

**Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
Governing Body held in public on 5 June 2014
in the Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU**

A

Present: John Boyington, CBE, Lay Member and CCG Vice Chair (Chairing the meeting)
Ian Atkinson, Accountable Officer
Dr Nikki Bates, GP Elected City-wide Representative
Kevin Clifford, Chief Nurse
Dr Richard Davidson, Secondary Care Doctor
Amanda Forrest, Lay Member
Professor Mark Gamsu, Lay Member
Dr Anil Gill, GP Elected City-wide Representative
Idris Griffiths, Chief Operating Officer
Dr Andrew McGinty, GP Locality Representative, Hallam and South
Dr Zak McMurray, Clinical Director
Julia Newton, Director of Finance
Dr Marion Sloan, GP Elected City-wide Representative
Dr Leigh Sorsbie, GP Locality Representative, North
Dr Ted Turner, GP Elected City-wide Representative

In Attendance: Carol Allen, PA, NHS Leadership Academy (shadowing)
Katrina Cleary, CCG Programme Director Primary Care
Katy Davison, Head of Communications
Rachel Dillon, Locality Manager, West (up to item 105/14)
Carol Henderson, Committee Administrator
Simon Kirby, Locality Manager, North
Linda Tully, Company Secretary and Head of Corporate Governance
Professor Jeremy Wight, Sheffield Director of Public Health

Members of the public:

Six members of the public were in attendance.

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

ACTION

96/14 Welcome, Introduction and Chair's Opening Remarks

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

97/14 Apologies for Absence

Apologies for absence had been received from Dr Amir Afzal, GP Locality Representative, Central, Tim Furness, Director of Business Planning and Partnerships, and Dr Tim Moorhead, CCG Chair, GP Locality Representative, West.

Apologies for absence from those who were normally in attendance had

been received from Dr Mark Durling, Chairman, Sheffield Local Medical Committee, Professor Pam Enderby, Chair of Healthwatch Sheffield, and Laraine Manley, Executive Director – Communities, Sheffield City Council.

98/14 Declarations of Interest

There were no declarations of interest this month.

The full Governing Body Register of Interest is available at:

<http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm>

99/14 Minutes of the CCG Governing Body meeting held in public on 1 May 2014

The minutes of the Governing Body meeting held in public on 1 May 2014 were agreed as a true and correct record and were signed by the Chair.

100/14 Matters arising from the minutes of the meeting held in public on 1 May 2014

a) NHS Safety Thermometer (minute 89/14(d)(iii) refers)

The Chief Nurse advised members that the report would evolve as further information became available.

b) Children and Young People (minute 89/14(e)(iv) refers)

Dr Sorsbie advised members that discussions were ongoing with Sheffield Children's NHS Foundation Trust (SCHFT) regarding the development of a service model. The Accountable Officer reminded members that there was now a degree of urgency around these discussions and in this regard he had spoken to SCHFT and Sheffield Health and Social Care NHS Foundation Trust (SHSCFT). An oral update would be given at the next meeting.

IA

101/14 Governing Body Assurance Framework (AF) and Risk Register

She advised members that the AF and Risk Register had been discussed in detail earlier at the Audit and Integrated Governance Committee meeting, where there had been some healthy challenge to any reported gaps in assurance and control..

The Chief Nurse drew Governing Body's attention to a duplication of risk 2.1 (page 3 of the report), the second of which needed to be deleted. The Director of Finance advised members that she had reviewed risk 3.2 and made a minor adjustment to the wording.

The Company Secretary informed members that the risk leads had met on 1 May to review the high level risks for 2014/15, to make sure they were fit for purpose going forward. The changes made and agreed at that meeting were listed at page 4 of the report. This was an important

document for our internal audit processes and, if approved by Governing Body today, internal audit had offered their support to advise on managing the gap areas in assurance and control.

The Governing Body:

- Approved the Assurance Framework for 2014/15.
- Was assured that the CCG's corporate objectives and risks to their achievement were accurately reflected and being effectively managed by officers.

102/14 Adoption of Audited NHS Sheffield CCG Financial Accounts for 2013/14

The Director of Finance presented the audited financial statements (accounts) for 2013/14. She advised the Governing Body that the accounts had been received and reviewed by the Audit and Integrated Governance Committee (AIGC) earlier in the day. AIGC recommended to Governing Body for formal approval, as per the requirement of the CCG's Constitution. She reported that, in relation to the accounts presented to this meeting, AIGC had agreed a few late very minor changes requested by KPMG relating to £1k roundings. She confirmed that KPMG had provided a very positive audit report and would be issuing a clean, Unqualified Opinion.

The Director of Finance also presented the Letter of Representation which the auditors asked the Accountable Officer to formally sign on behalf of Governing Body. This states that we have provided access to all information and persons required to enable the auditors to undertake their audit.

The Chair commented that KPMG had been very complimentary at the AIGC meeting about the support given to them from the Director of Finance and her team during their audit.

The Governing Body:

- Approved and Adopted the Annual Accounts for the financial year 2013/14, including the minor late presentational changes.
- Recommended that the Accountable Officer sign the Letter of Management Representations on behalf of Governing Body.

IA

103/14 NHS Sheffield CCG Annual Report 2013/14

The Director of Finance presented the annual report for 2013/14. She reminded Governing Body that they had been given the opportunity to comment on the draft copy in May, which had also been reviewed by NHS England and our internal and external auditors. It would be our formal report to be published on our website in June and formally presented at our AGM in September.

KD

She advised Governing Body that the AIGC meeting earlier in the day had been made aware of a small number of late changes, including regarding off payroll engagements, which had been updated for the final position on received declarations.

She drew Governing Body's attention to the Annual Governance Statement (AGS) included in the report, which was an important statutory requirement and provided details on the CCG's governance arrangements, internal controls and processes. The AGS contained our Head of Internal Audit Opinion which was a good report and provided a Significant Assurance opinion.

She also confirmed that individual Governing Body members, including those not present at the meeting, had all signed a Statement of Disclosure to the auditors to say "*that as far as they were aware there was no relevant audit information of which the Clinical Commissioning Group's auditors were unaware. In addition, that they had taken all the steps that they ought to have taken as a member of Governing Body in order to make themselves aware of any relevant audit information and to establish that the Clinical Commissioning Group's auditors were aware of that information*".

The Head of Communications advised Governing Body that she and her team were working on user friendly versions of the annual report, including filming the CCG Chair speaking about highlights of the year and what it means for patients. They were also producing image based graphics looking at some of what we had achieved, which would be on the website shortly, and she had included in the June practice newsletter information that was relevant for practices.

KD

The Governing Body:

- Approved the formal adoption of the Annual Report including the late amendments reviewed by AIGC.
- Noted that individual members of the Governing Body had signed the Statement of Disclosure to the auditors, as outlined in section 5 of the cover report.

104/14 NHS Sheffield CCG Equality Objectives Action Plan 2014/16

Dr Turner presented this report that had been developed on the basis of the requirement of the Equality Act 2010. He explained that it was the start of an evolving process and was there for us to make sure we engage not only with our stakeholders and portfolios. The Equalities Action Group (EAG) would be working with the portfolios.

The Company Secretary suggested that dates and timescales on the action plan should be more explicit. Professor Gamsu requested that some actions be strengthened to clarify the issues we were trying to address.

TF/TT

The Director of Public Health commented that the report did not make the clear distinction between the equalities duties, ie the nine protected characteristics and inequalities, and this needed to be teased out where there were / or were not links to health inequalities. He also asked why equality impact assessments had been carried out on small services rather than on services where thousands of people had been involved. The Chief Operating Officer explained that these related to where business cases had been presented to the Commissioning Executive Team (CET) and Governing Body.

The Governing Body:

- Approved the Equalities Action Plan for 2014/16.
- Delegated tasks to the Equalities Action Group to achieve the actions outlined in the plan.
- Requested an update report to Governing Body in September.

TF/TT

The Locality Manager, West, left the meeting at this stage.

105/14 Finance Report

The Director of Finance presented this report which provided the CCG's overall financial position for 2014/15 and proposals for setting the indicative GP practice budgets for 2014/15. She advised that the report gave Governing Body a flavour of the challenges and risks ahead but there was very limited tangible data at Month 1, as might be expected.

She advised Governing Body that the finance team had had conversations with the locality teams to discuss how indicative GP practice budgets for 2014/15 should be set. They had agreed to use the same methodology as last year, largely using historical data, and her paper set out high level proposals about how we intended to issue these.

Dr Sorsbie asked what alternatives had been considered. The Director of Finance confirmed that the absence of an updated national formula to set "fair share" budgets at practice level and limited information from other CCGs following her enquiries (some CCGs appear not to be setting practice level budgets at this time) made it difficult to propose other than the approach set out in the paper..

The Locality Manager, North, commented that this debate, including discussions about 'fair share' allocations, had been ongoing for a number of years. As a CCG we needed to come to some conclusions about whether practices should look at their individual activity and if we should be incentivising them to look at their budgets, expenditure, referral patterns, etc.

The Chief Operating Officer reported that there was national and local information that we could provide on activity data. Over a number of years a lot of work had been done with practices regarding referrals and this had seen the variation between practices reduce and the rate of increases in referrals decline. The Chief Operating Officer suggested that the most effective approach was to target work where there appeared to be high rates, whilst recognising that at practice level these would not be statistically significant. Peer review with practices allowed for an informed discussion where any learning could be acted upon. In addition to this, work was ongoing with the Foundation Trusts to look at referrals.

Dr McGinty commented that we were a new organisation and had undertaken a lot of work and effort into bringing our practices together as one organisation and, as such, supported a peer review method as it would not be in our best interests to undo the engagement that had taken place.

Dr Bates reported that West locality had carried out some work on looking at fair shares allocations, which had been helpful to do as a locality.

In summary, the Chair commented that there was clearly an appetite from Governing Body to spend some time considering whether budgets could be set differently for next year (2015/16) by looking at alternative methodologies or refining processes.

JN

The Governing Body:

- Noted the early risks and challenges to delivery of the planned 1% surplus.
- Endorsed the approach and principles outlined for setting the GP practice budgets in 2014/15.

106/14 Month 1 Quality and Outcomes Report

The Chief Operating Officer presented this report which reflected the CCG's statutory responsibilities and drew members' attention to the following key issues.

- a) 111: Members were invited to comment on the draft 111 data that was included in the report.
- b) 4 Hour Wait in A&E: Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) had achieved 95.81%, with SCHFT performing at well above 97%.
- c) Other pressures within the system: We were working closely with our South Yorkshire and Bassetlaw commissioning colleagues regarding a number of pressures within the system, including an increase in the number of ambulance calls, and tertiary referrals to cancer services..
- d) 18 weeks: This was an area of particular concern as there were a number of specialties at STHFT where we were starting to see a number of breaches. This had been raised with them at director level and they had now submitted a plan to address this, which we were currently reviewing. He also reported that Monitor had recently requested information on their performance. The Chief Nurse advised members that he had recently attended STHFT's Healthcare Governance Group who had agreed to a review of the quality impact on patients waiting more than 18 weeks.
- e) Diagnostics: There was a shortage of ultra sonographers, and with these posts very hard to recruit to as it is a specialist area, would take some time to resolve. This was causing longer waits for electrocardiography diagnostics.
- f) Quality

All

The Chief Nurse advised members of the following:

- (i) Clostridium Difficile: Performance would be monitored as we go forward.

- (ii) Friends and Family Test: We had seen a reduction in the score for STHFT's A&E performance which seemed to be related to the increase in their overall response rate. We were looking at whether their change in methodology to texting people was the cause of this. For the maternity score, the response for the fourth touch point was less than for the first touch point. He advised members that there was a formal review of friends and family taking place that we would be reporting on shortly.

KeC

Professor Gamsu asked if the data coming in was useful in that it showed people's satisfaction in services. The Chief Nurse responded that we were probably not the only CCG questioning the validity of a simple question, and the whole system was of more value when used in conjunction with other indicators of patient experience, such as Patient Opinion and NHS Choice.

Dr Davidson commented that the results would probably be of value to secondary care, even though they may not be to the wider system.

- (iii) Complaints: Governing Body had commented in previous months about the increase in the number of SCHFT complaints, and the graphs at page 14 showed that this had returned to a more normal level. We continued to work with STHFT to improve their performance to achieve their 85% target of responding to complaints within 25 working days.

The Governing Body:

- Noted Sheffield performance on delivery of the key NHS Outcomes.
- Noted Sheffield performance on delivery of the NHS Constitution Rights and Pledges.
- Noted the key issues relating to quality, safety and patient experience.
- Noted the assessment against measures relating to the Quality Premium.

107/14 2013/14 NHS Sheffield CCG Business Plan End of Year Report

The Chief Operating Officer presented this report on behalf of the Director of Business Planning and Partnerships. He advised members that only five of the 76 objectives had not been achieved, and the small number of reds suggested we were being sufficiently ambitious.

The Governing Body received and noted the report.

108/14 Findings from Select Committee Inquiry into the Sharing of Patient Data

The Chief Operating Officer presented this report. He reminded members that the Commissioning Executive Team (CET) had established a Select Committee Inquiry to understand the range of factors and draw up an action plan to address the issues of sharing patient data expressed in conversations at a Governing Body OD sessions. This was the first

time this approach had been undertaken in the NHS. He reiterated that this inquiry had nothing to do with sharing of information with external companies.

Stage 1 of the inquiry comprised 11 panel members and 14 witnesses, including colleagues from Sheffield City Council and provider trusts who were called forward to give both oral and written evidence. If Governing Body approved the summary of findings and the Stage 2 objectives, then at the end of Stage 2 they would explicitly look at what the proposals for Sheffield are.

The Director of Public Health felt the report was too brief in that it did not give sufficient detail of the outcomes and it would have been helpful to include the list of panel members and witnesses. The Chief Operating Officer responded that this information was in the public domain and would circulate the web link to members. **IG**

The Accountable Officer advised Governing Body that there was currently a national debate regarding sharing data for research and planning - so called "Secondary Uses" rather than direct care - and it would be helpful to have this differentiation expressed in the final report. **IG**

The Governing Body:

- Approved the summary of findings produced by the Select Committee during Stage 1.
- Approved the Select Committee Inquiry process utilised to produce the findings.
- Approved the Stage 2 objectives which would be the basis of the Terms of Reference.

109/14 Reports circulated in advance of the meeting for noting

The Governing Body noted the following reports:

- a) Chair's Report
- b) Accountable Officer's report

The Director of Public Health commented that with regard to co-commissioning of primary care, from a public health perspective it could be a great advantage and would welcome there being more local control in commissioning of primary care services.

The Governing Body noted the following reports:

- c) Key highlights from Commissioning Executive Team and Planning and Delivery Group meetings
- d) Unadopted minutes of the Quality Assurance Committee meeting held on 16 May 2014
- e) Update on Serious Incidents April 2014
- f) Locality Executive Group reports
- g) 2013/14 Quality Premium and 2014/15 Requirements
- h) Staff Survey Report

Members noted that 11% of staff had reported bullying and

harassment, and 29% of staff had reported to have been off work with work related stress. The Accountable Officer advised members that the report had been presented to Staff Side and these issues had been discussed but that overall it was very positive picture.

The Governing Body noted the following report:

i) Project Management Approach

110/14 Questions from the Public

There had been no questions from members of the public received this month

111/14 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.

112/14 Any Other Business

There was no further business to discuss this month.

113/14 Date and Time of Next Meeting

Thursday 3 July 2014, 4.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU