

Minutes of the NHS Rotherham Clinical Commissioning Group

Public Governing Body Meeting

Wednesday, 5 February 2020 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
Mrs S Cassin	Chief Nurse, RCCG
Dr G Avery	GPMC Representative, RCCG
Mr J Barber	Lay Member, RCCG -Vice Chair
Mrs D Twell	Lay Member, RCCG
Dr S Mackeown	GPMC Representative, RCCG
Dr J Page	Lead GP, Finance and Governance, RCCG
Dr D Clitherow	Independent GP
Mrs J Wheatley	Lay Member, RCCG
Dr R D'Costa	Secondary Care Doctor, RCCG

In Attendance:

Mrs R Nutbrown	Assistant Chief Officer, RCCG
Ms Lindsey Hill	Minute Taker, RCCG

Participating Observers:

Ms G Brenner for one agenda item	Consultant in Public Health, RMBC
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Apologies

Councillor D Roche

Chair of Health & Wellbeing Board, RMBC

Members of the Public

Mr R Brereton

Pfizer Ltd

032/20 Quorum

The Chair confirmed the meeting as quorate

033/20 Declarations of Conflicts of Interest and Pecuniary or non-Pecuniary 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 (RCCG).

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

No declarations were made.

034/20 Patient & Public Questions

None submitted

035/20 Draft minutes of the Public Governing Body Meeting dated 8 January 2020

The draft minutes of the Governing Body meeting dated 8 January 2020 were agreed as a true and accurate record.

036/20 GOVERNING BODY ACTION LOG

Members reviewed the action log and noted progress.

057/19 - completed

291/19 - ongoing/March

321/19 - completed

323/19 - ongoing

330/19 - completed

330/19 - completed

345/19 - March agenda

008/20 - March agenda

010/20 - completed

011/20 - ongoing

014/20 - ongoing

017/20 - completed

022/20 - completed

037/20 Joint Strategic Needs Assessment (JSNA) Summary Presentation

Ms Brenner gave a demonstration of the newly reformatted Rotherham Joint Strategic Needs Assessment (JSNA), which will be hosted via a new Rotherham Data Hub website at www.rotherham.gov.uk/data. Ms Brenner added that the website is currently under development but is expected to go live from 20th February.

Ms Brenner informed members that the focus of the JSNA was to bring local intelligence together, to provide information on health, population/behaviours, community assets, local environment, housing, transport and socio-economics. This information identifies local areas by ward, health behaviours and indicators i.e. breast feeding and culture/leisure indicators.

The JSNA will be an on-going project with the opportunity to develop and refresh new data sources as they become available.

Dr McKeown asked if the information could be illustrated by practice/ Primary Care Networks (PCN's)?

Ms Brenner responded that current data is collated by borough adding that the geographical nature of PCN's/populations is easy to collate but difficult to illustrate. Further review is required to look at 'best fit' i.e. postcodes, healthcare data through practice records, which can be included in the development plan.

Mr Edwards suggested that we look at how many different ways data can be 'cut', so that PCN Directors could advise which method would give the best information. Alternatively, each ward could be allocated to a PCN.

Mrs Brenner stated that this level could be achieved quickly, adding that the JSNA update will also be presented to GP Members Committee (GPMC) on 26 February 2020.

Dr D'Costa asked what the source of the data is i.e. cycling?

Ms Brenner responded that the data source is from census information, active live national surveys by Public Health England (PHE), direct service data on adult and child care, and hospital admissions, adding a caveat that the best data source available at the time had been used.

Dr D'Costa also asked where obesity data was sourced?

Ms Brenner responded that it was collated from primary care (PC) records.

Governing Body members thanked Ms Brenner for her informative presentation and noted the details of the JSNA as presented.

038/20 CHIEF OFFICER REPORT

Mr Edwards gave an update on national and local developments highlighting the following:

Letter from NHSE/I re: Better Care Fund 2019/20 - A letter was received in January confirming our Better Care Fund (BCF) plan has been classified as 'Approved', and therefore the CCG BCF funding can now be formally released.

Rotherham Quarter 3 Place Review - A letter from Sir Andrew Cash was received following the Quarter 3 Place review meeting held in December. The following areas were discussed:

- Urgent and Emergency Care
- Referral to Treatment
- Cancer
- Financial Position
- Care Quality Commissioning
- Partnership Strategy and PCNs

Sir Andrew commented he was hugely encouraged to hear how services have been developing for the people of Rotherham.

Extension of Listening Service (Amparo) for those affected by suicide - Rotherham CCG has, for the last 9 months commissioned Amparo Listening support service, offered to individuals affected by suicide. Rotherham CCG intends to award a further contract for a period of 12 months to allow a full evaluation of this provision and inform our future commissioning arrangements.

Mr Atkinson added that findings may take 12/18 months to collate across the wider footprint to provide further feedback to members.

South Yorkshire & Bassetlaw Integrated Care System CEO Report -

Mr Edwards shared the December CEO Report from Sir Andrew Cash to the Health Executive Group (HEG), SY&B ICS which includes updates on:

- ICS Leaders Update
- Health Oversight and Health Executive Group
- NHS Long Term Plan
- The performance scorecard for Oct and Nov 2019

Communications Update

- A quote was provided by Dr Jason Page, to Rother FM who covered a story on Rotherham's cervical screening rates and how we are encouraging more uptake of the screening as part of their coverage of

Cervical Cancer Prevention Week (20th to 26th January).

- The 'Be the One' campaign and the Rotherham health app continue to receive positive coverage in the local media. Personal stories from local people have been key features of the stories.
- Mental health support for victims of Child Exploitation (CSE) in Rotherham was featured in the Rotherham Advertiser covering one person's current experience of life after CSE. A response was provided by health services included information on the Trauma Resilience Service and support groups available in Rotherham.

Governing Body members noted the report.

Rotherham Integrated Health and Social Care Place Plan 2020-22

Mr Atkinson informed members that the previous version 2.1 was discussed at the confidential meeting in December 2019.

Mr Atkinson went on to give an overview of the final draft of the place plan, highlighting the following areas:

- Achievements
- Public and patient views
- Challenges and key changes
- Children and Young People priorities
- Mental Health, learning disability and neurodevelopmental care
- Urgent and community care
- Enabling groups
- Prevention
- Delivery structure and the approval process.

Link: [Rotherham Integrated Health & Social Care Place Plan 2020-22](#)

Dr Avery queried page 16, noting thirty practices on the plan rather than the current twenty nine practices. Mr Atkinson responded that any non-material changes can be amended.

A discussion took place highlighting outdoor space and funding options to deliver any improvements identified, workforce risks relating to GP working hours/mid-career changes, retirement and future recruitment.

Dr MacKeown questioned if we are effectively promoting Rotherham as an attractive place to work.

Mr Atkinson added that a Place approach is required to attract staff at local level in addition to the requirement of an NHS response to workforce issues.

Governing Body members approved the final draft of the Integrated Health and Social Care Place Plan (version 3.0).

041/20 Finance & Contracting Report

Mrs Allott shared the report to provide an update to members on the financial and contracting performance position as at 31 December 2019, also referred to as month nine.

In summary:

- cash is being well managed
- invoices are being paid in good time
- overall we are meeting all business rules, reporting a balanced year to date and Forecast Outturn (FCOT) position.

The most significant adverse variances to plan remain as previously reported as follows:

- overtrading on acute services outside of Rotherham, most notably those with non NHS providers (predominantly in trauma and orthopaedic and spinal surgery).
- Prescribing data based on seven months of actual prescribing meant assessment of FCOT has been downgraded. This picture triangulates with available cost growth data indicating the CCG benchmarking competitively compared to peer groups, and to Quality, Innovation, Prevention and Productivity (QIPP) performance data impacting cost and volume schemes.

Mrs Allott added that the in-year position is continuing to be successfully managed, supported by the non-recurrent drawdown monies received in-year.

Governing Body members discussed and noted the content of the report.

042/20 QIPP Performance

Mrs Allott shared the paper to inform members of the progress against achievement of the CCG's 2019/20 QIPP plans for the month nine year to date and forecast outturn position. There are no major changes to report and the report narrative has been updated to give a view of both financial and operational delivery of schemes.

Mrs Allott informed members that in financial terms, £12.5m QIPP is required in total, the year to date delivery is £540k behind the amount originally expected with a Forecast Outturn around £230k behind plan.

The main causes of adverse variance remain, as previously highlighted, in the areas of Medicines Management (MM) and Continuing Health Care (CHC).

The issues in MM are broadly due to delayed traction on a small number of schemes (out of the total schemes being put in place), but the situation will recover into 2020-21.

CHC issues are around an Integrated Care System (ICS) scheme which has not gained much traction due to delays across Place partners, which are currently being worked through.

Dr Avery questioned the slow CHC traction due to ICS.

Mrs Cassin responded that it is an 'at scale scheme' which has had very slow movement across the whole ICS footprint, but that work is on-going to deliver an achievable scheme on a place based footprint working together with partners.

Governing Body members noted the position to date, the forecast outturn and the narrative to support the performance of the schemes.

043/20 Delivery Dashboard

Mr Atkinson shared the report for information reflecting a steady position overall, highlighting the following:

Accident and Emergency (A&E) - throughout January, there has been a reduction in number of attendances at A&E, where previously, patient numbers were 300/310 daily, (average of 100 per day), this has reduced to 250/270 daily (average of 60 patients per day). Those admitted have had increased complexity and longer hospital stays, which has increased Delayed Transfer of Care (DTC) figures. This is a different position than seen in previous years as total numbers have decreased, but complexity in care has meant longer hospital stays. This may have an impact on contract dialogue negotiation for the coming year.

Recruitment to Time and Target - has continued to drop below required standard, due to a slight underperformance from Rotherham Foundation Trust (TRFT). Elective care was cancelled due to Christmas pressures, but ongoing discussions to rectify this are taking place.

18 Week Wait - the Sheffield Teaching Hospital (STH) waiting list is growing which has had an impact on Rotherham patients

Improving Access to Psychological Therapies (IAPT) - remains positive for six and eighteen week time to treatment waits, but challenges remain on the Cognitive Behaviour Therapy (CBT) pathway. The Eiso Digital Health service starts this week which should help to reduce CBT wait times.

Cancer Performance - remains challenged across the system, but there is now an extra level of scrutiny on the length of stay and DTOC areas across the system.

Dr Avery questioned reduction in UECC and TRFT numbers through the Christmas period.

Mr Atkinson responded that the narrative is based on numbers reported in previous winters, where 370 patients came through TRFT on four days in January. This narrative may have converted to 100 admissions, therefore the system dialogue asks for narrative from primary care. Mr Atkinson added that clinically, the number of complexity scores of five and above, is higher than in any other winter period.

The focus is on how to improve the flow of complex discharge involving more care/reablement care to free the system up. Although the winter plan had the same level of winter beds as last winter with 25 extra beds available, complex cases have slowed flow through.

Dr Avery gave feedback from the federation that the Primary care stream has started in the UECC but there has been a very slow pick up.

Mr Atkinson responded that colleagues are currently analyzing current and previous data, including availability of the extended access hub within the UECC in the last two weeks, to look at pathways and minor/major streams. The findings will be reported back to members.

Mr Atkinson added that demand has changed and the focus is now on the 'back end' of the pathway this year.

Dr Clitherow added that Same Day Emergency Care (SDEC) also requires improvement and suggested a senior clinician should take the lead to drive it forward.

Governing Body members noted the content of the report

QUALITY AND PATIENT ENGAGEMENT

044/20 Patient Safety & Quality Assurance Report

Mrs Cassin shared the report to provide an update to members highlighting the following:

Clostridium Difficile Infections (CDI) - remains challenged. Recent PHE discussion confirmed that the target has been set as a result of good practice last year.

Measles/TB/Legionella/Norovirus and Flu - further updates on previously reported information. Mrs Cassin advised that two cases of Coronavirus

have been reported nationally, adding that returns have been submitted to NHSE/I relating to GP Practice requirements and information is being shared with GP Practices.

There is a requirement for A&E departments to identify a room for isolation. This is being put in place this week at TRFT, following NHSE/I guidelines which will be closely monitored by the CCG Infection Control Nurse.

Serious Incidents (SI) - details of reported Serious Incidents and Never Events (NE).

Safeguarding across Rotherham - details of information shared with GP's practices across Rotherham.

Looked After Children (LAC) - information on a seven minute briefing on LAC developed by the Safeguarding Team applied at high level across Rotherham.

Royal College of General Practitioners (RCGP) - details of information circulated to veterans, families and GP's.

Joint Working for LAC - current details of joint working across Rotherham for LAC.

Missing Episodes - updated information collated by Health Multi Agency Safeguarding Hub (MASH) received during December 2019.

DTOC - information on a small number of vulnerable and complex patients.

Continuing Health Care (CHC) - assessments converted to referrals screened-in for full assessment has fallen to below 50%. The National Framework is being followed to improve this.

Quality Premiums - continued achievement for both elements of the Quality Premium for CHC including assessments undertaken in acute care in exceptional circumstances.

Personal Health Budgets (PHB) and Social Prescribing - information on whole time and current activity for 2019/20.

Care Quality Commission (CQC) Inspections - an overview on primary care and CQC inspections, and details on contract quality monitoring across the trust. Some updates are not available as key meetings have not yet taken place. A full update will be provided in March 2020.

Dr Avery commented that it is important to recognise the work taking place in Primary Care to achieve the ratings on page 16.

Mrs Cassin added that there is a good support structure in place with good learning shared from other practices.

Clinically Lead Visits - details of a pre-meeting held with Acute and Community Heart Failure Service in December in the community.

Associate Contracts - a brief overview of comparative activity in the region.

Winterbourne Submission - an update on the Winterbourne submission remaining at three patients.

Learning Disability Mortality Reviews (LEDER) - an update on Rotherham reviews and reviewers.

Mrs Cassin informed members that a teleconference has been scheduled at very short notice on Friday 7th February 2020, with Margaret Kitchen, NHSE/I Director of Nursing for North England. This is to discuss where there are backlogs of reviews and how this can be addressed. Rotherham currently have 10 reviews in progress, which have all been allocated to reviewers and are not reporting a backlog currently.

Governing Body noted the content and assurances provided in the report.

Patient Engagement and Experience Report

045/20 Mrs Cassin presented the report (cover sheet noted as incorrect date) highlighting the following:

- RCCG have provided an update and video on Be The One Campaign to the regional Quality Surveillance Group (QSG).
- What we are Hearing - details of work undertaken by Helen Wyatt, Patient and Public Engagement Manager including 'You Said-We Did'.
- Friends and Family Test - an update and info-graphic links provided for November 2019. There are 133 ratings in total, of which 33 had negative responses (1%), TRFT received two ratings. Rotherham GP Practices show 11,448 responses (twice as many as recent months) due to a huge response from Market surgery, which indicates an inaccurate submission/inputting error.
- IAF – Engagement Indicator template has been signed off by the Chief Officer. For 2019/20, the CCG only need to consider the five criteria that were not met last year. Work is underway to ensure we meet these as far as possible.

Mrs Twell added that future direction of engagement will include refreshed guidance in 2020, with a likely increased focus on co-production work with PCN's.

Governing Body noted the content and assurances provided in the report.

046/20 Workforce Race Equality Scheme Data

Mrs Nutbrown shared the paper informing members that since 1 April 2015 all NHS organisations have been required to demonstrate how they are addressing workforce race equality issues in a range of areas, which are also submitted to NHS Digital for inclusion on their website.

Governing Body members ratified the Workforce Race Equality Scheme Data.

047/20 Organisational Objectives and Organisational Values.

Mrs Nutbrown updated members on the outcome of the GB development

session held on the 4 December 2019, where Governing Body members looked at each organisational objective in turn.

Objective One

Quality - no change

Objective Two

Transformation & Delivery - members agreed to the title change and the reduced risk appetite from fifteen to twelve.

Objective Three

System Sustainability - members agreed to title change and the raised risk appetite from ten to twelve.

Objective Four

Safeguarding - members agreed to the wording edits and the risk appetite remains at ten.

Mrs Nutbrown informed members that Mrs Cassin and the Safeguarding Team edited the wording in line with national wording.

Mrs Cassin highlighted the following changes:

- '**children and at risk adults**' - does it encompass all ages?
- '**with a continued focus on non-recent child sexual exploitation**'?

Mrs Twell asked Mrs Cassin if she was happy with the changes?

Mrs Cassin responded that other people preferred the revised wording and that she is comfortable with the edits.

Mr Edwards commented that the key message is that safeguarding should be a principle of core business delivery.

Mrs Wheatley commented that changes are acceptable in order for Rotherham to keep moving forward.

Objective Five

Leadership and Accountability - changes to the title and the risk appetite reduced from fifteen to twelve.

Mrs Nutbrown added that there has also been the addition of three organisational values as detailed in the paper.

Mrs Twell asked if staff other than members have been involved and should a staff briefing be included?

Mrs Nutbrown responded that when these objectives have been finalised, there will be an all staff briefing.

Governing Body members discussed and supported:

- the revised organisational objectives and ratified the changes

- the revised organisational values and ratified the changes

048/20 Operational Executive (OE) Terms of Reference (TOR)

Mrs Nutbrown shared the annually reviewed and updated TOR with members adding that a number of minor changes have been made. This paper has been endorsed by AQUA.

Governing Body members ratified the OE Terms of Reference.

049/20 Purchasing of Personalised Annual Leave Scheme

Mrs Nutbrown shared the paper outlining the ability for people to buy annual leave and create a personalised annual leave entitlement, which will be included in the Annual and Special Leave Policy when ratified.

Governing Body members ratified the Purchasing of Personalised Annual Leave Scheme.

050/20 Induction, Mandatory and Statutory Training Policy

Mrs Nutbrown shared the revised policy as part of the governance approval process. The current policy has a three yearly review which has taken place, resulting in a small number of minor changes.

Governing Body members ratified the changes to the Induction, Mandatory and Statutory Training Policy.

051/20 Emergency Preparedness, Resilience and Response – Loggist Procedure

Mrs Nutbrown shared the paper to seek Governing Body approval of the Procedure for Loggists (Section 4.10) in Emergency Planning situations and the revised EPRR Policy.

The role of the Loggist is to keep an accurate record of decisions made. The Incident Log can be used at a later date in the case of public enquiry and relied upon in court. The Loggist is not the minute taker at a meeting, they are only to record the assigned officers decisions. Every decision maker should have their own loggist, who would only be needed in an implementation situation (if the major incident plan/EPRR Policy has been activated).

Governing Body Members ratified the Loggist Procedure and EPRR Policy

052/20 Access to Infertility Treatment Commissioning Policy Revised

Mr Atkinson shared the updated policy to brief members on the changes to the Access to Infertility Treatment Commissioning Policy and the results of patient engagement in relation to these changes.

Mrs Twell commented that these changes are now much clearer to understand.

Action: Mr Atkinson to ensure highlighted areas are removed in the final version.

Governing Body members ratified adoption of the Policy

053/20 Remuneration Committee Virtual Meeting December 2019

Mrs Nutbrown shared the minutes for information. Mr Barber confirmed that GP Members Committee had discussed and agreed to support option two with a further review after twelve months.

Members agreed that as details for both option one and option two were not included in the paper, the decision could not be agreed.

Dr Avery questioned conflict of interest in voting for payments.

Mr Edwards responded that Dr's Avery and McKeown should declare conflict of interest for this item.

Action: Mrs Nutbrown to bring the paper back to the March meeting to include options to enable full review by Governing Body.

Governing Body members noted the content.

054/20 Audit and Quality Assurance Committee 6 November 2019

Mr Barber shared the minutes for information.

Governing Body members noted the minutes.

055/20 Minutes of the A&E Delivery Board 11 December 2019

Mr Edwards shared the minutes for information.

Mr Edwards informed members that there will be a national decision relating to the A&E pilot soon to be released, which will look at findings and expectations for working standards.

Governing Body members noted the minutes

056/20 Primary Care Committee Public December 2019

Mrs Twell shared the minutes for information.

Governing Body Members noted the minutes.

057/20 GPM Members Committee 27 November 2020

Dr Avery shared the minutes for information.

Governing Body Members noted the minutes.

058/20 South Yorkshire & Bassetlaw Integrated Care System Collaborative Partnership Board 11 October 2019 (ratified January 2020)

Mr Edwards shared the minutes for information

Governing Body members noted the minutes.

059/20 Future Agenda Items

No future agenda items identified.

060/20 Urgent Other Business

No urgent other business identified.

061/20 Urgent Issues and Appropriate Escalation

No urgent issues identified.

062/20 Risks Raised

No risks identified.

063/20 Any Other Business

No other business declared.

063/20 Exclusion of the Public

The CCG Governing Body should consider 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.

064/20 Date and time of Next Meeting

The next public Governing Body Meeting will take place at 1.00pm on Wednesday 4 March 2020 at Oak House, Rotherham.