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Date: 06 March 2014

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Dr Julie Kitlowski, Chair
Chris Edwards, Chief Officer
Rotherham CCG

Dear Julie and Chris

Thank you to you and your CCG colleagues for meeting with us on 18 February 2014 for your quarter 3 assurance meeting.

We discussed the change to the assurance process from quarter 3 onwards which now provides a focus against the six assurance domains. This quarterly assurance meeting was a particular opportunity to focus on the most pressing strategic priorities and challenges and focus on any risks to delivery

We initially discussed the progress against the quarter 2 plan in relation to Never Events:

You confirmed that the investigation relating to the quarter 2 never event has not yet been finalised. However you stated that the Governing Body was immediately notified of the never event and are aware of the interim actions that have been implemented pending the final report. You also stated that you have agreed that a representative from NHS England (South Yorkshire and Bassetlaw (SY&B)) nursing function will attend the CCG serious incident committee on an annual basis. We stated that this process is an area of good practice.

We then went on to discuss the Assurance Framework Domains in some detail:-

You stated that you are proud of the progress you have made against the six domains.

Domain 1 – Are patients receiving clinically commissioned, high quality services?
You mentioned that there is clinical involvement in the development of services and also in the QIPP groups.

You also explained that there is clinical engagement with other organisations, in particular with The Rotherham Foundation Trust (TRFT). However, although there is engagement between GPs and RDASH clinicians, you stated that this is an area for further development.

You mentioned that you have received national awards for continence and nutrition projects along with social prescribing in relation to the case management pilot. We queried whether the CCG would be willing to showcase this at the EXPO planned for the 03 and 04 March and although this opportunity was not taken up by yourselves I hope that you will look at how you share such learning and achievements in future, which is important to raise the profile of the CCG which aids recruitment and retention of clinical staff – a key issue in primary care.

Post meeting note – Rotherham CCG won the national NHS England 'Excellence in Individual Participation award' for the Rotherham Social Prescribing Service.

General Practice engagement within the CCG is effective, though it is felt that primary care capacity is hindering the ability to increase activity.

You raised concerns around the need to address recruitment and retention in primary care, with a view that there is no incentive for doctors to come to the area. You stated that you are keen to explore options with NHS England (SY&B) to address this. We accepted this is a very real challenge which we have to jointly own. As discussed we are in discussion with HEE to explore innovative approaches to recruitment and retention but also to understand what trainees are seeking we also discussed ways to incentivise practices and individuals – built around development support/specialisation etc as opposed to the old style Golden Hellos which are no longer supported.

We agreed to have a joint meeting which would include the LETB/HEE to discuss possible options, you agreed to liaise with Brian Hughes to arrange a meeting.

Domain 2 – Are patients and the public actively engaged and involved?
You stated that you have made progress in relation to public engagement and in particular you explained the engagement work you undertook to share the commissioning plan in September. Due to the timing of the publication of the planning guidance in December you mentioned that you are engaging with the public now in relation to the development of the 2015/16 plan.

The CCG has continued to develop its super-user group which enables views to be obtained. In addition you identified that the chair is championing engagement and a new lay member has been recruited in relation to patient and public engagement.

We stated that the work of the CCG regarding patient and public engagement is good practice. In addition, we commented on the positive work that has been undertaken to ensure that there is alignment of the Joint Strategic Needs Assessment, the Health and Wellbeing Strategy and the CCG Commissioning Plan.

The delivery dashboard for quarter 3 shows that there has been deterioration in the Friends and Family Test combined response rate. You explained that you have monthly one to one meetings with TRFT and that you are actively involved in other meetings at the Trust. It was acknowledged that future response rates must show an improvement and that TRFT are looking at ways to ensure continued enthusiasm regarding Friends and Family surveys. We queried whether the token system provides quality information, you stated that you are looking at aligning the survey results with other data sources. You also explained that TRFT are moving towards publishing the Friends and Family Test results for each ward in an attempt to introduce internal peer challenge.

You also explained that you are using different approaches to engage with patients and the public, in particular you mentioned that you have developed a virtual group which will be used for consultations.

We questioned whether the CCG has received any feedback in relation to the implementation of Care.data from the public or practices. It was noted that there were issues with distribution of the leaflet with a number of households not receiving or finding the leaflet hidden in other local advertising literature.

Domain 3 – Are CCG plans delivering better outcomes for patients?
You explained that you are comfortable with the improvements that have been delivered in relation to the 2013/14 commissioning plan, with the majority of actions included in the plan being achieved. Those actions that have not yet been delivered relate to Mental Health and these will be included in the 2014/15 plan.

You stated that progress has been made in relation to the outcomes, with the number of potential life years gained increasing in line with the national trend and a 20% reduction has been made in the number of hospital admissions which in turn is helping to improve patient quality. We acknowledged this very positive progress.

We stated that we will be working with Public Health England to review outcomes to enable a more informed discussion at future assurance sessions. We agreed that outcomes will be an area to focus on at the quarter 4 / annual assurance meeting.

You explained that internal discussions are being held to consider outcomes and in particular you mentioned possible work relating to cardiovascular checks / lung cancer which could potentially contribute to 200 lives being saved. You also identified a big challenge for the CCG is to increase the healthy life expectancy. Work is being undertaken to improve the current levels through risk stratification and bespoke packages of care.

The quarter 3 delivery dashboard identified a number of areas which are of challenge to the CCG:

A&E – 4 Hour Target
You explained that following the ECIST visit, the report has now been received which provided positive feedback. The ECIST report identified 12 recommendations / actions which are deliverable. The Urgent Care Working Group is reviewing the action plan and is attaching timescales to the actions. It was also noted that the Trust has agreed to implement the 'perfect week' the week commencing 07 March.

As previously reported, TRFT has been trying to recover from the under-performance against the 4 hour standard in quarter 1. The Trust was focussed on the delivery of the A&E standard in quarter 3, of which the standard was achieved. Senior clinicians were actively engaged, the trust had reviewed its discharge processes and the CCG provided funding, as part of the winter monies, for additional surge beds and a discharge lounge.

The latest position shows that the standard is not currently being achieved in quarter 4 but you have received assurance from TRFT that 95% will be achieved in quarter 4 and the Trust is also working to achieve 95% by 31 March. Current performance can be attributed to bed waits and diverts from Doncaster and Bassetlaw FT. However, it is felt that the funding of the additional surge beds could help to alleviate this pressure.

You confirmed that the delivery of the A&E standard remains the number one priority for both the CCG and the Trust.

C-Difficile
Due to the c-difficile outbreak which occurred during quarter 2 you explained that TRFT has now exceeded its annual trajectory. You stated that each case has a full root cause analysis, and there have been changes to training plans as a result of the outbreak. You also explained that TRFT are organising an external review.

In relation to the CCG c-difficile trajectory, it was also stated that it is possible that this trajectory will also be exceeded. A group has been established to review prescribing of antibiotics.

Ambulance Response Times
You mentioned that the ambulance response times by Yorkshire Ambulance Service (YAS) continue to be of concern for Rotherham CCG. YAS has attended the CCG Governing Body to discuss the underperformance and they have also developed an action plan, of which the CCG has requested further assurance. It was noted that there are no locality specific penalty clauses in the 2013/14 YAS contract but that you are insisting these be included in the 2014/15 contract.

Separate to the YAS contract you mentioned that you are running a pilot with Event Medical Service to respond to GP emergency requests.

Domain 4 – Does the CCG have robust governance arrangements?
You stated that you are able to evidence that the CCG has got robust governance arrangements in place. We confirmed that the governance arrangements are clear and these align with the commissioning plan.

We questioned the safety thermometer pressure ulcers rates which appear to show a deteriorating position. You explained that a detailed analysis is being undertaken at TRFT and that locally the trust has elected to declare all pressure ulcers as local never events.

You mentioned that TRFT have been identified as a low reporter of serious incidents but following a thematic review the number of serious incidents being reported is now more in line with other trusts.

It was felt that the quality meetings which are held with TRFT are robust, however you recognised that further work is required to improve the quality meetings which are held between the CCG and RDaSH FT.

Domain 5 – Are CCGs working in partnership with others?
The CCG has worked in partnership to develop its commissioning plan and is an active member of the Working Together programme.

In addition you mentioned that you have worked closely with the Local Authority to ensure the delivery of the Health and Wellbeing Strategy and the Better Care Fund.

You stated that the CCG continues to be fully engaged with TRFT and that the CCG has agreed a £5 million investment with the trust to support transformation projects. It was acknowledged that there remains a number of interim Senior appointments which adds to the potential risk, however, a permanent Chair has now been appointed and the advert is out for the substantive Chief Executive and interviews are scheduled for the 14th March. In addition, the four clinical director leads are fully engaged with the CCG.

We mutually agreed that assurance is required relating to the impact around the proposed Cost Improvement Programme at TRFT.

We discussed the co commissioning relationship between NHS England (SY&B) and the CCG, and the CCG and the Local Authority, highlighting where funding disputes had or

had the potential to impact on patients. You gave a commitment that if a funding dispute issue arises the needs of the patient will be paramount.

Domain 6 – Does the CCG have strong and robust leadership?
You stated that you have a clear process to recruit to the Strategic Clinical Executive (SCE), however, you also mentioned that there is a continued risk from a capacity perspective.

The recent vote from practices identified a 100% vote of confidence for the SCE and the CCG Chair.

As reported at the quarter 2 assurance meeting, the CCG is hoping to be the first CCG in the country to obtain *Investors in Excellence* accreditation. A number of practitioners have been trained throughout the organisation and a champion's team has been established. Staff within the CCG have developed a set of staff values. The CCG is currently working through the criteria in preparation for the submission date in April and in advance of the site visit in May. The CCG is congratulated for this.

We questioned whether the CCG has applied any contractual penalties / sanctions to address areas of provider under-performance. You stated that during 2013/14 you have triggered contractual penalties. You also explained that you have Board to Board meetings to discuss plans and that financial plans are attached to performance and CQUINs. In addition you mentioned that the Urgent Care Working Group has been positive as it ensures that all partners are held to account.

- **Collaborative Commissioning**

Protected Learning Time
We discussed the perceived mixed messages that had been communicated recently in relation to primary care. NHS England (SY&B) agreed to produce a brief for practices to clarify this.

Co-commissioning in quality in primary care
We confirmed that a process for joint working has now been agreed and that this agenda now needs to be progressed.

Health and Wellbeing Board
You stated that recent discussions in relation to the Better Care Fund had been challenging due to the differing expectations from Health and the Local Authority. We mutually agreed that it is important that NHS England (SY&B) reiterate the health expectations at the Health and Wellbeing Board.

The Better Care Fund has been agreed but further work is required in relation to the development of the metrics. We stated NHS England is providing an assurance role, of which we agreed to share a copy of the assurance template with you. As part of the assurance role there is the requirement of NHS England to undertake a discussion with a Local Authority representative, from another South Yorkshire area, who will peer review the Rotherham Better Care Fund submission.

GP 7 Day Working
We agreed that a further discussion is required to understand the implications of GP 7 day working. We confirmed that the Primary Care Strategy is due imminently. We stated that resources to support the implementation of some of the strategy are held with the CCG.

Further to the meeting we understand that the national strategic framework may be delayed. We will follow up with you separately what this therefore means.

Chantry Bridge
I confirmed that we find ourselves in a difficult position, with Care UK no longer willing to extend their contract within the current contract value. This leaves NHS England having to look at a range of options some of which could be contrary to the assurances given by the CCG in its consultation on the future of urgent care services. We will work with you to understand the implications of the various options but ask in the meantime that you share with us your business plan, to include your assumptions on the lease implications.

- **Planning**

You stated that you have developed your plan and have confirmed that the plan includes the fundamentals / requirements included in the Everyone Counts planning guidance.

You mentioned that further work is required in relation to the Better Care Fund metrics and a further discussion is required between the CCG and NHS England (SY&B) regarding the level of ambition included in the operational plan trajectories.

We agreed that the challenge over the next few months is to ensure that the plan is a place based plan which includes the NHS England (SY&B) and the *Working Together* contribution. We discussed the implications and timeliness of the *Working Together* programme in relation to the development of the Rotherham Strategy. We confirmed that we do not expect to see information relating to the programme included in the April 2014 submission.

NHS England (SY&B) agreed to consider the operational and strategic plan information submitted on the 14 February and provide feedback to the CCG.

- **Other CCG Successes / Challenges**

You stated that a number of practices are querying the process for payments for remote monitoring. We agreed to obtain clarification and feedback to the CCG.

You also mentioned that some Barnsley practices were experiencing difficulties which was impacting on the Rotherham practices. We agreed to follow this up outside the meeting

- **Development / Support Requirements**

You confirmed that you felt that the relationship between NHS England (SY&B) and the CCG was constructive.

- **Next Steps**

We mentioned that as part of the assurance framework process we are required to complete a CCG headline assessment and summary report. It was agreed that we would share this information with you prior to submission to the regional team.

A regional moderation panel would then be convened mid March to discuss the report before national consideration.

We will continue to work together in the future to address the challenges identified.

It is clear that the CCG continues to deliver some innovative programmes, which need sharing as good practice. It is clear that you are aware of the key risks facing your CCG and are actively undertaking work to address these. In the meantime, I thank you and your team again for the openness, honesty and challenge during our discussions.

Yours sincerely

Eleri de Gilbert
Director (South Yorkshire and Bassetlaw)