

NHS ROTHERHAM

Minutes of the **NHS Rotherham Board** meeting held on
21 March 2011 in the Elm Room, Oak House

Present:

Mr A Tolhurst (Chairman)

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| Mr A Buck | Dr J Radford |
| Mr C Edwards | Mr R Stonebridge |
| Mr J Gomersall | Dr D Tooth |
| Mrs R Kapoor | Mrs P Wade |

In Attendance:

Mrs K S Atkinson, Director of Strategic Planning
Dr R Carlisle, Deputy Chief Executive – Performance & Primary
Care Improvement
Mr L Richardson, Graduate Trainee (Finance) *observer*
Cllr R Stone, Leader of Borough Council *observer*
Mr A B Tenanty, Head of Corporate Governance

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| (Item 47/11) | Mrs A Baines, Senior Project Manager, End of Life Care |
| (Item 43/11) | Ms T Cannell, Director of Accura <i>advisor to Jean McVann</i> |
| (Items 42 & 43/11) | Mrs K Henderson, Managing Director, Rotherham Community Health Services |
| (Item 47/11) | Mr S Keeling, Senior Project Manager, End of Life Care |
| (Item 43/11) | Mrs J McVann, Lead Clinician for Social Exclusion |
| (Items 42 & 43/11) | Mrs S Lockwood, Lay member of RCHS Committee |
| (Item 47/11) | Mrs G Palmer, Programme Lead, End of Life Care |

The Board congratulated Mr Buck on his selection as the PCT Cluster Chief Executive. See minute 40/11d below.

34/11 Apologies

Apologies for absence were received Dr Cullen and Mrs Topliss.

35/11 Declaration of Members' Pecuniary or Non-Pecuniary Interests

a) **46/11 GP Led Commissioning – Local Incentive Scheme**

Dr Tooth declared an interest in the above item.

36/11 Minutes of the previous meeting

The minutes of the Board meeting held on 21 February 2011 were confirmed as a correct record subject to:

The list of Apologies recording Mr Stone's name.

Dr Carlisle drew attention to a concern raised by Rotherham Foundation Trust managers about the accuracy of a statement made at the January meeting of the Board. The Board noted the concern.

Action: Deputy Chief Executive – Performance & Primary Care Improvement

37/11 Matters Arising

a) 24/11 Chief Executive's Report – Commissioning Executive

Dr Radford reported that Commissioning Executive members had taken on Professional Executive members' duties in relation to funding appeals. Mr Tolhurst noted the practice of duties being assigned to Commissioning Executive members and asked for detailed proposals to be brought to the next meeting.

Action: Chief Executive

b) 28/11 Yorkshire & Humber Specialised Commissioning Group

The Efficiency Programme of the Specialised Commissioning Group (SCG) was being addressed via a Quality, Innovation, Productivity and Prevention initiative. The SCG would be supplying regular reports to the member PCTs.

38/11 Chairman's Correspondence

Mr Tolhurst reported on his activities in the preceding month.

He had attended the launch of the local obesity campaign week. An update on current work would be brought to a Board meeting.

Action: Director of Public Health

He had been pleased to see the new facilities at Kimberworth for the borough's children and young people services.

Meetings of PCT Chairs were considering the local Cluster Board arrangements.

Mrs Wade drew attention to the "Hello Goodbye" event for Rotherham Community Health Services staff on the following day.

39/11 Chief Executive's Report

Mr Buck presented his monthly update to the Board, highlighting the following:-

a) A petition - from 185 users of the Dalton Health Centre - had been delivered to him. The Board received the petition, noting that the replacement of the building was a high priority for NHS Rotherham, but that changed financial circumstances created an affordability problem. The petition organisers would be responded to.

Action: Chief Executive

b) Dr Zubairu would be retiring in April. His Maltby patients would be allocated to other Maltby GPs and his non-Maltby patients would be advised to register with a GP of their choice. The Maltby patients would be free to find an alternative GP to the one they were allocated to.

c) The NHS Rotherham draft Single Integrated Plan had been submitted to the Strategic Health Authority (SHA). The SHA response, and a revised plan, would be presented to the April Board meeting for adoption. Mr Stonebridge lamented the lack of time afforded

by the SHA for Board input on the production of the plan.

d) NHS Rotherham had made grants to a number of local voluntary organisations in recognition of the support offered by them in improving the health of Rotherham people. The Board noted the schedule of the grants made.

e) The NHS Ombudsman's "Care and Compassion" report - on care given to elderly people in England - was noted. It was agreed that the Audit & Quality Assurance Committee should consider next steps.

Action: Head of Corporate Governance

f) Director departures required the naming of a new officer for oversight of security management. The Board agreed that Mr Chris Edwards should undertake that role.

g) Local foundation trusts each allocated a governor place to NHS Rotherham. Following management restructuring, the NHS Rotherham places were now vacant. The Board agreed that Mrs Kate Tufnell should be the governor for Rotherham, Doncaster & South Humber Mental Health Foundation Trust and that Ms Sarah Lever should be the governor for Rotherham Foundation Trust.

Mr Buck also drew attention to the splendid new facilities for mental health at the rear of the DGH campus.

40/11 "Liberating the NHS"

Mr Buck reported briefly on recent developments:-

a) The Health & Social Care Bill was passing through Parliament.

b) The Rotherham Commissioning Executive (RCE) application for pathfinder status had been approved by the Strategic Health Authority.

c) Discussion of governance arrangements for the local cluster of PCT's had highlighted the need for clarity on what was delegated to its Chief Executive; to the constituent PCTs' Chief Operating Officers, and to the embryonic GP commissioning consortia.

d) He had been selected as the Chief Executive for the PCT Cluster of South Yorkshire & Bassetlaw. His appointment was endorsed today, as was that of Mr Chris Edwards as NHS Rotherham Chief Operating Officer. The governance arrangements were under active consideration and recommendations would be brought to the April Board meeting.

Action: Chief Executive

Mr Buck's appointment as the Cluster Chief Executive was approved. His appointment of Mr Edwards as the NHS Rotherham Chief Operating Officer was endorsed.

41/11 Public Health White Paper

The government's consultation exercise would close soon. Dr Radford had circulated the final draft of a joint response from Rotherham Metropolitan Borough Council and NHS Rotherham: this was endorsed by the Board.

42/11 Shaping Our Future - implementation of proposals

Mr Buck reported that Monitor had approved the transfers to local Foundation Trusts of the various community health services. Mr Gomersall added that Audit & Quality Assurance Committee had carefully examined arrangements and was satisfied - other than a query on the responsibility for operational assets such as community dentists' chairs.

Mr Edwards explained that agreement had been reached that the social enterprise - see *43/11 below* - should be able to access Practice-Based Commissioning (PBC) funds in regards to its services at Rawmarsh.

The future use of Breathing Space was discussed. It was agreed that a plan should be developed to make best use of the facility.

Action: Chairman of Commissioning Executive

The Board gave formal and final approval to the transfer of PCT-provided services to:-

- Rotherham Foundation Trust
- Rotherham, Doncaster & South Humber Mental Health Trust
- Rotherham Hospice Trust
- the planned Social Enterprise.

The Board also sanctioned a 12-month period in which the social enterprise could access PBC savings.

Mr Tolhurst paid tribute to the members of the Rotherham Community Health Services Committee in managing services over the previous two years and in steering them to their new host organisations. Mrs Wade in turn praised Mrs Henderson and her management team in supporting the committee's work.

43/11 Social Enterprise - for three general medical practices

Mrs Jean McVann introduced a brief agenda paper. Subsequent to the Board approval of the interim business case, in December 2010, the Strategic Health Authority had given its approval to the formation of a social enterprise. The Board noted that all key preparatory actions were set to be completed before 31 March 2011.

The Board noted the planned governance arrangement including Mrs Wade's appointment as Chair and Ms Tracy Cannell's as Vice-Chair.

The Gate Practice had recently acquired Chatham House as its replacement premises and as a HQ for the Social Enterprise.

The Board agreed the recommendation from Mr Buck and Mr Edwards that final approval be given for the formation of the social enterprise.

Mrs McVann would be the managing director and was wished well for the future. Mrs McVann thanked Mr Buck, Mrs Henderson and their management teams for all the support that had been given in the preparation work.

44/11 Business Continuity Management Policy

The Board adopted the Business Continuity Management Policy dated March 2011 - subject to descriptions of job titles, and reporting arrangements, reflecting arrangements consequent to the formation of a PCT Cluster for South Yorkshire and Bassetlaw.

Action: Director of Public Health

45/11 Equality and Diversity Scheme

The agenda paper was withdrawn due to a very recent change in government policy.

46/11 GP-led Commissioning - local incentive scheme

Dr Carlisle introduced a paper outlining the key elements of a Local Incentive Scheme for GP commissioning during 2011/12. Some minor details remained to be agreed with the GP community.

The key feature was a focus on developing engagement by every practice and there was a particular need to gain acceptance of the financial challenge facing NHS Rotherham during the next two years. The Board approved the scheme - for implementation from 1 April 2011.

Action: Deputy Chief Executive – Performance & Primary Care Improvement

47/11 End of Life Care Programme

Mrs Gail Palmer, Mrs Anne Baines and Mr Stuart Keeling gave a presentation on End of Life Care work that was concluding soon. Points of note included:-

- a) A high percentage of people who died had been managed under the Liverpool Care Pathway for their final days. Use of the pathway now featured in service contracts.
- b) There had been a reduction in the proportion of the deaths which occurred in a hospital rather than at home.
- c) Most Rotherham medical practices now used the Gold Standards Framework. There were also some related initiatives with providers of domiciliary care.
- d) The Do Not Attempt Cardiopulmonary Resuscitation policy (developed by Yorkshire & Humber PCTs) was in common use by local providers.
- e) The e-learning package for End of Life Care was now available to care home staff.

A letter from a grateful relative was read out and some further information on the project given to those present. The Board expressed its thanks to all those who had helped secure the above achievements.

48/11 Performance Report

Dr Carlisle presented the performance report on health targets and quality, drawing

attention to the following:-

- a) Work continued (nationally and locally) to align measures under the various reporting frameworks.
- b) Chlamydia screening rates were unlikely to meet the target set for 2011/12 but would match the performance of 2010/11. The new government was not giving the same emphasis to this target as had the previous one.

Mr Edwards presented the performance report ¹ on finance and contracts, drawing attention to the following:-

- i. A large number of “red” scores related to the management of transient ischaemic attacks (TIAs). Until April 2011, the local acute trust only offered a 5-day week service for the management of TIAs.
- ii. The Sheffield Children’s Hospital overtrade on referrals received may have a compensating decrease for that same speciality elsewhere?

Action: Deputy Chief Executive - Finance, Contracts and Service Improvement

- iii. Expenditure on continuing care may be starting to plateau. Efforts to understand the trends continued, but an emerging focus was on the value for money obtained – regardless of which public body had funded it.

The A&E departments at Doncaster and Worksop reported a combined performance on waiting targets and data on their separate performance was requested.

Action: Deputy Chief Executive - Finance, Contracts and Service Improvement

Discussion of the performance against individual targets revealed confusing conventions in the calculations of performance. An overhaul in the description of the statistics was requested.

Action: Deputy Chief Executive - Finance, Contracts and Service Improvement

49/11 Information Governance Toolkit 2010/11

The Board reviewed the information governance self-assessed scores for 2010/11 and approved their submission (with accompanying evidence) to Connecting For Health.

Action: Deputy Chief Executive – Performance & Primary Care Improvement

50/11 NORCOM

The (unadopted) minutes of the joint meeting of NORCOM held on 11 February 2011 were received and noted.

The (unadopted) minutes of the commissioner-only meeting of NORCOM held on 11 February 2011 were received and noted.

¹ A replacement paper - showing even numbered pages as well as odd ones - was given to those present. The replacement version matched that on the website.

The agreement by which trusts participated in the work of NORCOM was likely to be subsumed into the PCT Cluster arrangements, although the position of North Derbyshire (a member of NORCOM) may need special consideration.

51/11 Professional Executive

The minutes of the Professional Executive meeting held on 2 February 2011 were received and noted. It was noted that this had been the final meeting of the Executive's current membership.

52/11 Rotherham Community Health Services (RCHS)

The minutes of the RCHS Committee meeting held on 2 February 2011 were received and noted.

The (unadopted) minutes of the RCHS Committee meeting held on 7 March 2011 were received and noted.

The Annual Report of the Rotherham Community Health Services Committee for 2010/11 was received and noted. Subject to a minor revision, it would be shared with Mr Philip Drury.

Action: Head of Corporate Governance

53/11 Yorkshire & Humber Specialised Commissioning Group (SCG)

The Decision Summary from the Yorkshire & Humber SCG meeting held on 28 January 2011 was noted and its content adopted.

The (unadopted) minutes of the Yorkshire & Humber SCG meeting held on 28 January 2011 were received and noted.

The nationally led review of paediatric cardiology services was subject to public consultation. One affected foundation trust had mounted a legal challenge to the review and consultation.

54/11 Date, Time and Venue of Next Meeting

The next meeting of the Board was scheduled to take place on Monday **18 April 2011** at 2.00 pm at Oak House, Moorhead Way, Bramley, Rotherham.

The Board noted that this was the final meeting that Mrs Atkinson would be attending. The Chairman paid tribute to her work (over many years) and the Board wished her a long and happy retirement.