# NHS ROTHERHAM

#### approved by Chair/to be approved by next meeting

### Minutes of the Clinical Commissioning Group Committee of NHS Rotherham, held on 3 April 2013 in the Elm Room, Oak House

Present:	Dr David Tooth (Chair)	
	Dr H Ashurst	Dr R Carlisle
	Mrs S Cassin	Mr C Edwards
	Mrs K Firth	Mr J Gomersall
	Dr L Jacob	Ms S Lockwood
	Dr S Mackeown	Dr J Radford
Participating observers:	Cllr K Wyatt, Chair of Health & Wellbeing Board	
In Attendance:		
	Mrs W Commons, secretariat Mrs S Whittle, Assistant Chief Operating Officer (Corporate Business)	

### 56/13 Apologies for absence

Apologies were received from Dr Richard Cullen.

### 57/13 RCCG Constitution

Dr Tooth welcomed members to the first meeting of the NHS Rotherham CCG Governing Body formally established on 1 April 2013. Members were asked to adopt the constitution in its present form but noted some changes were required. These included reflecting the name change of the GP Reference Committee to the GP Members Committee. The CCG needed to apply to NHS England to make any changes to the Constitution. The May GP Members Committee would consider the proposed changes. In the meantime, Governing Body Members were asked to review the Constitution in detail and forward any changes to be incorporated to Mrs Whittle.

# Action: All

The Rotherham Clinical Commissioning Group constitution was adopted and members noted the consultation taking place on necessary changes that would be received in June.

#### 58/13 Declarations of Pecuniary or Non-Pecuniary Interests

It was acknowledged that Drs Tooth, Jacob, and Mackeown, had an (indirect) interest in most items.

Dr Jacob declared that he had been invited to attend cardiology conference last month sponsored by Pharma.

No other item specific declarations were made.

### 59/13 Minutes of the previous meeting

The minutes of the Clinical Commissioning Group Committee held 6 March 2013 were confirmed as a correct record subject to an amendment to **46/13 GP Reference Committee** to:

Dr Jacob reported that the 27<sup>th</sup> February meeting had considered *two separate* concerns, around the community hospital and the reduction in practitioners and nurses *at RFT*.

### 60/13 Matters Arising

#### a) 28/13 Performance

Mr Edwards gave a situation update on the 52 week waiters at Doncaster & Bassetlaw Hospitals Foundation Trust. Treatment for Rotherham patients had been expedited. Members noted that the situation generally was improving with work ongoing and as of end March there were no Rotherham patients who had been waiting longer than 52 weeks for treatment at DBHFT.

# b) 38/13 Healthwatch Update

Cllr Wyatt updated members on that the preferred provider for Healthwatch Rotherham would be Parkwood Healthcare. A briefing note had been supplied by Cllr Wyatt which would be circulated to members.

#### Action: Mr Edwards

### c) 40/13 The Francis Report 2013

The Government's formal response to Francis report had been issued. The June Governing Body would be used to consider the CCG response. The meeting would commence at the earlier time of 12.30pm-2pm with SCE members in attendance. The May Governing Body would be preceded by a CCG Board to RFT Board meeting where assurance would be sought from RFT on the Francis recommendations.

Cllr Wyatt advised that he had also arranged a briefing session on the key issues which have emerged from the report for Thursday 18<sup>th</sup> April 2013. A CCG representative would be arranged to attend.

#### Action: Mr Edwards

Members noted that in the recently drafted Annual Report for Audit & Quality Assurance Committee (AQuA), Mr Gomersall had included keeping close watch on Francis report outcomes.

# 61/13 Chief Officer's Report

The update report from Mr Edwards was received. Points of note included:-

#### a) CSU Update

The recent merger of South Yorkshire & West Yorkshire CSUs would inevitably result in another period of transition. The CCG would need to review the SLA with the CSU in the near future.

Dr Carlisle advised members that as of that day, no CCG or CSU staff were allowed to see patient identifiable data resulting in CCGs being locked out of information systems. This had been brought about by a new national ethics committee who have not yet authorised NHS England to enable access. This is a national problem and guidance is expected on 12 April. Members noted the issue for the CCGs in the delay of payments for patients and reduction in time to close down accounts which might result in the CCG missing the year-end deadline of 22<sup>nd</sup> April.

To ensure that governance was met, it was agreed that during this period GPs would be asked to get express consent for patients where they wished to raise concerns about safeguarding or quality issues.

### Action: Dr Tooth

#### b) NHS Commissioning Board

It was noted that the NHS Commissioning Board had changed its name and would now be known as NHS England. Andy Buck has now moved to become Director of West Yorkshire Local Area Team for NHS England and Eleri De Gilbert is interim Director for South Yorkshire.

### c) Specialist Fertility Services

CCGCOM would consider changes to recent NICE guidelines to increase IVF treatment. The CCG, as a member of CCGCOM, would be asked to adopt the decision at a future meeting.

The agreed to await the decision made by CCGCOM and determine whether the Health &Well Being Board needed to review and discuss the decision.

Action: Mr Edwards

#### d) NHS111 Launch

Members noted the new go live date for NHS111 of 9<sup>th</sup> April 2013.

#### e) Engagement Update

Mrs Lockwood gave a verbal update highlighting that she had met with CCG lay members for engagement in the region who were impressed by Rotherham's progress. Rotherham CCG would be hosting the next meeting in May which Mr Edwards would attend.

# 62/13 Rotherham CCG Policies

Mrs Whittle presented a list of policies to be transferred, although it was noted that further work to identify policies would continue and a process for updating and reviewing had been put in place. She advised that, in March, the Audit & Quality Assurance Committee had reviewed the policies in more detail and approved the Standing Orders, Standing Financial Instructions and the Fraud Bribery and Corruption Policy for adoption by the CCG.

Dr Carlisle noted that the Rotherham PCT had policies for IFR and for plastic surgery and IVF. The Governing Body adopted these until their review dates when they will be re-considered.

The Governing Body approved the adoption of the policies and acknowledged the work undertaken to provide clarity for Rotherham CCG.

# 63/13 CCG Annual Commissioning Plan & Assurance

Dr Carlisle outlined the steps being undertaken to ensure its Annual Commissioning Plan (ACP) could be finalised with NHS England on Friday 5<sup>th</sup> April. The CCG was seeking assurance from Providers on their cost improvement plans.

The paper detailed some amendments members financial and activity tables would be included in the final version.

Cllr Wyatt said that it would be important to ensure that the work being carried out by RMBC to reduce alcohol admissions dovetailed with CCG work to avoid duplication.

Members noted the revisions and anticipated receiving the final version of the ACP by email w/c 8<sup>th</sup> April.

### 64/13 Financial Plan 2013/14

Mrs Firth confirmed that contract negotiations had been completed and key contracts with RFT & RDASH signed. A more detailed report would be brought next month. Work had been completed and the CCG were in a position to make the final plan submission and meet the deadline of 5<sup>th</sup> April.

Mr Gomersall suggested that future illustrations show Hospital split form Community Health Services to provide assurance and clarity on the services transferred to RFT under 'Transforming Community Services'.

#### Action: Mrs Firth

Mrs Firth advised that a review of the outturn position, undertaken as part of due diligence would result in a reduction on prescribing where funds for NICE and other prescribing cost pressures had been revised.

Finally, Mrs Firth drew attention to the seven risks but in particular highlighted risk around the complexities of finalising figures for specialised services. Rotherham CCG were being asked to be part of risk share proposal, however work is ongoing as this is a national issue. This technical issue could cause a delay but is not expected to compromise signing off of plan.

Mr Gomersall noted the risk associated with the continuing care provision as a national problem and acknowledged the prudent approach taken by Rotherham CCG.

The CCG Governing Body noted the changes to the QIPP plans prior to submission to NHS England on 5<sup>th</sup> April and delegated authority to the Chief Finance Officer to make any necessary adjustment to the final plan which will be presented for ratification at the May Governing Body meeting.

# 65/13 GP Reference Committee

The minutes of the meeting held on 27 February 2013 were received and noted. From 1 April 2013, the Committee would change its title to the GP Members Committee.

Dr Jacob gave a verbal update from the meeting held on 27 March where Mr Michael

Morgan, Interim CE at RFT had attended. Members had been given assurance that the issues raised would be reviewed and the possibility of a GP/SCE member attending RFT Board was being investigated depending if governance allowed. The meeting had been positive and with the recruitment of additional nurses and the 'pause' on the ward closure GP Members acknowledged the increase in engagement was much improved

Mr Edwards advised members that the CCG had been invited to send representatives to a strategic planning event that TRFT would be holding on 9/10<sup>th</sup> May. Governing Body members welcomed this opportunity and Mr Edwards would co-ordinate CCG attendance.

### Action: Mr Edwards

# 66/13 Quality Concerns

Mrs Cassin introduced the report and in particular drew attention to a serious incident that had occurred with an out of area Rotherham resident in another Trust. She explained that the policy of the Trust where the incident had occurred included keeping the incident open until the inquest completed. Unfortunately in this case the inquest had been delayed. Mrs Cassin would keep members updated on this case.

Mrs Cassin confirmed that assurance had now been received from Bluebell Wood Hospice in relation to the letter from Sir David Nicholson following Jimmy Savile allegations. Rotherham CCG was satisfied that assurance had now received from all providers in this respect.

Members received and noted.

# 67/13 Performance

Dr Carlisle highlighted two long waiters that had been identified this month at Sheffield Teaching Hospitals. It was expected that Sheffield CCG would be strict in managing these. However, further detail on how these occurred would be provided by Dr Carlisle at the May meeting.

#### Action: Dr Carlisle

In response to an enquiry from Dr Ashurst, Dr Carlisle confirmed that Rotherham benchmarked highly against other CCGs on performance outcomes.

In relation to finance, Mrs Firth forecast that NHS Rotherham anticipated meeting its control target. Members noted that the sign off of NHSR accounts for 2012/13 was a Cluster legacy responsibility but in line with good practice the draft accounts would be received by the CCG Governing Body.

Members noted the performance report.

#### 68/13 Health & Wellbeing Board

The minutes of the meeting held on 28 February 2013 were presented by Mr Wyatt and members noted contents.

#### 69/13 NORCOM

The minutes of the meeting held on 1 March 2013 were noted.

SYCOM will take over from NORCOM with its meeting being held on Friday 5<sup>th</sup> April. The Governing Body requested updates from SYCOM in future.

# Action: Mr Edwards

Members were also asked to note that North Derbyshire would also be included as a member of CCGCOM as well as South Yorkshire & Bassetlaw in future in line with patient flows to the tertiary centre at Sheffield.

Mr Gomersall highlighted that Barnsley used to carry out audits on the specialised commissioning work undertaken on behalf of the members of NORCOM. In order to gain assurance on value for money for Rotherham CCG an audit perspective Mr Gomersall would build time into the AQuA plan to see how this can be addressed in future.

# Action: Mr Gomersall

# 70/13 Issues For Escalation – to Board or other Committees

None

# 71/13 Date, Time and Venue of Next Meeting

Due to the planned CCG Board to RFT Board meeting commencing at 12.30pm on 1<sup>st</sup> May, the Rotherham Clinical Commissioning Group Governing Body's next meeting was scheduled to be on Wednesday **1 May 2013** at **2.00pm** at Oak House, Moorhead Way, Bramley, Rotherham.

# 72/13 Exclusion of the Public

In line with PCT Standing Order 3.17, the Committee/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].

These minutes - once approved by its Chair, and ahead of the subsequent meeting's ratification of their accuracy - will be shared with the Board, GPRC, LMC secretary, JSCNC secretary, CCGC's Audit Group, and the External Auditor (JP)<sup>1</sup>

<sup>&</sup>lt;sup>1</sup> but may get them via Audit Group agenda papers