

# NHS ROTHERHAM

To be approved by Chair/To be approved by next meeting

Minutes of the NHS Rotherham **Clinical Commissioning Group Governing Body**  
held on  
**Wednesday 6 July 2016 at 2.00 pm at the New York Stadium, New York Way,  
Rotherham S60 1AH**

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**Present:**

Dr J Kitlowski (Chair)	Dr G Avery
Mr C Edwards	Dr S MacKeown
Mr I Atkinson	Dr A Darby
Mrs K Firth	Dr J Page
Mrs S Cassin	Mr P Moss
Mr J Barber	

**Participating observers:** Cllr D Roche, Chair of Health & Wellbeing Board  
Mrs W Lawrence, IT Programme Service Delivery Manager

**In Attendance:**

Mrs S Whittle, Board Secretary, RCCG  
Mrs W Commons, Minute Taker, RCCG

**Observers:** Mrs J Reay, Chesterfield Royal  
Mr A Fletcher, NHS England  
Mr A Green, Rotherham Local Pharmaceutical Committee

**78/16 Apologies for Absence**  
Dr R Cullen, SCE GP  
Ms T Roche, Director of Public Health, RMBC  
Mr G Ratcliffe, Public Health Consultant, RMBC

## **79/16 Declarations of Pecuniary or Non-Pecuniary Interests**

As Primary Care Providers in Rotherham, Drs Kitlowski, MacKeown, Avery, and Page had an (indirect) interest in most items.

There were no specific conflicts or interests declared.

## **80/16 Patient & Public Questions**

None raised.

## **81/16 Minutes of the Previous Meeting – For Approval**

The minutes from the Governing Body meeting held on 1 June 2016 were agreed as a true record subject to some minor inaccuracies which will be amended to produce a full and final accurate approved version. Any changes made will not affect the context.

**Action: Mrs Whittle**

## 82/16 Chief Officers Report

Mr Edwards presented his written update and highlighted:

### **Working with South Yorkshire Fire and Rescue Service**

- Following an event held by NHS England in late 2015, the CCG has committed to working with the local Fire and Rescue Service to improve health and resilience. Discussions are continuing to assess a number of opportunities of working jointly on a locality footprint basis.

### **Personal Health Budget Local Offer**

- The local offer for implementing personal health budgets to frequent users of NHS care will be published on the CCG's website shortly. This will give advice on how the CCG will progress personalisation to groups of frequent users, including those with long term conditions and mental health and learning disability issues.

### **360° Stakeholder Survey**

- Mr Edwards presented the results from the recent CCG 360° stakeholder survey which had been mainly positive. These will form part of the CCG's annual assurance process to be used to inform future developments.

Dr Carlisle observed that more practices appeared to be dissatisfied than last year which was probably understandable given the current financial pressures.

It was acknowledged that 4 out of the 34 practices were unhappy, mainly around the role of the CCG as a commissioner and engaging with primary care through Protected Learning Time (PLT). As a result of the feedback, changes are being implemented to combine PLT and commissioning events and include practice managers and practice nurses to improve future engagement and communication with practices.

Drs Kitlowski and Avery have also committed to attend the 4 practices to review and understand their responses and ensure their concerns are addressed.

**Action: Drs Kitlowski/Avery**

### **One Year Cancer Survival Rates Award**

- To recognise the CCG's progress made in our one-year cancer survival rates, Gordon Laidlaw, Communications Manager will be collecting an award on behalf of the CCG's behalf from the All Parliamentary Group on Cancer in the House of Commons. Mr Edwards will communicate this achievement to Public Health colleagues and circulate an analysis of the survival rate figures to members.

**Action: Mr Edwards**

### **Communications Update**

- Members noted that the Health Watch Annual Report for 2015-16 had been published detailing achievements over the past 12 months.

Dr Kitlowski advised that two directories have been produced One on Healthwatch generally and their services and the other one is a directory of mental health services providing an excellent resource for the public and clinicians alike.

The Governing Body noted the Chief Officer's report.

## Strategic Direction Issues

### **83/16 Review of Children's Surgery & Anaesthesia**

Mr Edwards reminded Members of the updates previously presented outlining the reviews being undertaken as part of the Working Together Programme. The next three items on the agenda summarised work undertaken on some of the areas

An options appraisal has been undertaken as part of the review of children's surgery and anaesthesia across South Yorkshire, Bassetlaw and North Derbyshire. The emerging model will be developed into a business case for consideration as part of commissioning intentions for 2017/18.

A full public consultation on the business case will be led by 'Working Together' but influenced, developed and delivered by local CCG engagement and communications experts.

Dr Kitlowski observed that the scale and pace to get to this stage has been laboured. Mr Edwards explained that with the work done by 'Working Together' to understand the architecture and put appropriate governance in place, including the Joint Committee, Joint Scrutiny Panels and STP, future progress will be less complex and gather momentum.

Dr Carlisle suggested that the business case should be clear about the interaction with maternity services and where Rotherham patients will go for services given its central location between hospitals.

Mr Edwards confirmed that Governing Body will be given the opportunity to comment on the content of the full business case and the final decision will be made by the newly formed Joint Committee.

***Action: Mr Edwards***

Governing Body noted the work undertaken to date, considered and approved the options appraisal and emerging model and supported the development of a full business case which will be received for approval prior to consultation.

### **84/16 Hyper Acute Stroke Services**

Mr Edwards presented a summary of the work undertaken to review Hyper Acute Stroke Services across South Yorkshire and Bassetlaw and North Derbyshire. Members were reminded that, in June 2015 support had been given to the case for change to develop future service delivery and a 'blueprint' across Yorkshire and Humber.

Following an options appraisal, the preferred option proposed moving from five hyper acute stroke units to a three unit model to be provided by Sheffield, Doncaster and Chesterfield.

Given the potential implications for Rotherham and the concerns expressed about ensuring the sustainability of a local hospital and alignment with the Rotherham Place Based Plan, Governing Body will undertake a full discussion when the full consultation is launched.

Governing Body Members noted the progress of the work, supported the consultation approach and agreed to review the consultation for September Governing Body to agree a co-ordinated response.

***Action: Mr Edwards***

**85/16 Chemotherapy Outreach**

Mr Edwards presented the case for change for chemotherapy outreach services across South Yorkshire and Bassetlaw and North Derbyshire following a review of the current provision.

Governing Body agreed satisfaction with the pre-work and welcomed the public consultation but would like to pause when the business case is received and set aside time on a future agenda to ensure interactions are documented before a decision is reached.

**Action: Mr Edwards**

Mrs Firth expressed concern that financial systems may not be mature enough to deal with the proposed changes in this way with no room for risk taking. Following discussion it was agreed that Mrs Firth will ensure that the risk register is updated to reflect risk during the in change process.

**Action: Mrs Firth**

Discussion followed about risks relating to the STP process and Mr Edwards confirmed that each organisation holds risks on its own register until the plan is agreed. Consideration will be given as to whether there are any risks relating to the STP that need to be placed on the CCG's risk register.

**Action: Mr Edwards**

The Governing Body considered the options following the review and to progress with Option 3 to assess and review the needs of South Yorkshire, Bassetlaw and North East Derbyshire to inform and implement a new model for chemotherapy outreach.

**86/16 Sustainability & Transformation Plan (STP)**

Mr Edwards explained that the original date set for the STP submission had been changed to a checkpoint submission. The final submission date is yet to be confirmed but expected to take place in Mid-September. Members noted the progress update and the opportunity to discuss the detail in the proposed submission in the confidential session.

**87/16 Rotherham Local Digital Roadmap (LDR)**

Dr MacKeown presented Rotherham's submission of the LDR. Its main purpose is to enable local health and care systems to set out how the 'paper free' ambition detailed in the five year forward view will be achieved by 2020.

Following agreement and strategic direction from the multi-agency Rotherham IT Strategy Group, Rotherham's submission had been made on 30<sup>th</sup> June.

Dr Carlisle enquired about the likelihood of reaching the aspiration and delivering on the ambition. Mrs Lawrence, IT Programme Service Delivery Manager confirmed that local developments are already quite mature and showing improvements in sharing information which if assessed as 'investment ready' will bring eligibility to apply for 2017/18 funding.

The Governing Body endorsed the Local Digital Roadmap and noted that Health & Wellbeing Board will be asked to endorse it on behalf of Rotherham. If the submission is classed as 'investment ready' Appendix 4 will be reviewed to determine progress made and appropriately prioritised for future funding. Governing Body will receive a progress update in December.

**Action: Drs MacKeown/Cullen**

Dr Kitlowski asked for thanks to be conveyed to those involved in producing the submission.

### **Performance Reports**

#### **88/16 Finance & Contracting Performance**

Mrs Firth explained that performance information is now beginning to come through. Although early indications are promising, an assessment is required to check whether the secondary care QIPP Schemes is gaining traction as required. The CCG's Operational Executive is overseeing the QIPP Schemes more closely to provide better assurance. An update position on the schemes will be presented to August Governing Body to expose any risks and review how these can be mitigated.

**Action: Mrs Firth**

Referring to Continuing Healthcare, Mrs Firth highlighted an emerging financial risk for the CCG from a potential judicial review taking place in England and Wales.

Mrs Firth plans to include more detail in the August Finance & Performance Report to enable Members to have substantive discussion around the risks and mitigating actions.

**Action: Mrs Firth**

Mr Barber enquired about the timeframes for the delivery of QIPP programme. Mrs Firth advised that a prudent approach has been taken in assuming that the saving schemes can commence with immediate effect. All QIPP plans have been evenly spread throughout the year.

Mr Atkinson advised that assurance had been taken when developing plans that full year effect of the schemes will be achieved in all but two areas ie mental health and prescribing where tight timeframes have been applied. The others have been given good lead time.

Governing Body noted the finance and performance report.

#### **89/16 Delivery Dashboard**

Mr Atkinson introduced the new style report which had been adjusted to include the constitutional standards as well as the metrics set out in the new improvement and assessment framework which NHS England will use to assess us against along with our six chosen clinical priority areas.

In terms of specific performance over the last month, Mr Atkinson confirmed that there had been steady progress in A&E although this had dropped in June performing around 90.4%. However, Governing Body noted that if combined the cumulative position for TRFT A&E and Rotherham Walk in Centre would have achieved 94.56% for April and May against target.

Footfall through A&E in May had been the highest seen for past two years which was a challenge in itself however, the patients being seen were also more complex than usual. This is in line with other health economies. The agreed A&E improvement action plan continues to be monitored closely.

Due to a change in call recording from the previous red/green system by Yorkshire Ambulance Service (YAS), the CCG is not in a position to report on the ambulance constitutional standards. However, Mr Atkinson reported that challenges continue for YAS, particularly on turnaround times at hospital.

Mr Atkinson reported a dip in achieving the 6 week waiting time although the 95% 18 week wait target continues to be achieved. The service, provided by RDaSH, has continued to maintain improved performance but is being challenged by a recent increase in referrals. This area still remains a priority for the CCG.

In relation to the 52 week waits, the Trust had concluded the process to identify any patients who had been placed on 'active monitoring' rather than the '18 week wait' pathway. Ten waiters had now been identified and as this exercise has been completed no further cases are expected.

Mr Atkinson advised that the 6 clinical priority areas will be reviewed by independent national panels chaired by national experts. The CCG expects to receive a baseline assessment against national indicators around mid-July. When this is received Mr Atkinson suggested that Governing Body may wish to set aside time to undertake more significant discussion.

Mr Barber advised that AQuA is prioritising performance and quality reporting as part of this year's audit plan and consideration should be given to aligning the reporting to improve the interface between these two areas.

Following discussion, Governing Body agreed to determine what adds value to reporting performance and quality and will set aside additional time to review the current format, content and length using the CCG's in house data intelligence team to support discussions.

**Action: Mr Atkinson**

Following an enquiry from Dr Page about what has been done to encourage the improvements to the IAPT service, Mr Atkinson confirmed that additional funding has been given to RDaSH to support the sustainability of the service which has allowed the recruitment of additional agency staff to continue the level of performance. However, the challenge still remains as staff leave the service.

Cllr Roche enquired about the position with delayed transfers of care and 7 day working. Mrs Firth confirmed that progress is being made following investment at the hospital.

Cllr Roche confirmed that RMBC is increasing the number of intermediate care beds to allow earlier discharge from next week.

Governing Body noted the delivery dashboard and Mr Atkinson will schedule time for more detailed discussion around the 6 clinical priority areas once the baseline assessment is received.

**Action: Mr Atkinson**

### **Quality and Patient Engagement**

#### **90/16 Patient Safety & Quality Assurance Report**

Mrs Cassin said that the report now contained post review detail to support the healthcare associated infection figures. This gave members information around the background and actions being taken. She highlighted that although the MRSA figure is currently reported as zero, one case identified in Manchester of a Rotherham resident has not actually been assigned as yet. Further investigation is ongoing to identify the source given the patient had been abroad.

Mrs Cassin went on to highlight:

- A further CSE event for frontline and CCG staff will take place on Thursday 14<sup>th</sup> July.
- Preparations are underway for the next phase of joint targeted area inspections proposed by Ofsted, CQC and HMIP. These are taking place between February and August 2016 and the designated nurse with working with the Rotherham Health Economy in readiness.
- Two Deprivation of Liberty applications on safeguarding activity have been assess with a pathway and action plan put in place to address the backlog. Many of which have since been completed.
- Children's Continuing Healthcare Team has now returned the outstanding reviews to zero.

Dr Darby queried the dip in stroke performance. Mrs Cassin advised that this related to direct admissions to the stroke unit and work is ongoing to address this with an action plan in place.

The Governing Body noted the contents of the report.

#### **91/16 Rotherham Safeguarding Adults Annual Report**

Mrs Cassin presented the Rotherham Safeguarding Adults Annual Report for 2014/15 produced by the Rotherham Safeguarding Adults Board of which the CCG is a member.

Mrs Cassin assured Members that many actions have been put in place since the report was published. It also triangulates with the findings from the next item, the Rotherham Safeguarding Adults Audit report carried out by the CCG's internal audit team from which additional assurance can be taken by the Governing Body.

#### **92/16 Rotherham Safeguarding Adults Audit Report**

Mrs Cassin presented the final report from 360 Assurance, the CCGs internal Auditors. The report had been requested by the CCG to evaluate systems in place at the CCG to ensure that adult safeguarding needs identified were commissioned and that legislation and guidance was being complied with.

Governing Body noted the outcome of the Audit which provided significant assurance. The report was monitored through Audit & Quality Assurance Committee and received by Members for assurance and information.

#### **93/16 Patient Engagement & Experience Report**

Mrs Cassin highlighted that satisfaction in the Friends and Family Test results from TRFT are above average in all areas and achieved the highest average response rate and positive score for inpatient and daycases against other areas in the region.

The report also provided data from Rotherham GP Practices for April. Seventeen practices failed to submit any data in April and an additional 6 practices submitted less than 10 responses.

Mr Moss referred to the impending changes to be implemented by the CCG as a result of Working Together, the STP and the new Emergency Centre and the importance of articulating the vision for health and care services in the future in order to ensure people are signposted correctly.

Mr Edwards will work with the Communications Manager to ensure that public education messages and service and model changes are communicated effectively and appropriately.

**Action: Mr Edwards**

### **Corporate**

#### **94/16     Management of Security Policy**

Following the recent updating of the NHS Protect Security Management Standards for Commissioning, the CCG's Security Management Policy has been re-drafted to ensure it meets the new requirements. The main changes included:

- The Chief Officer replaces the Assistant Chief Officer as Security Management Director
- The Local Security Management Specialist role will be carried out by the Head of Specialist Advice for Health & Safety across South Yorkshire & Bassetlaw CCGs.

A self-assessment will be undertaken against the new standards when they are published in full.

The Governing Body approved the policy with the caveat that it is placed on the agenda for Audit & Quality Assurance Committee (AQuA) to approve at end of July in line with the CCG's approval processes.

**Action: Mrs Whittle**

#### **95/16     Governing Body Actions Log**

Members reviewed and updated the actions log which will be updated accordingly.

#### **96/16     Minutes of the GP Members Committee (GPMC)**

The minutes from the meeting held on 25<sup>th</sup> May 2016 were noted for information.

Dr Avery gave brief verbal summary from the meeting held on 29<sup>th</sup> June 2016 which had included the introduction of clinical thresholds and changes to Protected Learning Time (PLT) and Commissioning Events taking into account practice feedback. Going forward there will be 6 combined events which will include practice managers and practice nurses.

Dr Avery confirmed the intention to review the Terms of Reference for the GPMC to enable salaried GP's to become members to address their involvement in commissioning decisions and listen to their views.

#### **97/16     Minutes of the Systems Resilience Group (SRG)**

The minutes from the Systems Resilience Group held on 25 May 2016 were noted for information.

#### **98/16     Minutes of the Primary Care Committee**

The minutes from the Primary Care Committee held on 25 May 2016 were noted for information.

**99/16 Minutes of Commissioner Working Together Board**

The decision summary and minutes from the Board meeting held on 26 April 2016 were noted.

**99/16 For information**

There were no items were raised.

**100/16 Urgent Other Business**

No items discussed

**101/16 Issues For Escalation**

No Items discussed

**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].

**102/16 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 1.00 pm on **Wednesday 3 August 2016** at Oak House.

Apologies were noted from Dr Avery and Mrs Cassin for the August Governing Body.