

**MINUTES OF ROTHERHAM CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING**

WEDNESDAY 1st MARCH 2017 AT 1.00pm

ELM ROOM (G.04), OAK HOUSE, MOORHEAD WAY, BRAMLEY, ROTHERHAM S66 1YY

Present:

Dr J Kitlowski (Chair)
 Mr C Edwards, Chief Officer, RCCG
 Mr I Atkinson, Deputy Chief Officer, RCCG
 Mrs K Firth, Chief Finance Officer, RCCG
 Mrs S Cassin, Chief Nurse, RCCG
 Mr J Barber, Lay Member/Chair of Audit Committee
 Mrs K Henderson, Lay Member
 Dr R Cullen, GP, Deputy Chair SCE
 Dr G Avery, GP, Chair of GPMC
 Dr S MacKeown, GPMC Representative
 Dr J Page, Independent GP
 Dr A Darby, Secondary Care Doctor

Participating Observers:

Cllr D Roche, RMBC
 Mr G Radcliffe, Public Health Consultant, RMBC

In Attendance:

Mrs R Nutbrown, Board Secretary, RCCG
 Mr G Laidlaw, Communications Manager, RCCG
 Mrs W Commons, RCCG
 S Lakin, Head of Medicines Management, RCCG (for Item 8)

Observers:

Mrs D Anderson, RCCG
 Mr N Hunter, Rotherham LPC

Apologies for Absence

Dr Robin Carlisle, Lay Member

No.	Item	Action:
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229/16 Declarations of Pecuniary or Non-Pecuniary and Conflicts of Interests

It was acknowledged that, as Primary Care Providers in Rotherham, Drs Kitlowski, Cullen, MacKeown and Avery, and had an (indirect) interest in most items. Specific direct interests were declared in relation to:

Mrs Firth made a declaration of interest as a Non-Executive at The Barnsley NHS Foundation Trust. The CCG would be asked to approve the budget for 2017/18 which inherently includes a contract with the Trust. Mrs Firth stated that she had not directly been involved in the contractual process with Barnsley NHS Foundation Trust.

230/16 Patient & Public Questions

There were no patient and public questions.

No.	Item	Action:
231/16	Draft Minutes of the CCG Governing Body held 1st February 2017	
	The minutes from Governing Body held on 1 st February 2017 were approved as a true record of proceedings. There were no matters arising discussed other than those on the action log.	
232/16	Governing Body Actions Log	
	Members reviewed the log and noted progress. The log will be updated to reflect discussions and will be circulated with the minutes.	
233/16	Chief Officers Report	
	Presenting his report for March, Mr Edwards highlighted:	
	a) SCE Appointments Outcome	
	In line with the constitutional process, Dr Richard Cullen has been appointed as the new CCG Chair with effect from 1 April 2017 and Dr Jason Page as Vice Chair. A vacancy will be advertised to Rotherham GPs for the position of Independent GP on the Governing Body to replace Dr Page.	
	b) The Rotherham Plan – Rotherham Together Partnership	
	This plan will complement the Rotherham Place Plan and will set out long term shared ambitions for the borough across the next few years. It is due to be finalised in the coming weeks however, comments and feedback can be forwarded to Mr Edwards or Cllr Roche. Governance arrangements are still to be agreed and the Governing Body will review proposals at a future meeting.	
	c) Voice of the Child Lifestyle Survey	
	The borough wide results from this survey will provide useful trend analysis when compared alongside other datasets. More specific trend data relating to partner's specialisms will be shared via the Health and Wellbeing Board. This will enable a more detailed review of specific issues and actions necessary to target areas appropriately.	
	d) Information Governance Toolkit	
	Due to timing issues, Governing Body noted the anticipated 'satisfactory' rating following the self-assessment against the IG toolkit and delegated responsibility for agreeing the scores and submission to the CCG's Audit & Quality Assurance Committee (AQuA). Members will be advised of the final submission rating and asked for its ratification post submission in the Chief Officer report at April's meeting.	Mr Edwards
	e) NHS Protect – Security Management Standards for Commissioners	
	Governing Body noted the recent self-assessment overall rating of 'Amber' in relation to the NHS Protect Standards. In line with the governance framework, the CCG's Audit & Quality Assurance Committee will look at the outcome in more detail and determine actions and next steps required.	
	f) Improvement & Assessment Framework	
	Members noted the letter from NHS England summarising discussions	

No.	Item	Action:
	<p>from the Quarter 3 Checkpoint meeting. Overall NHS England is satisfied with the CCG's progress. Mr Atkinson confirmed that the evolving STP work needs to be incorporated into the assessment framework going forward. Mr Edwards advised that STP partners are working together to develop collaborative objectives, which will be shared with Governing Body and Members Committee in the near future.</p>	
	<p>g) Communications Update</p>	
	<p>Mr Edwards advised that since the update in his report was circulated, the CCG has been highlighted in an article in The Times around the implementation of clinical thresholds. Unfortunately, the article didn't fully reflect the approach being taken by the CCG and a responding statement has been produced by Dr Cullen. It was noted that there have been no issues raised by Rotherham GPs throughout implementation.</p>	
	<p>The Governing Body noted the contents of the report.</p>	
234/16 Financial Plan	<p>Mrs Firth advised that the financial plan had been presented in the Confidential sessions in draft form to update Members throughout its development. The 4th cut of financial templates had been submitted to NHS England on 27th February.</p>	
	<ul style="list-style-type: none"> • She highlighted that the CCG is planning to achieve its financial planning obligations within the NHS England business rules, ie: <ul style="list-style-type: none"> – 1% operating surplus - £4m for the CCG – 1% recurrent headroom - £4m for RCCG – 0.5% contingency - £2m for RCCG • She explained the movement from the original baseline allocation to the 17/18 allocation resulting in planning assumptions that the CCG's budget will be £398.3m. This includes funding growth (net of HRG4+), primary care growth and non-recurrent draw down of previously banked surpluses. • Mrs Firth gave assurance that the financial strategy has been developed to underpin the CCG's objectives and national obligations and link to those in the STP. • Mrs Firth detailed the QIPP schemes for 2017/18 and the assumptions for savings. Quality impact assessments will be undertaken and presented to Governing Body next month. • Finally Mrs Firth outlined a number of risks to achieving financial balance, particularly highlighting the challenges relating to the QIPP savings associated with the TRFT contract and prescribing expenditure. 	
	<p>The Governing Body noted the challenging position for the CCG to deliver the planning objectives and obligations.</p>	
	<p>Mr Barber enquired about the Accountable Care System plans for commissioning across STPs and SYB Commissioners. Mr Edwards explained that it has been agreed in principle to move to this arrangement with work is being undertaken across Rotherham partners. A proposal is anticipated around April/May time for Governing Body to discuss and agree. He went on to advise that the facilitators working with Rotherham on these developments had been impressed with the close working between the Local Council and CCG but recognised that further work is</p>	

No.	Item	Action:
	<p>required with primary care providers and their Community Interest Company (CIC) organisation. It was acknowledged that robust governance for accountability will be imperative going forward.</p> <p>Discussions had taken place at the earlier development session about the risks associated with the delivery of the QIPP areas. These will be incorporated into the CCG's risk management system and scored and monitored accordingly.</p> <p><i>Given the general declaration of a conflict of interest made by Mrs Firth about her status as a Non-Executive Director at Barnsley Hospital, Mr Atkinson confirmed that the same principles had been applied in contracting negotiations and processes with Barnsley Foundation Trust as with other providers. Mrs Firth offered to leave the room whilst discussions were undertaken but Governing Body Members did not deem this necessary and she remained present.</i></p> <p>The Governing Body approved the financial plan for 2017/18 and asked Mrs Firth to convey thanks to the finance team for their hard work.</p>	

235/16 Medicines Management Quarterly Report

Mr Lakin updated Members on the progress being made towards Quality, Innovation, Productivity and Prevention (QIPP) savings for prescribing and outlined how these are being achieved.

Dr Avery acknowledged that the report was based on a range of assumptions and enquired about the monitoring of the process to ensure these were achieved or mitigated for.

It was confirmed that the CCG's Operational Executive has a programme of review for all the CCG's QIPP Schemes with remedial action considered and taken where necessary. GP Members Committee routinely receives updates on key QIPP schemes from the Lead GP (Dr Avanthi Gunasekera).

Discussion turned to the opportunities for addressing medicines management waste in nursing homes. Mr Lakin advised that some work had been undertaken with the care home sector in the past and although there are potential savings to be made the high turnover of care staff made continuity difficult. Mrs Cassin went on to explain that the CCG is looking to implement a policy for covert administration of medication in line with good practice.

Mr Radcliffe suggested that the Local Authority Pharmaceutical Needs Assessment data may be usefully linked with the medicines management QIPP savings work.

The Governing Body noted the quarterly report and extended thanks to the Medicines Management team for all the hard work being undertaken.

236/16 NHS Right Care Programme - Choice of Opportunity

Mr Atkinson gave an overview of the NHS Rightcare and Commissioning for Value Framework. He explained that datasets across a range of commissioned provision have been used to give relative spend and outcomes achieved.

In January 2017, the Rightcare Commissioning for Value pack for Rotherham CCG identified the opportunity of around £6m. The CCG is required to identify 40% of the opportunities by the end of 2017/18.

No.	Item	Action:
	<p>The paper presented detailed the work and discussions undertaken to identify the areas identified as headline opportunities for to be included in the 17/18 Rightcare plan. These are respiratory, mental health and endocrine diabetes and are all highlighted for service redesign within the CCG's plan. However, as this would not achieve the required 40% a cross cutting theme of medicines management had also been chosen.</p> <p>Mr Barber queried that there was a general view that providers were largely unsighted on Rightcare.</p> <p>Mr Atkinson responded that the areas identified will contribute to the work already underway on non-elective activity as well as spread across a number of areas identified for 2018/19. The CCG's Clinical Referral Management Committee already has service reviews scheduled and will have Rightcare as a standing agenda item. This forum includes provider representatives which will raise the profile of Rightcare.</p> <p>Dr MacKeown asked whether Rightcare will be part of the Rotherham Place Plan. Mr Atkinson advised that this will be refreshed in Summer and possibly incorporated at that time.</p> <p>The Governing Body took assurance from the work and approach taken and approved the headline opportunities for inclusion in the 2017/18 Rightcare Plan as:</p> <ul style="list-style-type: none"> – Respiratory – Endocrine – Mental Health – Prescribing QiPP (proportion of) 	Mr Atkinson
237/16	Rotherham Special Educational Needs & Disabilities (SEND) Update	
	<p>Mr Atkinson explained that although the Governing Body has previously approved the SEND strategy, this paper provided an update on progress and also explained the inspection regime for SEND going forward.</p> <p>Mr Atkinson highlighted the key points of the reformed SEND system acknowledging that whilst there is still work to do on implementation, some key areas are being prioritised, namely:</p> <ul style="list-style-type: none"> • Further understanding/scrutiny of health data and statistics relating to universal and specialist services • Consistent CCG representation at the Education, Health and Care Panel • Agreement regarding the Designated Medical Officer role • Dedicated involvement of adult health services in areas such as workforce development <p>Mr Atkinson also highlighted the work being undertaken with RMBC in preparation for the Joint Ofsted/CQC SEND inspection. The Local Authority and CCG will be given five working days' notice to give parents and carers enough time to arrange any child care needs so that they can take part.</p> <p>Following an enquiry from Mrs Henderson about timeframes, Mr Atkinson confirmed that there is an action plan which is currently being updated and monitored through the Rotherham Health & Wellbeing Board. Mr Atkinson will share this for information.</p> <p>Mrs Henderson explained that she had been involved in a SEND inspection in another area. Mrs Henderson and Mr Atkinson agreed to</p>	<p>Mr Atkinson</p> <p>Mr Atkinson/ Mrs Henderson</p>

No.	Item	Action:
	<p>meet and share her recent experiences of the inspection process.</p> <p>The Governing Body noted the key areas of the SEND reforms and the preparations for the impending Joint Inspection.</p>	

238/16 Performance Reports

a) Finance & Contracting Performance

Mrs Firth assured Members that the CCG will achieve the required 1% surplus in 2016/17. However, she advised that NHS England have now instructed CCG's to release the 1% surplus it was asked to hold back this financial year thereby increasing the CCG's surplus by 1%.

Mrs Firth wished to highlight formally that the CCG's position is likely to see an increase in the surplus by 1%. This is based on communication from NHSE but there has not been any formal notification to CCGs that the business rules for 2016/17 will in essence have changed. Given that there is no further Governing Body meeting this year to approve such a significant change, Mrs Firth was keen to highlight it to Members in advance of the close down of the accounts. Governing Body noted the report, the verbal notification from Mrs Firth and accepted that the CCG will still meet all its financial duties and those of NHS England acknowledging that due to a change in business rules the current CCG position will alter.

The Governing Body noted the Finance & Contracting report and the financial position as verbally reported.

b) Delivery Dashboard

Mr Atkinson presented the latest position and highlighted actions being taken to address the challenges:

- A&E performance has continued to be challenging and although in line with other local providers, a range of actions have been taken to support Rotherham Foundation Trust, eg 7 day GP streaming, evening and weekend work by GP practice colleagues, CHC support into Hospital. This has resulted in the Trust moving to more positive position throughout February. Although this is not reflected in the reporting at this time, the actions taken are impacting positively.
- Progress has been made with IAPT as previously reported with good results from the implementation of the self-referral model. However, workforce and operational challenges within the service remain and issue. It is planned to undertake a 'deep dive' to investigate these issues better. Therefore, Members noted that the 18 week wait target was being met but the 6 week wait was not achieving at this stage.
- The 62 day referral to treatment target for Cancer was not meeting the required national standard of 85%. A deep dive is being undertaken to reflect on the current pathways and the outcomes will be reported to Confidential Governing Body next month.
- The position relating to Referral to Treatment (RTT) remains positive with no 52 week waiters at TRFT.
- The CCG had failed the 6 week wait target for Diagnostic

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	<p>waiting times. The majority of breaches at TRFT are for Colonoscopy, Flexible Sigmoidoscopy and Gastroscopy. Improvement processes put in place at the Trust for medium to longer term solutions are expected to impact by February. In the shorter term, some diagnostics have been outsourced.</p> <p>Mrs Henderson recalled, from reviewing the risk register earlier in the day, that NHS111 is a high rated risk for the CCG and queried how Governing Body obtains its assurance on this area. Mr Edwards confirmed that the CCG's A&E Deliver Board monitors performance but agreed to add it to the Performance Report going forward.</p> <p>Governing Body acknowledged the current challenges that apply across the health economy and noted the work taking place to address the issues in Rotherham.</p>	Mr Atkinson

239/16 Quality & Patient Engagement

a) Patient Safety & Quality Assurance Report

Mrs Cassin presented the Patient Safety and Quality Assurance Report, highlighting the following:

- C-difficile remains under trajectory as work continues to address Healthcare Associated Infections.
- Rotherham Public Health is now performance managing their serious incidents but the CCG continues to facilitate the access to STEIS on their behalf as they do not have access to this incident reporting system.
- The CCG is supporting partners with preparations for the joint targeted area inspections. Ofsted, the CQC and HMIP have announced their intention to undertake themed deep dives under the abuse category of neglect.
- Joint working and challenges have been faced around the significant and enduring concerns around Initial Health Assessments for Looked After Children (LAC). Robust TRFT and RMBC management oversight continues and the CCG has requested peer support from Sheffield CCG in the form of a peer review from their Designated Doctor.
- Domestic abuse has been agreed as the theme for this year's GP self-assessment tool. A bespoke package of training will be offered to Practices resulting in assurance for Governing Body around competency in this area for Rotherham GPs by April 2018.
- A case of Female Genital Mutilation had been reported by a Rotherham Practice. This good practice been discussed with the practice.
- Rotherham CCG CHC team had been allocated its first student nurse who will spend two weeks working with the team as part of training.
- The CHC Team is working closely with TRFT on patient flows and timely assessments to ensure timely assessments are taking place and avoiding delayed transfers/discharges.
- There are currently no outstanding Previously Un-assessed Periods of Care. Initial assessments have been completed and

No.	Item	Action:
	<p>decisions made. The DoH is expected to open a further period of un-assessed cases and guidance is awaited.</p> <p>Dr Avery raised a query relating to GP systems indicating when Deprivation of Liberty (lawful detention of a patient who lacks capacity) is in place. Following discussion it was agreed that the process needs re-iterating to practices particularly since the changes in guidance and these would be conveyed at PLTC and in the GP Bulletin.</p> <p>Dr MacKeown commented that the comparative data showing fewer C-difficile infections appeared to reflect that the work undertaken with and by providers had proved successful.</p> <p>The Governing Body noted the contents of this month's report.</p>	<p>Dr Kitlowski/ Mrs Cassin</p>
	<p>b) Patient Engagement & Experience Report</p> <p>Mrs Cassin highlighted:</p> <p>That work had been undertaken with TRFT Patient Experience Group following concerns raised by Healthwatch on behalf of patients about the quality of equipment, facilities and service for rehabilitation patients at Park Rehabilitation Centre. Issues have since been taken account of and improvements made resulting in more positive comments in recent weeks.</p> <p>Friends and Family Test responses at TRFT are high and remain above national average.</p> <p>In response to a query from Mrs Henderson, Mrs Cassin advised that the CCG challenges the different response rates with providers and practices and monitors feedback with Healthwatch involvement.</p> <p>Dr Page advised that some GP practices have recently introduced a text based system to obtain patient feedback. Friends and Family Tests is part of the GP Contract and will be monitored through the Primary Care Committee</p> <p>Consultations on changes to Hyper Acute Stroke and Children's surgery services have concluded with the CCG facilitating and collating over 100 responses from Rotherham patients.</p> <p>The Governing Body received and noted the contents of the report.</p>	
<p>240/16 Risk Management System</p>	<p>Following a recent review of the CCG's risk management system, Ms Nutbrown advised that a new risk management framework had been developed. This included an assurance framework, a risk register and a risk issues log in line with best practice.</p> <p>It was acknowledged that the new system is still in development and will take time to mature and embed and therefore further changes may be required. Indeed, earlier in the day, Governing Body and Strategic Clinical Executive Members had held a development session to look at the risk appetite. As a result, feedback and changes from this session and other discussions will be incorporated. Governing Body will receive an update in April.</p> <p>In the meantime, Governing Body approved the Integrated Risk Management Framework (Policy and Procedure), subject to some minor</p>	<p>Ms Nutbrown</p>

No.	Item	Action:
	inaccuracies to be corrected and approved the adoption of the new risk management system including the Governing Body Assurance Framework, the Risk Register and the Risk Issues log and its proposed monitoring processes by Operational Executive, Audit & Quality Assurance Committee (AQuA) and Governing Body.	
241/16	Minutes of the GP Members Committee dated 25th January 2017	
	Received and noted for information.	
	Dr Avery gave a verbal update from the February meeting where Members had ratified the appointment of the CCG's new Chair and Vice Chair and conveyed thanks to Dr Kitlowski for her leadership in recent years.	
	The Committee had received an update on the Emergency Centre. They were satisfied with progress on the Emergency Centre build and wish to ensure that any structure and function issues are worked through early.	
	He also reported positive and improved communication flows from Practice Managers and Practice Nurses Forums.	
242/16	Minutes of the Audit and Quality Assurance Group dated 20th January 2017	
	Received and noted for information.	
	Mr Barber highlighted that recent work had focussed on the CCG's risk management framework to make consideration improvements in line with best practice.	
243/16	Minutes of the A&E Delivery Board dated 4th January 2017	
	Received and noted for information.	
244/16	Minutes of the Primary Care Committee Meeting dated 18th January 2017 and 8th February 2017	
	Received and noted for information.	
245/16	Future Agenda Items	
	No items discussed.	
246/16	Glossary	
	Standing agenda item. No new updates to note.	
247/16	Urgent Other Business	
	No items discussed.	
248/16	Issues to alert the Governing Body (or other Committees of the Governing Body) about plus alterations to risk register	
	No issues for escalation.	

No.	Item	Action:
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249/16 Exclusion of the Public

In line with Standing Orders, the Governing Body approved the following resolution:

“That representatives of the press and other members of the public be excluded from the meeting, having regard to the confidential nature of the business to be transacted - publicity on which would be prejudicial to the public interest.”

[Section 1(2) Public Bodies (Admission to Meetings) Act 1960 refers].

250/16 Date, Time and Venue of Next Meeting

The next Rotherham Clinical Commissioning Group’s Governing Body Meeting to be held in public is scheduled to commence at **1.00pm on Wednesday 5th April 2017 in Elm Room (G.04) Oak House, Moorhead Way, Rotherham S66 1YY.**

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