

# NHS ROTHERHAM

Approved by Chair/To be approved by next meeting

Minutes of the NHS Rotherham **Clinical Commissioning Group Governing Body**  
held on

**Wednesday 2 November 2016 at 2.00 pm, Elm Room (G.04) at Oak House,  
Moorhead Way, Bramley, Rotherham S66 1YY**

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**Present:** Dr J Kitlowski (Chair) Dr R Cullen  
Mr I Atkinson Dr J Page  
Mrs S Cassin Dr G Avery  
Mrs K Firth Dr S MacKeown  
Mr J Barber  
Mr P Moss  
Dr R Carlisle

**Participating  
observers:**

**In Attendance:** Ms R Nutbrown, Board Secretary, RCCG  
Mr G Laidlaw, Communications Manager, RCCG  
Mrs M Robinson, Secretariat, RCCG  
Mr G Ratcliffe, Public Health Consultant, RMBC

**Observers:** Mr Gurney, Local Resident/ Pharmaceutical Representative  
Mrs T Kenyon, RCCG  
Miss M Beharall, RCCG

**147/16 Apologies for Absence**  
Cllr Roche, RMBC  
Mr C Edwards, RCCG  
Dr A Darby

**148/16 Declarations of Pecuniary or Non-Pecuniary Interests**

It was acknowledged that, as Primary Care Providers in Rotherham, Drs Kitlowski Cullen, MacKeown, Avery, and Page had an (indirect) interest in most items.

Dr Avery updated his declarations.

Dr Kitlowski carried out the meeting housekeeping.

**149/16 Patient & Public Questions**

There were no Patient and public questions.

**150/16 Patient Story**

Mrs Cassin informed the meeting of May's story, a Patient Participation Group member the patient's name has been changed and consent given for the story to be read out.

Mrs Cassin provided an insight into May's background. Mrs Cassin informed the meeting of May's experience and complications following an operation at TRFT,

Dr Avery suggested to the meeting that Communication Skills could be part of a PLTC event and is an area where everyone can improve on.

Mrs Cassin to feedback to the SCE meeting with regard to including Communication Skills as part of a PLTC event.

**Action: Mrs Cassin**

Mrs Cassin informed the meeting that May feels the issues have now been dealt with and was happy with the assistance received from the CCG and no feedback was required from the CCG.

#### **151/16 Minutes of the Previous Meeting – For Approval**

The minutes from Governing Body held on 5 October 2016 were approved as a true and accurate record of the meeting with the amendment to item 136/16 NHS England Lead Surveillance Group should read NHS England Quality Surveillance Group.

#### **152/16 Chief Officers Report**

Mr Atkinson presented the Chief Officers written update and reported to the meeting that the Remuneration and Terms of Service (RATS) Committee was convened to clarify the procedure for the appointment of a lay member

Recruitment is currently under way due to one of the current lay members nearing the end of tenure.

Mr Atkinson informed the meeting that the meeting had been expecting to review the STP submission and that discussions have been put on hold due to a national level embargo. Mr Edwards has written to members separately regarding this.

The Governing Body members noted the Chief Offices report.

#### **153/16 Rotherham Carers Strategy For Approval**

Ms Nutbrown presented the Rotherham Carers Strategy to the meeting for approval before being submitted for final approval by the Health and Wellbeing Board on 16 November 2016.

Ms Nutbrown informed the meeting that the Carers and Stakeholders have been involved during the consultation process and as part of the Working Group. Dr Kitlowski has agreed to be GP Lead for the document

Mrs Firth informed the meeting of the funding for the project from the Better Care Fund.

Mrs Cassin enquired if the TRFT do not have involvement with the project as the trust logo is missing from the document.

Mr Atkinson informed the meeting that this has been raised with the RMBC and it was an oversight in not engaging TRFT. RMBC are in communication with TRFT to include the trust in the project and the document will be amended prior to the Health and Wellbeing Board.

Dr Carlisle enquired whether the CCG are confident that the right structure is in place for the register and whether GP Practices have up to date registers.

Drs Kitlowski and MacKeown informed the meeting that they both hold incomplete versions of the directory.

Dr Carlisle to agenda at the Primary Care Committee meeting the question of the Primary Care Team to hold a centralised copy of the register.

**Action: Dr Carlisle**

The meeting discussed the CQC requirements for practices to hold a register and the need for a plan to be in place if the carer becomes ill.

The meeting discussed who would oversee the delivery of the strategy and were informed the plan will be overseen by the RMBC.

The meeting accepted the strategy with the caveat that the delivery plan will come to Governing Body in May 2017.

## **154/16 Finance & Contracting Performance Report**

Mrs Firth presented the Finance and Contracting Performance Report to the meeting and gave confirmation that the CCG are on track to give an obligated surplus of 1%.

Mrs Firth reported to the meeting that following the Board to Board meeting with TRFT it had been agreed the CCG and TRFT would carry out audits regarding the activities around overspends on assessments and surgical. CCG Clinicians and Officers from TRFT will carry out the audits. The information from the audits will indicate the baseline figures for the next financial year and provide an insight to the any coding issues.

Mrs Firth informed the meeting that there is positive news on prescribing and the Medicines Management Team is continuing to monitor all schemes and good progress is being evidenced against schemes currently up and running.

Mr Lakin to provide a paper for a future Governing Body Meeting.

**Action: Mr Lakin**

Mrs Firth informed the meeting that there are underspends on Primary Care, Corporate costs and it is assumed that the risk pool in the Better Care Fund is committed to support the increased cost of Non Elective admissions.

Dr Page asked if the Prescribing QIPP schemes which were not yet identified would be found in year. Mrs Firth explained that the schemes are unlikely to be identified at this stage in the year so the £0.2m was factored into the outturn position and will remain on the QIPP table for transparency.

Dr MacKeown asked why Primary Care has underspent and TRFT are overspending and was there enough focus on the community transformation schemes. Mrs Firth said that the Local Enhanced Schemes are not being fully claimed and explained the reasons for this and reported that Community Transformation is a key driver in helping to prevent patients from attending A&E and being admitted to hospital therefore it was within TRFT's interests to continue to focus on this area.

The meeting discussed whether there was sufficient focus on reducing follow-ups. Mrs Firth confirmed that there was an incentive for TRFT included in the contract to reduce follow ups to peer averages and Mr Atkinson confirmed that follow-ups are a standing item at the Clinical Referrals Management Committee.

Mr Barber enquired about the 1% surplus and the 1% drawdown the CCG have to make and whether the £4m is held in the CCG reserves. Mrs Firth informed that the 1% top slice is still in the CCG's reserves as instructed by the Treasury and the CCG are unable to release the money and there is a risk the money is not returned next year.

Mr Atkinson informed the meeting that previously banked surpluses are regularly discussed at the quarterly Assurance Meeting.

Mrs Firth informed the meeting that RCCG are awaiting confirmation of funding

from national capital funds and will update the meeting when confirmation is received.

## **155/16 Delivery Dash Board Report**

Mr Atkinson presented the Delivery Dash Board report to the meeting.

Mr Atkinson reported that A&E has had challenges during October on staffing and bed availability. Discussions are taking place at the A&E Delivery Board around these areas and a joint approach is being taken to help TRFT with Winter Planning.

Mr Atkinson informed the meeting that the newly installed IT System at TRFT is now up and running.

Mr Atkinson reported to the meeting that following the visit to the IAPT Service of the Intensive Support Team for NHS Improvement, the CCG met with RDaSH and NHS England colleagues to discuss the visit. The CCG are looking at implementing a change to the current IAPT model to include self-referral. Support for the model has been received from the SCE GPs and was supported by the GPMC. A full paper will be presented at the next Governing Body meeting.

**Action: Mr Atkinson**

Mr Atkinson explained to the meeting there are problems around Diagnostic Waiting times. Colonoscopy, Flexible Sigmoidoscopy and Gastroscopy are presenting the biggest issues and the CCG is awaiting confirmation from TRFT around the use of outsources. The CCG Contracting Team is in discussions with TRFT.

Mr Atkinson informed the meeting of the Improvement and Assessment Framework, the Priority Clinical Areas and how the CCG will be judged by the NHS England Panels for these areas.

Mr Atkinson will provide more information of the new performance indicators at next month's Confidential Governing Body meeting and reported that clinical indicators will continue to take increased focus and will play a key part of assurance going forward.

**Action: Mr Atkinson**

Mr Ratcliffe explained to the meeting that there is a slight difference in the indicators between the CCG's and Public Health.

Dr Avery enquired if the Dementia indicator has changed following GPs being asked to diagnose Mr Atkinson explained to the meeting how the information is recorded and how the data is achieved.

Dr Page raised a concern regarding 62 day Cancer Waiting Time breaches being a joint pathway between Rotherham and Sheffield and whether the CCG was able to do something to improve this.

Dr Cullen informed the meeting that all the breaches are reviewed and the problem is around the system for contacting patients.

The meeting discussed the clinical departments where most delays were being experienced and the need for a clinical pathway to agree who is responsible for the patient's progression along the pathway.

Mr Atkinson informed the meeting that the figures for the A&E and the new Emergency Centre will be a combined figure following the opening of the centre next year.

**56/16 Quarter 2 Commissioning Plan Performance**

Mr Atkinson presented the Commissioning Plan Performance report Quarter 2 and informed the members of the progress with the delivery of the CCGs Commissioning plan.

Mr Atkinson reported to the meeting that the position in term of milestones and KPIs is positive and has improved from Quarter 1. There are a number of KPIs which are waiting for national data and members can take a level of assurance from these positions.

The Quarter 3 Commissioning Plan Performance report will come to Governing Body in February.

**Action: Mr Atkinson**

**157/16 Stroke Pathway Report**

Mr Blaydon joined the meeting to present the Stroke Pathway Report.

Mr Blaydon informed the meeting that there has been some improvement within the KPIs and the Sentinel Stroke National Audit Programme (SSNAP) Audit report achievement for quarter 4 2015/16 had improved to Level C and TRFT are aiming to achieve level B by quarter 2 by the end of the year.

Mr Blaydon informed the meeting of the review of the Hyper Acute Stoke Unit (HASU) reconfiguration as part of the Working Together Programme. Mr Blaydon reported to the meeting the outstanding issues that need to be addressed if the unit moves.

Mr Blaydon informed the meeting that there is strong evidence that the Rotherham Stroke Service continues to improve and TRFT have targeted investment and introduced new ways of working and these have had a positive outcome for patients.

Dr Page enquired if the plan for the reconfiguration of HASU goes ahead patients will go elsewhere for their initial treatment and return to Rotherham for followup treatment, are the CCG doing any work around improving the red rated indicators for Occupational Therapy and assessments within 72 hours.

Mr Blaydon informed the meeting of the business case that went to TRFT for additional Therapy and Nursing support was to address these issues as the initial peer report criticised the stroke pathway for not having enough Nurse and Therapy support. Once these areas are up to full capacity the indicators should start to improve.

Dr Kitlowski thanked Mr Blaydon for this report and Mr Blaydon left the meeting.

**158/16 Patient Safety and Quality Assurance Report**

Mrs Cassin presented the Patient Safety and Quality Assurance Report to the Governing Body and informed the meeting that there may be a slight difference in the data in the report compared to the data in the Stroke Report. The data in the Stroke Report is showing as on track to achieve

Mrs Cassin informed the meeting that meetings have been arranged with Mrs Chadburn and Mr Henderson-Dunk to look at the collation of data.

Mrs Cassin highlighted the following areas of the report:

- Healthcare Associated Infection
- Serious Incidents and Never Events – Discussions are taking place with Public Health with regard to the development of a process for RDaSH to report Serious Incidents that occur in Public Health commissioned services to the Commissioner. These incidents currently continue to be reported onto Steis and requires liaison with Public Health.
- Child Sexual Exploitation – Investigation Progressing by South Yorkshire Police. The CCG are linked into this work via Mrs Cassin, Deputy Designated Nurse, MASH.
- Looked After Children Health Assessments – Problems are being experienced in achieving time scales for the assessments. Mrs Cassin informed the meeting of the reasons by the timescale for assessments is not being met and the work required in achieving the timescales.
- Delays in Transfer of Care for Adult Mental Health Services and Older People's Mental Health Services
- Learning Disability Mortality Pilot – Mrs Cassin informed the meeting the CCG are fully sighted on the pilot and highlighted appendix 1.
- Deprivation of Liberty Safeguards (DOLS) – Mrs Cassin informed the meeting that some the responsibility for this may return to the CCG from NHS England. Some ambiguity around care for people residing in their own homes and receiving packages of care. The CCG have taken legal advice and had discussions with the providers of care and Local Authority.
- Rotherham Hospice CQC Visit - Mrs Cassin reported that there are some areas requiring improvement, some of these areas have already been addressed and an action plan is in place.

Dr Kitlowski informed the meeting that at the SCE meeting Dr Brynes had raised the question of why the CCG has not received the CQC Hospice report through the usual process.

Mrs Cassin to ask Mr Parkes why the report has not been received via the usual process.

**Action: Mrs Cassin**

The meeting discussed the Learning Disability Mortality Pilot and Mrs Cassin informed the meeting that Ms Newton was the link for RMBC.

The Governing Body noted the report.

#### **159/16 Patient Engagement and Experience Report**

Mrs Cassin presented the Patient Engagement and Experience Report to the meeting and highlighted the following:-

- Patient Story – To be followed up with regard to outcome.
- Friends and Family – TRFT have a high response rate to the test. Responses received by GP practices is variable across Rotherham.
- The preparation for formal consultation around the Working Together Programme.

Dr Carlisle informed the meeting that with regard to the Patients Story it was hoped that YAS would learn from the concerns and provide feedback.

The Governing Body noted the report.

#### **160/16 Terms of Reference Reviews**

Ms Nutbrown presented the Terms of Reference Reviews paper and informed the

meeting that the reviews have been undertaken to ensure the terms of reference are fit for purpose and up to date. The Patient Participation meeting is not included as this is not due for review until May 2017. The terms of reference have been to the relevant committees and have come to Governing Body for ratification.

Dr Kitlowski informed the meeting of the amendment to the GPMC Terms of Reference, one Practice Manager instead of two.

Dr Avery informed the meeting that following the resignation of a Practice Manager from the GPMC meeting Mrs Cassin was to become a member of the meeting to give Practice Nurse input and Mrs Cassin will work remotely with a practice nurse to gain this input.

The meeting approved the Terms of Reference.

#### **161/16 Corporate Assurance Report – Quarter 2**

Ms Nutbrown presented the Corporate Assurance Report and informed the meeting that the Risk Registrar is ongoing work and will come back to Governing Body when it has been updated.

The report contains the Freedom of Information reports for Quarter 1 and Quarter 2. The Human Resources Report will be included in the Quarter 3 report.

The meeting approved the report.

#### **162/16 Policies**

##### **NHS Rotherham CCG Safeguarding Children Supervision Policy**

Mrs Cassin informed the meeting that the policy is a new policy and is required due to the Children's CHC team joining the CCG. The CCG is able to provide evidence and assurance that safeguarding children supervision is robust and complies with the expectations of NHS England.

The policy has followed the appropriate Governance route and Mr Barber confirmed the policy has been approved at AQuA.

The meeting approved the policy.

#### **163/16 Children and Young People's Continuing Care Policy**

Mrs Cassin presented the revised Children and Young People's Continuing Care Policy. The policy has been revised following the revised Children's and Young Persons Continuing Care (2016) Framework.

This policy takes account of the new integrated approach to the commissioning of services for children and young people with special educational need or disability introduced by the Children and Families Act (2014) and there is a much greater emphasis on Personal Health Budgets.

Mr Barber informed the meeting the policy was approved by AQuA.

Member of the Governing Body approved the policy.

#### **164/16 Policy Governance**

Ms Nutbrown presented the paper and informed the meeting that the policy provides assurance around policies. A number of policies have been reviewed following this policy.

The meeting approved the policy.

**165/16 Clinical Thresholds Policy**

Mr Atkinson presented the policy to the meeting and informed that the policy contained a slight amendment to the narrative from the policy presented at the previous Governing Body meeting.

The Governing Body members approved the policy.

**166/16 Specialist Plastic Surgery Policy**

Mrs Firth presented the policy to the meeting and informed that there were two key changes to the policy 1) BMI Thresholds and 2) Sizes.

The members of the meeting approved the policy.

Dr Kitlowski enquired around the number of referrals that were received and Mrs Firth informed that the CCG receives a yearly report.

A summary of the report is to be included in the Chief Officers Report for December.

**Action: Mrs Firth**

**167/16 Health and Safety Policy**

Ms Nutbrown presented the policy to the meeting and informed that the policy is reviewed annually and that there are only minor changes e.g. name changes and the removal of the CSU from the policy.

The meeting noted the name changes and approved the policy

**168/16 Health and Safety Organisation Risk Assessment**

Ms Nutbrown presented the risk assessment to the meeting and informed the meeting that there were only name changes to the risk assessment. The risk assessment will be updated throughout the year as the action plan is completed.

The meeting approved the risk assessment.

**169/16 Governing Body Actions Log**

The action log was reviewed and will be updated accordingly.

**170/16 Minutes of the GP Members Committee**

Dr Avery informed the meeting that at the meeting held on 26 October 2016 members had received an overview of the strategic and local context and priority areas to be included in the contract held with TRFT and were informed that this will be a 2 year plan for 2017/18 & 2018/19 for the contract, tariff, CQUIN and Quality Premium. In line with the planning guidance the CCG is required to sign contracts by the 23 December 2016.

Dr Avery reported that the meeting had discussed the CCG forward view and the pilot scheme for setting up GP hubs for weekend out of hours.

Dr Mackeown informed members that the GPMC had agreed for Practice manager representatives to attend PLTC events.



The meeting noted the minutes.

**171/16 Minutes of the Rotherham A&E Delivery Board (Rotherham System Resilience Group) 14 September 2016**

The Governing Body members noted the minutes of the Rotherham A&E Delivery Board for information.

**171/16 For Information Only**

No items discussed.

**172/16 Future Agenda Items**

No items discussed.

**173/16 Urgent Other Business**

No items discussed.

**174/16 Issues to alert the Governing Body**

No items discussed.

**175/16 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].

**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 7 December 2016 at Oak House**