NHS
Rotherham
Clinical Commissioning Group

MINUTES OF ROTHERHAM CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING

Wednesday 6th December 2017 AT 1.00pm

Elm Room G.04 at Oak House, Moorhead Way, Bramley, Rotherham S66 1YY

Present:
Dr R Cullen, GP, Chair SCE RCCG
Mr C Edwards, Chief Officer, RCCG
Mr I Atkinson, Deputy Chief Officer, RCCG
Mrs S Cassin, Chief Nurse, RCCG
Mrs K Henderson, Lay Member RCCG
Dr G Avery, GPMC Representative, RCCG
Dr S MacKeown, GPMC Representative, RCCG
Dr R Carlisle, Lay Member, RCCG
Dr D Clitherow, Independent GP, RCCG
Dr J Page GP Lead, Finance and Governance, RCCG
Mr J Barber, Lay Member, RCCG
Mrs K Firth, Deputy Chief Finance Officer, RCCG

Participating Observers:

In Attendance:
Mrs R Nutbrown, Board Secretary, RCCG
Mr G Laidlaw, Communications Manager, RCCG
Ms A Hague, Corporate Services Manager RCCG (Taking Notes)
Mr A Clayton, Head of IT, RCCG

Observers:
Mr A Garner, Admin Apprentice, RCCG

Apologies
Mr G Radcliffe, Public Health Consultant, RMBC
Mrs W Allott, Chief Finance Officer, RCCG
Councillor Roche, RMBC Representative

No.	Item	Action:
01/17	**Declarations of Pecuniary or Non-Pecuniary and Conflicts of Interests** It was acknowledged that, as Primary Care Providers in Rotherham, Drs Cullen, Avery, MacKeown, Page and Clitherow had an (indirect) interest in most items. <u>In Meeting Declaration</u> Mrs Firth declared that she was a Non-Executive Director at Barnsley Hospital NHS FT.	

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02/17 Patient & Public Questions

There were no patient and public questions.

03/17 Draft Minutes of the Governing Body meeting held 1st November 2017

The Minutes from the Governing Body held on 1st November 2017 were approved as a true record of proceedings.

04/17 Governing Body Actions Log

Members reviewed the log and noted progress. The log will be updated to reflect discussions and will be circulated with the minutes.

05/17 Chief Officers Report

Mr Edwards presented the Chief Officer report and highlighted the following:

CCG Assessment against the new Patient and Community Engagement Indicator

Mr Edwards informed members that we have been assessed by NHS England (NHSE) for the patient and community engagement indicator in the 2017/18 CCG Integrated Assessment Framework (IAF). We were assessed over 5 domains 2 of which we scored "outstanding" in with the remaining 3 scoring "good". Our overall score was 12 out of a possible 15 which gave us a Green RAG (Red/Amber/Green) rating. The commentary received was "In the main a good example of what can be produced, lacked in the areas of accessibility/evidence of work with seldom heard groups".

Mr Edwards went on to say that this was an excellent achievement and the Patient and Public Engagement Committee would be looking at the feedback.

Hospital Services Review

Mr Edwards reported that the Hospital Services Review has completed stage 1a and identified a final shortlist of five services which required reviewing to ensure they were sustainable..

Mr Edwards said the report lays out the process for agreeing which services the Hospital Services Review should focus on, and the shortlisted services. The report has been agreed by the Review Steering Group, Joint Committee of CCGs, Provider Federation, South Yorkshire & Bassetlaw Collaborative Partnership Board and Oversight and Assurance Group.

The top five services that the Review will focus on are:

Service	Scope in Clinical Groups Encompasses
Urgent and Emergency Care	Front door hospital services such as A&E or equivalent, plus Medical Assessment Units
Maternity	Antenatal and perinatal services (including in relevant community settings), Early Pregnancy Assessment Clinics, Obstetric, Midwifery led units and Neonatal Units
Care of the Acutely Ill Child	Paediatric A&E; Paediatric Assessment Units and Acute Inpatient Paediatric beds

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Gastroenterology and Endoscopy	Urgent and Emergency and Elective Gastroenterology, particularly around GI bleed services and the structure of acute rotas; and U&E and elective Endoscopy. Children's GI bleeds will be considered in this work stream.
Stroke	This takes into account the HASU proposals which have been defined by the Stroke Review and as such the Review will look at Acute Stroke Units, supported discharge / and rehabilitation

Mr Edwards went on to say that during October and November the Hospital Services Review team convened a series of Clinical Working Groups, to help to develop the recommendations of the Review.

Health Service Journal (HSJ) Awards

Mr Edwards reported that our nationally recognised Mental Health Social Prescribing Service received highly commended status in the Supported Self Care category at the HSJ Awards 2017 ceremony held on Wednesday 22nd November. This commendation recognises the excellent work of staff at Voluntary Action Rotherham (VAR), Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) and the CCG in providing a real alternative to medication for mental health patients.

Emergency Preparedness, Resilience and Response (EPRR) Cascade Test

Mr Edwards informed members that in line with NHS England Emergency Preparedness, Resilience and Response Framework (EPRR) the CCG has a requirement to "exercise" its EPRR arrangements.

These exercises are to test the ability of the organisation to contact key staff and other NHS and partner organisations, 24/7. They should include testing telephone, email, paging and other communications methods in use. The communications exercise should be conducted both during the in-hours period and the out-of-hours period on a rotational basis and should be unannounced.

Our latest cascade test took place on the 8th November with a phone call from our partner organisation at 17:10 hrs. Whilst final completion of the test was logged at 23:06 hrs predominantly the cascade was completed within 30 minutes of initiation.

Communications Update

- Information for patients on the best use of antibiotics was recently published in the Rotherham Advertiser, with advice from Dr Avanthi Gunasekera, to coincide with Antibiotics Awareness Day.
- Messages contained within the article were linked to Public Health England's national 'Keep Antibiotics Working' campaign.
- The second phase of the winter communications campaign has now commenced, encouraging local people to use our busy health services appropriately over the winter period. Activity will increase in the run up to the festive period at the end of December with a focus on self-care and using pharmacies where appropriate.

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The Governing Body noted the contents of the report.

06/17 Rotherham Health Care Record

Mr Clayton presented the report and informed members that Governing Body received a presentation updating on the development of the Rotherham Health Record at the meeting on 4th October 2017. During the presentation it was advised that a significant piece of work was in progress to document a Privacy Impact Assessment and to draft an Information Sharing Agreement to support the wider use of the system. It was agreed that the completed documents would be returned to the Governing Body for their agreement.

Mr Clayton also said that the Privacy Impact Assessment and Information Sharing Agreement has been shared with partners and is currently proceeding through their governance structure. Work has also commenced on the engagement and communications campaign supporting this.

Mr Edwards asked if we have this model and opt out of sharing the record is chosen how do patients get assurance that their record will not be viewable.

Mr Clayton informed members that the record will be locked and will state patient opted out.

Mr Carlisle asked once the information sharing record is operational how will this be audited and how often will it be audited.

Mr Clayton explained that each organisation will have a Privacy Officer who will conduct audits of access to records. An audit schedule will be put in place but there will also be ad hoc audits. The audits will be reported to the RCCG Interoperability Group.

Mrs Henderson asked if feedback had been received on how user friendly the system is.

Mr Clayton said that Mr Laidlaw has a full communications action plan for when the record goes live.

Dr Page asked if safeguarding will be put in to prevent the record being changed.

Dr Cullen said that the patient record is primary care owned.

The Governing Body endorsed the Rotherham Health Record Privacy Impact Assessment and Information Sharing Agreement.

07/17 Hyper Acute Stroke Services Update

Mr Edwards presented the paper and informed members that the purpose of the paper was to inform Governing Body on the decision made by the Joint Committee of Clinical Commissioning Groups in public on Wednesday 15th November 2017 to approve the decision making business case for the reconfiguration of hyper acute stroke care. Also to approve the proposed changes to deliver the new model of hyper acute stroke care across the South Yorkshire and Bassetlaw Accountable Care System, and by approving the business case Clinical Commissioning Groups agreed to fund the proposed new model through additional investment in tariff and best

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practice tariff to secure improved outcomes for patients.

The Governing Body noted the update.

08/17 Performance Reports

a) Finance & Contacting Performance Report:

Mrs Firth presented the report and informed Governing Body that we are forecasting that the CCG will achieve its financial plan.

Mrs Firth also said that NHS Rotherham CCG has been notified of a revenue resource allocation of £399.0m for operational purposes at month 7. The CCG, during the month, received three resource allocation adjustments totalling £0.05m (set out below), with one reduction of £0.025m relating to a further IR adjustment that had been taken off of the CCG earlier on in the financial year.

NHS England requires CCGs to report a control total. The figures which are recognised for 2017-18 are set out in the table below comprising of: the £9.5m non-recurrent fund relating to the return of previous years' surpluses (pre-CCG), drawdown of £1.2m 'returned' from this £9.5m, the 1% surplus figure which all CCG's are obligated to achieve, and the 1% 'national risk reserve' which the CCG released in 2016-17.

Mrs firth also said that following guidance from NHSE in October, it is likely that the CCG will be instructed to contribute an additional £1.8m (being the 0.5% risk reserve held in the CCG's central budgets as per the 2017/18 business rules) which will be reported as a surplus to the control total.

Mrs Firth said there is access to month 6 flex data from The Rotherham Foundation Trust (TRFT). This indicates a £0.1m under-performance year to date. However, TRFT's data includes a significant level of uncoded activity (5598 spells) for month 6 flex, which creates issues with both assessing and valuing the likely chargeable activity at the freeze date. TRFT's system calculates income due for un-coded activity based on a single HRG by allocating it to the HRG with the highest activity in the previous month.

Mrs Firth further reported that A&E attendances are down against plan and against last year's activity. There is a block contract agreement for all emergency activity; this is therefore adjusted back to plan.

Mrs Firth went on to say assessments and emergency admissions are £0.6m over plan which has been adjusted back to plan in line with the block contract agreement. The year on year activity increase has significantly decreased this month from 10% in August to 4.2% in September (the 4.2% is predominantly Paediatric activity). TRFT colleagues have reviewed the position on emergency assessments and admissions and identified that following the implementation of the new A&E IT system there had been an unintended consequence of changes in activity recording. RCCG has now received the analysis which indicates that there are emergency admissions that should have been recorded as assessments therefore an adjustment has been made to give a revised position.

Mrs Firth continued outpatient first attendances are slightly up against plan and 3.5% up against last year. This appears to be in Ophthalmology and

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Dermatology but the overall year on year increase is in line with the growth included in the contract.

Outpatient follow-up attendances are £0.7m up against plan; a £0.5m reduction on the contract adjustment line has been made for the specialties that are above the contracted ratios. The remaining over-performance is in several specialties.

Mrs Firth further explained that Day Case and Elective activity is still under plan in Urology despite the adjustment being made for the activity that is now being recorded under outpatient procedures. By adjusting for the under-performance in Urology, the over-performance against plan is £0.7m. In the main this relates to General Surgery, T&O and General Medicine. Month 6 reporting on clinical thresholds is showing a reduction, but not the reduction contracted for, particularly hip and knee.

Clinical Thresholds are showing a reduction in all areas but not the reductions that were expected at this point, particularly in gallstones, hip and knee replacement and inguinal hernias in adults. This is consistent with the over performance at TRFT and other contracts.

Mrs Firth informed members that the main RDaSH contract is a block contract and generally will not show any variance. Separate to the block contract is a budget to fund Section 117 placements, which is currently overspending with a forecast overspend of £0.1m.

Clinical plans are in place to review and assess patients to ensure that the most appropriate packages are commissioned. Financial forecasts are made on the basis of current clinical expectation regarding the intensity and length of placements.

Mrs Firth went on to say that there is limited prescribing data (5 months) to work with at this stage in the year so forecasting an accurate year end position is challenging. Early indications suggest that whilst most QIPP schemes are well progressed, national shortages in specific items is contributing to increased costs throughout the year and leading to some pharmacies experiencing considerable supply challenges at the moment.

Mrs Firth also said there are significant risks emerging in 2017/18. There are an increasing number of “No Cheaper Stock Alternative” drugs (NCSOs) and this is currently estimated as a pressure of £1.6m in 2017/18. The forecast outturn position accounts for this prudently but the extent to which the full pressure is recognised in national monitoring data is less clear and a risk to the prescribing envelope.

Mrs Firth reminded members that it was reported in November, all CCGs are in receipt of a letter from Paul Baumann setting out intentions for managing the savings from Category M drugs on a national scale. There is new guidance on how this will be accounted for and assumptions have been adjusted for prudently in the forecast outturn.

The position to date and forecast outturn are reflective of the updated version of the Broadcare CHC system which has now been completed. There have also been high increases in costs this month and a consequent increase in the forecast outturn due to six new Learning Disability Clients and two new Mental Health Clients.

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Mrs Firth said that practice related elements of the GP primary care allocation delegated to the CCG from NHSE have been combined with the £3.2m of CCG funds to create a total allocation of £38m which the Primary Care Committee will oversee.

Over the last 2 years, the CCG has worked with GP Practices to agree Local Enhanced Schemes (LES) capable of reinvesting Primary Medical Services (PMS) funds back into Rotherham GP Practices, for delivery of agreed outputs. The underspend at month 7 and full year forecast is largely attributable to a combination of the reinvestment LES and the CCG's more mature schemes - particularly the case management LES.

Dr Avery asked if there was a different way of communicating to practices on what drugs were in stock.

Mrs Firth agreed to take back to the medicines management team for action. **Mrs Firth**

Mr Barber asked how NHS England is dealing with the issue of deficits.

Mrs Firth said that the Accountable Care System (ACS) will be asked to sort this.

Mr Atkinson also said that the SY&B CCGs position will also need to take into account the provider position.

Mrs Firth agreed to look at the overall SY&B financial position and report back to Governing Body. **Mrs Firth**

Governing Body noted the report.

b) <u>QIPP Performance Report</u>

Mr Atkinson presented the report and informed members that Clinical Thresholds for all providers are on track operationally but financially red year to date because they are not achieving and amber at year end as the estimate is that these will deliver from September to March but will not pull back the year to date under-achievement, so there will be an under-achievement at year-end of approximately £0.6m.

Mr Atkinson also said Care Home prescribing remains an opportunity, but current Medicines Management Team manpower resources are a limiting factor.

Mr Atkinson also reported that review of CHC cases against the framework for both Adults and Children, these decisions are facing increased challenge from partner agencies with some being sent to independent agencies for scrutiny, so far all decisions by the CHC service have been upheld. Change in practice has commenced and is working effectively from an operational perspective. Joint reviews of high cost placements with the Local Authority for children have been completed. Adults have been agreed in principle for joint reviews to take place however this has not commenced at present therefore is amber. Personal Health Budget development continues and is a rolling programme over the next 2 years therefore is amber. A number of exceptional financial items are contained within the overall CHC budget line

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and are considered to be partially masking the underlying achievement of QIPP schemes. Some schemes are rated amber financially to reflect this.

The Governing Body noted the report.

c) Delivery Dashboards

Mr Atkinson presented the report and highlighted:

- The summary page is good at present and is showing a strong position.
- 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 w/c 22th November 2017 was 93.6%. This is above the standard of 75%. October performance was 97.7%. The IAPT position has seen steady improvement over the last few months, and is now performing well. Self-referral into the service is now established and contributing to this improvement.
- RTT Incomplete Pathways continue to meet the 92% national standard in October with performance at 95.4%. Further details of specialty level performance can be found in the “focus on” section of the report. The CCG continues to see strong Referral to Treatment performance in most specialties. The risk of failing the RTT standard in the next 6 months has been calculated nationally for Rotherham FT at 6.5%, which is the 9th lowest risk nationally.
- In September the 62 day GP referral to treatment target met the national standard of 85%, with performance at 89.1%. Breaches of the standard were due to a number of reasons but most related to some form of pathway delay. There were only 6 breaches of the standard in September, 5 were patients transferred from Rotherham FT to Sheffield Teaching FT. The 31 day standard was failed in September, with performance at 95.0% against the standard of 96%. This is the first month since April this year that this standard has not been met. The two week wait standard was met in September with performance of 96.7% against the 93% standard. This is an improvement on the August position of 93.2%.The two week wait for breast symptoms standard was not met in September however with performance of 88.5% against the 93% standard. This was mostly due to patient choice but was impacted by a clinic cancellation at RFT. This was the result of an administrative error. Both patients affected were seen within 48 hours on the cancellation and further issues are not anticipated. The 62 day screening standard was also not met in September. This was due to one breach where the treatment plan was changed. All other cancer standards were met in September.
- Performance in October of 0.9% met the <1% standard. There were no breaches for RCCG patients at RFT. The Sheffield Teaching Hospitals Echocardiography service is reporting high numbers of breaches for RCCG patients. 22 breaches were reported in October, an increase from the 19 in September. Across SY&B there is a constructive dialogue currently taking place to develop sustainable Echocardiography provision; this is being led by the Accountable Care System Elective and Diagnostic work stream.
- The national standard is 3.5% of total occupied bed days taken up by delayed transfers of care. The published data shows Rotherham FT above that standard at 4.1% (September). For the previous two months performance has been at 5.0% (Aug-17) and 4.9% (Jul-17).

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The unpublished but validated position for October at TRFT indicates DTOCs are now at 1.8%, which meets the standard and evidences the significant work undertaken by partners, supported by funding via the Improved Better Care fund in this area of provision.

- The new Urgent and Emergency Care Centre has been live since the 06th July. The WIC also closed on this date. Urgent and emergency care is now a single streaming service at TRFT. The position remains challenged with performance in November to date (as at 19th November) at 82.6% .This is a decrease in performance from October, where were 85.5% was achieved. This remains an underperformance against the STF trajectory of 91.7%.Bedding in of the new model of care within the department and workforce challenges continue to present as the main factors in delivering sustainable performance, with additional challenges arising during the weekend period. Two new A&E consultants have commenced in the department during October and November which has improved seven day coverage of consultant rotas in the UECC, however there remains challenge on middle grade rotas and doctor cover overnight. GP streaming continues to have a positive impact on performance, streaming on average 30-35% of patients routinely. The CCG continue to work closely with partners through the A&E delivery board to realise improvement.

Governing Body noted the report

c) Q2 Commissioning Performance Plan

Mr Atkinson presented the report and informed the Governing Body that the performance framework for the Commissioning Plan was developed so that the CCG could assess its progress against key priorities and on its implementation of the plan.

Mr Atkinson gave an overview in terms of the 46 KPI's and the milestones. Overall there are approximately 30% of KPIs on track compared to 39% in Q1, however there is a higher number of KPIs still awaiting national data so the comparison is not robust. The position for red KPIs has improved from Q1.

Dr Avery asked if practices have an issue regarding prescribing can they contact Medicines Management Team.

Mr Atkinson said that we need to take a view on where the medicines management resource is spent. Mr Atkinson agreed to take back and clarify and report back to GPMC. **Mr Atkinson**

The Governing Body noted the report.

09/17 Quality & Patient Engagement

a) Patient Safety & Quality Assurance Report

Mrs Cassin presented the report and highlighted the following:

- C-Difficile numbers for both RCCG and TRFT continue to remain under trajectory as do the number of E Coli cases, with both also showing a reduction against 2016/17 numbers.
- While TRFT are currently reviewing Trust mortality data, relating to

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acute myocardial infarction emergency admissions, the detail of this review has not yet been shared with the CCG; this will be followed up via the contract quality meetings held with the Trust.

- Serious Incident reports from TRFT are now flowing through the system with a total of 26 incidents progressing to closure and 1 delog since the last report.
- Ofsted have undertaken a 4 week inspection of services for children in need of help and protection, children looked after and care leavers. Health colleagues have participated in the inspection with a feedback session having been held for RMBC senior staff on 30th November. No report is yet available.
- NHSE have increased scrutiny of Continuing Healthcare (CHC) activity nationally, particularly the number of Decision Support Tools (DST) completed in an acute setting and compliance with the 28 day process from referral to eligibility decision. NHS Rotherham CCG is below expected trajectory for undertaking DSTs in an acute setting and has submitted an action plan to support improving achievement of the 28 day process with Q2 already showing significant improvement.
- A&E performance at TRFT continues to present challenges with under achievement against the target and pockets of poor performance identified. A summit held by the Trust reviewed all data and focussed strongly on clinical quality. A recovery plan has been agreed and submitted to NHSE, this concentrates mainly on Delayed Transfers of Care (DToC) and acute hospital pathways. The increased scrutiny as the winter period progresses has oversight by the A&E Delivery Board, the weekly Operational Delivery meetings and weekly telephone conferences.
- The TRFT Urgent and Emergency Care Centre were officially opened by HRH The Duke of Kent on 2nd October 2017.

Mr Edwards asked in terms of the winter plan and infections are you assured we have got appropriate plans in place.

Mrs Cassin said that we are not seeing infections at the present time.

The Governing Body noted the report.

b) Patient Engagement & Experience Report

Mrs Cassin presented the report and highlighted:

- Governing Body asked the Patient Engagement Manager to report on the Urgent Emergency Care Centre feedback. Feedback is coming through in small numbers, there is negative feedback around the waiting times.

- At the PPG meeting there was a lot of interest from attendees about the wider network regarding the sustainable hospital services review.

Dr Avery said that it was useful to look at A&E feedback some of it is around expectations of the service and we need to look at how we manage this.

Mr Carlisle asked what happens to the feedback on Urgent and Emergency

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Care Centre.

Mrs Cassin informed members that the feedback forms part of an action plan with TRFT.

The Governing Body noted the report.

10/17 Corporate

a) Policies

Ms Nutbrown presented the following policies for reviewing by Governing Body members.

- Acceptable Standards of Behaviour Policy
- Employment Break Policy
- Secondment Policy
- Gender Reassignment Policy
- Health & Safety Policy
- Information Governance Policy
- Information Security Policy – new policy

Governing Body approved the policies.

b) CCG Workforce Report Q2

Mrs Nutbrown presented the Q2 workforce data report and said these are provided to the Governing Body on a quarterly basis.

The Governing Body noted the Q2 workforce data report.

c) Equality and Diversity Annual Report

This paper was withdrawn and would be presented to the January 2018 Governing Body.

d) Governance

- Internal Governance Review Terms of Reference
- Serious Incident Group Terms of Reference
- Remuneration Commissioning Group Terms of Reference
- Operational Executive Group Terms of Reference
- Organisational Development Plan
- General Data Protection Regulation Action Plan

Governing Body approved the Terms of Reference, Organisational Development Plan and General Data Protection Regulation Action Plan.

MINUTES FROM OTHER MEEITNGS

11/17 Minutes of the Engagement & Communications Committee – No Meeting held

There was no meeting held.

12/17 Minutes of the GP Members Committee no meeting held in October 2017

No.	Item	Action:

Received and noted for information.

13/17 Minutes of the A&E Delivery Board October 2017

Received and noted for information.

14/17 Minutes of the South Yorkshire and Bassetlaw Accountable Care System Collaborative Partnership Board meeting held October 2017.

Received and noted for information.

15/17 Minutes Joint Committee of Clinical Commissioning Groups – September 2017

Received and noted for information

16/17 Minutes Primary Care Committee – October 2017

Received and noted for information.

17/17 Future Agenda Items

None

18/17 Glossary

Standing agenda item. No new updates to note.

19/17 Urgent Other Business

There was no other business discussed

20/17 Issues to alert the Governing Body (or other Committees of the Governing Body) about plus alterations to risk register

No issues for escalation.

21/17 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].

22/17 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 **1.00pm on Wednesday 3rd January 2017** in Elm Room, at Oak House, Moorhead Way, Rotherham S66 1YY.

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