

# NHS ROTHERHAM

To be Approved

Minutes of the NHS Rotherham **Clinical Commissioning Group Governing Body**  
held on  
**Wednesday 6 November 2013** in the Elm Room, Oak House

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<b>Present:</b>	Dr J Kitlowski (Chair)	Mr J Gomersall (Vice-Chair).....
	Dr H Ashurst	Dr R Carlisle
	Mrs S Cassin	Dr R Cullen
	Mr C Edwards	Mrs K Firth
	Dr L Jacob	Dr S MacKeown

**Participating observers:** Dr J Radford, Director of Public Health, RMBC  
Cllr John Doyle, Chair of the Health & Well Being Board  
Mr Philip Moss, CCG Lay Member from 1 December 2013

**Observing:**

**In Attendance:** Mrs S Whittle, Assistant Chief Officer (Governing Body Secretary)  
Mr G Laidlaw, Communications Manager  
Mrs C Rollinson, Secretariat

## **177/13          Apologies for Absence**

No apologies received.

## **178/13          Declarations of Pecuniary or Non-Pecuniary Interests**

It was acknowledged that Drs Kitlowski, Cullen, Jacob and MacKeown had an (indirect) interest in most items. In addition, Dr Jacob declared a particular interest in items relating to The Rotherham Foundation Trust as he is employed by them on a sessional basis.

Agreed that a 6 monthly review of the conflict of interests register would be undertaken by Mrs Whittle.

**Action: Mrs Whittle**

## **179/13          Minutes of the Previous Meeting**

The minutes of the Clinical Commissioning Group Governing Body held on 2 October 2013 were confirmed as a correct record.

## **180/13    Matters Arising**

### **163/13 e) Healthwatch**

Healthwatch would be invited to attend the December Governing Body.

**Action: Mr Edwards**

### **166/13 GP Members Committee**

Dr Jacob to supply future meeting dates to Dr Ashurst.

**Action: Dr Jacob**

### **166/13 GP Members Committee & CAMHS**

Dr Mackeown summarised the key concerns raised via the recent quality review of the service and a further report which was discussed at GPMC in October. Members identified a number of points that would require further discussion at the planned Board to Board meeting with RDaSH that followed today's Governing Body. Concerns raised were across all 4 tiers of the service.

Members agreed that there is a general consensus about what needs to be improved within the service and clarity would be sought at the Board to Board meeting regarding a clear action plan.

Dr Kitlowski updated members on a further clinician to clinician meeting with RDaSH that took place this morning. The meeting had been productive and a report will be produced and shared with members.

An update on progress would be requested for January 2014 Governing Body Meeting.

**Action: Dr Carlisle**

### **169/13 Integrated Performance Report - YAS**

Members agreed that YAS would be invited to attend the January 2014 Governing Body meeting to discuss their performance position.

**Action: Mr Edwards**

### **169/13 Integrated Performance Report - Breastfeeding**

Dr Radford updated members on breastfeeding initiation rates at TRFT and advised that the issues relate to the Public Health Outcomes Framework, comments will be sought from the CCG on the Population Health Monitoring Framework next week.

### **181/13 Chief Officer's Report**

Mr Edwards presented his report. Points of note included:-

- a) **Vote of confidence** – Members were informed that 100% vote of confidence had been recorded.
- b) **Urgent Care Centre** – Members were updated on current timescales whereby a progress report will be requested for January's meeting and the final business case will be requested for February's meeting. Plans and options appraisals are now available for review and comment.
- c) **Winter Planning** – National concerns were acknowledged and members were informed that the CCG are undertaking assurances. The Winter Plan has been endorsed by all stakeholders via the Urgent Care Working Group and Mr Edwards felt that appropriate action is being taken. The plan will be submitted to November's AQuA Committee for approval.

**Integration Transformation Fund** – Mrs Firth advised that national guidance has been received which provides a high level steer. The CCG and RMBC will enter into negotiations over coming months, planned allocations will be confirmed by 18 December and a final agreement will be requested for the January / February Governing Body once it has been agreed by the Health & Well Being Board.

**Action: Mrs Firth**

Agreed that the update paper being discussed at Novembers AQuA would be shared with members.

**Action: Mrs Firth**

Members agreed this would be discussed in more detail at the Governing Body meeting acknowledging that this is an opportunity and a challenge to make this work for Rotherham patients.

- d) **Communications** – Mr Gomersall felt work was needed to combat the negative press in relation to the Continuing Healthcare Retrospective Claims. Mrs Firth explained the circumstances around the delay acknowledging that some are outside the CCGs control. Members were informed that the CCG are being more proactive with media messages and agreed that the patient and public perspective is an important consideration in Governing Body decision making.

### **182/13 Patient Safety & Quality Assurance Report**

Members were provided with a summary of the Francis, Berwick, Keogh & Winterbourne findings acknowledging it was a work in progress.

Members felt the visual overview was simple and provided assurance that there is a thorough approach taking place. Mrs Wyatt was thanked for her work undertaken to date.

A progress summary report would be requested for January's Governing Body.

**Action: Mrs Cassin**

Mrs Cassin highlighted key details regarding the C-Diff outbreak at TRFT and how this has been dealt with. The annual plan has been included in this month's report but Mrs Cassin felt the trajectory is challenging.

Members were advised that a refresh of the joint meetings with CQC, RMBC, CCG had taken place and a number of improvements made.

Mrs Cassin reported that TRFT have undertaken work to drive up the performance against the Dementia CQUIN and Junior Doctor education sessions are being taken forward.

Dr Jacob expressed concerns regarding the new formal complaint activity reported and strongly felt that surgical treatment shouldn't be affected or delayed. This would be followed up via CRMC.

**Action: Dr Carlisle**

In relation to the complaint reported regarding the lack of follow-up appointments, Dr Jacob felt that some form of investigation is needed to avoid patients contacting the provider multiple times. This would be followed up via CRMC.

**Action: Dr Carlisle**

Dr Radford reported that TRFT's overall CQC rating was satisfactory but the CQC did raise a concern about possible under reporting of serious incidents. Mrs Cassin confirmed this is being reviewed as part of work across South Yorkshire led by NHS England.

Mr Gomersall and Dr Ashurst both felt that positive progress has been made with TRFT but had concerns around maintaining the progress. Mr Gomersall was assured by the CCGs processes and inputs but still felt there was a heightened risk, particularly during the management changes at TRFT. Members agreed further assurances would be sought from scheduled Board to Board meeting with TRFT in January.

Mrs Cassin reported that the CCG had held a quality review meeting to review areas of risk and concerns. Monitor and CQC were represented at the meeting. The meeting concluded that that commissioners and regulators were assured that all appropriate actions have been put into place by both the provider and commissioner and that no further action was required.

Members noted that the quality review meetings are an important part of the process to address concerns and are constructive in terms of moving forward.

### **183/13 Patient Engagement & Experience**

Mrs Cassin reported that Rotherham A&E is the first A&E to reach and exceed 15% for the friends and family test and that the net promoter score has also risen.

Members strongly felt that the CCG need to demonstrate that the patient voice is being listened to and actions are taken as appropriate. Mrs Cassin advised that:

- Workshops had been scheduled for October & November and the CCGs patient engagement lead is attending.
- Information contained in these monthly reports is shared via pre-scheduled contract quality meetings with TRFT.
- The CCG do hold regular PPG events and Novembers event had high attendance. A number of outcomes from the event would be considered in next year's ACP.

Dr Ashurst felt that it was difficult to quantify qualitative data and feedback. Mrs Cassin confirmed that all patient feedback will be logged and documented moving forward.

Following discussions, members agreed that patient feedback would be discussed in more detail at January's Board to Board meeting with TRFT with a focus on comparisons and the inclusion of targets in next year's quality accounts.

***Action: Mr Edwards***

### **184/13 Integrated Performance Report**

Dr Carlisle presented the report and highlighted the following key issues.

With regards to the next assurance meeting with NHS England the situation has changed in 4 areas:

- A&E is still under-performing and given that we are now more than half way through the year this is a significant concern.
- A never event has also taken place
- The C-Diff trajectory is now unlikely to be met at the end of the year due to the outbreak discussed earlier.
- The situation on Friends and family test is now much better in terms of both uptake and net promoter score.

In the rest of the report the following issues were noted.

- Cancer patients seen from referral within 62 days to treatment was at 81.6%.

Members noted this as a concern as Rotherham has always reported well in this area. The fact that the reported reason for delay of two of the patients was bank holidays was particularly unacceptable and is being followed up with TRFT.

- In terms of YAS Category A R1 calls YAS, although overall YAS achievement had improved, Rotherham targets were still not being met and this will be followed up again with Sheffield CCG.
- Dr Carlisle reported that the potential years life lost data for 2012 are positive. If there are similar improvements in 2013 Rotherham will receive quality premium payments in this area.
- Dr Radford agreed to present a more detailed report on trajectories for key public health data as soon as these are available.

Mrs Firth presented the Finance information identified on Page 6 of the Integrated Performance Report. Mrs Firth confirmed that last month the Governing Body had given authorisation for £2m to carry forward as a one off; therefore the finance forecast for surplus is just over £5m.

Mrs Firth confirmed that there are areas over under spend in relation to TRFT and Sheffield but these are difficult to control, the CCG are also still accruing costs in relation to prescribing which have yet to being charged to us.

Members were informed additional sessions with TRFT for 18 week pressures have been agreed.

Dr Jacob questioned if some of the surplus could be used to reduce waits in terms of mental health. Mrs Firth confirmed that this is being reviewed.

Cllr Doyle questioned the CHC/FNC element. Members were informed that the CCG anticipates there may be a few more claims for Retrospective for the last 12 month period, but these are provided for within the forecast.

#### **185/13 Policies**

- a) Equality, Diversity & Human Rights – Members agreed and endorsed the policy as presented.
- b) Safeguarding Vulnerable Adults – Members agreed and endorsed the policy as presented.

#### **186/13 GP Members Committee**

- a) 25 September 2013 - The minutes from the GP Members Committee held on 25 September 2013 were received and noted.
- b) 30 October 2013 – Dr Jacob reported that 3 key issues had been raised at Octobers meeting:
  - Ongoing concerns around mental health services which would be discussed further at today's board to board meeting with RDaSH.
  - Members unhappy with delivery of community services and the community hospital, quality of phlebotomy and domiciliary services, availability of diabetes nurses and referrals from opticians.
  - Residential homes contacting GPs to attend patients as advanced practitioners were not available.

The GP Members Committee also discussed the urgent care plans and supported the direction of travel.

**187/13            Health & Well Being Board**

The minutes from the meeting held on 16 October 2013 were received and noted for information.

**188/13            Audit & Quality Assurance Committee**

The minutes from the Audit & Quality Assurance Committee held on 12 June 2013 were received and noted.

Mr Gomersall informed members the changes to the auditing arrangements.

**189/13            CCGCOM**

The minutes from the CCGCOM meeting held on 6 September 2013 were received and noted.

**190/13            Future Agenda Items**

No items to note.

**192/13            Urgent Other Business**

No items to note.

**193/13            Issues For Escalation – to Governing Body or other Committees**

No items to note.

**194/13            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].

**195/13            Date, Time and Venue of Next Meeting**

Rotherham Clinical Commissioning Group Governing Body's next public meeting is scheduled to commence at 13:00 on Wednesday **4 December 2013** at Oak House, Moorhead Way, Bramley, Rotherham S66 1YY.