Enclosure B

NHS
Tower Hamlets
Clinical Commissioning Group

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

Tuesday, 03 May 2016, 14.30 – 17.00

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

1.1.1 Present

Name	Role	Organisation
Noah Curthoys	Lay Member (Chair)	NHS THCCG
Henry Black	Chief Finance Officer	NHS THCCG
Imrul Kaye	LAP 2 representative	
Isabel Hodkinson	LAP 5 representative - Principal Clinical Lead	NHS THCCG
Jane Milligan	Chief Officer	NHS THCCG
Judith Littlejohns	LAP 1 representative – The Mission Practice	NHS THCCG
Linda Aldous	Practice Nurse representative	
Maggie Buckell	Registered Nurse	NHS THCCG
Mariette Davis	Lay Member (Governance)	NHS THCCG
Osman Bhatti	LAP 7 representative	NHS THCCG
Sarit Patel	LAP 4 representative	
Shah Ali	LAP 8 representative	NHS THCCG
Somen Banerjee	Director of Public Health	LBTH
Victoria Tzortziou-Brown	LAP 3 representative - Principal Clinical Lead	NHS THCCG
Virginia Patania	Practice Manager representative	NHS THCCG

1.1.2 In attendance

Name	Role	Organisation
Archna Mathur	Director of Quality and Performance	NHS THCCG
Jonathan Warren	Director of Nursing	ELFT
Keith Dickinson	Interim Governance Manager	NHS THCCG
Lee Eborall	Director of Acute Contract Management	NEL CSU
Paul James	Borough Director	ELFT
Richard Quinton	Interim Director of Commissioning	NHS THCCG

1.1.3 Apologies

Name	Role	Organisation
Denise Radley	Corporate Director	LBTH
Tan Vandal	Secondary Care Specialist Doctor	NHS THCCG
Sam Everington	Chair – LAP 6 representative – Bromley By Bow Practice	NHS THCCG

1.1.4 Welcome

Noah Curhoys welcomed members and attendees to the meeting, explaining that Denise Radley had replaced Luke Addams as Director of Adults' Services for London Borough of Tower Hamlets. A warm welcome was also extended to Sarit Patel, Imrul Kayes and Linda Aldous who were attending their first public meeting as members of the CCG Board. Apologies were received from Sam Everington, Denise Radley and Tan Vandal.

1.2 Declaration of Interests

Noah Curhoys 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

In the absence of Sam Everington, the report was NOTED as presented.

1.4 Chief Officer's Report

Jane Milligan introduced the report announcing that the CCG had successfully concluded the procurement for community health services, subject to due diligence and agreement of the final contract documentation. The procurement process added great value and the outcome will see local GPs working in partnership with hospital trusts, the Council and patients to offer more joined up community health services. The process created much interest in the press and the CCG was to be congratulated on the way in which conflicts of interest were so effectively handled. Richard Quinton pointed to the added value that had been brought by the active involvement of members of the public. Jane Milligan then went on to inform the meeting that the Sustainable Transformation Plan had now been submitted and that the date for the Annual General meeting had been set for 27 September 2016. Before that, however, was the 2016 Health Conversation Event which would take place on Saturday 21 May at St Paul Old Ford, St Stephen's Road, E3 and which would enable local residents to input into the identification of local priorities, develop ideas about health services and talk to us about what they considered important.

The members NOTED the report.

1.5 Member Story – Mental Health Services

Judith Littlejohn introduced the video that gave the GP perspective of the provision of mental health services in Tower Hamlets pointing out that it framed the context and cited good examples. A general discussion ensued on the effectiveness of the adoption of the guidelines in Tower Hamlets and the referrals between primary and secondary care; bearing in mind the level of complexity being handled in primary care, there was a need to review whole system costs.

The members NOTED the report.

1.6 Minutes and Matters Arising of the Meeting held 1 March 2016

1.6.1 Minutes

The minutes for the Governing Body meeting of 1 March 2016 part I were APPROVED as an accurate record of the meeting.

1.6.2 Matters arising

The matters arising were NOTED with outstanding actions carried forward.

2 Performance and Operations

2.1 Finance and Activity

2.1.1 Finance Report Month 12

Henry Black introduced the report by announcing that the CCG had met all of its financial targets. At month 12 the CCG was reporting a full year surplus of £11.9m which was a £240K overshoot on the targeted position of £11.7m. In respect of Acute Contracts the total budget was £170.6m and at Month 12 there was a full year overspend of £4.2m. Aside from Barts Health, the main over performance came from

- BMI with over performance of £1.3m from elective/day cases, outpatients procedures and outpatients first/follow ups; particularly in relation to T&O, Urology, Anaesthetics and General Surgery.
- Guy's & St. Thomas's where over performance amounted to £1.166m mainly from maternity and obstetrics
- Homerton with over performance of £0.5m relating to outpatient first and follow ups, non electives and maternity
- UCL with an over performance of £0.745m mainly from electives, outpatients and critical care.

In respect of non-acute healthcare provision at month 12 there was a full year overspend of just over £2m. The main cause was Prescribing with an overspend of £624K though the CSU was currently reviewing the reasons for the increase. Turning to QIPP, Henry Black said it was generally a good news story; for 2015/16 it had a total gross value of £8.5m which together with £500K primary care co-commissioning QIPP, meant a net savings target of £7.2m. At month 12 the CCG was reporting a full year over achievement slightly in excess of £3.2m. This was mostly associated with over performance in Integrated Care and unplanned HEMS savings, though prescribing, primary care and gastro redesign underachieved.

In response to a question from Isabel Hodkinson it was explained that the Overseas Visitor process had been revised to aid cashflow in Acute Trusts with CCG providing the funding which was underwritten by NHS England, though the final outcome depended on whether or not the spend transpired to be a bad debt. Pointing to increases in the timely payment of bills, Isabel Hodkinson offered congratulations on the improved performance.

The members NOTED the report.

2.1.2 Activity Report

Lee Eborall introduced the report by confirming the views expressed by Henry Black, adding that whilst finances for the 2015/16 had been settled, variances of £3m from the plan had arisen with underlying over-performance at Barts Health in Non-Elective care. Emergency admissions were 5.6% higher than last year and these were exacerbated by QIPP reductions to the non-elective plan which ultimately led to increased financial overspend. Increased attendance at A&E and elective care to clear waiting lists had both added to the costs, though on the days of junior doctor strikes attendances at A&E had fallen by up to 100 per day; neither was any increased workload seen at Urgent Care Centres on those days. In discussion on this point it was suggested that closer analysis of attendance and usage should be undertaken to determine any lessons around behaviour modification that could be applied outside that scenario. Other pressures included procedures following emergency admissions, Disease of Childhood and Neonates, Multiple Trauma, Emergency Medicine and Rehab, Diagnostic Imaging and Nuclear Medicine and Hepatobiliary and Pancreatic chapters. At the same time Drugs and Devices were over performing by £971K.

Turning to the 2016/17 contracting round the meeting was informed that the contract with Barts Health had been agreed in principle and all other contracts, aside from six, had also been agreed; this placed the CCG in a strong position in relation to effective contract management. With regard to BMI there were five contracts across London rather than a single overarching contract and TH CCG was the lead for local north East London CCGs.

The members NOTED the report.

2.2 Tower Hamlets CCG 2016/17 Financial Plan & 2016/17 Draft Budgets

Henry Black began by informing the meeting that 2016/17 was the most challenging year the CCG had encountered both in terms of funding and in terms of the degree of freedom it was permitted in determining the content of the budgets. National financial pressures had restricted the freedom of the CCG and this had resulted in several iterations of the Financial Plan and draft budgets to pass back and forth with NHSE. The root concern was that nationally, acute control totals would not be achieved and that CCG would be required to find additional QIPP savings. As part of these arrangements £4m was to be held in reserve, effectively frozen and unable to be used in the immediate future, if ever. In response to a question from Virginia Patania, it was said that achieving the £87m control total deficit which is related to Barts Health Care would be an extreme challenge. Mariette Davis queried the detail in the Operating Budget at Appendix 4 and there was general agreement that the each entry should be accompanied by an explanatory commentary.

Action #1: Henry Black to add explanatory commentaries to Draft Budgets

The members APPROVED the report.

2.3 Board Assurance Framework

Jane Milligan introduced the report which was taken as read. It was agreed that the BAF should be refreshed after the adoption of new corporate objectives.

Action #2: Keith Dickinson to refresh BAF after adoption of new corporate objectives.

The members NOTED the report.

2.4 Performance and Quality Report

Archna Mathur introduced the report by stating that in respect of Cancer Waiting Times, Barts Health had achieved 7 out of 8 standards in February, including the standards for 2 week urgent referrals and 31 day 1st treatment standard. The 62 Day GP urgent referral standard fell compared to January as a result of Easter with high patient cancellations and the junior doctor strike; though that was managed with minimal cancellations some impact was noticed. Q4 delivery of the 62 day standard was therefore forecast to be under the required 85% but above 80% and work was continuing to ensure performance in April was above target. Deep Dives had been undertaken in colorectal and skin cancer; 2 week wait performance has been achieved for both. 4 patients were waiting over 104 days and robust tracking of each was in place.

Turning to A&E it was pointed out that RLH was struggling to achieve the 95% standard and current trajectory. New trajectories, aligned to the 2016/17 Operating Plan, have been agreed.

Estimated Diagnosis Rate for People with Dementia was highlighted next where performance was 77.6%, above the 66.7% national target. One GP practice was still not reporting but the primary care team were working to address the issues. ELFT had written to the CCG apologising for the deterioration in dementia waiting times and an urgent meeting had been arranged to put together an action plan to address long waits.

In relation to London Ambulance Service Handover times it was noted that the Royal London was continuing to fail against the % turnaround within 15 minutes and % turnaround within 30 minutes for ambulance handovers on a 4 week rolling average. The Royal London had 4 60 min breaches in the 4 weeks leading to the end of March.

Barts Health recorded 14 Never Events last year and have reported 5 so far this year; 4 were on the RLH site, 3 of which were incorrect tooth extractions. A dedicated team is in place at the dental hospital to provide oversight and assurance of process and a Summit is being planned. The May CQRM will focus solely on the SI and Never Event process and quality including clearance of a Datix backlog. No never events have been reported by ELFT.

The year to date total for Cdiff infections at Barts Health was 63 against the full year threshold of 82; there were no cases of C-diff due to lapses in care. The MRSA total the end of last year amounted to 11 cases.

The CQC have advised that they will re-inspect the Royal London and Whipps Cross sites week commencing the 25th July. CQC preparedness was being monitored through CQRM. CQC have also stated the planned inspection of ELFT in June and assurance on their preparedness will addressed by CQRM.

The members NOTED the report.

3 Commissioning and Strategy

3.1 ELFT CQC Preparedness / Tower Hamlets Quality Improvement Programme

Judith Littlejohn introduced Jonathan Warren, the Director of Nursing at ELFT, who reminded the meeting that he first presented the introduction of the Tower Hamlets Quality Improvement Programme three years ago; considerable progress had been made since then and ELFT had expanded its area of operations across wider geographical and functional areas to include: mental health services; forensic services; Child & Adolescent services; Community health services; an Urgent Care Centre ; IAPT; Speech & Language; and, a Regional Mother & Baby Unit. This a brought new challenges around

- cultural diversity
- social deprivation
- geographical diversity
- commissioning arrangements
- financial stability and assurance systems.

Historically, despite apparently good KPI performance, there were Serious Incidents that signalled the need for change. A new culture was developed to address the issues and this relied on ELFT: being a listening and learning organisation; empowering staff to drive improvement; re-balancing quality control, assurance and improvement; and, increasing transparency and openness. Operationally this translated into

- building the will for Quality Improvement within the organisation
- building the capability for Quality Improvement
- aligning the organisational structure and ethos around Quality Improvement, especially with a bottom up approach
- developing Quality Improvement programmes with the aims of reducing harm by 30% every year and ensuring the right care at right time & right place.

As a result, performance and achievements rose dramatically, especially in relation to violence reduction and staff satisfaction.

Answering a query posed by Isabel Hodkinson it was said that it could not all be based on a bottom up approach, leadership was required but the greatest difficulty in the culture change was the realisation by senior managers that a single lapse in the desired approach could undo all the good work that had been undertaken.

Judith Littlejohn asked what would be done differently in future and it was said that a better balance between Quality Assurance, Quality Control and Quality Improvement would allow for quicker intervention if standards slipped. In the broader discussion that followed it was

noted that the reduction in violence has indirectly but not directly improved the financial position of ELFT, such as by DNA rates falling by 20%. Though the rate of complaints and PALS enquiries had fallen it was not necessarily the product of the QI Programme, nor was it necessarily a good thing.

In response to a question from Maggie Buckell in respect of the forthcoming CQC inspection, Jonathan Warren said ELFT had been preparing for it for a year with an internal CQC Preparation team and with the boroughs. This had brought about a high level of exchange of best practice and a good report was anticipated but there was a recognition that ELFT were exposed to a uniquely high number of service areas, 18 out of a possible 20, and it needed only a shortfall in 2 areas for the overall outcome to be affected. There were specific concerns around: the fact that CQC had an assurance based approach whilst ELFT had moved away from that; APMS services; and, Care Planning which could be more patient centred.

The members NOTED the report.

3.2 Sustainability and Transformation Plan

Henry Black informed the members that planning guidance required the CCG to produce a separate but connected five year Sustainability and Transformation Plan and a one year operational plan for 2016/17, consistent with the emerging STP. For North East London, the programme team had mapped all Trust Board and Governing Body meetings up to June and Governing Body sign off was unfeasible with a submission deadline of 30 June, as this would require the full STP to be developed by 11 May. It was proposed that the NEL STP be submitted in draft on 30 of June and that delegated authority to sign it off be given made to the Chief Officer and Deputy Chief Officer.

The members APPROVED the report and DELEGATED authority.

3.3 Antibiotics Quality Premium 2015-16 Update

Richard Quinton began by explaining that Tower Hamlets CCG was one of the highest broad spectrum antibiotics prescribing CCGs in London and required significant improvement in order to achieve the NHSE Quality premium targets for 2015/16. For that reason the Medicines Management team had taken action in July 2015 to tackle inappropriate antibiotic prescribing and also carrying out antibiotic awareness publicity. As a result, Tower Hamlets practices are currently the 10th highest in England in terms of the actual improvement achieved in the reduction in broad spectrum antibiotic prescribing. Tower Hamlets is also currently one of the lowest prescribing CCGs of all anti-bacterials as compared to all other CCGs in England. Overall it was good news and a significant achievement.

The members NOTED the report.

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 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 4.45pm.

Matters arising

Action reference	Action	Lead	Due Date	Update
May16 #1	Henry Black to add explanatory commentaries to Draft Budgets	HB	July 2016	Completed
May16 #2	Keith Dickinson to refresh BAF after adoption of new corporate objectives	KD	July 2016	Completed by new interim Governance Lead, Andy Nuckcheddee