

Minutes	Title of Meeting:	ROTHERHAM CLINICAL COMMISSIONING GROUP (RCCG) PUBLIC GOVERNING BODY MEETING
	Time:	1.00-5.00pm
	Date:	Wednesday 4 th April 2018
	Venue:	Elm Room G.04 at Oak House, Moorhead Way, Bramley, Rotherham S66 1YY
	Chair:	Acting Chair: Mr John Barber

Quorate Participation

**Governing Body have 13 voting members.
 Quorum is 7 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.**

Governing Body Chair confirmed the meeting as quorate.

Present:

Mr J Barber,	Lay Member, RCCG (Chair)
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
Mrs K Henderson	Lay Member RCCG
Dr G Avery	GPMC Representative, RCCG
Dr S MacKeown	GPMC Representative, RCCG
Dr R Carlisle	Lay Member, RCCG

In Attendance:

Mrs R Nutbrown,	Board Secretary, RCCG
Ms Lindsey Hill,	Information Governance/ PA, RCCG (Note Taker)

Participating Observer :

Ms Jo Abbott	Public Health, RMBC

64/18	Apologies: Dr Cullen, Dr Page, Dr Clitherow	
65/18	Declarations of Pecuniary or Non-Pecuniary & Conflicts of Interest It was acknowledged that, as Primary Care Providers in Rotherham, Dr's MacKeown and Avery had an (indirect) interest in most items. Mr	

	Edwards declared a general conflict of Interest for GPs in relation to the Commissioning Plan	
66/18	Patient & Public Questions - No patient/public questions were raised	
67/18	<p>Draft Minutes of the RCCG Governing Body (GB) dated 7th March 2018 and Matters Arising.</p> <p>Mrs Henderson asked for minor alterations to Page 8 to read ‘ <i>Patient Participation Network about the Urgent Care Centre</i>’, and</p> <p>Patient Safety & Quality Assurance Report to be added to action log for for Stroke Performance - more detailed information to be taken to AQUA for discussion relating to data and assurance availability.</p> <p>The Minutes from the Governing Body held 7th March 2018 were approved as a true record of proceedings.</p>	IA/SC
68/18	<p>Action Log - Item 55/18 IG Assessment Toolkit has been to internal audit in final draft and will be signed off in April.</p> <p>All other actions are now closed.</p>	
69/18	<p><u>Chief Officers Report</u></p> <p>Mr Edwards informed Governing Body about national/local developments in the past month.</p> <ul style="list-style-type: none"> • The March issue of the health and wellbeing feature in the Rotherham Advertiser focussed on awareness of prostate cancer and utilisation of the GP appointments available at the Rotherham hubs. • A suite of promotional materials have been produced and are being distributed to raise awareness and usage of the improved GP Access provided at the hubs across Rotherham. The materials encourage patients to pre-book appointments through their own practice. • Awareness of the Rotherham Health Record will be promoted amongst local people from early April through a variety of materials, available at public information points throughout the borough. Materials have been produced closely with patients from the Patient Participation Group network. <p>Mr Edwards informed members that it’s the 40th birthday of TRFT this year, which will be picked up along with 70th NHS birthday celebration at AGM in July.</p> <p>Mr Edwards shared the Checkpoint letter from NHS England, giving feedback and fair reflection of 2018-2019.</p> <p>Financial Strategy for Rotherham - discussed the current challenges in the Rotherham system’s financial position and Trust’s financial position. The CCG has a key role to play pulling together a financial strategy for the local system which links our Place-based plan with the financial recovery which is required. NHS Improvement (NHSI) and NHS England have asked for a first draft of the financial strategy to be submitted on 8 March alongside the CCG’s draft operational plan for 2018/19.</p>	

	<p>Cancer 62 Days - Current performance for cancer 62 days not achieved in December, target to be achieved in January and the February position looked challenging. A Cancer Alliance Peer Review had also been arranged for March.</p> <p>Integrated Care System - Discussions took place about development of collaborative commissioning in South Yorkshire & Bassetlaw. The national direction of travel for collaborative commissioning is set out clearly in the FYFV delivery plan and in the Planning Guidance for 2018/19. This is reflected in the CCGIAF for 2017/18 where a large part of the Quality of Leadership indicator will be based on how each CCG has led and engaged with this new way of working.</p> <p>Over the past year, some progress has been made but there is a need to further improve for 2018/19. Next steps will be publication of the Hospital Service Review and the need to drive even greater quality and financial improvements through each place and the ICS.</p> <p>Progress on ACPs - ACP has been renamed the ICP, relationships with the council are very strong and a number of joint posts were now in place. The ICP governance would be moved to the next level and would be refreshed in April at the Rotherham Place Board.</p> <p>Dr Avery stated that prostate cancer is currently high profile and has a lot of media attention. Mrs Abbott informed GB that NHS England and Public Health England organise cancer screening but nothing specific has been identified in response. Screening and PSA screening levels tests will continue and they will be keeping an eye on 'bounce back'. Ms Abbott will report any further developments back to GB.</p> <p>Mr Atkinson informed GB that the 62 day challenge would be picked up later in the meeting.</p>	
70/18	<p><u>Commissioning Plan</u></p> <p>The Governing Body are asked to endorse the 2018 CCG Commissioning Plan as approved by GP members committee at their meeting on the 28 March 2018, noting that this is subject to the final Financial Plan being signed off and submitted on the 30 April 2018.</p> <p>Mr Atkinson updated members on the current plan, noting that the Plan is subject to proof reading, however, this will not change the content of the Plan. All localities have been engaged in the process and the plan will go to Rotherham Place Plan in May/June.</p> <p>Governing Body members are asked that delegated authority be given to officers to make any final amendments resulting from the final Financial Plan submission.</p> <p>Mr Atkinson invited questions.</p> <p>Dr Carlisle shared a view that it didn't clearly set out issues which ICS will address, but recognised that options, plans and challenges are on-going.</p>	

	<p>Mr Edwards suggested adding a reference to 5 priorities of the Hospital Services Reviews (HSR) and that the finished article would come back to GB in May/June for information.</p> <p>Mr Atkinson added that final submission will be 30/04/2018 which would allow the inclusion of the HSR priorities.</p> <p>Mr Barber asked Mrs Allott if the current financial plan would change. Mrs Allott commented that she didn't anticipate any further changes.</p> <p>Mr Edwards added that the RCGG Commissioning Plan will link in with Rotherham Integrated Health & Social Care Commissioning Plan which will come to GB in June.</p>	
71/18	<p><u>Finance & Contracting Performance</u></p> <p>The purpose of the document is to provide an update to members on the financial and contracting performance position as at the 28th February 2018 also referred to as Month 11.</p> <p>The CCG is forecasting achievement of all financial obligations. There are areas of volatility such as prescribing, continuing healthcare and complex care. There are areas where the QIPP plans are at risk of not delivering in full however these are mitigated in part by QIPP schemes delivering above plan. Mrs Allott drew member's attention to the additional narrative at section 5 confirming the nationally required treatment of two items, system risk reserve and category M price reductions, which would result in a technical surplus being shown at year end.</p> <p>Mrs Allott highlighted an error at 8.1 – reporting was based on 9 months PPD data (not 8).</p> <p>Mrs Henderson raised point 6.1 - Assessments & Emergency Admissions. Is the increase predominantly due to paediatric activity that TRFT has classed as admissions but it's actually an assessment?</p> <p>Dr Avery shared concerns relating to set thresholds, services and over-expectations for financial savings. Mrs Allott assured members that results of the last audit had been taken into account when setting the 2018-19 plan.</p> <p>Mr Atkinson also informed GB that Contracts mitigate risk of under-performance/over-performance.</p> <p>Discussion took place around the concept of control totals and relative advantages or otherwise at Place or STP/ ICS level</p> <p>Dr MacKeown asked how loud the voice of Primary Care is in the Rotherham place partnership. Mr Edwards commented that the federation need to take advantage of the opportunity as the provision/invitation is there. They are fully part of the Accountable Care Partnership as an equal partner with the council, CCG, mental health providers and the voluntary sector.</p> <p>Governing Body members noted the current position and the</p>	

	<p>additional commentary to support the operating cost statement.</p> <p>72/18 <u>Quality, Innovation, Prevention and Productivity Performance (QIPP)</u></p> <p>The purpose of the document is to inform members of the progress on the CCG's QIPP plans to date and the projected outturn.</p> <p>Mrs Allott advised of no significant changes since last month. . Interviews for the Medicines Management Team Care Home Technician posts had commences and this would allow that QIPP scheme to commence during 2018-19</p> <p>Governing Body noted the current position to date, the forecast outturn and the narrative to support the position of the schemes.</p> <p>73/18 <u>Quality Impact Assessment Sign Off</u></p> <p>This paper informs Governing Body of the Quality Impact Assessments that have been completed to support the QIPP plans with-in the 2018-2019 financial plan.</p> <p>Mrs Henderson asked if Equality Impact Assessments have been considered. Mr Atkinson responded that as part of the process, an additional section could be added to each form, and append the results of EIA. This may come back to GB.</p> <p>Mrs Nutbrown added that Equality & Diversity Steering Group now have equality as part of regular business activity.</p> <p>Governing Body noted the current position.</p> <p>74/18 <u>Delivery Dashboard</u></p> <p>Mr Atkinson informed GB that April presents a mixed picture, with February statistics for DTOC, RTT and IAPT holding (but IAPT may change as a new matrix has been now introduced).</p> <p>Areas of challenge have been chiefly due to weather and system responses to bed availability.</p> <p>Cancer Performance - Recent issues include rise in referrals, workforce and diagnostics, increase in patients and patient tracking.</p> <p>There will be a deep dive item at May Confidential GB meeting with a Peer Review Presentation.</p> <p>Diagnostics Waits - RCCG had no breaches last month but breaches at Sheffield have affected ratings.</p> <p>Mixed Sex Accommodation – there was 1 HDU breach last month</p> <p>Urgent & Emergency Care Performance – improved Jan/Feb, under-performing as at February at 87.7% (95% standard) mainly down to impact of weather and response to high levels of system response.</p>	<p>IA</p>
--	---	-----------

	<p>Mr Atkinson invited questions.</p> <p>Dr Avery stated that GP Practices have been under pressure after recent adverse weather. He went on to ask if there is a choice of facility for ECHO tests/diagnostics. Services need to be better managed with more utilisation of services at the community health centre.</p> <p>Mr Atkinson informed members that practices should be aware of choices through the booking process but recognised that communications with Primary Care needs to improve. Dr MacKeown also commented that using Choose & Book, at the time of referral, you don't know when/what you will get. Current referral for ECHO now takes 4 weeks (was 2 weeks).</p> <p>Mr Atkinson will take back as an action on TRFT performance in ultrasound</p> <p>Mr Atkinson added that A&E Delivery Board will look at what can be done differently to increase patient flow.</p> <p>Mrs Henderson asked if Wheelchairs for Children will be performance be investigated. Is this due to the REWS procurement?</p> <p>Mr Carlisle asked if this item should be at Public session rather than confidential. Mr Atkinson replied that the presentation incorporates speciality level data. Mr Edwards recommended referring this to Dr Cullen for appropriate May agenda placement</p> <p><u>Commissioning Plan Performance Report</u></p> <p>The purpose of this document is for members to note the progress with delivery of the CCGs Commissioning Plan as at the end of Quarter 3.</p> <p>Members are asked to note the report and that:</p> <ol style="list-style-type: none"> 1. The Q3 position in term of milestones is slightly below Q1 and Q2 position; there are no Milestones Rag Rated Red. 2. The Q3 position in terms of KPIs is overall better compared to Q2, although this is not a robust position as there are a higher proportion of KPIs which are waiting for national data / or where the data available is several years old. The number of Red KPIs has continued to decrease from Q1 and Q2. 3. Further information on the QIPP position can be found in the QIPP Plan Monitoring report received at Governing Body. 4. Further information on the risk position can be found in the Governing Body Assurance Framework received at Governing Body. <p>Governing Body noted progress and the current position</p>	<p>IA</p> <p>CE</p>
--	--	---------------------

75/18	<p><u>Patient Safety & Quality Assurance Report</u></p>	
	<p>C-Diff case numbers for TRFT remain under trajectory up to the end of February with 12 cases identified against a trajectory of 24. The overall RCCG figures currently stand at 4 above trajectory for end of February. The C-Diff tractor for 2018/19 has been reduced by 1 to 62. RCCG numbers of E-Coli cases continue to remain under trajectory.</p> <p>The PLTC event in September 2018 will focus on safeguarding and intends to offer level 3 training for GP staff. The safeguarding standards included in contracts and currently under review with work being undertaken to develop a model to incorporate into GP contracts.</p> <p>The RCCG Continuing Healthcare team (CHC) have been nominated for an Inspirational Mentor Award Acknowledgement via Sheffield Hallam University. This is related to student nurse placements. The CCG has met the NHSE CHC Quality Premium requirements.</p> <p>GP practice performance remains mostly stable and where significant improvement is seen the practices will be asked to share learning and good practice.</p> <p>The current Learning Disability Mortality Review (LeDeR) continues with Rotherham having 7 active cases. As yet no common themes have been identified. LeDeR will be an item at May PLTC</p> <p>The CCG continues to work closely with partners to improve quality within the independent care sector.</p> <p>Mrs Cassin also referred to the item 54/18 item at March meeting, where clarity on stroke figures was queried. Are the patients waiting for beds or have they been transferred elsewhere?</p> <p>In the GB meeting in March, stroke activity was questioned. Mrs Cassin was unable to attend last month, however, Mrs Cassin confirmed that there have been no stroke patients 'sitting waiting'. Patients are admitted under the care of the stroke consultant until an appropriate 'stroke bed' is available.</p> <p>Mrs Cassin confirmed that in relation to delayed diagnostics, this data comes from performance information. Mrs Cassin and Mr Atkinson will look into the details as there has not been any underlying information disclosed. There may be patients presenting in A&E that are not immediately apparent.</p> <p>Mr Edwards confirmed that as there is vulnerability in the local service, are we sure the current levels of activity will wait for the transition. The new system will be in place in 12 months.</p> <p>Mr Edwards clarified that the move from 5 HASU's to 3, is time-limited due to workforce pressures, and at the earliest would be November.</p>	
76/18	<p><u>Patient Engagement & Experience Report</u></p> <p>Mrs Cassin gave GB a brief update on what we are hearing, Friends & Family Test (FFT) Update, TRFT, Mental Health/ RDaSH, YAS, and other work and contracts.</p>	

	<p>Mrs Cassin informed members that the prime focus is about realistic expectations with communication being key in reporting feedback .The report includes views on current patient experiences.</p>	
77/18	<p><u>HR Policy Updates</u></p> <p>Mrs Nutbrown gave an update on HR Policies informing members that the HR Policy review is part of the scheduled process and now includes cyber bullying.</p> <p>Mrs Abbott endorsed and commended the importance of regular review.</p> <p>Mr Barber asked if members were happy to take the Incident Management Paper due to late submission, confirming AQuA have reviewed all of the policies and have recommended the papers to GB for review.</p> <p><u>Incident Management Policy</u> - The purpose of this paper is to bring to the attention of Governing Body, the completion of the review of the Incident Management Policy for Rotherham CCG. This policy is a merged policy relating to Health & Safety aspects of incident management in CCG and the Serious Incident Policy.</p> <p><u>Training & Development Policies</u> – The purpose of this paper is to introduce and update GB to two policies around Training and Development – Induction Mandatory Statutory Training Policy and Access to Learning & development Opportunities Policy with Talent policy. Mrs Nutbrown informed members that policies had been merged to avoid duplications with minimal changes for review.</p> <p><u>Fraud, Bribery & Corruption Policy</u> - The Counter Fraud, Bribery and Corruption policy has been reviewed and a small number of revisions made to wording. This paper sets out the revised policy for Governing Body to review. Mrs Allott informed GB that minimal changes include strengthening of definitions.</p> <p><u>Safe Haven Policy</u> - The purpose of the document is to seek approval from the Governing Body for the CCG’s revised Safe Haven Policy. Mr Atkinson added GDPR is now included with updated definitions and has IG and Aqua recommendation.</p> <p>Governing Body are asked to note the amendments and approve the reviewed policies.</p> <p>Governing Body agreed the reviewed policies.</p> <p><u>Risk Assessment Risk Assessment</u></p> <p>To bring to the attention of NHS Rotherham CCG the annual completion of the First Aid Risk Assessment for NHS Rotherham CCG Oak House. Mrs Nutbrown confirmed AQuA has endorsed the paper.</p> <p>The Governing Body is asked to approve the First Aid Risk Assessment</p> <p>Governing Body noted and approved the content of the Risk Assessment.</p>	

78/18	<p><u>Minutes from the 24 January 2018 GP Members Committee (Ratified)</u></p> <p>Dr Avery informed GB that this was a late submission for sign off due to bad weather and meeting cancellation last month.</p> <p>Mr Edwards clarified with GB that premium monies would be invested to General Practice and Enhanced services. Members discussed the way forward and implementation of a Quality contract with quality indicators. As a localised bespoke contract for Rotherham, within 1st year, over 31 GP practice submissions of evidence to meet the quality indicators has left gaps due to different ways of working. Communication could improve, Year 2 will go smoother, but it is a difficult process.</p> <p>Dr Carlisle stated that during the next year, considerations should reflect findings and shortfalls but would advise caution against any radical changes.</p> <p>GB noted for information</p>	
79/18	<p><u>Minutes from 3 January 2018 & 31 January 2018 A&E Delivery Board (Ratified)</u></p> <p>Mr Edwards informed GB that most of the content has been covered in Performance Report, progress is moving in the right direction. A&E Delivery Board key success has been DTOC and Urgent Care Central model is bedding in well. The A&E Delivery Board is a really strong multi agency group and risk is mitigated as much as possible.</p> <p>GB noted for information.</p>	
80/18	<p><u>Future Items:</u></p> <p>Performance Report Cancer Deep Dive Stroke Deep Dive Commissioning Plan Integrated Place Plan</p>	
81/18	Glossary (standing item)	
82/18	Urgent Other Business (at the Chair's discretion and with prior notification)	
83/18	Urgent issues and appropriate escalation	
84/18	Risks Raised	
85/18	<p>Exclusion of the Public:</p> <p>The CCG Governing Body should consider the following resolution:</p> <p><i>"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".</i></p> <p>Section 1(2) Public Bodies (Admission to Meetings) Act 1960 refers.</p>	

The next Public Governing Body meeting will take place at 1.00pm on Wednesday 2nd May 2018 at Oak House, Moorhead Way, Bramley, Rotherham, S66 1YY
--

DRAFT