

Minutes of the NHS Rotherham Clinical Commissioning Group

Public Governing Body Meeting

Wednesday, 3 April 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 |
| Mrs S Cassin | Chief Nurse, RCCG |
| Dr G Avery | GPMC Representative, RCCG |
| Mr J Barber | Lay Member, RCCG |
| Dr R Carlisle | Lay Member, RCCG |
| Dr D Clitherow | Independent GP member |
| Mrs D Twell | Lay Member, RCCG |
| Dr S Mackeown | GPMC Representative, RCCG |

In Attendance:

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

Participating Observers:

| | |
|--------------------|---|
| Louise Lowry | Rotherham Foundation Trust |
| Councillor D Roche | Chair of Health & Wellbeing Board, RMBC |

Members of the Public:

| | |
|---------------|--------------------------|
| Stuart Henley | Rotherham 'Save Our NHS' |
| Ken Dolan | Rotherham 'Save Our NHS' |

077/19 Apologies

Dr D'Costa, Dr Leigh-Hunt, Dr Page

078/19 Quorum

The Chair confirmed the meeting was quorate.

079/19 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

Declarations of Interest from today's meeting

No declarations of interest were declared.

080/19 Patient and Public Questions

Mr Dolan raised a previous point made in March Governing body meeting (item 153/19 Action Log).

Dr Cullen as Governing Body Chair, agreed to take Mr Dolans public question referring to a previous question submitted in March Governing Body.

Mr Dolan contacted Mr Edwards to provide details of the UK parliament site referred to in his question. Mr Dolan clarified that April 2019 is the end of the consultation not implementation, and requested a copy of the RCCG submission when available.

Mr Dolan also queried why his comments had been included in documentation.

Mr Edwards confirmed the article referred to in the question could not be identified at the time.

Mr Edwards asked Mr Dolan to forward any further information which might be available, and agreed to liaise with Mr Dolan on a regular basis

Mr Edwards asked Mrs Nutbrown to comment on the draft record.

Mrs Nutbrown explained that the questions were recorded in order to capture dialogue as presented and for transparency, but is happy to edit the comments if instructed. Mr Dolan confirmed he was happy with the record.

Mr Dolan further requested a discussion about the Engagement Plan which is reported in the Chief Officers Report.

Mrs Cassin confirmed that she has spoken to Mr Dolan this morning and she will arrange a meeting with Mr Dolan.

081/19 Patient Story

Mrs Cassin shared a patient story about a lady who had a mastectomy who now makes fabric bag covers for drainage bags and cushions to support the arm post-surgery as there was nothing available when she had her surgery. She now gets hundreds of contacts via Facebook for these.

Mrs Cassin added that support is often needed in ways that are not always obvious.

082/19 Draft minutes of the Public Governing Body Meeting dated 6 March 2019 and the matters arising

Draft minutes of the Public Governing Body Meeting dated 6 March 2019 were agreed as an accurate record.

083/19 March 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.

057/19 - Mr Edwards to contact Dr Leigh Hunt for current overview on JSNA timescales

084/19 Chief Officer Report

Mr Edwards presented the report and highlighted the following:

- Meeting Governance Structure Chart

Following on from discussions with the Lay Member Chair of the Primary Chair Committee and receipt of an internal audit report the Governance Meeting structure has been updated to include:

- Removal of the work “sub” from all committee meeting titles.
 - Changes in reporting arrangements for the Primary Care Committee.
 - Addition of NHSE as a reporting line for the Primary care Committee.
- Governing Body noted and ratified the changes

- NHS England Letter

NHS England wrote to us at the end of February asking for assurance on

delivery of the 20% management cost reduction. Our plans had to be with NHSE (NHS England) by the 22nd March.

Mr Edwards stated that the RCCG forecast it would meet the planned reduction of 23%.

- RCCG Data Security and Protection Toolkit (DSPT) Assessment 2018-19 Update

The Data Security and Protection Toolkit (DSPT) has replaced the Information Governance Toolkit and is used to assess organisations against the National Data Guardian's data security standards. The CCG, supported by eMBED, has carried out an action plan ensuring that the organisation has robust information governance practices. On completion of this action plan Rotherham CCG have met all of the required standards. Mr Atkinson added that positive assurance is given to Governing Body following the new approach.

Mr Barber also stated that AQuA have endorsed the process, with Internal Audit assurance to be completed annually.

- EU Exit Assurance Return

Mr Edwards informed members of a letter from NHSE EU Exit Strategic Commander, Keith Willett requesting an assurance return from the CCG. This return had to be completed by Monday 25 March and prior to submission we had to have gained assurance from the Board (Governing Body) of our plans and preparedness.

This return was agreed by the Operational Executive meeting on the 22 March and was submitted to NHSE in line with the deadline given.

Members discussed concerns around uncertainty of access to medications. Mr Edwards added that the biggest risk is non-availability of GP prescribed drugs adding that Dr Sophie Holden, SCE GP is monitoring the situation regularly.

Mr Edwards asked if members would be happy to delegate any further EU Exit returns via the Operational Executive (OE), with ratification by Governing Body to follow.

Governing Body ratified the submission and agreed the arrangement for further delegation via OE.

- Pathology Transformation Programme Progress Report

Mr Atkinson gave an update on the report, confirming NHS Improvement (NHSI) launched a programme for the consolidation of laboratory services in England in September 2017 into twenty-nine pathology networks (South Yorkshire and Bassetlaw being 1/29). Progress made to March 2019 is included in the Appendix of the paper, following publication of the 10 year

plan.

This update outlines the direction in South Yorkshire in particular, the outline business case which will develop further networking of the pathology services across SY&B and the implications on our system configuration and how we manage routine bloods within primary care across SY&B.

Dr Cullen added that Rotherham and Barnsley already share a service.

Members discussed concerns relating to time delays, clinical time wasting, implications of transport costs/times for patients and pathology cycle duplication.

Mr Atkinson responded that Rotherham have not yet had the opportunity to comment on proposal of transport models but more robust options for consideration are expected in August/September.

Dr Avery commented that GPs hardly ever have access to comparative data for pathology requests/results at practice level. Dr Avery went on to give an example, benchmarking averages for full blood count or vitamin D have expected variation, but having access to other areas of practice could mean repeated tests per patient could be avoided. Dr Clitherow added that saving a few pence per patient, over the number of patients tested would amount to a huge cost saving.

Mrs Twell queried the £5m per year saving on re-current spending and an £18m investment in property services.

Mr Atkinson replied that there is a national perception around efficiency for South Yorkshire (SY) in the region of £5m so to reconfigure/drive efficiencies on quality, £5m of efficiency can be worked into the system.

Mr Edwards added that this is not free capital but a debt funded option of borrowing which could be an option. Mr Edwards explained that there is a three and a half year pay-back period, which would be considered quite attractive but would only be available to the providers/provider trust not the commissioners.

Mr Edwards added that pathology has been mandated by NHS Improvement (NHSI) in the trust as a 'must do'. Mr Edwards shared concerns that as commissioner, although providers may save costs by centralising the service, there could be an expected transport cost increase.

Mr Atkinson confirmed that further dialogue is required but there is a Pathology Board sitting as a network of trusts with commissioners, but any outline business cases should be discussed in the ICS because of financial implications for commissioners.

Mr Atkinson added that by default we need to agree a process, not dissimilar to the Hyper Acute Stroke Unit (HASU) process which ensures that every part of the system is fully sighted on both the proposal and the finances.

Mr Atkinson added that these recommendations ensure members reach the point of committing some options to paper as a South Yorkshire place.

Mr Atkinson will report the next stage of the project back to Governing Body.

Mr Edwards confirmed that Mr Atkinson will ensure all questions are submitted on a South Yorkshire basis.

Members are asked to approve the recommendations:

- Support to progress the transformation programme to outline business case as described in this paper.
- Agreement that the implementation of a single organisational form for SYB Pathology Services should be subject to the completion of an outline and full business case
- Support the resolution of the identified key enablers.

Governing Body approve the recommendations.

- Governing Body Development Session May 2019

Our next development session is prior to the May Meeting. Invitations have been sent out. We will be discussing;

- PCN development
- EU Exit and
- 19/20 contracts
- Communications Update

Mr Edwards reported:

- The Rotherham Advertiser recently reported on a discussion at Health Select Committee on primary care. Two separate articles from the meeting covered developments on the new Waverley GP practice and the rise in demand for GP appointments.
- The CCG is working in partnership with Rotherham Council to develop a suicide prevention campaign, to be launched at the beginning of May. The campaign, targeting men, has used local men's groups to inform the key messages and creative for the materials.
- An article, published recently in the Rotherham Advertiser, covered a current review of the respiratory pathway focussing on information they had received from a source relating to Breathing Space.

STRATEGIC UPDATES

085/19 Special Educational Needs and Disability (SEND) Health Sufficiency Strategy

Mr Atkinson presented the strategy to provide members with:

- 1) An update on the SEND Sufficiency Strategy following the consultation period.
- 2) A proposal for the allocation of funding to key priorities identified through the SEND Health Sufficiency work.
- 3) Details of how investment for children with SEND will be aligned with work across the system to improve outcomes for these children and young people.

Rotherham continues to prepare for a joint inspection from Ofsted and Care Quality Commission (CQC) to review the progress of local areas in implementing the SEND statutory reforms.

Mr Atkinson informed members that in the last few months working with Rotherham Metropolitan Borough Council (RMBC), areas of likely pressures have been identified as increasing numbers, availability of training for health care, Occupational and Speech and Language Therapists in paediatrics, Educational Health and Care plans to meet need.

Mr Atkinson added that statutory partners and Rotherham Parents Carers Forum have endorsed the direction of travel, also informing members that £380,000 in the 2019/20 plan has been identified for this need, having full oversight of the General Practice Members Committee, CCG Governance and Patient Engagement and Experience Committee.

Dr Carlisle commented that the paper felt like a 'traditional' document which does not appear to incorporate re-design/QIPPs currently within SEND.

Mr Atkinson responded that numbers of young people requiring Educational Health and Care plans has increased from 1,500 to 2,000 so additional resources are required. RCCG are keen to increase partner working within the sensory pathway process due to a high diagnosis of autism in Rotherham. There is a strong view that if we can meet their sensory needs before diagnosis we could manage the families and individuals differently to meet demand.

Governing Body approved the commissioning intentions to support children and young people with Special Educational Needs.

086/19 SEND Update – Reform Implementation and Inspection

Mr Atkinson shared the report to provide Clinical Commissioning Group Governing Body with:

- 1) An update on arrangements to prepare for a joint Ofsted and CQC inspection into arrangements for children with Special Educational Needs and Disabilities.
- 2) A summary of key strengths and areas of concern.

The Children and Families Act 2014 provided an overhaul of the system for identifying children and young people in England with SEND, assessing their needs and making provision for them. The SEND Code of Practice sets out the statutory requirements for both local authorities and CCGs.

Mr Atkinson informed members that a formal joint inspection by CQC and Ofsted is anticipated during 2019. Mr Atkinson went on to say that assurance is given on how RCCG is progressing highlighting what is working well and where areas require improvement. Mr Atkinson added that the autism pathway will present a challenge for transition arrangements and diagnostics.

Mr Atkinson went on to say that the Development Pathway for all age diagnosis and ADHD will be reported to Governing Body in May, with challenging areas left to address. RMBC are currently drafting the Emotional and Mental Health Strategy

Governing Body noted the SEND Reform implementation update.

087/19 Child and Adolescent Mental Health Services (CAMHS) Local Transformation Plan

Mr Atkinson shared the document to provide an update on the implementation of the Rotherham CAMHS Local Transformation Plan (LTP) for quarter 3 2018/19.

Mr Atkinson shared the key challenges in quarter four, and added that an update has been submitted to NHS England which awaits feedback.

With the success of the CAMHS trailblazer bid and its implementation, RCCG will need to make sure that there are effective links between the trailblazer, the LTP and the developing Social Emotional and Mental Health Strategy (for schools) in Rotherham.

Mr Barber asked if we would be able to 'catch-up' on underestimated project management resource arrangements. Mr Atkinson responded that the same level of resource will be given to RDASH and managed within existing resources. It is a busy space where we are trying to incorporate a lot of discreet initiatives.

Dr MacKeown commented that a common problem for GP's is the interface of schools into CAMHS not working well with patients/parents who turn to GP's for help adding that the response of some children has been negative due to feeling 'labelled'.

Mr Atkinson added that the Trailblazer should enhance the process with full CAMHS provision of £3m per year as a CCG with RDASH on peripheral services. Mr Atkinson added that we have been successful with the CAMHS

Trailblazer pilot having additional individuals working in mental health training in a school setting, working across networks of schools. As those relationships develop and embed they will become the link across to CAMHS locality workers.

Governing Body noted the report and progress made to date.

PERFORMANCE UPDATES

088/19 2019/2020 Financial Plan

Mrs Allott shared the document to inform Governing Body Members of the final plan for 2019/20 to be submitted to NHSE on 3 April 2019. All contract values have now been agreed therefore the final budget figures are presented for final approval in line with the budget management policy.

Mrs Allott drew attention to the differences between the approved version enacted from 1 April and this final version (4) highlighting three main changes:

- Primary care allocation has changed due to a national change in all primary care allocations linked to Introduction of a centrally funded Clinical Negligence Scheme for General Practice. The scheme will reduce the cost burden in GP practice so the growth allocation has been downgraded to account for it. NHSE nationally consider the change to be net neutral.

Due to the late nature of the change and the lack of available evidence to prove the change will be net neutral to CCG's locally, there has been an amount of pushback from CFO's in the region and an agreement that CCGs would flag the potential of financial risk in narratives supporting plan submissions, to be addressed later via allowed plan resubmissions should the need become apparent.

Mrs Allott advised risk had been assessed as low, at between £0 and £200,000, and at that level, could be mitigated in year if it transpires

- Contracts have been signed off on 21 March 2019 as a result of the contract negotiations concluding there are slightly amended figures placed into this version of the plan. Mrs Allott also noted revised forecast outturn assumptions in a number of areas including CHC and prescribing, allowing some of the figures to be further firmed up.
- As a result, the assessment of the QIPP schemes has been stabilised.

Mrs Allott also stated that 2020/21 financial and QIPP plans are already in the early stages of development and would be a regular discussion item going forward. Mr Atkinson added that the aim is for 2020/21 QIPP plan sign off in September/October.

Mr Barber added that 2019-20 is a good plan which has been strengthened by each version.

Dr Carlisle queried that although QIPP has had achievement, some anticipated targets have not been met so going forward, how can we ensure we achieve more.

Mr Atkinson responded that it is a practical challenge which takes in the full year effect of follow-up reductions, primary care provision, clear contract commitment dialogue, clinical thresholds and certain specialties which are a challenge.

Governing Body Members approved the final financial plan for 2019/20 which will be submitted to NHSE on 3 April 2019.

089/19 2019/2020 QIPP Schemes

Mrs Allott shared the paper to inform members of the prepared documentation to support the QIPP plans contained within the CCG's 2019/20 financial plan. This plan includes an enhanced suite of documents referencing three individual assessments; Quality Impact Assessment (QIA), Equality Impact Assessment (EIA), and details of assumptions underpinning the financial impact.

Mrs Allott informed members that the £11.6m of QIPP requirement as detailed in the financial plan, has had full GPMC/SCE and lead officer approval.

Mr Atkinson added that the Equality Impact Assessments (EIA) are in process and will be reported back to Governing Body in a supplementary document next month, for assurance on all QIPP requirements.

Dr Carlisle asked if medical directors at TRFT and RDASH have been sighted on the issues that matter to us due to the fact they have completed their own Cost Improvement Plan's (CIP).

Mr Atkinson responded that QIA's are not yet shared with TRFT and RDASH, however, we may now start to share QIA's. We have been more transparent on the Rotherham system over the last contracting rounds with TRFT and RDASH sharing QIPP and CIP plans which are 'seen as one' for Rotherham place delivery.

Mr Atkinson added that contract activity is locked as an incentive block within the contract at QIPP level to mitigate risks on both sides.

Governing Body Members reviewed the appendices and approved the recommendations set out in the assessments.

090/19 Delivery Dashboard- April 2019

Mr Atkinson informed members on the key performance issues during April 2019, highlighting the following:

- A&E performance in March was 84.4%, underperforming against the 95% standard. RCCG has issued a formal contract performance notice to TRFT. The challenges are linked to increased attendances, workforce challenges and flow through into hospital available beds.

- DTOC has deteriorated slightly.
- IAPT has maintained with 6 week wait above standard at 94.4%. and 18 week performance consistently meets 95% standard.
- Cancer Waits 62 day has deteriorated particularly in urology and lower GI. A Contract Performance notice is in place supported by the ICS. The breaches were small numbers primarily at Sheffield Teaching Hospitals.
- Referral to Treatment – RCCG did not meet the standard for the first time recorded but also noted it is a population based figure, not a hospital based figure. TRFT achieved 92% for 18 weeks due to STH performance affecting the CCG overall.
Mr Atkinson added that weekly performance dialogue takes place with TRFT Chief Officer, working across performance teams to understand the live patient treatment list (PTL) and support recovery into quarter one to avoid further decline in routine performance.

Dr Avery commented that the 18 week waits seem to be in Gastroenterology/Dermatology and Neurology adding that staffing issues, access to scans and results have an impact. Could neurologists provide feedback rather than wait six months for a follow up appointment?

Members also discussed lack of neurology expertise countrywide. Mr Edwards added that neurology is the highest concern.

Action - Dr Cullen will take this issue to ICS for feedback as a priority

091/19 QIPP Performance

Mrs Allott provided an update to inform members of the progress on the CCG's QIPP plans to date and the projected outturn reporting no significant updates.

Mrs Allott added an anticipated over achievement on QIPP of £1.4m is expected this year, which is a huge benefit to this year's financial plan.

The most challenging areas of continuing healthcare, high cost patients and the acute care contracts remain.

Members noted the position to date, the forecast outturn and the narrative to support the performance of the schemes.

092/19 Finance and Contracting Report

Mrs Allott shared the report to update members on the financial and contracting performance position as at 28th February 2019, also referred to as month 11.

This paper provides a financial summary against the key categories of expenditure. Mrs Allott added that all objectives and business rules are expected to be met, adding that risks are accounted for in the forecast outturn with prescribing being the biggest risk.

Governing Body noted the current position and the additional commentary to support the operating cost statement.

QUALITY and PATIENT ENGAGEMENT

093/19 Patient Safety & Quality Assurance Report

Mrs Cassin shared the report to inform members on Quality & Safety across commissioned services, highlighting the following:

- Healthcare Associated Infection (HCAI) - the target to reduce numbers 2019/20 will be challenging. Work around measles and diphtheria has been stepped down due to no new cases, and the Infection Prevention Control Nurse from the CCG has done a debrief session with the GP practice involved to review lessons learned. There have been a very small numbers of flu cases reported.
- Safeguarding Information is available for partners to review, and also includes an overview of the CQC ratings for care homes.
- Adult Continuing Healthcare (CHC) work continues to achieve both parts of the quality premium and continues to see numbers of outstanding reviews slowly decrease and maintain. The assurance report includes contract quality processes focussing on details of monitoring and work with providers.

Mrs Twell asked if the Trainee Nursing Associate (TNA) from a Rotherham GP practice, who received recognition of excellent work from NHSE at the North of England General Practice Nurse Awards (page 16) had been contacted.

Mrs Cassin responded that the RCCG had nominated the nurse and congratulations had been offered via email and 'Twitter'.

094/19 Patient Engagement and Experience Report

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

Friends and Family Test - This month has shown 2,787,280 responses showing between 90-98% of patients who would recommend these services to family or friends.

Mrs Cassin stated that there is uncertainty about how more work can be done with the public around their expectations, as patient feedback, particularly in the Urgent and Emergency Care Centre (UECC) is more about dealing with patient issues at the time, informing them of the possible delays in the system, alongside the expectations of the system.

Dr Carlisle asked why some patients report that they are not informed of lengthy delays in A&E when 20% have been informed.

Mrs Cassin was not able to offer a definitive reason but confirmed that findings are reported to the department.

CORPORATE

095/19 Organisational Development (OD) Plan and Strategy Review

Mrs Nutbrown presented the updated Organisational Development (OD) Strategy and Plan.

As in previous years the strategy and plan has been developed with an external OD consultant, undertaking a diagnostic process, talking to the CCG as well as partner organisations, system leaders and NHS England.

From the strategy, the plan was developed, based on 3 levels: CCG activity, Rotherham Place Based and SY&B ICS level. Further details are included in the appendices, the plan is overseen by Mr Edwards and the Operational Executive (OE).

Mr Edwards added that this is an evolving document over two year period which is under constant review.

Governing Body members approved the updated strategy and plan.

AUDITS AND REPORTS

096/19 Corporate Assurance Report Quarter 3 & 4

Mrs Nutbrown shared the report to provide intelligence to Governing Body members on Corporate Business for the periods October to December 2018 (Qtr 3) and January to 25 March 2019 (Qtr 4).

The quarterly reports presented to Governing Body members providing assurance regarding the following elements of corporate business: Risk management, external assessment, committee activity, corporate governance, information governance and staffing governance.

As indicated in the reports, FOI responses are exceeding the acknowledgement and deadline due date. An in depth analysis of the reasons for this has been commissioned.

Mrs Nutbrown highlighted:

- Emergency resilience and business continuity full compliance results.
- Conflicts of Interest policy relating to staff declarations and job role changes. These were not reported to the Assistant Chief Officer within the 28-day timescale as stipulated in the policy. Staff are reminded to update their declarations within the timescale.

It was noted due to the expected Primary Care Network changes in May, the process may require a review to ensure it is fit for purpose.

Governing Body noted activity during the two quarters.

POLICIES

097/19 Pay Progression Policy

Mrs Nutbrown shared the revised Pay Progression policy in light of new national arrangements.

Mr Barber confirmed approval of the Remuneration committee.

Governing Body ratified the updated policy.

MINUTES FROM OTHER MEETINGS

098/19 Minutes from Rotherham Place Board 6 February 2019

Mr Edwards shared the minutes for information.

Governing Body received and noted the minutes.

099/19 Minutes from AQUA 8 January 2019

Mr Barber shared the minutes for information.

Governing Body received and noted the minutes.

100/19 Minutes from Engagement & Communications Committee 25 January 2019

Mrs Twell shared the minutes for information.

Governing Body received and noted the minutes.

101/19 Minutes from A&E Delivery Board 30 January and 27 February 2019

Mr Edwards shared the minutes for information.

Governing Body received and noted the minutes.

102/19 Minutes from Joint Committee of Clinical Commissioning Group Public Meeting 24 October 2018

Mr Edwards shared the minutes for information.

Governing Body received and noted the minutes.

103/19 Minutes from Primary Care Committee 13 February 2019

Mr Carlisle shared the minutes for information.

Governing Body received and noted the minutes.

104/19 Minutes from GPMC 27 February 2019

Dr Avery shared the minutes for information.

Governing Body received and noted the minutes.

105/19 Future Agenda Items

No further items identified

106/19 Urgent Other Business

No further items identified

107/19 Urgent Issues and Appropriate Escalation

No items declared

108/19 Risks Raised

- 18 week/current performance to be monitored over the next month

109/19 Any Other Business

No items declared

110/19 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.

111/19 Date and time of Next Meeting

The next public Governing Body Meeting will take place at 1.00pm on Wednesday 1 May 2019 in Room G.04 at Oak House, Bramley, Rotherham.