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Dr Julie Kitlowski, Chair
Chris Edwards, Chief Officer
Rotherham CCG

Dear Julie and Chris

Thank you to you and your CCG colleagues for meeting with us on 09 December 2013 for your quarter 2 assurance framework checkpoint meeting. I apologise for the delay in writing to summarise our discussion.

As part of the quarterly assurance process a balanced scorecard was produced. This included a number of metrics which CCGs are assessed against. We worked through the issues of particular challenge identified by the balanced scorecard:-

Quality Compliance
You mentioned that you have developed a strong relationship with Monitor in relation to oversight of performance of The Rotherham Hospital FT (TRFT). You explained that following the quarter 2 A&E performance level, a letter was sent by Monitor to TRFT identifying the expectation that immediate action be taken to ensure an improvement is made against the 4 hour waiting standard. You stated that the CCG continues to be fully engaged with TRFT to address the issues and that positive relationships with the trust are in place. There have however been a number of changes within the Board and Executive team at TRFT which has meant the establishment of new relationships.

As previously identified the trust are required to submit a 5 year financial rectification plan/options appraisal to Monitor by December.

C-Difficile
Following a c-difficile outbreak during quarter 2 you explained that it is likely that the annual trajectory will be exceeded. You stated that during the outbreak the TRFT chief nurse took immediate control to identify actions and contain the outbreak, and the trust worked closely with the CCG and Public Health England to develop an action plan.

Discussions in relation to c-difficile continue to take place in the contract / quality review meetings.

Never Events
You explained that there was a never event in quarter 2 in relation to wrong site surgery. Correct surgery was undertaken and a discussion was held with the patient and patient safety team. In addition information was circulated to all theatre staff and surgical teams regarding compliance with Trust procedures.

A&E – 4 Hour Target
You stated that the 4 hour year to date performance level was below the 95% target but that it is hoped, based on current performance, the trust will achieve the year to date 95% standard by the end of December. Quarter 3 performance is currently achieving 95% and it is likely that the measure will be achieved by quarter end. Monitor is currently undertaking a resilience test with The Rotherham Hospital FT to review the recovery period following poor performance in the A&E department.

A number of actions have been implemented which are contributing to the increased performance levels. A discharge lounge has been established which is helping patient flow, a smaller scale walk in centre has opened, this is in addition to the main walk in centre. There is also a senior management presence in A&E along with chief nurse visits.

The delivery of the A&E standard is the number 1 priority for the trust following the receipt of the Monitor letter.

You stated that the possibility of opening surge beds and utilising the GP based in A&E could potentially further help the delivery of the standard.

You mentioned that a meeting with ECIST had been arranged to discuss the possibility of an ECIST review at the trust prior to Christmas.

The trust remains focussed on delivering the A&E measure in quarter 4 to ensure that the CQUIN is achieved. We discussed the issue of annual versus quarterly targets, and the fact that it would be useful to have a consistent approach to monitoring. We agreed to raise this with NHS England colleagues.

Friends and Family Test
This measure looks at the combined response rate for the inpatient and A&E surveys, it was noted that the 15% target was achieved in quarter 2 but remains below the target year to date. We agreed that the figures have improved considerably during quarter 2, with Rotherham being the first trust in South Yorkshire and Bassetlaw to achieve the 15% response rate in the A&E survey.

The improvement in the response rate is as a result of the implementation of the token system in A&E. You also mentioned that it has been publicised that patients can take part in the survey in other ways and not just by using the token system.

Ambulance Response Times
You mentioned that the ambulance response times by Yorkshire Ambulance Service are of concern for Rotherham CCG. Yorkshire Ambulance Service has attended the CCG Governing Body to discuss the underperformance and they have also developed an action plan, of which the CCG has requested further assurance. You also stated that a contract query has also been raised through the lead commissioner.

Finance
We discussed the underlying finance position of The Rotherham Hospital FT and Rotherham, Doncaster and South Humber FT.

In relation to The Rotherham Hospital FT you mentioned that the trust has notified the CCG of the 2014/15 efficiency savings it is required to make and that work is taking place to identify programmes to achieve this. It was also reported that the trust has requested further support from the CCG to deliver transformational change, this is linked to the

Monitor rectification plan. The Trust is developing business cases and these will be reviewed by the CCG before a decision is reached.

In relation to Rotherham, Doncaster and South Humber FT you stated that you are not aware of any financial sustainability issues and that you are looking to maintain the current contracting arrangements. It was identified that the trust has shared with the CCG a copy of their QIPP plans for discussion. You mentioned that the effect of payment by results is currently unknown but that discussions are taking place with other commissioners.

We discussed the relationship between the CCG and Rotherham, Doncaster and South Humber FT, you mentioned that recent discussions between the lead GPs and Consultants have been positive and there has recently been a Board to Board discussion.

You suggested that due to the multiple commissioners of the CAMHS service, a number of concerns have been identified. It is hoped that the 8 point action plan that has been developed as a result of discussions will address these concerns. We agreed to share a copy of the development programme which is being developed nationally for Mental Health commissioners with the CCG.

We agreed that Steve Hackett and Chris Edwards needed to convene a meeting to review processes for transition between tiers of service.

- **Collaborative Commissioning**

Primary Care Quality and Development
The 360°survey for NHS England, which was published last week, shows that further work is required in relation to primary care co commissioning and that this is a common issue nationally. We agreed that we would be happy to commence some initial discussions with the CCG to explore how we can more effectively co-commission, harnessing any flexibilities available to us. You stated that you would be happy to have a discussion with NHS England in relation to delegated responsibility of commissioning of primary care, should this be possible.

It was felt that a priority is to secure an adequate workforce for primary care, this is linked to the joint strategy work. We agreed to work with you to provide support and advice to GPs to address workforce issues.

We agreed to further communicate NHS England contact details with primary care contractors, one possible communication source could be through the CCG newsletter.

EPRR Assurance Arrangements
We advised that the 2013/14 EPRR assurance process has been published. This process requires Category one responders to undertake a self-assessment against EPRR core standards. Following this assessment it is expected that a statement of compliance and any improvement plan be taken to trust boards in November / December and forwarded to the Area Team Local Health Resilience Partnership (LHRP) co-chair and relevant CCG by 31 December 2013. All statements of compliance will then be reviewed by the LHRP on 28 January 2014.

You mentioned that you have been in discussion with the other South Yorkshire and Bassetlaw CCGs to discuss emergency responsiveness and business continuity planning. You have considered best practice plans and are now adopting these plans as Category 2 responders.

Commissioning Support Unit Arrangements
You explained that you are not expecting any substantive changes for 2014/15, the communications function is being brought back in to the CCG. It was identified that the commissioning support unit has been slow in identifying the costs for 2014/15.

It was recognised that there may be changes in the commissioning support unit arrangements in the future. The CCG agreed to notify NHS England if any changes are identified.

Personal Health Budgets
In relation to the state of readiness to implement the personal health budgets, you mentioned that you were a pilot site and as such have identified a caseload of 40 patients. You stated that you are implementing the learning from the pilot and you are linking in with the Local Authority as they implemented personal health budgets in 2008 and as such have got established governance arrangements in place.

We discussed a number of concerns regarding the implementation of the personal health budgets and it was agreed that further clarity was required.

Direct Commissioning Assurance
We explained that we have recently undertaken a direct commissioning baseline self-assessment and a review against a nationally developed indicator dataset. Following this review we have participated in a direct commissioning assurance meeting with NHS England regional colleagues, the output of which is expected imminently. We agreed to share with the CCG once received.

You mentioned that you are having difficulty in obtaining shingles vaccines, which we agreed to follow up and respond directly to you.

CAMHS tier 4 provision was discussed. We explained that it is recognised nationally that there is insufficient bed capacity in tier 4 provision and that a national review was underway, which would be followed by a procurement exercise in 2014. We agreed to update on this in due course. We agreed to have a discussion in relation to a recently identified CAMHS tier 4 issue to ensure a resolution is agreed.

You explained that the CCG currently funds £40k for research alliance across Rotherham and you have agreed to continue to fund this in 2014/15 but you feel this is an NHS England responsibility. You agreed to formally write to us outlining details.

Quality Premium
You mentioned that you are still experiencing difficulties in obtaining data in 2013/14 for one of the locally developed quality premium metrics. However, it was noted that you have implemented all of the actions identified in your commissioning plan relating to this measure.

In relation to the dementia measure it was identified that the information by GP practice is only available on an annual basis.

- **Other CCG Successes**

Commissioning Plan
You stated that you are on track with the delivery of your commissioning plan for 2013/14 and that you expect to achieve almost all of your metrics by the end of the year. The

engagement of GPs and clinical engagement with consultants was identified as a significant factor in contributing to this success.

You mentioned that you are currently in the process of developing your two year operational plan which you stated would be shared with stakeholders.

Medicines Management
Specific projects relating to continence, dietetics and wound care have been developed. You identified that the work you have undertaken is innovative and has won awards, savings have been realised and patient opinion is positive.

Further work is taking place to consider the formulary, training and where the funding sits.

The medicines management work is linked to the clinical referrals management and engagement with GPs.

Urgent Care
You explained that you are in year 3 of your 5 year urgent care programme. We suggested that it would be useful to ensure that the recently published urgent care review is aligned to Rotherham's plans.

You mentioned that the public consultation has now ended and the development of an urgent care centre which is due to be established by April 2015 will be the long term urgent care solution for Rotherham.

A&E consultants, GPs and Out of Hours services are all in agreement with the proposed process and it is expected that benefits will be realised from April 2015.

It was agreed that consideration would be required in relation to the transition of performance during 2014/15.

Investors in Excellence
You mentioned that you are working to obtain Investors in Excellence accreditation from May 2014, you will be the first CCG to obtain this accreditation. The Investors in Excellence programme focusses on engagement with stakeholders ensuring that there is a common understanding of the corporate priorities of the CCG.

The programme will be aligned to the planning process and we mutually agreed that wherever possible the programme should be aligned to the national assurance framework process. We agreed to share with the CCG the timetable when the 360° survey results would be made available.

CCG Constitution
You explained that the CCG constitution requires a vote of confidence of the management team to be undertaken by the CCG membership. You stated that you have received a 100% confident response.

- **Next Steps**

We mentioned that as part of the assurance framework process we are required to complete a CCG action plan and update the balanced scorecard. It was agreed that we would share this information with you prior to submission to the regional team.

A regional moderation panel would then be convened mid December to discuss the plans before national consideration. The recommendation is that CCGs will publish their balanced scorecard and supporting narrative on their websites after the 20 January.

We will continue to work together in the future to address the challenges identified.

In the meantime, I thank you and your team again. It is clear that the CCG has made good progress and is doing some innovative work. You are aware of the key risks facing your CCG and are actively undertaking work to address these. The added value of a CCG and its clinical leadership and engagement is transparent in all that you are doing.

Yours sincerely

Eleri De Gilbert
Director (South Yorkshire and Bassetlaw)