

**Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
Governing Body held in public on 7 March 2013
in the Boardroom at 722 Prince of Wales Road, Darnall, Sheffield, S9 4EU**

A

Present: Dr Tim Moorhead, GP Locality Representative, West (Chair)
Dr Amir Afzal, GP Locality Representative, Central
Ian Atkinson, Accountable Officer
Dr Margaret Ainger, GP Elected City-wide Representative
John Boyington, CBE, Lay Member
Kevin Clifford, Chief Nurse
Dr Richard Davidson, Secondary Care Doctor
Amanda Forrest, Lay Member
Tim Furness, Chief of Business Planning and Partnerships
Dr Anil Gill, GP Elected City-wide Representative (for part of the meeting)
Idris Griffiths, Chief Operating Officer
Dr Andrew McGinty, GP Locality Representative, Hallam and South
Dr Zak McMurray, Joint Clinical Director
Julia Newton, Chief Finance Officer
Dr Leigh Sorsbie, GP Locality Representative, North
Dr Ted Turner, GP Elected City-wide Representative

In Attendance: Katrina Cleary, Locality Manager, Hallam and South (for part of the meeting)
Rachel Dillon, Locality Manager, West
Carol Henderson, Committee Administrator
Simon Kirby, Locality Manager, North
Gordon Laidlaw, Communications Manager
Daniel Mason, South Yorkshire and Bassetlaw NHS111 Lead (for item 59/13)
Eddie Sherwood, Director of Care Support, Sheffield City Council (on behalf of the Executive Director – Communities)
Mike Smith, Chair, Sheffield Local Involvement Network (LINK)
Linda Tully, Head of Governance and Company Secretary
Dr Jeremy Wight, Sheffield Director of Public Health
Paul Wike, Locality Manager, Central

Members of the public:

Five members of the public were in attendance.

A list of members of the public who have attended CCG Committee / Governing Body meetings is held by the Company Secretary

43/13 Welcome

The Chair (Designate) welcomed members of the Sheffield Clinical Commissioning Group (CCG) Governing Body, those in attendance and observing, and members of the public to the meeting.

He also welcomed Gordon Laidlaw, Communications Manager for the

South Yorkshire and Bassetlaw Commissioning Support Unit, who would be in attendance at Governing Body meetings from now on, as Sophie Jones, Communications Officer, had now left the CCG to take up a post in the NHS Leadership Academy.

44/13 Apologies for Absence

Apologies for absence had been received from Dr Richard Oliver, Joint Clinical Director and Dr Marion Sloan, GP Elected City-wide Representative

45/13 Declarations of Interest

There were no declarations of interest.

46/13 Minutes of the CCG Governing Body meeting held in public on 7 February 2013

The minutes of the Governing Body meeting held in public on 7 February 2013 were agreed as a true and correct record and were signed by the Chair, subject to the following amendment:

Plans for the Development of Commissioning Intentions for 2013/14 (minute 31/13 refers)

First sentence of fourth paragraph to read as follows:

Members discussed how the CCG could influence the commissioning of sexual health services, particularly with regard to reducing teenage pregnancy rates.

The Chair drew members' attention to minute 39/13, detailing a number of questions that had been submitted prior to or at the meeting and the CCG's responses to these, which had either been given orally at the meeting or emailed to questioners following the meeting.

47/13 Matters arising from the minutes of the meeting held in public on 7 February 2013

a) Delivery and Quality Report (minute 29/13 refers)

The Chair confirmed that he written to the Chair of Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) inviting them to attend a future meeting of the Governing Body to explain the plans to achieve the 95% A&E 4 hour wait target, given the poor performance over the last two quarters. A response was awaited.

b) Plans for Development of Commissioning Intentions for 2013/14 (minute 31/13 refers)

The Chief of Business Planning and Partnerships advised members that he was still waiting to hear from the Area Team about how local

priority trajectories will be set.

48/13 Chair's Report

The Chair presented his report and offered to expand on any issues if members so wished.

He drew member's attention to his report at Appendix A, that would be submitted to the Cluster Board for the 18 March meeting.

He advised members that he and the Accountable Officer had met with a number of the Sheffield MPs, to discuss the CCG's plans.

49/13 Accountable Officer's Report

The Accountable Officer highlighted the following key issue from his report:

The Sheffield CCG is now a statutory organisation following its authorisation on the 18th January. However it will assume its full range of responsibilities as set out in the Health and Social Care Act only from 1 April 2013. Until this point it will continue its arrangements with the PCT under delegated arrangements to oversee 2012/13 responsibilities.

The Governing Body received and noted the report.

50/13 CCG Constitution and Membership

a) Governance Arrangements to 1 April 2013

The Company Secretary and Head of Governance presented this report, which described a number of key actions that needed to be taken in the transitional period from 18 January to 31 March 2013.

The Governing Body :

- Noted the Timeline and Delivery Plan
- Was assured that the necessary governance procedures are in place during the transitional period.

b) Public Accountability and Public Engagement

The Chair presented this report which proposed to appoint a third lay member to the CCG, to strengthen the CCG's ability to fulfil its duty of public accountability, and provide additional capacity in terms of public engagement. This was also proposed in the paper to be discussed under minute 55/13.

The Governing Body:

- Agreed the recruitment of a third Lay Member with specific responsibilities for public and patient engagement.
- Agreed an amendment to paragraph 6.6.2 of the CCG Constitution,

thereby allowing the composition of the Governing Body to include three Lay Members.

51/13 Finance Report

The Chief Finance Officer presented this paper reporting the financial position to the end of January 2013 and an assessment of the possible outturn position against plan. She was pleased to be able to report that Month 10 results showed that activity pressures at STHFT had not been quite as high over plan as in previous months, and that the CCG remained on track to deliver the planned £0.5 million surplus at year end.

The Governing Body:

- Noted the position at Month 10.
- Endorsed the ongoing actions to manage the risks and challenges in Quarter 4 to secure delivery of the financial plan.
- Approved the budget changes made since the last report.

52/13 Delivery and Quality Report

The Chief Operating Officer presented the key performance issues as at Month 10. He drew members' attention to the following key highlights.

- a) QIPP: there was an improvement in the QIPP position, which was now £74k better than planned. The Chair expressed his thanks to all those involved for their hard work and contribution to this positive position.
- b) Referrals: a new website was being developed to act as a referral portal.
- c) A&E: remained under great pressure at STHFT, with a high number of attendees leading to a significant number of patients waiting over four hours. As part of the work to establish how appropriate attendances at A&E are, a random set of GP practices would be rung to ask about the number of appointments, including telephone triaging, they had available. This would give some indication of whether availability of primary care access was a factor in the number of attendances.

Members asked if there was a sense that the position had improved since the report was published. The Chief Operating Officer responded that this was not the case and there was no evidence yet that actions put in place to address this were making a difference. He advised members that feedback from the trust was that 4% of patients can be seen by a GP in A&E under current guidance being followed.

With regard to whether a breakdown of attendances was available, the Chief Operating Officer reported that the disposition of where

attendances came from was available but not the condition they attended with, but was looking at some research on a number of patients, that showed what condition they had attended with and what the outcome was.

d) Patient Experience

Ms Forrest asked about the RAG rating for patient experience as nearly half of the indicators were not Green, and what the indicator was for mixed sex accommodation. The Chief Nurse responded that mixed sex accommodation used to be an issue, and there had been problems at both STHFT and Sheffield Children's NHS Foundation Trust (SCHFT) the previous year, but there had been no breaches since September 2012.

Ms Forrest also asked about access to psychological therapies, which was rated as Amber. Dr Sorbsie responded that there had been problems with staffing, which were being addressed.

The Chief Nurse advised members that patient feedback from providers was now being collected through Patient Opinion. The Chief Operating Officer reported that as patient experience data was not available on a monthly basis, the frequency and approach to reporting primary care quality is being reviewed.

IG

e) Flu Programme

Members noted that all localities seemed to be reporting under performance on a similar level. The Chief Operating Officer would send more detailed information on where the data was taken from and how it was calculated to the Locality Managers.

IG

e) Quality

The Chief Nurse drew the Governing Body's attention to the following:

- (i) Care Quality Commission (CQC) inspections: The CQC had undertaken two visits to Sheffield Health and Social Care NHS Foundation Trust (SHSCFT), one of which was to Grenoside Grange, which had been fully compliant.

In addition to his report, he advised members that the report in the Sheffield Star the previous week on the number of cases of Clostridium Difficile at STHFT had been factually inaccurate and the report had been withdrawn. He advised members that STHFT's performance in this area had significantly improved and was below target for this year.

The Governing Body:

- Noted progress relating to delivering the 2012/13 QIPP.
- Noted the key performance issues for Month 10.
- Noted the contracting performance as at Month 10.

53/13 Proposals for CCG Branding

The Communications Manager presented this report which proposed that the CCG needed a clear and consistent identity to be used all staff and its members. He asked that any comments be sent to him as soon as possible.

The Governing Body asked that proposals for a CCG brand identity be presented to them in April.

GL

54/13 Update on the Development of CCG Commissioning Intentions for 2013/14

The Chief of Business Planning and Partnerships presented this report which provided an update on elements of the CCG's planning for 2013/14, including development of the financial plan to support the Commissioning Intentions. He noted that work with partners to determine plans for Right First Time for 2013/14 had not yet concluded, and due to this and on-going contractual negotiations, it was not yet possible to bring a final draft document to the Governing Body.

TF

He drew members' attention to the recommendations, which proposed having an order of priority for investments as and when the CCG was confident they could be afforded. He and the Communications Manager would discuss producing a simple easy to read summary of the Commissioning Intentions for members of the public.

He advised members that the intention was to present final Commissioning Intentions for approval at the April Governing Body meeting. The Chief Finance Officer reported that the financial information to support the Intentions would be discussed in the private session later on.

The Governing Body:

- Noted progress and the issues being addressed.
- Approved the recommended order of priority of investment proposals.
- Approved the proposed change to the local priorities for the Quality Premium.

55/13 Proposals for Public Engagement

Dr Ted Turner, GP and CCG Governing Body Member, presented this report which laid out the principles for the CCG's engagement and set out the continued relationships with HealthWatch, public membership and portfolio working. Ms Forrest suggested that public engagement be included on the front sheet checklist of requirements for Governing Body papers, to make it integral to everything the CCG does.

The Chief of Business Planning and Partnerships drew members' attention to section 2.8 of the report and clarified that HealthWatch

would have a speaking observer status on the Governing Body, and that Board papers would be published on the CCG's website.

The Head of Governance and Company Secretary advised members that the CCG Constitution would have to be changed to take these changes forward, and while it was not expected that there would need to be any additional resources to current CCG running costs, this would need to be explored further.

TF

Ms Forrest advised members that in relation to whether the CCG established a Patient Engagement Panel, which was outlined in the CCG Constitution, a meeting was being arranged to explore some of these ideas, including how to engage individuals as well as groups. It was suggested that this could be added to the list of actions included in the paper.

TF

The Governing Body approved the principles and proposed actions set out in the paper, including the additional action as discussed above.

56/13 Research Management Update

Dr McGinty, GP and CCG Governing Body Member, presented this report. In addition to the report, he advised members that he had attended a meeting of the South Yorkshire Collaborative Leadership Research Network (CLRN) Board the previous week, when they had reported on the good uptake of recruitment in the South Yorkshire cohort. He drew members' attention to Appendix 1 which showed the CLRN's trust level performance management report and advised that, since the report was published, the one remaining Red had turned to Green. He also advised members that he would be attending the Healthcare Innovation Expo the following week which would showcase the very best innovations in healthcare, including the latest technologies, products and care pathways.

The Chief Nurse advised members that as it was not economical for the CCG to run its own research office, he was suggesting the continuation of the research governance relationship with Sheffield Health and Social Care NHS Foundation Trust (SHSCFT). He also advised members that he and Dr McGinty had agreed to extend the research portfolio to include education.

The Governing Body:

- Noted the recent activity in building relationships with the research community.
- Endorsed the continuation of the research governance relationship with Sheffield Health and Social Care NHS Foundation Trust.
- Agreed that it wished to receive an update on the Key Performance Indicator (KPI) for research on a six monthly basis.

57/13 Equality Objectives Action Plan

Dr Ted Turner, GP and CCG Governing Body Member, presented this

report which set out the CCG's action plan for making equality part of its core business, which would be overseen by the Equalities Action Group (EAG). The Chief of Business Planning and Partnerships advised members that the CCG had support from a staff member of the Commissioning Support Unit (CSU), who had been instrumental in developing the plan. He reported that we were required to publish data every year and would be doing so shortly, although there were limitations on the collection of data, which needed to be done in a way that was not intrusive.

The Governing Body:

- Approved the draft Equality Objectives set out in the paper.
- Tasked the Equalities Action Group to monitor progress and to report to the Governing Body every six months.

58/13 Fairness Commission

The Chair presented this report and also tabled a letter from the Chair of the Fairness Commission that sought CCG commitment to taking forward the actions for the health domain recommended in the report. He reported that there had been several Fairness Commissions across the country and was pleased, along with the Director of Public Health, to have been asked to be members of the Sheffield Commission. He asked for members' thoughts on a process to respond.

The Director of Public Health reported that Sheffield City Council had identified £1 million of non recurrent money for organisations to bid for if they felt they could support any of the recommendations.

The Chief of Business Planning and Partnerships felt that the CCG could respond very positively to some of the recommendations and suggested he draft a response, in liaison with the CCG's portfolio leads, to present for approval at the April Governing Body meeting. The response would describe, and be referenced in, the CCG's Commissioning Intentions.

TF

The Governing Body received and noted the report.

59/13 Update on the Implementation of the new NHS111 Service in South Yorkshire and Bassetlaw

Daniel Mason, South Yorkshire and Bassetlaw NHS111 Lead, was in attendance for this item.

The Accountable Officer presented this report which provided an update of progress with implementation of NHS111 across Yorkshire and the Humber. He advised members that, due to the Department of Health's (DH) assessment of governance arrangements, there had been a delay in the 'soft launch' of the service in parts of the cluster region, including Sheffield. The Chair advised members that since the delay to implementation in Sheffield which had been reported, he had received a number of emails from GPs and had written to the

Commissioning Board to clarify interim arrangements, but was still awaiting a formal reply. Dr Oliver, Joint Clinical Director, who was overseeing the process, had also written to practices about the delay and had offered to meet with any practice to discuss.

Mr Mason advised members that the service in Bassetlaw was up and running, with 4% of the total volume of calls being directed to A&E, however there were still some telephony issues, but was running as expected.

Dr Gill advised members that, although it was a slow piece of software, he had been very impressed when he had watched it in action. He reported that 90% of dispositions seemed to be entirely accurate, however, around 50% of calls in the daytime had related to dental services. He reported that the Directory of Services (DoS) was very detailed for each locality and it was hoped the service would take some pressures off A&E and GPs.

Members asked about public awareness of the new service. The Accountable Officer advised members that it was the national intention that communications be released in Sheffield after hard launch, with a press release already prepared. This would be consistent across the region.

The Governing Body noted the report and the risks identified.

60/13 Audit and Integrated Governance Committee (AIGC)

The Chair of the Audit and Integrated Governance Committee (AIGC) reported that the next meeting of the AIGC would take place on the afternoon of 28 March 2013.

61/13 Quality Assurance Committee (QAC)

a) Quality Assurance Committee Meeting

The Chief Nurse advised members that the next meeting of the Quality Assurance Committee would take place on the afternoon of 8 March 2013.

b) Mid Staffordshire NHS Foundation Trust Public Inquiry Summary and Recommendations

The Chief Nurse presented this report. The CCG, along with the three Sheffield Foundation Trusts, were waiting for the Government's response to the report before progressing further with a series of actions.

The Governing Body:

- Agreed to make a commitment to review the recommendations in full, taking account of the government's formal response, to be published in the next few weeks.

- Made a commitment to review those recommendations that have implications for CCGs in detail and undertake a scoping exercise to establish Sheffield's status in relation to each action, and identifying priority actions.
- Agreed to develop a clear strategy and action plan following this exercise, and the Government's formal response.
- Agreed to consider wider resource implications, specifically in respect of:
 - Clinical Leadership in the CCG
 - Clinical quality dashboards - the identification of ward / service and individual performance data.
 - Patient experience/complaints data reviews and triangulation with other data
 - The implications for hospitals in achieving the Zero Harm principle,
- Requested from providers that a scoping exercise be undertaken and a current status position defined, with a view to developing a board level action plan to deliver the appropriate recommendations.

c) Quality Assurance Committee and Arrangements

Ms Forrest presented this report which proposed changes to meet the current and future requirements of the CCG. She advised members that it was proposed to underpin the quarterly Committee meetings with monthly Quality Business Meetings, the Terms of Reference for which were attached for approval, and have increased clinical input at Committee meetings by way of engaging the CCG's portfolio leads. Once approved, the Committee's Terms of Reference would be updated to reflect the inclusion of the Quality Business Group and presented to the Governing Body for approval, and would be reflected as a change to the CCG's Constitution.

The Director of Care and Support, Sheffield City Council commented that it might be worth considering some joint work with the Quality Assurance Committee, especially when considering some of the care home providers. He would discuss this with the Chief Nurse outside of the meeting.

The Governing Body:

- Agreed to an increase in the Clinical (GP) membership of the Quality Assurance Committee.
- Agreed to explore the potential for increased lay representation on the Quality Assurance Committee.
- Agreed to the establishment of a Quality Business Meeting as a formal sub-group of the Quality Assurance Committee to undertake any urgent or detailed work on its behalf.
- Agreed that the necessary amendments to the Quality Assurance Committee Terms of Reference were made.

62/13 Updates from the Locality Executive Groups

Central

The Locality Manager advised members that discussions were focusing on community nursing, the impact of NHS111 on primary care, the year end, and the Quality and Outcomes Framework. Discussions were taking place with the University of Sheffield in relation to social worker placements, and with local churches about setting up a bereavement counselling service.

Hallam and South (HASC)

The Locality Manager reported that HASC would be holding an away day to determine what their focus would be and had arranged a PLI event in April, and were undertaking a series of practice visits.

North

The Locality Manager reported that practices had been involved in the testing of the electronic discharge summary, which was up and running and very welcome. There had been a lively discussion about GP and practice involvement in commissioning at the North Council meeting the previous week. There were four fledgling General Practice Associations (GPAs) in North, and they supported the CCG's extra resource into supporting the GPAs.

West

The Locality Manager advised members that the focus in West was on GPAs. She was putting together a series of practice visits, and they were putting a wish list together to make integration work properly within their groups.

The Governing Body received and noted the reports.

63/13 Reports for Noting

The Governing Body received and noted the following reports:

- Key highlights from Commissioning Executive Team and Planning and Delivery Group meetings.
- Summary report on Specialised and Collaborative Commissioning
- Compliments, Complaints and MP Enquiries Quarter 3 update: the Chief Nurse commented that it was disappointing to have seen a drop in the last quarter on the delay in responding to complaints, which had a low response rate of 33%. Most of these related to complaints about continuing health care, which could be complex as there were sometimes multiple agencies to involve, and in mismatches between a complaint and people making an appeal as they did not like the outcome. Actions were in place to address this in future.

- Update on the National Centre of Excellence for Sport and Exercise Medicine (NCESEM).
- Medicines Management Report.

64/13 Feedback from GPs and Lay Advisers

Dr Ainger reported on a compliment she had been sent from the Sheffield Parent Carer Forum thanking members of the CCG for taking the time to attend their meeting and thanking the CCG for prioritising the same things the group also sees as priorities, Child and Adolescent Mental Health Services (CAMHS) and Speech and Language Therapy (SALT) services.

Dr Ainger also advised members that she had attended a presentation earlier in the week when UNICEF UK had awarded the city Breast Friendly status. She also advised members that the new UNICEF focus was on Baby Friendly, rather than just breast feeding friendly, developing ways of supporting mums and babies get that crucial early relationship right, and they had suggested that Sheffield could develop beacon status in this, which Dr Ainger thought should be taken forward.

The Chair of Sheffield LINK advised members that LINK had published its final annual report, which also included information on what it had done in previous years.

The Chair thanked Mike Smith, who was attending his last meeting as Chair of Sheffield LINK, for his input to the CCG Committee and Governing Body over the past few years. Mr Smith would, however, be attending the April meeting as representative for Healthwatch until a permanent replacement was found.

65/13 Questions from the Public

Mike Simpkin, Sheffield Save our NHS asked the following question:

It was suggested at the February Governing Body meeting to ask the public about which performance indicators they would like to see. Would the CCG, at an early stage, consider producing an integrated picture of performance (ie CCG, SCC, NCB)

CCG response:

A paper was presented by the Chief Operating Officer to the Governing Body in February 2013 (Paper H Everyone Counts: Planning For Patients 2013/14 Monitoring and Assurance Framework), which provided an overview of the Quality and Outcome measures for CCGs and set out high level proposals for the reporting of progress, and any risks or issues, to CCG Governing Body. This will be presented monthly to the Governing Body from April 2013 onwards and will include performance highlights from other organisations, including Sheffield City Council and the NNHS Commissioning Board.

Public Engagement Paper (Paper K) - Could the Governing Body think very carefully before spending time and resources on a public membership scheme, especially as there are three new organisations starting in April. The Foundation Trusts elect Governors and there is nothing similar in the CCG's proposals.

CCG response:

The Chief of Business Planning and Partnerships will consider the comments and propose that the test of the membership model will be whether people join up, and that it will be abandoned if it is not successful.

TF

66/13 Confidential Session

The Governing Body resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, section (2) Public Bodies (Admission to Meetings) Act 1960.

67/13 Any Other Business

The Chair reminded members that this was the last meeting as a shadow CCG and as a Committee of the PCT. To mark the transition, a meeting had taken place with CCG staff on the morning of 5 March, the Chair had met with GP members of the CCG, CET and CRG, the first Members' Council would take place on the evening of 20 March, and the first public meeting would take place on the afternoon of 18 April. He thanked all those involved in ensuring a successful transition.

68/13 Date and Time of Next Meeting

Thursday 4 April 2013, 2.00 pm, in the Boardroom at 722 Prince of Wales Road.