

Minutes of the NHS Rotherham Clinical Commissioning Group

Public Governing Body Meeting

Wednesday, 9th January 2019 at 1.00pm

ELM Room, G.04 Oak House, Bramley

Quorum

Governing Body has 13 voting members including 1 Lay member and 1 GP Members Committee Member or nominated representative, the Accountable officer or nominated representative and the Chief Financial Officer or nominated representative.

Quorum is 7 members

Present:

Dr R Cullen	GP & Chair, RCCG
Mr C Edwards	Chief Officer, RCCG
Mr I Atkinson	Deputy Chief Officer, RCCG
Mrs W Allott	Chief Finance Officer, RCCG
Dr S Mackeown	GPMC Representative, RCCG
Dr G Avery	GPMC Representative, RCCG
Mr J Barber	Lay Member, RCCG
Dr J Page	Lead GP, Finance and Governance, RCCG
Mrs S Cassin	Chief Nurse, RCCG
Dr R Carlisle	Lay Member, RCCG
Dr D Clitherow	Independent GP member
Mrs D Twell	Lay Member, RCCG

In Attendance:

Mrs R Nutbrown	Assistant Chief Officer, RCCG
Alison Hague	Corporate Services Manager, Minute Taker, RCCG

Members of the Public:

Mr K Dolan	Rotherham 'Save Our NHS'
Mr S Henley	Rotherham 'Save Our NHS'
Mrs S Hartley	Contracting & Service Improvement Manager (Primary Care), RCCG

001/19 Apologies

Apologies were received from Dr D'Costa and Dr Leigh-Hunt.

002/19 Quorum

The Chair confirmed the meeting was quorate.

003/19 Declarations of Interest

The Chair reminded members of their obligations to declare any interest they may have on any issues arising at meetings which might conflict with the business of the NHS Rotherham Clinical Commissioning Group.

Declarations declared by members are listed in the CCG's register of interests. The register is available on the CCG website at the following link:

http://www.rotherhamccg.nhs.uk/about-us/declaration-of-business-interests_2.htm

It was acknowledged that, as Primary Care Providers in Rotherham, Dr's Cullen, Mackeown, Avery, Clitherow and Page had an (indirect) interest in most items.

All GPs present at the meeting declared a direct interest in the Teledermatology service but this was managed as the item was on the agenda for information and no decisions were required. .

004/19 Patient Feedback Story

Mrs Nutbrown introduced a video that was shown to the Governing Body titled Community Achievement Award 2018, Volunteer of the Year Lawrence Sanderson. Highlighting the work of the Mental Health Social Prescribing Service.

005/19 Patient and Public Questions

There were no patient and public questions submitted.

006/19 Draft minutes of the Governing Body Meeting dated 5th December 2018 and the matters arising

The Minutes from the Governing Body meeting held on 5th December 2018 were approved as a true record of proceedings.

Dr Mackeown name to be amended in the minutes.

007/19 December Action Log

Members reviewed the action log and noted progress. The log will be

updated to reflect discussions and will be circulated with the minutes.

008/18 Chief Officer Report

Mr Edwards presented the report and highlighted the following:

NHSE Gateway Letter: CCG Administration Resources

Mr Edwards informed members that in November we received a letter from NHS England, setting out the expectation on CCG's to deliver a targeted reduction of our administration costs limit of 20% by 2020/21. Mr Edwards will bring a paper to a future meeting setting out the approach.

Social Prescribing Service – Procurement Update

Mr Edwards informed Governing Body that the contract for the provision of social prescribing was tendered in line with OJEU requirements as the current contract could not be extended any further. The PIN was advertised in September and following procurement process the preferred service provider is Voluntary Action Rotherham. The contract is for 3 years with a possible 2 year extension.

Dr Avery asked how many providers put in a bid. Mrs Nutbrown informed the committee that there were two bids but only one bid met the procurement specification.

Mr Barber informed members that the procurement process was discussed at AQUA on the 8th January 2019 and AQUA felt that it demonstrated the procurement process was followed thoroughly.

Mr Edwards asked Governing Body to ratify the contract award to Voluntary Action Rotherham. Governing Body ratified the contract award to Voluntary Action Rotherham.

Update from the Data Protection Officer

Mr Edwards informed members that as noted in the December Chief Officer Report our Data Protection Officer is Barry Jackson and he has provided an update for Governing Body Information.

EU Exit update – Letters from Department of Health and Social Care

Mr Edwards reported that as part of the Governments ongoing preparations for a March 2019 'no deal' Brexit scenario, we have received copies of three letters sent from the Rt Hon Matt Hancock MP, Secretary of State for Health and Social Care to industry (pharmaceutical companies, suppliers of medical devices and clinical consumables), updating as to the current progress made and updates as to the Government planning assumptions.

Further to this, in late December we received an update from Sir Chris Wormald the Permanent Secretary, informing NHS organisations of the set-up of a national Operational Response Centre. This will lead on responding to any disruption to the delivery of health and care services in England that may be caused or affected by EU Exit. The Operational Response Centre will co-ordinate EU Exit related information flows and reporting across the health and care system. We have also been given the EU Exit Operational Readiness Guidance for the health and care system.

As a result of the current lack of detail on the terms, and the resultant impact, of the withdrawal of the UK from the EU, there is a potential for increased risk to the business continuity provision of the NHS during, and after, the EU exit transition period.

Work has commenced to identify the impacts which may affect the NHS, in order that arrangements may be put in place to prepare for the consequences of differing scenarios (including a no deal outcome).

NHS Rotherham CCG has set up a dedicated email address for communications around EU Exit and has identified lead officers which are Mr Edwards, Chief Officer, Mrs Nutbrown, Assistant Chief Officer, Mrs George, Strategy and Delivery Lead, ICS. We have also started to undertake business continuity planning.

Mr Edwards informed members that the key risk for the CCG is around the supply of pharmaceuticals. Our Lead GP for Medicines Management will communicate to practices and advise when drugs are not available. Mr Edwards said that he would flag risks as they occur. Mr Edwards assured Governing Body that EU Exit was a priority for Operational Executive and Strategic Clinical Executive and would remain on their weekly agenda.

SYB ICS Chief Executive's Monthly Update and Performance Scorecard

Mr Edwards informed members that as promised last month here is the latest update from Sir Andrew Cash on the ICS. Mr Edwards pointed out that the SYB system performance is good.

NHSI/NHSE Letter 2019/20 Planning

Mr Edwards reported that he had received a letter setting out the required content of the submission to be made on the 14th January as "a regional checkpoint to assess progress against the demand, capacity and efficiency set out in the planning letter" from last summer. Mr Edwards further reported that the technical guidance is yet to be released.

Letter from Ian Dalton NHSI re Support for Winter

Mr Edwards reported that early December a letter was received from NHSI Chief Executive, Ian Dalton thanking the CCG for our winter preparations and outlining his support to NHS Organisations over winter with difficult decisions. Mr Edwards further reported that all partners were engaged in

the winter planning and performance is better than winter last year to date.

Teledermatology Service

Mr Edwards informed the committee that the CCG are proceeding with procuring a teledermatology service in the new calendar year. A number of CCGs in South Yorkshire and Bassetlaw have already introduced teledermatology to reduce pressure on stretched dermatology secondary care services. Practices will continue to refer suspected cancer on the 2ww pathway but as the conversion is very low, for those lesions they are not considering to be cancer, they will also have equipment to enable an image to be uploaded via the clinical system to a provider for specialist review with a report turnaround of 2 days. This system has significantly reduced referrals in other CCGs and enabled limited dermatology capacity to be utilised for treatment.

All GPs present at the meeting had declared a direct interest in the Teledermatology service but stayed in the meeting as this was only on the agenda for information and no decision was required.

Communications Update

Mr Edwards presented the communication update and highlighted the following:-

- News of the successful 'Trailblazer bid' to provide additional mental health support in schools was recently reported by the Rotherham Advertiser as part of their class into Action campaign. Got £1.7m over 2 years. Good news for MH in schools.
- A comprehensive winter communications campaign is currently taking place, with activity increased throughout December in the run up to Christmas. Social media, promotional materials, health wellbeing feature in the Rotherham Advertiser and advertising have been key elements of the campaign.
- Communications materials were launched, with Connected Healthcare Rotherham, in December to promote the Primary Care Extended Access being provided at hubs across Rotherham in the evenings and at weekends. This has been shared with Rotherham partners, including the chamber of commerce and fire service, aimed at local people who are unable to visit their GP practice during the week due to work commitments.

Governing Body Development Session

Mr Edwards informed members that there will be a Governing Body development session from 11:00 to 12:30 prior to the Governing Body meeting on the 6th February 2019. The session is titled "19/20 Business Rules and Allocations" and EU exit.

009/19 Finance and Contracting Performance

Mrs Allott presented the report and provided an update on the financial and contracting performance position as at 30th November 2018 also referred to as Month 8.

Mrs Allott asked members to note:

- NHS Rotherham CCG is reporting a balanced in-year position.
- NHS Rotherham CCG is also forecasting to achieve all financial obligations at year end against a revised allocation adjusted last month by £2m in respect of the CCG involvement in the national incentive scheme.

Mrs Allott also said as previously reported, whilst being managed within the overall financial position significant adverse variances to plan have emerged in year in relation to:

- Mental Health and Learning Disabilities Placements (Specialist Placements) and;
- Continuing Health Care.

Mrs Allott reported that forecast outturns have been adjusted in response to the most recent trends being seen. NHS Rotherham CCG has commissioned a piece of external consultancy work to review process in these areas.

Mrs Allott highlighted that risks to the forecast are highlighted at Section 13.

Mrs Allott asked members to note the reported position and the commentary to support the Operating Cost Statement.

The Governing Body noted the report.

010/19 QIPP Performance

Mrs Allott presented the QIPP Performance report and informed members of the progress against achieving the CCG's Quality, Innovation, Prevention and Productivity schemes.

Mrs Allott went onto say that financial and operational RAG rating are indicated against individual schemes however, overall II QIPP schemes are forecast to over deliver by £1.6m in year.

Governing Body noted the report.

011/19 Delivery Dashboard

Mr Atkinson presented the latest position and highlighted action being taken to address the challenges:

- Urgent and emergency care is now a single streaming service at The Rotherham Foundation Trust (TRFT). The December position to date has seen deterioration in performance from November. Performance in December to date (as at 30th December) is 84.7%. Performance in November was 88.8%. This represents underperformance against the 95% standard and the Sustainable Transformation Fund (STF) trajectory. The challenges on performance are linked to workforce within the department, which remain challenging and flow through the hospital with an increased number of patients delayed from discharge during this reporting period. The CCG continue to work closely with partners through the A&E delivery board to realise improvement. Local comparison to other Trusts in South Yorkshire can be seen below. England performance in November was 87.6%. Mr Atkinson also reported that there had been a spike in ambulance attendance 100 ambulances attended TRFT over Christmas period. The Winter Plan is fully operational.

Mrs Twell asked if there was any intelligence on why the ambulance attendance had spiked. Mr Atkinson informed members that there were only 3 out of area journeys the number of calls received had increased that week.

- The 18 week wait position for the service as at end November was 100%. Performance is consistently meeting the 95% standard for 18 weeks. Mr Atkinson asked members to note this section has not been updated since the December report.
- The national standard is 3.5% of total occupied bed days taken up by delayed transfers of care. The Rotherham Foundation Trust are currently meeting that standard at 3.3% in October. This is deterioration from September when performance was 2.5%.
- The national target for patients accessing IAPT services is 75% within 6 weeks and 95% within 18 weeks. The 6 week wait position for Rotherham CCG as at end November was 92.7%. This is above the standard of 75%. October performance was 92.2%. The IAPT position has been performing well for a number of months. Self-referral into the service is now established and contributing to this position.
- In October the 62 day GP referral to treatment target did not meet the national standard of 85%, with performance at 77.9% for Rotherham CCG. 62 day performance deteriorated at the Rotherham Foundation Trust with performance at 86.0% for September and 81.3% in October. TRFT achieved the 62 day performance target for Q2 at 85.4%, which is in line with the agreed recovery plan between the CCG and TRFT. Continued focus remains in areas relating to pathways associated with lower GI, urology and on earlier

diagnostics. The RCCG reported position of 77.9% is also being impacted by the number of breaches reported by Sheffield Teaching Hospitals NHS Foundation Trust. The 31 day standard was not achieved in October, with performance at 93.5% against the standard of 96%. The two week wait cancer standard was achieved in October with performance of 94.5% against the 93% standard. The two week wait standard for breast symptoms was however not achieved with performance at 89.3% against the 93% standard. All of the breaches for the breast symptoms standard were at Rotherham Hospital Foundation Trust. The 31 day wait standard for Surgery subsequent treatments and the 62 standard following screening were not achieved in October. The subsequent Surgery standard was affected by capacity issues at Sheffield Teaching Hospitals Foundation Trust. The screening standard was affected by breaches following breast screening at Rotherham Hospital Foundation Trust. Both related to small numbers of breaches.

Dr Avery asked if there was any reason the performance on appropriate antibiotic prescribing in primary care had fallen.

Governing Body noted the report.

012/19 Quarter 3 Finance Self-Assessment

Mrs Allott presented the Q3 financial control planning and governance self-assessment return report and informed members that the Financial Control, Planning and Governance Self-Assessment template has been designed with the Financial and Resilience Working Group (FRWG). Its basis was the Financial Control Environment Assessment template that CCGs were first asked to populate in 2015. The purpose of the template is to provide 'early warning signs' of CCGs in financial distress and to provide assurance that there are adequately designed and effective financial controls and governance processes in place to manage risk. The self-assessment is designed to consider the overall control environment and covers financial control, planning and governance.

Due to the timing of this relatively new reporting requirement, deadlines for submitting the Q1 and Q2 returns were extremely tight. The Q3 return is again being presented early to ensure wide engagement and ownership within the CCG.

Mr Barber informed members that AQUA committee had discussed this report at its meeting on the 8th January 2019 and said that AQUA felt the CCG should be asking NHSE for feedback to provide assurance to AQUA committee that the self-assessment provides the appropriate assurance.

Governing Body noted the proposed assessment ratings and that NHSE DCO's will determine the frequency by which they require each CCG to complete the template in future.

013/19 Patient Safety and Quality Assurance Report

Mrs Cassin presented the report highlighting the following:

- C Difficile figures remain below trajectory for both TRFT and the CCG, a testimonial to the work across the system. Mrs Cassin reported that the figures in this month's report are provisional due to the timing of pulling the information together over the festive period.
- The safeguarding agenda includes work on "missing appointments matter" for both children and vulnerable adults, encouraging a critical evaluation of missed appointments and more appropriate follow ups and referrals.
- The multi-agency commitment to improve achievement across initial and review health assessments for Looked After Children (LAC) continues. The LAC Council has engaged with the process and made suggestions about timings and locations of clinics.
- Between beginning of May and end November 2018 the Continuing Healthcare Service (CHC) received 724 referrals, 183 of which required a full DST assessment. The conversion rate of approximately 25% is slightly higher than the national average.
- Of the 30 GP practices across Rotherham, 27 have been rated as "Good" by the CQC, 4 of these have improved from "Requires Improvement". One Rotherham GP practice has a rating of "Outstanding".
- Scrutiny of the A&E 4 hour target continues with exception reporting to NHS England. Monthly performance hovers around 88.7% for October and November, with a year to date position of 87.8%. Mrs Cassin reported that there are only a small number of 12 hour wait breaches. No harm was evident from the long wait in A&E.

Dr Page asked for clarity about the third party option in regards to MRSA. Mrs Cassin said the number of cases assigned to the CCG area is assigned dependent on where the patient is registered with a GP and in certain circumstances this could previously be assigned as third party where there was evidence that the patient was outside the area at the time of identifying MRSA or if no evidence of healthcare involvement, this option has now been removed.

Dr Avery said that the CQC assessment of GP practices is a testament to the work practices are undertaking.

Mrs Twell asked how we compare with other CCGs on the CQC assessments of GP practices. Mrs Cassin said there is no benchmarking report available but we are aware of how our neighbouring CCGs are performing.

Governing Body congratulated GP Practices for the work undertaken to achieve improved CQC ratings.

Governing Body noted the content and assurances provided in the

report.

014/18 Patient Engagement and Public Experience Report

Mrs Cassin presented the report and highlighted the following:

- A selection of stories and comments from a variety of sources over the last couple of months show how services look from the point of view of the patient.
- FFT data shows a positive picture. Overall TRFT received 3398 ratings in October generating over 2000 positive comments.
- Regional comparator figures for A&E department shows lowest response rate amongst Trusts. The Trust is monitoring this at a meeting on a monthly basis and the CCG attend the meeting.
- Community mental health survey 2018 is not flagging any areas for concern.

Dr Avery asked if the community nursing positive score of 100% has been passed back to the service. Mrs Cassin confirmed that TRFT have regular meetings about FFT and all departments are actively engaged in the process.

Governing Body noted content of the report.

015/19 Fire Safety Inspection

Mrs Nutbrown presented the report and informed the committee that a safety inspection of the CCG demised area within the ground floor office at Oak House had been undertaken. Mrs Nutbrown further stated that NHS Rotherham CCG will be sharing the ground floor office space with NHS Property Services Ltd and 360 Assurance. There are a total of twelve desks which will be predominantly used as 'hot desks' by the Continuing Health Care Nursing Team.

Governing Body noted the report

016/19 Rotherham Place Board Minutes November 7 2018

Mr Edwards shared the minutes for information.

Members received and noted the minutes.

017/19 A&E Delivery Board Minutes November 7 2018

Mr Edwards shared the minutes for information.

Members received and noted the minutes.

018/19 Primary Care Committee November 21 2018

Dr Carlisle shared the minutes for information.

Members received and noted the minutes.

019/19 Future Agenda Items

Child Criminal Exploitation paper will be brought to Governing Body by Mrs Cassin

020/19 Urgent Other Business

NHS Long Term Plan had been published.

021/19 Urgent Issues and Escalation

022/19 Risks Raised

EU Exit – risk had been reviewed and an ongoing review will be carried out by Mr Edwards and Mrs Nutbrown.

023/19 The CCG Governing Body considered the following resolution:

“That representatives of the press and other members of the public be excluded from the remainder of this meeting due 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, and agreed to exclude members of the public to the rest of the meeting.

Date and time of Next Meeting

The next **Public Governing Body** meeting will take place at **1.00pm** on **Wednesday February 6 2019** at Oak House, Bramley, Rotherham