Enclosure B

NHS
Tower Hamlets
Clinical Commissioning Group

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

Tuesday, 01 March 2016, 14.30 – 17.00

The Theatre Room, Oxford House, Derbyshire Street, E2 6HG

1.1.1 Present

Name	Role	Organisation
Sam Everington	Chair – LAP 6 representative – Bromley By Bow Practice	NHS THCCG
Haroon Rashid	LAP 2 representative – Albion Practice	NHS THCCG
Henry Black	Chief Finance Officer	NHS THCCG
Isabel Hodkinson	LAP 5 representative - Principal Clinical Lead - The Tredegar Practice	NHS THCCG
Jane Milligan	Chief Officer	NHS THCCG
Judith Littlejohns	LAP 1 representative – The Mission Practice	NHS THCCG
Maggie Buckell	Registered Nurse	NHS THCCG
Mariette Davis	Lay Member (Governance)	NHS THCCG
Noah Curthoys	Lay Member	NHS THCCG
Osman Bhatti	LAP 7 representative – Chrisp Street Practice	NHS THCCG
Richard Quinton	Interim Director of Commissioning	NHS THCCG
Shah Ali	LAP 8 representative – Barkantine Practice	NHS THCCG
Tan Vandal	Secondary Care Specialist Doctor	NHS THCCG
Victoria Tzortziou-Brown	LAP 3 representative - Principal Clinical Lead – All Saints Practice	NHS THCCG

1.1.2 In attendance

Name	Role	Organisation
Archna Mathur	Director of Quality and Performance	NHS THCCG
Carrie Kilpatrick	Deputy Director Mental Health & Joint Commissioning	NHS THCCG
Josh Potter	Deputy Director of Commissioning	NHS THCCG
Keith Dickinson	Interim Governance Manager	NHS THCCG
Lee Eborall	Director of Acute Contract Management	NEL CSU
Emdad Haque	Equalities and Diversity Officer	NEL CSU
Harden Gill	Observer	Ashford & St Peters Hospital

1.1.3 Apologies

Name	Role	Organisation
Luke Addams	Corporate Director	LBTH
Martha Leigh	LAP 4 representative – Wapping Practice	NHS THCCG
Somen Banerjee	Director of Public Health	LBTH
Virginia Patania	Practice Manager representative	NHS THCCG

1.1.4 Welcome

Dr Sam Everington welcomed members and attendees to the meeting. Apologies were received from Luke Addams, Martha Leigh, Somen Banerjee and Virginia Patania.

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: keith.dickinson@towerhamletsccg.nhs.uk

1.3 Chair's Report

Sam Everington presented the Chair's report highlighting changes to membership of the Governing Body with this being the final meeting of Haroon Rashid and Martha Leigh. Their efforts and work over recent years was recognised and greatly appreciated. Both Haroon and Martha would be greatly missed. Congratulations were extended to Dr Victoria Tzortziou Brown who had been appointed chair to the RCGP London, a collaborative between the three London RCGP Faculties which offers an opportunity for pan-London representation within the RCGP and to external institutions/organisations.

The Chair went on to inform the members that he and the Accountable Officer had attended the Barts Health Heroes Awards, an event sponsored by the Trust's charity. It was a successful evening aimed at giving recognition to those members of staff who are rarely in the public eye but make significant contributions in terms of quality and compassion.

The meeting was also updated in relation to the Staff College which was moving beyond University College Hospital to include the Transforming Services Together Programme. The aim was to provide training for each and every member of staff over the next five years. Though it was still in the early stages, it provided a crucial platform for bringing everyone together. In a similar vein, Tower Hamlets was one of three CCGs that were forming a joint Clinical Leadership Course with the aim of creating a powerful force for change, succession planning and developing the leaders of the future. A similar programme in Birmingham had proved to be highly cost effective.

There was no update to give in respect of the junior doctors' dispute.

The National Maternity Review had recently been published and though the number of home births was still low, the Review had identified a number of areas for improvement and good practice. The intention was to take the Review to the Transforming Services Together Programme Board so that plans could be incorporated, though this was still two months away. In the discussion that followed Isabel Hodkinson reported that she had recently attended a Health and Wellbeing Board where, on the basis of an old CCG report, there were critical comments though it was counterbalanced by a positive Patient Story; the outcome was that attendees were left confused and uncertain.

The members NOTED the report.

1.4 Chief Officer's Report

Jane Milligan introduced the report explaining that for the first time, the CCG had taken part in the national NHS Staff Survey which seeks the views and experiences of staff about their jobs and the organisation. The outcome was that there were a number of positive aspects and elements of good practice, particularly with the CCG as a good employer and as a workplace with a good work/life balance. In response to a query it was said that, although the number of CCGs participating was small, the results when compared to others showed Tower Hamlets as having a greater number of areas of success. Work was now in hand to review the results in detail and to develop an action plan.

It was then explained that NHS England had introduced a new assurance system based on quarterly meetings and deep dives. The CCG Deep Dive on Safeguarding found 'good' assurance with feedback in relation to the supervision arrangements for children's safeguarding leads and the grip on providers.

The members NOTED the report.

1.5 Member Story – Gordon Joly

Sam Everington introduced the video and Gordon Joly who was present at the meeting. In response to questions from members, Gordon Joly re-iterated the quality of care he had received and emphasised the importance of communication at all levels. Archna Mathur highlighted the positive high quality treatment he had received contrasting it to the events the Quality Team were sometimes required to report on. Both Sam Everington and Victoria Tzortziou-Brown thought there would be significant value in this presentation being viewed by NHS Barts Health Board.

Action March **16 #1: Ellie Hobart to supply presentation to NHS Barts Health and advise accordingly.**

The members NOTED the report.

1.5 Minutes and Matters Arising of the Meeting held September 1st 2015

1.5.2 Minutes

The minutes for the Governing Body 3 November 2015 part I were APPROVED as an accurate record of the meeting, subject to

- Victoria Patania being changed to *Virginia Patania*
- The last sentence of para 2.1 being replaced by 'She *highlighted the fact that in some cases the risk rating was considerably greater than the stated risk appetite and that actions planned should bring the level down towards the risk appetite. Mariette also noted that when the Bart's Board had settled in, a Board to Board meeting should be held.'*

1.5.3 Matters arising

The matters arising were reviewed with outstanding actions carried forward.

2 Performance and Operations

2.1 Finance and Activity

2.1.1 Finance Report Month 8

Henry Black introduced the report saying the year end position had not yet been agreed with NHS Barts Health but he was able to forecast a breakeven position. At month 10 the CCG was reporting a year to date surplus of £9.8m and forecasting a full year surplus of £11.7m, in line with the Financial Plan. However, commissioning reserves would be required to offset pressures on contract activity especially in relation to the acute sector and prescribing. Primary Care Co-Commissioning was reporting a year to date break even position which was an improvement on previous months due to a release from the CCG's reserves to cover the underachievement of QIPP schemes.

Prescribing has a year to date overspend of £680k with a full year forecast overspend amounting to £816k. Prescribing in April and May was 5.8% higher than the same time last year. The CSU is reviewing the causes, areas to address to reduce the increase and areas where savings could be made.

BMI, Guy's, Homerton and UCL were the main contributors to acute overperformance. For BMI, the year to date position is an over performance of £968k, with a projected full year position of £1,161k. The main pressures are elective and day cases, outpatient's procedures and outpatient's first/follow ups. These are particularly in the areas of T&O, Urology, Anaesthetics and General Surgery. In relation to Guy's & St. Thomas' the year to date position is an over performance of £936k, with a projected full year position of £1,123k. The main pressures are with obstetrics and maternity. At the Homerton the year to date position is an over performance of £506k, with projected full year over performance costs of £607k. The main pressures are within outpatient first and follow ups, non electives and maternity. In respect of UCL the year to date position is over performance of £470k, with a projected full year over performance position of £564k. The main pressures are within electives, outpatients and critical care.

Henry Black went on to briefly outline the position in respect of Non Acute Healthcare costs saying that the main issue was Continuing Health Care for which the year to date position was an overspend of £246k, with a projected full year over performance position of £295k. Fast tracked patients and re-categorisation of patients were the underlying causes.

The QIPP plan has a gross value of £8m amounting to net savings of £7.2m. Currently there was a year to date over performance of £1.4m, mostly related to over performance in Integrated and Unplanned Care. The full year forecast was for over achievement of £2.4m which was the product of unplanned HEMS savings, large gains in integrated care and provider productivity.

The members NOTED the report.

2.1.2 Activity Report

Lee Eborall introduced the report and focussed on the key areas saying the forecast was for the year end surplus of £11.7m though acute spending has seen an overspend of £4m. BMI

was a significant part of this but thus far no CCG had offered to be the lead for that contract. Guys Hospital was overspent also. Victoria Tzortziou-Brown made the point that some mechanism should be put in place to prevent overperformance and in response Lee Eborall said that they were working with the Trust to understand the causes and that a 'cap and collar' contract was being explored. Shah Ali emphasised the need to avoid paying twice for the same work, whilst Osman Bhatti asked whether greater detail in the financial tables could be provided for NHS Barts Health, particularly in relation to the 'Other' heading. In reply it was explained that the 'Other' heading related to the technical adjustment of arbitrary values rather than activity.

The Corporate budget was forecast to break even, as was CCG Running Costs.

The members NOTED the report.

2.2 Performance and Quality Report

Archna Mathur began by stating that performance in relation to cancer was very good news with Barts Health achieving all 8 standards in December, including the standards for 2 week urgent referrals, 31 day 1st treatment standard and the 62 Day GP urgent referral). They also met the 62 day standard for Quarter 3. In December, the CCG achieved 7 out of its 8 standards with only the 31 day to 1st treatment standard not being achieved. Currently there were 6 patients waiting over 104 days but robust tracking of each patient was in place.

In respect of Referral to Treatment (RTT) Barts Health continued to underperform against the national waiting time standards at speciality level and was not reporting on RTT although monitoring against the contract performance notice issued in June 2015 was continuing. The trajectory for backlog and waiting list clearance was being met; the waiting list size was reducing and was being monitored at CQRM. The main area of concern was the number of 52 week waiters as the result of poor data quality though work on the data quality plan was taking place.

Diagnostics were not usually highlighted but the CCG had not achieved the 1% diagnostics target with 1.18% patients waiting over 6 weeks. The main areas of underperformance were sleep studies and MRI but they were not contractual notice issues.

Archna Mathur informed the meeting that RLH still faced a challenge in achieving the A&E 95% standard and a contractual performance had been issued for non-compliance. Barts Health and the Royal London performance for November was below the 95% standard. The RLH plan was challenged in terms of delivering against the trajectory; the key focus was to address the main breach reasons for the time taken within A&E assessment; often staff found it easier to treat the patient than to redirect them to the correct facility but this had an adverse knock-on effect. Nonetheless, there were a number of key work streams in the recovery action and she was confident the A&E 95% target would be achieved.

The level of Serious Incidents had remained stable with 9 overdue at Barts Health and 16 at ELFT of which 13 related to mental health. Barts Health had reported 12 Never Events to date. A Contract Performance Notice was issued on the 11 November, a recovery action plan had been approved and would be monitored at CQRM. PR work to clarify Never Events was having a positive effect.

Archna Mathur went on to inform the meeting that December had seen a sharp increase in Mixed Sex Accommodation breaches as the result of delayed discharge from adult critical

care. An audit was currently underway and an improvement plan was being monitored by CQRM and the Oversight and Assurance Committee. Turning to HealthCare Associated Infection she went on to inform the members that the year to date total for Cdiff infections at Barts Health was 50 versus the full year threshold of 82; this was below the year to date threshold of 55 cases. MRSA cases for Barts Health numbered 8 in total.

Jane Milligan made the point that ELFT was not often discussed and that there was a need for it to be subject to the same level of scrutiny as NHS Barts Health. Osman Bhatti echoed those views citing the need for greater equity as between providers, particularly in relation to the level of clinical challenge. In the discussion that followed there was consensus on the need for greater focus on ELFT, especially in the light of the approaching CQC inspection. Returning to the broader discussion Victoria Tzortziou-Brown welcomed the increase in the number of KPIs achieving their targets but thought now was the right time to move forward and challenge standards further, particularly in areas where clinical harm had been caused. Sam Everington acknowledged the good work and achievements in relation to cancer but pointed to the need for further improvements in early diagnosis. Responding to the concerns of Victoria Tzortziou-Brown over the heavy demand for endoscopy, Archna Mathur offered reassurance over the quality of outsourced work.

The members NOTED the report.

3 Commissioning and Strategy

3.1 Sustainability and Transformation Planning Update

Jane Milligan introduced the report saying that the 5-year Sustainability and Transformation Plan would be a local health economy wide or place-based plan which would cover the period October 2016 to March 2021. The geographical footprint that this plan covered was agreed with NHS England area and whilst the Sustainability and Transformation Plan would not override the Transforming Services Together Strategy, the CCG had until the end of July to articulate the changes it wished to be introduced; to enable this the Plan would be discussed at a forthcoming OD session before it came to Governing Body for final approval. In response to a question from Isabel Hodkinson it was explained that Urgent Care and Mental Health strategies would be agreed on a regional basis but would be implemented locally. Victoria Tzortziou-Brown questioned the achievability of the ‘9 must do’ items and Jane Milligan agreed that more needed to be done. Mariette Davis queried the governance arrangements and in reply it was said there was a need to move to some form of decision making body, most likely it would be a ‘meeting in common’ format, something similar to the TST Board.

The members NOTED the report.

3.2 Equality and Diversity Strategy

Supported by Emdad Haque, Haroon Rashid introduced the Equality and Diversity Strategy by explaining that it had been developed in recognition of the CCG’s position as a commissioning organisation responsible for improving the health outcomes of the local

population. The strategy outlined the challenges and opportunities faced, and identified the means by which they could be addressed. The strategy was fully compliant with both the legislative framework for equality and diversity under the Equality Act 2010 and with the regulatory requirements set out by the Department for Health and NHSE. The overall approach, however, was to exceed the minimum requirements and to articulate what equality and diversity meant for our staff and the local community.

The overarching vision for the Equality and Diversity Strategy was to: recognise that diversity is everyone's business; understand and strengthen the way in which the diversity of staff, patients and clinical leads enhances the CCGs abilities to effectively commission services and make a noticeable difference to health outcomes; and ensure that principles of good equality and diversity shape commissioning, learning and employment practices for the benefit of all.

Emdad Haque added that the strategy was organised into five strategic aims with associated objectives. They provide a range of activity from compliance to best practice that would help the CCG deliver equality and support the Operating Plan. The strategy was subject to further development as work progresses and its impact becomes clear. It would be reviewed by the Equality and Diversity Committee on an annual basis.

Isabel Hodkinson welcomed the report but cautioned that the Strategy was at the very outset of its journey and if it was to be impactful, there was a particular need to collect relevant data and measure success. Noah Curthoys supported that view adding there was a need to establish the baseline starting position. In response to a query, Emdad Haque confirmed that the Strategy also covered transgender issues.

The members APPROVED the report.

3.3 Sec 75 CAHMS

Carrie Kilpatrick introduced the report saying that the proposed agreement was between the CCG and Tower Hamlets Local Authority, and took advantage of statutory powers that allowed NHS bodies to exercise certain local authority functions and for local authorities to exercise various NHS functions. This particular agreement would allow the CCG to act as the Lead Commissioner for the East London Foundation Trust Contract for CAMHS service across the system. She went on to explain that it would replace a previous CAMHS agreement for these services but the dates had been extended for a 3 year period ending on 31 March 2018. The Local Authority has asked that the agreement be authorised in retrospect, it having only recently been authorised by the new Executive Mayor.

The specification relates to early intervention and preventative services, and transition routes into specialist CAMHS in order to support the Family Wellbeing Model. The agreement requires the CCG to procure these services on behalf of the Local Authority thereby allowing an integrated approach to delivery.

Carrie Kilpatrick asked the Governing Body to approve the agreement, in the knowledge the CCG was committing to work collaboratively across the health and social care system for children and adolescents with mental health needs. It committed the CCG to procure and

contract manage the Local Authority element of the CAMHS provision as part of the broader CAMHS contract held with ELFT. The Local Authority would retain the budget, with invoicing and payment responsibilities remaining with them. Responding to a question from Mariette Davis, Carrie Kilpatrick confirmed that the agreement involved no cost pressure on the CCG.

The members APPROVED the report.

3.4 LAS Improvement Plan

Archna Mathur began by explaining that there were no major areas of concern in the report but rather it was part of the regular process of update reporting. She reminded the members of the CQC announced and unannounced inspections of the LAS that took place in June 2015 when four core services were inspected: Emergency Operations Centres; Urgent and Emergency Care; Patient Transport Services; and Resilience planning including the Hazardous Area Response Team. Of the five CQC domains: Safe was rated as 'inadequate', Effective was rated as 'requires improvement', Caring was rated as 'good', Responsive was rated as 'requires improvement' and well-led was rated as 'inadequate'. The Trust was rated as 'inadequate' and put into special measures.

Archna Mathur referred the members to the LAS improvement plan which highlighted the 5 key areas for improvement and progress made to date. These were: Resilience; Medicines Management; Risk and Governance; Culture; and, Workforce and Staff Morale. Significant progress had been made in each area. The Quality Improvement Plan was focussed on sustainability and embedding improvement, and LAS provided monthly reports that were scrutinised by a London CQRG chaired jointly with the TDA and NHSE(London). A discussion followed in which there was general agreement on the need for a unified IT system and unified access to a single set of patient records.

The members NOTED the report.

4 For information

4.1 Transformation and Innovation 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 Primary Care Commissioning Committee Summary

No further comments were raised. Members NOTED the item.

5 Questions from the Public

No comments or questions were raised by the attending members of public.

6 Any Other Business

No comments or questions were raised by the members.

The meeting ended at 4.30pm.

Matters arising

Action reference	Action	Lead	Due Date	Update
Nov#1	It was suggested that a meeting with Dr Osman Bhatti, Luke Readman and the Safeguarding team would be useful to address current IT / data issues	BK	Jan 2016	There has been development on this in that on the IT roadmap there is a plan to integrate Framework with primary care systems and also with secondary care. This is currently in the pilot ORION with read access and also due to have read access into the HIE Cerner link. (April 2016)
Jan15 #2	Scorecard to be discussed at future SMT with view to update metrics.	JP	TBC	Discussed at SMT 2/2/15 – to be discussed after the NHSE CCG assurance scorecard is developed.
Jan16 #6	Richard Quinton to ensure suitable contractual arrangements	RQ	March 2016	BMI Lead contract arrangements across London still under discussion. Board will be updated as soon as any changes are confirmed.
Mar16 #1	Ellie Hobart to supply copy of Patient Story presentation to NHS Barts Health with recommendation the Board view it.	EH	May 2016	Completed.