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Dr David Tooth
Rotherham CCG Chairman

Dear David

Thank you to you and your CCG colleagues for meeting with us on 02 September 2013 for your quarter 1 assurance framework checkpoint meeting. Whilst the meeting was part of the formal assurance process it was also an opportunity for us to hear from the CCG around its successes and challenges and to look at areas of joint commissioning, collaboration and assurance.

It is clear from the discussions that good progress has been made by the CCG since we met in April.

As part of the quarterly assurance process a balanced scorecard was produced this included a number of metrics which CCGs are assessed against. We worked through the issues of particular challenge identified by the balanced scorecard and discussed the CCG action plan you have produced in response:-

Quality Compliance
You mentioned that The Rotherham Hospital FT (TRFT) had self referred itself to Monitor as a result of governance and financial planning concerns. You stated that the CCG is fully engaged with TRFT to address the issues, and in particular you mentioned the level of clinical engagement from the CCG with TRFT clinicians. The recent CQC quality inspection and CCG unannounced visit were recognised as being positive.
It is clear that the CCG has a good understanding of the challenges and risks around TRFT and you gave us positive assurance around the impact on quality, which is being monitored by the CCG.

It was identified that the trust are required to submit a 5 year financial rectification plan/options appraisal to Monitor by December, of which the CCG has expressed a view. The work that the CCG has been engaged in around strategic options for the Trust was acknowledged and noted that this would culminate in a report to the TRFT Board this autumn.

Friends and Family Test
This measure looks at the combined response rate for the inpatient and A&E surveys, it was noted that the 15% target was not achieved in quarter 1, but there has been an improvement in the response rate each month. It was identified that the new chief nurse is actively engaged in delivering the agenda and an implementation plan has been developed using the learning from those trusts that are achieving the measure. To specifically increase the response rate in A&E a token system is being used.

52 Week Waits
It was acknowledged that at the end of June and July there was 1 general surgery patient who had waited in excess of 52 weeks at Doncaster and Bassetlaw Hospitals FT. You explained that you have formally written to Doncaster CCG seeking assurance that this patient has been seen and that there will be no further breaches. We stated that we have also requested further assurance from Doncaster CCG. In addition you mentioned that you have received assurance from all other providers that systems are in place to ensure that there are no 52 week breaches.

A&E – 4 Hour Target
You explained that the 4 hour year to date performance level was below the 95% target but that assurance has been provided that year to date performance will be 95% by the end of October. Concern was expressed that this didn't provide headroom for over the winter period. The 4 hour target was not achieved in quarter 1 due to system wide pressures including increased demand in April. It was noted that there was an ongoing issue in respect of non-attendance by middle grade doctors but that as part of Working Together the FTs were addressing the issue of workforce, locums and in particular the issue of availability of middle grade doctors.

You also mentioned that you are looking to bring forward the conclusions of your urgent care review for this winter, in respect of co-locating the walk in centre run by Care UK. .

We mutually agreed that the delivery of the A&E 4 hour operating standard continues to be a top priority for you, with a recognition that the operating standard must be delivered over the winter months. It was acknowledged that delivery of A&E remains a potential risk.

Unclosed Serious Incidents
You confirmed that robust processes have been developed and implemented to address serious incidents.

Local Priorities
You mentioned that you are currently experiencing difficulties in obtaining data in relation to 2 of your 3 local priorities which are linked to the quality premium, this is as a result of the NHS changes. Work will continue to take place to try and obtain this information.

Health Outcomes
You advised that you have been actively engaged in the production of the refreshed Joint Strategic Needs Assessment, and that your commissioning plan was based on the Health and Wellbeing Board priorities with a focus on improving outcomes for the population.

Finance
You queried whether there was any clarity regarding the 2% measure as you are experiencing difficulties obtaining consent from members. We advised that there is currently no change to previous guidance but that further clarity may be included in the planning guidance.

- **QIPP**

You stated that at the end of quarter 1 you are on target to achieve the 4 QIPP workstream areas. It was recognised that the unscheduled care scheme is delivering for the first time; in particular you advised that the care co-ordination centre is currently diverting 40 patients per week. You also identified that there are a number of unscheduled care pilots that are pending a decision in October, these are in relation to the following:

  - Case management

- End of life – community hospice at home
- Expansion of intermediate care beds
- Prescribing.

It was noted that part of your longer term strategy is to redesign unscheduled care in Rotherham.

- **Collaborative Commissioning**

Primary Care
We mentioned that we are currently in the process of developing a primary care strategy.

You mentioned that you had considered the memorandum of understanding in relation to primary care quality and development and that you were happy to progress this agenda.

From a quality perspective you stated that you have commenced quality visits in practices, following the agreement of members and the LMC, with a focus being on performance as this affects CCG spend. In particular you are considering practice variation related to referrals, consultation rates and emergency admissions. In addition discussions are also taking place regarding locally enhanced services, local incentive schemes and case management.

CCGCOM / SYCOM
You mentioned that cross working with other commissioners is effective and noted that Richard Cullen plays a leadership role around SYCOM, which is appreciated.

We acknowledged that further work is required to inform, engage and understand the impact on CCGs / Trusts in respect of specialised commissioning decisions.

The contribution made by Richard and Chris in SCNs was recognised. It is important that CCGs influence the priorities and development of SCNs.

Health and Wellbeing Board
It was agreed that the Area Team at the Health and Wellbeing Board could support the CCG by providing greater challenge in relation to the delivery of health outcomes.

- **Development / Support**

Although a draft national offer prospectus has been developed we explained that we are keen to understand what your current developmental/support needs are and to work with you to address these wherever possible.

You stated that a number of development issues relate to the interface with General Practice and Specialised Commissioning. It was agreed that a further conversation would be held to discuss how the Area Team can work with the CCG to address these issues. It is clear that there has been some good OD initiatives happening within the CCG, for example the work on GP development, Organisation Climate review and the distributed leadership approach in particular

It was identified that long term sustainability of General Practice providers is an issue in Rotherham with recruitment being of concern, which is crucial for high quality primary care delivery and for future recruitment to CCGs. This will be addressed as part of our primary care strategy.

You stated that the Commissioning Support Unit is providing organisational development support for your CCG including coaching for senior staff members. It was also identified that a piece of work is being undertaken regarding business excellence which specifically looks at priorities, what staff think about working with devolved leadership and how this affects officers. However it was noted that work regarding commissioning support is due to be reviewed next year.

You advised that you are aware that support is available and if this is required you will discuss this with the Area Team.

You expressed concern relating to information governance and specifically how this is affecting your CCG. It was identified that the lack of information is having financial implications as you are unable to validate provider invoices and as identified earlier information is unavailable for 2 of your local priorities.

We recognised your concern and advised that information governance has been included on the NHS England risk log and is work is taking place nationally to resolve this issue.

- **Other CCG Successes**

Commissioning Plan
You stated that you are on track to deliver your commissioning plan.

Medicines Management
You identified that you have been contacted by a number of CCGs asking about your effective approach to medicines management.

You shared that one of your local MPs was championing the work you are doing on stroke

Joint Clinical Work – Electives
You mentioned that there are a number of You Tube videos on the internet regarding joint clinical work, which the CCG has led.

We discussed how the CCG good practice / successes could be further promoted, it was agreed that the Area Team could support. It was also agreed that ideas could also be shared at the Commissioning Assembly.

- **Challenges**

In addition to the areas identified above as being a challenge, it was acknowledged that Mental Health Payment by Results in 2014/15 would be a challenge.

- **Next Steps**

We mentioned that as part of the assurance framework process we are required to complete a CCG action plan and update the balanced scorecard. It was agreed that we would share this information with you prior to submission to the regional team.

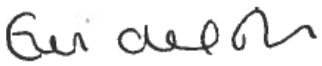
A regional moderation panel would then be convened at the end of September to discuss the plans before national consideration. The expectation is that CCGs will publish their balanced scorecard and supporting narrative on their websites on 18 October. We will share further information with you in relation to timescales as and when we receive them.

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

In the meantime, I thank you and your team again. It is clear that the CCG is doing some really good work and has some innovation, which it should share with others. The added value of a CCG and its clinical leadership and involvement is transparent in all that you are doing which places the CCG well in terms of the future – as you move forward with planning for the next 3 – 5 years.

Finally, I would personally like to thank you for the support and engagement you have provided and wish you well for the future. As I mentioned at the meeting I believe that you have contributed much to the development and success of the CCG in your role as Chair. The constructive challenge and positive relationship with us at the Area Team has been welcomed. You will be missed.

Yours sincerely



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