

NHS ROTHERHAM

Approved by Chair 21.8.13 /to be approved by next meeting

Minutes of the NHS Rotherham **Clinical Commissioning Group Governing Body**
held on
Wednesday 7 August 2013 in the Elm Room, Oak House

Present: Dr David Tooth (Chair).....
Dr R Carlisle Mrs S Cassin
Dr R Cullen Mr C Edwards
Mrs K Firth Mr J Gomersall
Dr L Jacob Ms S Lockwood

Participating observers: Dr J Radford, Director of Public Health, RMBC
Cllr Ken Wyatt, Health & Well Being Board Chairman

In Attendance: Mrs W Commons, Secretariat
Mrs S Whittle, Assistant Chief Officer (Board Secretary)
Gordon Laidlaw, Communications Manager
6 Members of the Public

125/13 Apologies for Absence

Apologies were received from Dr H Ashurst & Dr S MacKeown.

126/13 Chairman's Update

a) Introduction of Interim Chairman at TRFT

Due to last minute diary changes, Mr Langley had been unable to attend that day's meeting. He hoped to attend a future Governing Body to meet members.

b) Selection of New CCG Chairman Update

Dr Richard Cullen & Dr Avanti Gunasekera had appointed on to the Strategic Clinical Executive. Dr Julie Kitlowski had that day been appointed as the new SCE Chair. SCE were recommending her appointment to GP Members Committee who would be consulted during August. Formal appointment was expected to be confirmed in September, followed by a process of handover and shadowing throughout September in readiness for Dr Kitlowski to take over as Chair from 1 October 2013.

127/13 Declarations of Pecuniary or Non-Pecuniary Interests

It was acknowledged that Drs Tooth, Cullen, and Jacob had an (indirect) interest in most items. In addition, Dr Jacob declared a particular interest in items relating to The Rotherham Foundation Trust as he is employed by them on a sessional basis.

128/13 Minutes of the Previous Meeting

The minutes of the Clinical Commissioning Group Governing Body held on 3 July 2013 were confirmed as a correct record.

129/13 **Matters Arising**

109/13 C.Diff - Dr Radford had provided guidance on diagnosis and reporting of C.diff cases to be shared with GPs.

109/13 MRSA Contaminant – Dr Carlisle advised that NHS England had acknowledged that the MRSA contaminant reported by TRFT will not be counted against the CCG and therefore the CCG will not count the contaminant against TRFT as a breach of the national target.

111/13 Personal Health Budgets – Mrs Firth confirmed that the evaluation of this pilot would be presented for consideration to Governing Body in October.

Action: Mrs Firth

117/13 The document compiled by Rotherham Older People's Forum detailing the experiences of older people with health services had been shared with members by Mrs Lockwood after July Governing Body.

130/13 **Chief Officer's Report**

Mr Edwards presented his report. Points of note included:-

a) **CCG Assurance**

Following the publication of a balanced scorecard at the end of August on the CCG's performance, an assurance meeting will take place with NHS England Area team. The meeting is planned for 2 September. Due to the short timeframes, Governing Body delegated the task of self assurance to CCG officers and will be asked to approve the scorecard retrospectively in September.

Action: All

b) **Health Settlement**

Members noted the announcement of the Integration Transformation Fund which will be a pooled budget. The process for approving plans will be discussed in more detail at the September meeting.

Action: Mrs Firth

c) **Right Care Consultation**

Members noted a summary of the feedback from the consultation and will receive a detailed full business case in October to enable a final decision to be made.

d) **NHS CCG Draft Code of Governance**

The CCG had submitted feedback on the draft principles produced by an expert panel from the ICOSA & DAC Beachcroft. Members noted it was not dissimilar to the code of governance that Rotherham CCG already has in place. The Governing Body will be asked to adopt the final version when it is received.

e) **NHS Mandate**

The CCG was compiling a corporate response to the consultation on the Government's NHS Mandate and Members were offered the opportunity to contribute. Following an enquiry from Dr Jacob on behalf of the GPMC, it was agreed that the CCG draft code of governance and NHS Mandate consultation will be shared with GPMC to advise that these consultations were underway so that individuals can respond should they wish.

Action: Mr Edwards

f) **Keogh Mortality Review**

Members noted that its local provider, TRFT was not included in the top 14 hospitals in England that were persistent outliers on mortality indicators. However, Governing Body had recently begun to receive mortality rates as part of the patient safety/quality assurance report and will continue to review this performance data monthly.

g) **AHSN**

Members noted that the Y&H Academic Health Science Network is now authorised and led by Sheffield CCG.

h) **Liverpool Care Pathway**

In light of current national publicity, Rotherham CCG is reviewing its pathway and awaiting further national guidance. This review includes evaluating the End of Life care pathway and the outcome will form part of discussions in November as part of annual commissioning plan process.

Action: Dr Carlisle

i) **Developing Shared Customer Service Standards**

One of the areas in the Health & Well Being strategy is around expectations and aspirations. A strategy workstream has developed shared customer service standards for H&WB Board partner organisations. As a commissioning organisation, the most appropriate standards for the CCG to adopt are:

- Easy Access
- On Time
- Right Result
- Treated as a valued customer

On reviewing the standards Mrs Lockwood felt it was important not only to ask for feedback and act on it but also to report back what we have done or changed as a result of the feedback.

Dr Jacob asked that the standard about the four main ways of communicating, ie website, telephone, in person or by e-mail/letter should indicate that the method be appropriate to the recipient.

The Governing Body gave agreement in principle to adopting the standards once a final version is agreed.

j) **Making Every Contact Count**

Members noted the workshop taking place on Monday 16 September 2013 to explore the wider social determinants that influence people's health.

131/13 CCG Approach to Commissioning Support

A paper on the CCGs approach to commissioning support will be discussed in the confidential section. The paper is confidential because it gives line by line costs of the CCG's SLA with WY SY & B CSU which the CSU regards as commercial in confidence.

Over the next two months discussions will be taking place with the CSU to ascertain what improvements in value and cost the CCG can expect over the next 18 months. Our commissioning intentions for commissioning support in 2014/15 will be published after the 2 October Governing Body.

132/13 GP Members' Committee

Members received and noted the minutes of the meeting held on 26 June 2013 for information.

Dr Jacob verbally updated members on the areas discussed by the Committee on the meeting held on 24 July. He specifically highlighted concerns raised by GPMC in relation to the RDaSH referrals process for CAMHS and continuing issues related to RFT community nursing staffing.

An issue with care homes specifically around medication administration and the NOMAD system was being addressed by the CCGs contract manager with RMBC. GPMC will be advised of the response and will review the outcome of the process to determine if there is further support required from Governing Body or Health and Well Being Board.

An audit of the Committee's effectiveness had been undertaken which was positive in terms of both members activity and the support they receive.

133/13 Patient Safety & Quality Assurance Report

Mrs Cassin highlighted that District Infection Prevention and Control Committee is to be re-established. The purpose of the Committee is to provide assurance and it will report through the CCG's Risk, Quality & Governance Operational Group.

Members noted that the long awaited overview into the serious case review relating to Child S had finally been published by the DFE in July 2013.

Governing Body were informed that a safeguarding alert had been raised following concerns that there were patients on the psychiatric ward where there is no evidence of the MCA process being followed. Investigation is underway and members will be kept informed.

As a result of the above and concerns raised by GP Members Committee, an issues log has been shared with GPs to provide them with a process for reporting RDaSH issues to be assessed and take forward appropriately.

Mrs Cassin highlighted an unannounced night visit she had undertaken at TRFT with the Chief Nurse and gave brief feedback for members. The visit had been positively received by the staff involved at TRFT. Future similar visits were planned.

Governing Body members, thanked Mrs Cassin for taking part out of hours, welcomed the approach and recognised it as an excellent way to gain true patient experience.

Mrs Lockwood reported that a lively discussion and debate had taken place at the PPG Network that Michael Morgan, Interim Chief Executive at RFT had attended. The Group were very impressed with the information he shared. The next meeting will discuss the Annual Commissioning Plan and will take place on 28th October in the afternoon at Rotherham Town Hall. Dr Robin Carlisle will present and ask for views and feedback on the proposed plan.

Members noted the small improvement and efforts being made with the friends and family test at TRFT. However, Dr Carlisle highlighted the national focus on FFT. Due to

our local provider's lateness in starting the process they were not achieving the target and open to some criticism until it further improves. It was however noted that TRFT were fully engaged in the process and their Chief Nurse is refreshing the whole process.

Mrs Cassin would share the Net Promoter Score (NPS) ratings with Mr Gomersall.

Action: Mrs Cassin

134/13 Performance Report

a) Integrated Performance Report

Dr Carlisle presented the report which he advised was being refined in line with NHS England Balanced Scorecard. As referred to in the Chief Officer's report, NHS England will publish a scorecard on all CCGs after which each CCG will meet with NHSE to explain their position before the results are published nationally.

Dr Carlisle highlighted the key risks for the CCG as RFT A&E performance due to isolated incidences of unavailability of middle grade medical staff. Mrs Firth advised that there are financial penalties to RFT if they did not achieve the 95% target.

Yorkshire Ambulance Service continues to underperform for Rotherham on the Cat A Red 1 target to respond within 8 minutes. Since last month, the CCG has formally raised the issue with Sheffield CCG (who co-ordinate the commissioning of the service on our behalf) to review our standpoint with YAS. Work is also underway with YAS staff, RFT A&E & Ward B1 and we are also looking at the role of the care co-ordination centre. Governing Body will continue to be kept updated.

Mrs Firth forecast the CCG's financial position as still on target to achieve plan. Robust financial information is being received but delays are still being experienced due to the ongoing information governance issues. Currently Rotherham's prescribing spend is artificially decreased, this is felt to be because the Prescription Pricing Authority are wrongly allocating a percentage of Rotherham's prescribing spend elsewhere. It is expected that the PPA will eventually rectify this.

Members were asked to note that baseline allocations between organisations had still not been clarified. The CCG were awaiting final notification.

b) Annual Commissioning Plan Performance Update

Dr Carlisle presented a paper showing progress on the delivery of the 2013/14 plan. He drew member's attention specifically to issues being addressed in three areas, mental health, continuing care and CCG commissioning primary care. These were now being prioritised and Governing Body would be updated on progress in November when a Board to Board with RDaSH was planned for.

A discussion followed about the CCG's capacity to progress work and focus in the correct areas. In planning for next year's Annual Commissioning Plan, members would review capacity and running costs and consider alternative provider options where substantial performance issues occur.

Action: All

135/13 Individual funding Request Annual Report 2012-13

Members noted the annual report detailing the individual funding requests (IFRs) that had taken place under Rotherham PCT. Dr Tooth suggested that members review the format of the report and consider whether the CCG wished to receive the same in future.

It was noted that since the abolition of PCTs IFRs were undertaken by the CSU on the CCG's behalf and the IFR policy had been approved by the Governing Body earlier in the year.

136/13 Health & Well Being Board

The minutes of the meeting held on 10th July 2013 were noted.

Cllr Wyatt advised that work was continuing with partners to identify and set priorities.

Cllr Wyatt advised that a joint Health and Well Being event was being planned for Autumn. It was hoped that NHS England would use the event to address some of the access to primary care services issues and impact on A&E.

137/13 South Yorkshire Commissioners (SYCOM)

The minutes from the 3 May and 7 June meetings were noted.

Dr Cullen highlighted the issue with obesity services which are now commissioned by Local Authorities, specifically around access to bariatric surgery. Rotherham expects not to be affected by this issue.

138/13 CCGCOM

The minutes from 7 June 2013 meeting were noted.

139/13 Proposed Governing Body Dates for 2014

Members were asked to note the proposed dates for next year.

The dates were agreed and would be scheduled and publicised.

140/13 Issues For Escalation – to Governing Body or other Committees

Members noted that the risk register will be revised after next month's Board to Board with TRFT. The current risk register will be shared with members prior the meeting.

Action: Dr Carlisle

141/13 Date, Time and Venue of Next Meeting

Rotherham Clinical Commissioning Group Governing Body's next public meeting is scheduled to commence at **1.00pm** on Wednesday **4 September 2013** at Oak House, Moorhead Way, Bramley, Rotherham S66 1YY.

142/13 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].