondary Care Specialist Doctor	NHS THCCG
Dr Shah Ali	LAP 8 representative – Barkantine Practice	NHS THCCG
Dr Martha Leigh	LAP 4 representative – Wapping Practice	NHS THCCG

### 1.1.5 [Welcome](#)

Dr Sam Everington welcomed members and attendees to the Governing Body meeting part I. Apologies were received for: Maggie Buckell, Dr Shah Ali, Dr Martha Leigh and Mr Tan Vandal. On behalf of the CCG and the wider membership, Sam wished John all the very best in his new post as Accountable Officer at Nene CCG; he was thanked for his outstanding contribution to the commissioning of local services and shaping the primary care landscape.

## 1.2 Declaration of Interests

Dr Sam Everington asked Members for any declarations of interest. No additional 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](mailto:justin.phillips@towerhamletsccg.nhs.uk)

## 1.2 Chair's report

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

- Primary Care Funding and Strategy
- Prime Minister's Challenge Fund
- LBTH Staff Changes

Members noted the Chair's report.

## 1.3 Chief Officer's report

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

- TH CCG Election Update
- Barts Health: Leadership Operating Model
- Early Diagnosis of Cancer – Primary Care Facilitator

Members noted the Chief Officers report.

## 1.4 Minutes and Matters Arising of the Meeting held July 7<sup>th</sup> 2015

### 1.4.1 [Minutes](#)

The minutes for the Governing Body July 7<sup>th</sup> 2015 part I were approved as an accurate record of the meeting.

### 1.4.2 [Matters arising](#)

The matters arising were reviewed with outstanding actions carried forward.

## 1.5 Members' Stories

## 2 Performance and Operations

### 2.1 Board Assurance Framework

Jane Milligan presented the Board Assurance Framework 2015/16 version 2 to the Governing Body explaining that the framework had been updated to reflect changes in programmes of work in the CCG. It was requested that Governing Body members familiarise themselves with those risks that link with their work streams and that where they sit on committees, that they ensure that appropriate controls are developed for the high level organisational risks.

Dr Isabel Hodgkinson queried if there was a potential gap in future risk management when John Wardell leaves as he is Governing Body lead for several risks. Jane Milligan explained that Richard Quinton had been appointed as interim Director of Commissioning to ensure a smooth transition until a substantive Director of Commissioning has been appointed. Richard Quinton introduced himself to the Governing Body giving an overview of his previous experience as Director of Finance, acting Chief Officer and work in the NHS Ambulance Trust.

Mariette Davis asked Henry Black when the TST financial model is expected to be available as per BAF risk 3.1. Henry stated that currently the TST team are working towards a final version being available at the end of October alongside the clinical strategy. He also pointed out that the biggest challenge to the model currently are the Barts Health CIPs.

Members noted the item.

### 2.2 Finance and Activity

#### 2.2.1 [Finance report month 4](#)

Henry Black presented the month 4 Finance Report. The key areas to note:

At month 4 the CCG is reporting a year to date surplus of £3.9m and forecasting a full year surplus of £11.7m, in line with the CCG's Financial Plan. However, commissioning reserves are required to offset pressures on contract activity, particularly in the acute sector, continuing health care, prescribing and co-commissioning, in order to achieve the targeted position.

Prescribing: At month 4 Prescribing is reporting a year to date over spend of £288k with a full year forecast overspend position of £864k. This is based on using the NHS Business Services new profiles on projecting expected expenditure levels. Prescribing costs in April and May this year is 5.8% higher than the same time last year. The CSU are currently reviewing the reasons for the increases, areas to address to reduce this increase as well as try to identify areas of where potential savings can be made to reduce the overspend position.

#### 2.2.2 [Activity report month 4](#)

Lee Eborall presented the month 4 activity report. The following highlights were reported:

- Acute has reported a £2.7 million overspend.
- Non Acute has reported a £2.2 million overspend.
- Corporate has reported a £0.1 million overspend.
- With minor overspends and underspends across the SLA Portfolio.
- The attribution of HEMS activity to CCGs and development of Service Specification for in year contract Variation.
- 111 re-procurement programme and renegotiation of the cost per call.

The following points were raised in discussion:

Cate Boyle queried the reasons behind the prescribing forecast overspend. Charlotte Fry stated that there is a whole range of drivers pushing up the prescribing spend and this was a national rather than local picture. Drivers of cost are often related to adopting evidence based practice which often require initial investment to see the longer term benefits. Jane Milligan stated that going forward it may be necessary to reconsider the prescribing budget.

Dr Victoria Tzortziou-Brown queried the data related to referrals stating that consultants are often discharging without appropriate plans in place. Lee Eborall expressed that he would like to work with some practices to audit this work further.

Members noted the item.

### **2.3 Performance and Quality Report**

Archna Mathur presented the Performance and Quality Report and highlighted that the coversheet provided a comprehensive review.

The following points were raised in discussion:

Virginia Patania queried the number of never-events since April 2015 as this seemed quite high. Archna Mathur explained that four were declared at the last Governing Body and another one had been reported since, totalling five. Archna felt this was a high number in a short space of time and there was a process with the Trust to gain assurance. Archna gave an overview of the analysis of the never-events that were due to wrongly placed nasogastric tubes stating that the analysis had shown that these were occurring at night and that practice had been updated so that these should take place during the day when there are more senior medics available.

Members noted the item.

### **2.4 Barts Health – RLH CQC Compliance Plan and Improvement Plan**

Karen Breen (Managing Director RLH – Barts Health) presented the Clinical Improvement Programme Report and the CQC Compliance Action Plan explaining that these had been presented at the recent CQRM as part of the ongoing assurance to the CCG. The report gives an overview of the improvement work streams and governance, leadership and organisational development, safe and effective care, workforce and compassionate care and

patient experience as well as the proposed actions to address the compliance issues that were raised by CQC.

The following points were raised in discussion:

Mariette Davis expressed that there was a sense over the last few years that there were difficulties with staff engagement and also a culture of bullying, querying how this was being addressed going forward. Karen Breen stated that communication at RLH has been a very difficult area to get right but that work was underway to address this, such as a current programme of work that is engaging and listening to staff at all levels and is seeking the views of frontline staff in service improvement planning. Karen thought staff engagement is vital to the quality improvement plan; engaged staff increases staff satisfaction which in turn increases the quality of the patient experience.

Dr Isabel Hodkinson expressed concern at a complete lack of mention of finances and the current £136million deficit including initiatives to liberate resource to make change. Karen Breen informed the meeting that the purpose of this report was to highlight the proposed plans to address the quality issues as highlighted by CQC and that the CQC doesn't request financial data. There are other separate work streams looking at addressing the deficit focusing on areas such as agency spend, emergency care and patient flow.

Dr Sam Everington stated that he thought there was a lot of good practice at the RLH and commended the accessibility of acute physicians on-call and direct access to consultants but said the following gaps need to be addressed:

1. Lack of arrangement for clinicians from primary and secondary care to meet; possible need for a post-graduate centre on site.
2. The need to appoint more generalists.
3. Variability in IT usage that requires mechanisms to drive out variability across clinical practices locally.

Karen Breen stated that these sounded like positive suggestions and gave the following points in response:

1. A lot of work has been done to improve clinical engagement and going forward it would be useful to build on the RLH arrangement to think about expanding to GPs.
2. There is currently a model that has been put in place to double the number of acute physicians.
3. The Board has approved significant investment in IT from year one with the intention of addressing the variation.

Dr Somen Banerjee asked how the Trust plans to demonstrate improving patient satisfaction and patient experience, and how it is planned to get a gauge of public perception as the improvement plan is rolled out. Karen Breen highlighted that patient satisfaction would be discussed at future CQRMs and that metrics such as FFT would be triangulated with patient complaints and service alerts.

## 2.5 Healthwatch – Rate our Service Update

Dianne Barham presented the Healthwatch Rate our Service Report. The key areas to note were:

- Healthwatch are able to analyse comments according to providers, commissioners and themes.
- All of the comments include a 5 star rating. Those which are gathered directly online or through Healthwatch outreach are visible on the website, are themed and have a positive, negative or neutral sentiment.
- Healthwatch are also able to include data from NHS Choices, Patient Opinion and the relevant Barts Health complaints and PALS data.
- The system allows us to undertake the friends and family test and to collect basic equalities data.
- Providers and commissioners have the ability to respond to comments
- Healthwatch moderate all comments before they go live on the site.
- The system is still being tested and we are not totally confident of the accuracy at this point. However the data is starting to show us that patients perceptions of; the Royal London Hospital are generally very positive; A&E are positive but that the system is confusing and that they do not feel involved in decision making and the quality of staff and the information that they provide is improving.

The following points raised in discussion were:

Dr Osman Bhatti pointed out that there are currently multiple places that the public can give feedback and that if it was possible going forward to streamline this to just NHS Choices as a portal of feedback information. Dianne Barham agreed that this would be easier for patients but was not possible as NHS Choices did not cover information relating to social care or mental health.

Virginia Patania expressed that she encouraged feedback as it is valuable in shaping services but that the multiple sources of feedback complicates the process. Virginia stated that she would like to link up with Healthwatch as part of the Primary Care Strategy to unify the process.

Dr Sam Everington stated that he thought there was further scope to develop and that as a Vanguard site we could chose a system outside the national picture and work up something similar to the 'trip advisor' approach.

Dr Somen Banerjee suggested that Rate our Service could be made more useful if it could report on recurring themes including the top five positive and negative feedback themes.

Dr Sam Everington expressed that not capturing the staff experience was a gap in the current service and that other possible metrics could be added such as DNAs and cost of drugs etc. adding to one system for a more holistic approach. Virginia Patania agreed that this would be useful and additional reporting areas could be: abusive patients, detailed DNA information, patient compliments and patient group reports. Virginia expressed that she would be very keen to support the development of this.

Members noted the item.

## Break

### 3 Commissioning and Strategy

#### 3.1 Tower Hamlets Partnership – Community Plan 2015

Kevin Kewin presented the Tower Hamlets Partnership – Community Plan 2015 explaining that the report provides the Governing Body with an overview of the new proposed Tower Hamlets Community Plan, that the Community Plan sets out the long-term vision and priorities for Tower Hamlets, that the Strategy is developed and owned by the Tower Hamlets Partnership, led by Tower Hamlets Council and that the previous Community Plan ran from 2011 to 2014, and the new Plan is intended to last to 2019.

The following points were raised in discussion:

Jane Milligan explained that she felt it was important for the Community Plan to have CCG sign-off. She felt that the partnership arrangement had been limited over the last few years but that there is a future conversation to be had with the newly elected mayor, John Biggs, to refresh partnership working now that the new leadership team had been appointed.

Dr Isabel Hodgkinson stated that she thought it was important that the wider CCG membership is aware of the Community Plan 2015.

- **Community Plan 2015 to be disseminated to the membership through the locality meetings.**

The Members approved the Community Plan 2015.

#### 3.2 Operating Plan 2015/16

John Wardell presented the Operating Plan and Commissioning Strategy Report giving an overview of the Operating Plan for 2016/17, the Commissioning Intentions and QIPP for 2016/17 and the development of strategic commissioning programmes.

No further comments or questions were raised.

Members noted the item.

#### 3.3 Public Health Update

Dr Somen Banerjee presented the Public Health Update Report explaining that the briefing provides an overview of the Public Health in the council and summarises their aspirations, functions, organisational structure, resources and priorities.

The following points were raised in discussion:

Dr Sam Everington expressed that it would be useful to link the Outreach Work Programme with social prescribing going forward. He also asked if the local authority could support work to increase the access to dental services given the local dental needs of the population and the lack of funding for this in the NHS. Dr Somen Banerjee stated that there was probably a lot the council could do by developing awareness raising programmes.

Jane Milligan stated that there was a lot more joined up work the CCG could be doing with the local authority in areas such as education, supporting people, providing an interface with families and raising awareness of key messages.

Dr Sam Everington also pointed out that as the primary care strategy is currently being developed, it would be useful to link this with the local authority strategy.

Members noted the item.

### **3.4 Audit Committee Annual Report to the Governing Body 2014/15**

Mariette Davis presented the Audit Committee Annual Report to the Governing Body providing a summary of the work carried out by the Audit Committee during the year 2014/15 under each of the key duties of the Committee, as set out in the terms of reference.

No further comments or questions were raised.

Members noted the item.

## **4 For information**

### **4.1 Audit Committee Summary**

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

### **4.5 Transformation and Innovation Committee Summary**

No further comments were raised. Members noted the item.

### **4.6 Primary Care Commissioning Committee Summary**

No further comments were raised. Members noted the item.

## **5 Questions from the Public**

A member of the public stated that she was pleased that the CCG Governing Body meets in public and expressed dismay with John Wardell moving on. She asked what is being done to



ensure the patient voice was heard and if there were any patient representatives on the Governing Body. Cate Boyle introduced herself as the Governing Body lay member for patient and public involvement and explained that the CCG held numerous engagement events and described the development of the patient panel. Cate Boyle agreed to meet the lady after the meeting to discuss in further detail the engagement work of the CCG.

## **6 Any Other Business**

Henry Black presented the Financial Control Environment Assessment that forms part of the CCG's financial assurance to NHS England. He gave an overview of the domains of the assurance exercise, the reasons for the self-certified levels and the actions going forward.

No further comments or questions were raised by the members.

**End**

## Matters arising

Action reference	Action	Lead	Due Date	Update
Sep#1	Community Plan 2015 to be disseminated to the membership through the locality meetings.	JP	Nov 2015	<b>Actioned by Engagement Team.</b>
Jan#2	Scorecard to be discussed at future SMT with view to update metrics.	JP	TBC	<b>Discussed at SMT 2/2/15 – to be discussed after the NHSE CCG assurance scorecard is developed.</b>