

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 4 November 2015 at 1.00 pm in the Elm Room (G.04) at Oak House,
Moorhead Way, Bramley, Rotherham S66 1YY**

Present:	Dr J Kitlowski (Chair)	Mr C Edwards
	Mrs S Cassin	Mrs K Firth
	Dr R Cullen	Dr R Carlisle
	Dr S MacKeown	Mr J Barber
	Dr A Darby	Mr P Moss
	Mr I Atkinson	Dr J Page

Participating observers: Ms T Roche, Director of Public Health, RMBC

In Attendance: Mrs S Whittle, Assistant Chief Officer (Governing Body Secretary)
Mrs M Robinson, Secretariat, RCCG
Mr G Laidlaw, Communications Manager, RCCG
Ms Claire Smith, Senior Commissioning Manager

Observers: Mr Rupert Breneton, PFizer Ltd

170/15 Apologies for Absence

Dr L Jacob
Cllr D Roche, RMBC

171/15 Declarations of Pecuniary or Non-Pecuniary Interests

It was acknowledged that Drs Kitlowski, Cullen, MacKeown and Page had an (indirect) interest in most items including. Dr Darby has a conflict of interest in Item 6 on the agenda Stroke Service Review

172/15 Patient & Public Questions

There were no Patient and Public questions received by the Governing Body. Dr Kitlowski informed the meeting that the Governing Body are looking at ways to encourage members of public to attend the meetings and submit questions.

Patient Story

The members of the meeting watched a video of a patient's experience as an inpatient at TRFT hospital.

Dr Cullen informed the meeting that he had concerns regarding consent issues of the person featured in the video.

Mrs Cassin informed the meeting that the person featured had approached the CCG to take part in the video and had given both verbal and written consent.

Dr Kitlowski, Mrs Whittle and Dr Cullen agreed to meet to discuss the process.

Action: Dr Kitlowski, Mrs Whittle and Dr Cullen

Ms Roche informed the meeting she thought the video was interesting and talked about the difficulties experienced around self-care.

In terms of learning from the video, Dr Darby asked the meeting if the CCG knew what the process was on discharge and whether patients were presented with an after care information leaflet and or a discharge letter for their GP.

Mr Moss informed the meeting that 10% of the answers to the Friends and Family question are not positive and a constant issue is Communication.

Dr Kitlowski informed the meeting the Governing Body members need to look at discharge letters and verbal discharge communications.

Action: Dr Kitlowski

173/15

Minutes of the Previous Meeting – For Approval

The minutes from the previous meeting held on 7 October 2015 were approved by the Governing Body as a true reflection of the meeting.

174/15

Chief Officers Report

CCG Annual Assurance 2014/15

Mr Edwards informed the meeting that the CCG has received the letter of Annual Assurance from NHS England and NHS England's headline assessment of the CCG is "Assured". This is supported by individual assessments of each of the six assurance domains described in the 2014/15 CCG Assurance Framework.

CCG Assurance – Checkpoint Discussion

Mr Edwards informed the meeting that the Checkpoint Discussion is a quarterly meeting with NHS England. NHS England have suggested we move to a yearly meeting and the CCG feel it would be good practice to keep the meetings quarterly, the next meeting will be held in January.

Mr Edwards reported to the meeting that the CCG has received "Good" for Well-Led Organisation, Financial Management and Planning. For Performance the CCG received "Limited" and it is important that Governing Body Members are sighted on this and the services for improvement.

Mr Barber commented that in terms of A&E performance that it would be very challenging given the current position to deliver the yearend target and felt the CCG will need to review the Assurance Framework and the level of risk for non-delivery of the indicator.

Mr Edwards informed the meeting that the CCG had agreed a recovery trajectory with TRFT and associated actions which will be shared with NHS England. The Operational Executive will review the risk.

Action: Mr Edwards

Rotherham Health & Wellbeing Strategy

The Rotherham Health and Wellbeing strategy has been approved by the Health & Wellbeing Board subject to approval of this Governing Body. Once approved the strategy will be designed and formatted for publication.

Ms Roche informed the meeting she is working on an easy read version of the strategy.

Rotherham Petition Against Marches

Mr Edwards reported to the meeting that an online petition against repeated extremist protests in Rotherham which have regularly closed down town centre shops was launched on the 5th October.

The petition which is led by Rotherham Council Leader, Cllr Chris Read and

aims to draw Government attention to the significant adverse impact which the series of marches and demonstrations are having on the town and the strength of feeling which exists.

Mr Edwards informed the meeting that Dr Kitlowski and himself have signed the Rotherham Petition Against Marches on behalf of the CCG.

Ms Roche informed the meeting that individuals are welcome to go on-line and sign the petition.

Commissioner Working Together

Mr Edwards informed the meeting Working Together Commissioners have held discussions with Scrutiny Committee colleagues across Mid and South Yorkshire, Bassetlaw and North Derbyshire. About forming a joint committee to review changes to health services on a regional footprint.

Mr Edwards reported to the meeting that Hardwick CCG GP Chair has been appointed to Chair the Urgent and Emergency Care Network for Commissioners.

Mr Edwards informed the meeting that he will inform the Governing Body when he receives updates.

Standards Integrated Urgent Care – Letter from Dame Barbara Hakin

Mr Edwards reported to the meeting that the Commissioning Standards have recently been published. The standards bring together NHS 111, GP Out of Hours and Clinical advice under a single Commissioning Framework. They are intended to support commissioners to deliver the transformation of Urgent Care Services as set out in Sir Bruce Keogh's Urgent and Emergency Care Review and more recently the Five Year Forward View.

Dr Kitlowski informed the meeting she has asked Dr Clitherow to look at the document and feedback to Strategic Clinical Executive next week. Feedback will also be given to the Systems Resilience Group

Communications Update

Mr Edwards informed the meeting that the CCG campaign to reduce the amount of medicines waste has been launched. The campaign message encourages people to tell the CCG about any excess medicine problems so that the medicines management team can help.

Mr Edwards reported to the meeting that the winter communications campaign has now commenced and is focused on ensuring patients get the 'right care, first time'. A range of information material is being distributed throughout Rotherham and face-to-face conversations taking place to encourage appropriate use of health services throughout winter. The local campaign links closely to the national campaign.

Mr Edwards informed the meeting that there has been a recent press release from Doncaster and Bassetlaw Hospitals NHS Foundation Trust reporting a year to date deficit of £12 million. We are currently advised that there is no detrimental impact on the quality and safety of patient care as a result of this financial position.

175/15

Stroke Service Review

Ms Claire Smith joined the meeting on behalf of Mr Dominic Blaydon.

Mrs Firth informed the meeting that the May 2015 Governing Body considered the Stroke Annual Peer Review, which was intended to provide the CCG with

assurance that the Local Stroke Care Pathway is fit for purpose. The review highlighted areas of poor performance and drew attention to gaps in the local service model.

The review looked at progress made since the Peer Review. Mrs Firth informed the meeting that performance on the stroke care pathway has improved significantly since the last report to Governing Body.

Mrs Firth reported to the meeting that the service has surpassed the target set (80%) for the time spent on the stroke ward with a current YTD figure of 84%. Has met the target set (50%) for patients scanned within 1 hours with a current YTD figure of 52%. The service has surpassed the target set (60%) for patients with stroke AF anti-coagulated on discharge with a current YTD figure of 94%.

Mrs Firth informed the meeting that the service has also shown improvements in the ASIs though this area still remains under target.

Mrs Firth reported to the meeting that Rotherham is performing well compared to other CCGs in South Yorkshire with only Sheffield is outperforming Rotherham within the sub-region.

Mrs Firth informed the meeting that the standard mortality ratio is an area for concern and is currently higher than the average mortality rate in England and the 2nd highest in the sub-region after Barnsley. The contract quality team will review the available data to understand where the figure has been derived from.

Mrs Firth reported to the meeting that as previously reported to the Governing Body the Working Together Programme is considering the rationalisation of hyper-acute services. There is currently a need for local reconfiguration to address some of the issues identified in the review. There has been an improvement in performance though this is not sustainable in the medium term. It is therefore proposed that the CCG ensure that TRFT progress with the following:

1. Development of a Remedial Action Plan to ensure sustainability over the winter period.
2. Consider the possibilities of integration of consultant cover across a wider provider base
3. Consideration of an expansion of therapy and nursing capacity

Dr MacKeown informed the meeting that the CCG had received some assurance from TRFT at last month's Board to Board meeting.

The meeting discussed the standard mortality ratio and how coding issues at TRFT are having an effect on the monthly figures and Mrs Firth informed the meeting that the coding issues at TRFT are improving but there is still a back log.

Dr Kitlowski informed the meeting that the mortality ratio and coding issues have been discussed with Mr Conrad Wareham and had received assurance from Mr Wareham there are no issues and he will be looking at coding regarding mortality.

Mr Laidlaw informed the meeting that the National Stroke week took place last week and the FAST advertisements are back out at a national level.

Dr Carlisle thanked the team for producing the paper and suggested the Governing Body continue to discuss Stroke at future meetings until there is an

improvement.

The Governing Body noted the findings of the service review and will receive an update in January regarding progress on remedial actions.

Action: Mrs Firth

Dr Kitlowski gave thanks to Ms Smith for attending the meeting. Ms Smith left the meeting.

176/15

Working Together – Children’s Service Work Stream – Surgery and Anaesthesia

Mr Edwards informed the meeting that the paper has come to the meeting to give an update to the Governing Body of the progress of the Working Together programme and a specific update in relation to Children’s Surgery and Anaesthesia.

Mr Edwards reported to the meeting that the Working Together is a programme of work which all the CCG’s in South Yorkshire, Wakefield CCG, Hardwick CCG and North Derbyshire CCG have committed to work on collaboratively. The review of children’s services is one of the key priorities of the programme and has been independently reviewed and endorsed by the Yorkshire and Humber Clinical Senate. The report highlights a number of challenges facing our local service which require further work to establish a sustainable configuration of services across the patch, in order to overcome these challenges now and for the future.

Mr Edwards informed the meeting that part of the paper is to encourage participation from patients, carers and the public in the Working Together Programme and this is critical to the development and shaping of any local changes. This work will be led by Working Together but developed and delivered with the support of CCG engagement and communication experts, lay members and patient and carer voice groups across Mid and South Yorkshire and North Derbyshire.

Mr Edwards informed the meeting that the service change will take place at the end of the next calendar year.

The Governing Body noted and approved the paper.

177/15

Performance Report

a) Finance & Contracting Performance Report (KF)

Mrs Firth informed the meeting that the report provides a headline summary view of the finance and contracting position.

Mrs Firth reported to the meeting that data is now available for Secondary Care and QIPP position up to the end of July but the data is not fully validated. The Rotherham NHS Foundation Trust’s (TRFT) levels of un-coded activity have improved again in month from 17% to 12% on average within which non elective activity still un-coded is down to 18% from 24% last month.

Mrs Firth informed the meeting that the Month 5 Contract Monitoring Report received from the TRFT showed a £0.2m over-performance against plan. We have adjusted expenditure by £1.0m to show a £0.8m underspend as TRFT’s contract monitoring system calculates the income due to them for un-coded activity at an average price. It does not adjust for short stay/same day admissions which are a lower price. All un-coded activity is costed as an emergency admission hence the large adjustment.

Mrs Firth reported to the meeting that if trends continue we expect to see a £0.2m underspend against the TRFT contract. This is lower than the year to date position as we expect specific areas of activity to increase where they are currently under plan for example: day cases.

Mrs Firth reported to the meeting that ongoing price volatility and prescribing decisions particularly in secondary care at £0.5m are a particular risk to outturn, but are being monitored by the team. The year-end forecast has been increased since last month to reflect persistent increasing trends in price and volume data seen on GP prescribing and central drugs lines.

Mrs Firth informed the meeting that the planned in-depth validation of Quarter 2 data by the medicines management team should be available in time for the Governing Body meeting in December and will provide some further more clinical assurance over the forecast.

Mr Edwards informed the meeting that the Systems Reliance Group is also looking at the Prescribing overspend.

Governing Body is to invite Mr Stuart Lakin to the December meeting.

Action: Mrs Whittle

b) Delivery Dashboard (IA)

Mr Atkinson informed the meeting that Key Performance issues have been identified for escalation to the Governing Body and to support the Governing Body in understanding the current performance position additional narrative and graphical representation has been included with the performance report for the first time.

Mr Atkinson informed the meeting that the year to date A&E position as at 25 October 2015 was 93.78%, the Quarter 2 out-turn position was 92.3% and has therefore failed against the 95% target. The Quarter 3 position is 91.7% as at 25 October.

Mr Atkinson reported to the meeting that the CCG continues to work closely with TRFT through contractual mechanisms to seek assurance regarding the action being taken to improve performance and both parties have now agreed an improvement action plan. The expectation is that the Q3 target will be achieved although this will be very challenging.

Mr Atkinson informed the meeting that the System Resilience Group continues to engage in constructive discussions regarding the system wide response to supporting the delivery of A&E performance over the winter period. Assurance is also sort from TRFT regarding performance while the move of A&E into the B1 area takes place.

Mr Atkinson informed the meeting that YAS performance for Rotherham Category Red1 patients was 61.2% in September compared to wider YAS performance of 70.1%, the national target is 75%. Although performance for Rotherham is still below the YAS and national average there continues to be improvement at local level from the July position.

Mr Atkinson informed the meeting that the national target for patients accessing Improving Access to Psychological Therapies (IAPT) services is 65% within 6 weeks. The September position for Rotherham CCG is 25%.

Mr Atkinson reported to the meeting that from a CCG perspective this current

position is both concerning and not acceptable. The CCG is working closely with RDaSH to agree a recovery trajectory. RDaSH have been given additional monies from NHS England to clear the backlog of 1000 patients waiting over 6 weeks to access the service and are currently in the process of identifying additional capacity.

Mr Atkinson informed the meeting that further information re IAPT will be brought back to the December meeting.

The members of the meeting discussed the serious concerns regarding the performance of IAPT despite receiving financial input and affect may be having on patients. Mrs Cassin is to look into this.

Action: Mrs Cassin

Mr Atkinson informed the meeting that all Cancer targets with the exception of '% patients seen within 62 days of referral from screening services were achieved in August. Although performance has returned to the required standard significant focus remains on this indicator to focus on pathway development.

Mr Atkinson informed the meeting that there had been no 52 week wait breaches reported for Rotherham patients in September.

Mr Atkinson reported to the meeting that there had been zero Mixed Sex Accommodation Breaches in September.

The Governing Body noted the report and stated that the inclusion of the extra information and graphs was beneficial.

178/15

Patient Safety & Quality Assurance Report

Mrs Cassin informed the meeting of the main points of the Patient Safety and Quality Assurance Report.

Mrs Cassin reported to the meeting that Mrs Emma Batten, Infection and Prevention Control Nurse had now taken up her post with the CCG.

Mrs Cassin informed the meeting that the data regarding C-Difficile is from the September report as Mrs Cassin completes her report from validated data.

Dr Carlisle informed the meeting that C-Difficile is one of the areas where the figures are increasing.

Mrs Cassin informed the meeting that Mr Jason Punyer, Medicine Management Team is meeting with Mrs Emma Batten regarding C-Difficile and antibiotics.

Mrs Cassin informed the meeting that she had met with Dr Jacob to discuss the delays regarding Serious Incidents (SI) and Never Events (NE)

Mrs Cassin reported to the meeting that Ms Christine Castle had been appointed as the new Safeguarding Chair.

Mrs Cassin informed the meeting that where Female Genital Mutilation (FGM) is identified in NHS Patients, it is now mandatory to record this in the patient's health record and since September 2014 all acute trusts are required to provide a monthly report to the Department of Health on the number of patients who have had FGM or who have a family history of FGM. This information will be anonymous and no personal confidential data will be shared as a result of the information collection.

Mrs Cassin reported to the meeting that Ms Sandy Keen has been appointed the new Independent Chair of the Safeguarding Adult Board

Mrs Cassin informed the meeting that following the raised concerns in August 2014 and following on from numerous meeting between NHS England, CQC and Four Season Health care, concerns were noted and action plans agreed. In September 2015 Four Seasons were able to demonstrate significant improvements in the quality of care. Due to these improvements surveillance will now continue to be monitored more locally. In Rotherham there is one Four Seasons Nursing Home (Layden Court) which has a number of Continuing Health Care and FNC funded clients. At the present time Rotherham Borough Council have noted that improvements continue to be made and the CHC team are to revisit the home in the next week to follow up on the Safe and Well Checks

Mrs Cassin informed the meeting that with regard to Previously Unassessed Periods of Care (PUPoC) this month's figures indicate that the CCG is 7 cases below its agreed trajectory agreed with NHS England. Doncaster CCG the lead commissioner is reviewing the PUPoC process on behalf of Rotherham and a group of other CCG. The CCG has upped the risk and added it to the register.

179/15

Patient Engagement & Experience Report

Mrs Cassin informed the meeting that preparation for the November Engagement Event – The Changing Face of GP Services was underway and invitations have been widely circulated. Booking is going really well for this event which will involve 2 externally facilitated sessions, one evening and one evening session.

Mrs Cassin reported to the meeting that support was being given to developing the Young People's information Card and it will be presented back to young people at their November Voice event.

The meeting discussed the problems of encouraging people to attend PPG events. Dr MacKeown suggested HealthWatch may be able to assist the CCG in recruiting people to attend.

Mr Moss informed the meeting that the CCG are slowly engaging younger people.

180/15

Corporate Assurance Report

Mrs Whittle informed the meeting that the Corporate Assurance Report was the Quarter 2 report 1st July 2015 – 30 September 2015.

Mrs Whittle reported to the meeting that the reviewed Risk Register and Assurance Framework has been fully updated and was presented to the Audit and Quality Assurance Committee in September.

Mrs Whittle informed the meeting that the Risk Register goes to Operational Executive every six months. There have been two new risks added to the register – Re-procurement of APMS contracts and CQC Inspection of Practices and 1 risk has been reduced – Reduction in resources through introduction of Better Care Fund.

Mrs Whittle reported to the meeting that it is two years since the CCG was awarded the Investors in Excellence (IiE). The IiE team have assessed and agreed actions and timescales of what can be delivered by February 2016 to incorporate the re-submission of the IiE application.

Mrs Whittle informed the meeting that internal auditors were requested by the Chair of Audit and Quality Assurance Committee to facilitate a workshop to enable members and attendees to review the effectiveness of the committee and assess benchmarking information available from other CCGs with regards to assurance and risk management and especially the accountability for quality in the governance structure. The recommendations will be presented at December's Governing Body.

Action: Mrs Whittle

Mrs Whittle reported to the meeting that further training around Declarations of Business Interest and Gifts and Hospitality has taken place to all employees of the CCG

Mrs Whittle informed the meeting that the Conflict of Interest Registers and Gifts and Hospitality Register as at 30th September was included within the report and that the Sub-Committee registers are currently being reviewed and will be presented at the December Board meeting.

181/15 Governing Body Actions Log

The Governing Body discussed the actions log and the actions were RAG rated accordingly.

**182/15 Minutes of the Audit & Quality Assurance Committee
17 July 2015**

Mr Barber informed the meeting that the Audit and Quality Assurance Committee are aiming to bring the minutes to the Governing Body quicker.

Mr Barber reported to the meeting that Continuing Health Care, Assurance Framework were discussed at the meeting.

The Governing Body noted the minutes of the meeting.

**183/15 Minutes of the Systems Resilience Group
19 August and 16 September 2015**

The Governing Body noted the minutes of the Systems Resilience Group meetings held on 19 August and 16 September 2015.

184/15 Future Agenda Items

No items discussed

185/15 Urgent Other Business

Dr MacKeown informed the meeting on Dr Jacob's behalf of the following items that were discussed at the GP Members Meeting.

Dr MacKeown informed the meeting that the GP Members had particular concerns around proposals for reducing non elective beds and felt that a proactive approach was needed for the winter period.

Mr Edwards informed the meeting that the bed closures had taken place in April.

Dr MacKeown informed the meeting that there were concerns regarding Breach of Contract re Primary Care follow ups after discharge. There is a need to explore concerns regarding early discharges as patients are being discharged early from the ward and asked to contact their GP, this usually results in a home visit and this is a breach of contract.

Dr Mackeown reported to the meeting that there are concerns about moving work from secondary to primary care will have, including GP recruitment and retention, there will be no capacity for change.

Dr Mackeown informed the meeting that the GP Members had also raised concern regarding the LES and DES for dementia and nursing homes. It was felt that the LES and DES did not take into account GP recruitment and it was recommended more consultation with primary care in future.

Dr Mackeown reported to the meeting that members of the GP Members committee had requested an update on the recruitment processes following changes in Gastroenterology department and are asking if the CCG can be reassured a service can be provided.

Ms Roche informed the meeting that the Public health Consultant Post had gone out to advertisement.

186/15 Issues For Escalation

No Items discussed

187/15 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].

187/15 Date, Time and Venue of Next Meeting

The next Rotherham Clinical Commissioning Group's Governing Body to be held in public is scheduled to commence at 1:00 on **Wednesday 2 December 2015** at Oak House, Moorhead Way, Bramley, Rotherham S66 1YY.