

**Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
Governing Body held in public on 1 May 2014
in the Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU**

A

Present: Dr Tim Moorhead, CCG Chair, GP Locality Representative, West
Dr Amir Afzal, GP Locality Representative, Central
Ian Atkinson, Accountable Officer
Dr Nikki Bates, GP Elected City-wide Representative
John Boyington, CBE, Lay Member
Kevin Clifford, Chief Nurse
Dr Richard Davidson, Secondary Care Doctor
Amanda Forrest, Lay Member (up to item 87/14)
Tim Furness, Director of Business Planning and Partnerships
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 Ted Turner, GP Elected City-wide Representative

In Attendance: Katrina Cleary, CCG Programme Director Primary Care
Katy Davison, Head of Communications
Professor Pam Enderby, Chair, Healthwatch Sheffield
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:

Three 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

78/14 Welcome

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

79/14 Apologies for Absence

Apologies for absence had been received from Dr Marion Sloan, GP Elected City-wide Representative, and Dr Leigh Sorsbie, GP Locality Representative, North.

Apologies for absence from those who were normally in attendance had been received from Helen Cawthorne, Locality Manager, Hallam and

South, Rachel Dillon, Locality Manager, West, Dr Mark Durling, Chairman, Sheffield Local Medical Committee, and Laraine Manley, Executive Director – Communities, Sheffield City Council.

80/14 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>

81/14 Chair's Opening Remarks

The Chair advised members that the CCG Members' Council meeting had taken place the previous evening. Discussions had focused on progress to date, plans going forward, and feedback from members on a number of commissioning issues.

82/14 Minutes of the CCG Governing Body meeting held in public on 3 April 2014

The minutes of the Governing Body meeting held in public on 3 April 2014 were agreed as a true and correct record and were signed by the Chair, subject to the following amendment:

Month 11 Quality and Outcomes Report: NHS Constitution Rights and Pledges (minute 72/14(a) refers)

Penultimate sentence to read as follows:

A review had taken place with the trust to determine the underlying causes of this, which he reported related to referral growth into the trust, capacity issues around diagnostics due to a lack of ultrasonographers, and delays in orthopaedic surgery

83/14 Matters arising from the minutes of the meeting held in public on 3 April 2014

a) Chair's Opening Remarks (minute 63/14 refers)

The Chair advised members that he would review Governing Body's new meeting format in June or July, including how meetings are publicised and promoted.

TM

b) Planning for 2014/19 (minutes 49/14, 65/14(e) refer)

The Director of Public Health advised that he and the Director of Business Planning and Partnerships would take forward into next year's planning as to how the CCG could be more ambitious and definitive about outcomes.

TF/JW

c) Updates from the Locality Executive Groups (LEGs) (minutes 54/14, 65/14 refer)

The Accountable Officer advised that he was happy to take forward with NHS England any comments from Governing Body members and their membership practices continuing issues relating to communication problems between GP practices and NHS England.

IA

The Chair advised members that he would be writing out to practices on what we have achieved in our first year particularly given the system pressures throughout the year.

TM

d) Caldicott Guardian (minute 67/14 refers)

The Chief Operating Officer advised members that he and the Locality Manager, North, would be meeting on 6 May to discuss how to support practices to go paperless, including the information governance issues.

IG/SK

He also advised that a communication regarding Dr Andrew McGinty's appointment as CCG Caldicott Guardian would be circulated to practices via the CCG's monthly IT issues bulletin.

IG

e) Finance Report (minute 70/14 refers)

The Accountable Officer advised members that the Chief Executive of the Right First Time (RFT) programme was scheduled to attend Governing Body in private in July to discuss some of the issues they have had, the proposals for next year, and what phase 3 of the programme will look like.

84/14 Company Secretary Report

The Company Secretary presented this report. She drew members' attention to the following key highlights.

a) Declarations of Interest Register

The Annual Register for 2013/14 was formally presented for members' information.

b) Review of Governing Body

As reported previously to Governing Body, a comprehensive review of Governing Body's performance commenced in December 2013, leading to the Chair commissioning a Task and Finish Group, which had completed a subsequent workplan. The main achievements of that workplan included an audit of Governing Body papers over the past year, which had resulted in meeting agendas being redesigned to comprise at least 60% of papers having a strategic approach, and a minimum of 20% on clinical and quality issues. The audit had found that only 49% of papers presented required a decision. Papers for noting are now circulated by email only.

We had completed a review of the Terms of Reference of our committees, including a review of their delegated responsibilities and clarification of the role of lay members. As a CCG we are satisfied we have strong infrastructure.

Following training and development delivered by external lawyers, we now have the latest updates and thinking on how we best manage potential conflicts of interest.

The remainder of the Task and Finish Group workplan had now been handed over to the OD Steering Group. This included a review of clinical GP workload, succession planning, and clarifying the role of our localities in a commissioning organisation.

A similar review would be undertaken in December 2014.

The Governing Body:

- Was satisfied that the CCG meets its constitutional requirements to record declarations of interest.
- Was assured that the first annual review of the Governing Body effectiveness has been executed and any remaining activities from the action plan would be delivered through the OD Steering Group.

85/14 Draft NHS Sheffield CCG Financial Accounts for 2013/14

The Director of Finance presented the CCG's unaudited financial accounts for 2013/14. She advised that it was good practice to present the draft accounts to Governing Body before they were audited. She confirmed that the auditors would prepare their formal report on the accounts which would be considered at the Audit and Integrated Governance Committee (AIGC) meeting on the morning of 5 June, prior to the audited accounts being presented to Governing Body for formal adoption later that afternoon, alongside the final version of the CCG's Annual Report including the Annual Governance Statement.

She advised that, subject to audit review, the CCG was delivering all its statutory financial duties and a 1% year end surplus, in line with the plan agreed with NHS England.

Dr Afzal asked if the CCG had inherited any historical debts from Sheffield Primary Care Trust. The Director of Finance confirmed that the CCG had no opening debtor or creditor balances from the PCT as these were all being managed through national legacy arrangements, but highlighted that she had previously briefed members on the ongoing discussions for the management of continuing healthcare retrospective claims.

Mr Boyington commented that the draft accounts looked very good and encouraging and there was nothing that caused him to raise any queries.

The Accountable Officer advised members that a considerable amount of work had been undertaken to close down the accounts and expressed his thanks to the Director of Finance and her team for all their hard work in

this regard.

The Governing Body:

- Approved and adopted the pre-audited financial statements
- Noted that final audited accounts would be presented to Governing Body for formal adoption on 5 June 2014.

86/14 NHS Sheffield CCG Draft Annual Report 2013/14

The Director of Finance presented the draft annual report. She advised members that it was in a prescribed format following national guidance. She asked that any comments on the content be sent to the Accountable Officer or the communications team within the next few days.

All

Mr Boyington commented that it was a thorough annual report and asked if there was anything in the guidance could stop us creating a digestible summary. The Chief Operating Officer advised that it was intended to ask the lay members and Professor Enderby for their views and advice. It was agreed that a “friendly version” giving highlights of the annual report would be produced by the communications team to be published alongside the formal report in June.

IG/KD

The Director of Public Health asked if reference could be made to the Joint Strategic Needs Assessment (JSNA).

KD

The Governing Body:

- Approved the draft annual report, noting the final amendments which still needed to be made.
- Noted that a final version (post external audit review) would be presented to June Governing Body alongside the CCG’s audited accounts for final approval and formal adoption.

Ms Forrest left the meeting at this stage.

87/14 NHS Sheffield CCG Procurement Plan for 2014/15

The Director of Finance presented the initial Procurement Plan for 2014/15 for approval. She reminded members that a number of discussions had taken place in private and the paper gave a brief overview of the potential procurement activity that may be undertaken in 2014/15. She advised that three areas had been identified for competitive market testing, with others expected from our Commissioning Intentions; seven current service reviews that could lead to competitive procurement activity, and two key priority service redesign areas expected to be delivered through partnership working. There were some areas that were too early in our thinking to put on the plan later in the year as it should be considered a dynamic document. The plan would be published on the CCG’s website, in line with the requirements of the NHS Act.

JN

The Director of Public Health commented that the only financial figure included in the plan was the expected contract figure for the Domiciliary Care Framework agreement and asked what the scale of the review was

in terms of total CCG spend. The Director of Finance responded that some areas were not quantified yet as it was not known what the spend will be. The Chief Operating Officer explained that each area described a particular service, with a wide range of scale and not insignificant in terms of the overall costs, but more work was to be done to break that down.

The Governing Body:

- Approved the procurement plan for 2014/15.
- Agreed the two key priorities as detailed in the plan.

88/14 Finance Report

The Director of Finance presented this report which provided the 2013/14 financial position for the year to 31 March 2014, which she confirmed used the same data as that used to prepare the CCG's draft accounts which had been submitted to NHS England on 22 April 2014. She reported that there were no significant changes from the analysis of expenditure presented at Month 11. There had been a slight reduction in acute care activity in March compared to the previous forecast and a slight peak in continuing health care spend.

She highlighted the £6,920k surplus at year end, which was in line with the 1% planned surplus agreed with NHS England and confirmed it would be carried forward into 2014/15. As reported under minute 85/14, she believed that the CCG had delivered on all its key financial duties and targets, although the financial position on our QIPP plan (page 6 of her report) was not the fully positive story we would have liked. She highlighted to members that further focus would be needed through the clinical portfolio teams in 2014/15 to achieve the transformational change the CCG is looking for.

The Governing Body noted the final 2013/14 final outturn position for the CCG, subject to external audit of the CCG's annual accounts.

89/14 Month 12 Quality and Outcomes Report

The Chief Operating Officer presented this report which reflected the CCG's statutory responsibilities.

- a) A&E: The 4 hour wait in A&E target had been achieved, largely as a result of very good performance at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) in the latter part of the year. So far this year our two acute trusts were the highest performing trusts on this in South Yorkshire and Bassetlaw.

The Chief Operating Officer was asked if a detailed analysis could be provided on the 4 hour wait period in A&E. He advised that this was being reviewed by the Urgent Care Working Group and was happy to share this information, and it could also be linked to a Governing Body OD session on urgent care.

- b) 18 weeks: A meeting had taken place at director level and we had started to see improvements in some specialties, for example waiting times for new referrals to neurology outpatients were down

IG

to five weeks.

- c) Quality Premium: We now have the guidance of the changes for 2014/15 and we would see the detail of 2013/14 in the next report.

The Chief Operating Officer advised that it would be for the CCG to decide how payments rewarding CCGs for improvements in the quality of the services they commission and for associated improvements in health outcomes and reducing inequalities would be spent.

- d) Quality

The Chief Nurse advised members of the following:

- (i) Clostridium Difficile: It was disappointing that we had failed to achieve the targets for STHFT and community associated infections as, if the level of performance in the second half of the year had been consistent throughout the year, we would have met the target for the whole year.
- (ii) Care Quality Commission Reports: Mansfield View and Cottom Road care homes both had compliance actions relating to staff and management following CQC inspections.
- (iii) NHS Safety Thermometer: This was a new section in the report and recorded the presence or absence of four 'harm' indicators. Initially it was just for adult acute trusts but will be expanded to children's trusts once issues of definition have been resolved. The Chief Nurse asked for feedback from members on how clear and usable the information is.

All

- e) Other Issues

- (i) Referral to Treatment (RTT) Waiting Times for Non Urgent Consultant-led Treatment

Dr Davidson asked about the trajectory of '90% of admitted patients start treatment within 18 weeks from referral' that had moved from green in January to red in February and March and asked if we receive data that is specialty-specific. The Chief Operating Officer confirmed that this was the case and had reviewed it with STHFT. He confirmed there was an even greater level of detail that we do not routinely go through but have discussed with the trust.

- (ii) Dr McGinty drew Governing Body's attention to page 15 of the report and the improvements in the best possible health outcomes for long term conditions, cancer and older people. Professor Enderby was concerned about the lack of reduction in the number of emergency readmissions within 30 days of discharge from hospital.

- (iii) NHS111: The Chief Operating Officer advised that data would be made available on the high level impact on the health system for 111 now that it has been operating for a year.

IG

(iv) Children and Young People

Professor Enderby asked if an update could be provided on dates for the development of a service model for the provision of Child and Adolescent Mental Health Services (CAMHS). The Accountable Officer advised that an update was imminent and may be able available in June.

TF

The Governing Body:

- Noted how Sheffield CCG compares to other similar CCGs on key areas of Health 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 initial assessment against measures relating to the Quality Premium.

90/14 Equalities Action Plan

The Director of Business Planning and Partnerships gave an oral update and advised that the plan would be presented to Governing Body in June. The plan would be about equality of access rather than health inequalities and our duties around the nine characteristics. He reported that the CCG was working with Sheffield City Council (SCC) through the Health and Wellbeing Board on a plan to reduce health inequalities, which he would present to Governing Body in the next few months.

TF

TF

Members were asked to send any comments to the Director of Business Planning and Partnerships and Dr Turner within the next couple of weeks.

All

The Governing Body noted the update.

91/14 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
- c) Key highlights from Commissioning Executive Team and Planning and Delivery Group meetings
- d) Unadopted minutes of the Audit and Integrated Governance Committee meeting held on 27 March 2014
- e) Update on Serious Incidents Quarter 4 2013/14 and March 2014

Professor Enderby asked what Governing Body's role was in relation to overseeing the delays in reporting from Sheffield Children's NHS Foundation Trust (SCHFT). The Chief Nurse advised that for individual incidents there could be good reasons why reports were overdue at the end of the year, but a number of cases had been raised through the formal contracting route. We are

expecting a call from the Care Quality Commission about what they might expect during their next review of the trust.

The Governing Body noted the following reports:

- f) Locality Executive Group reports
- g) Audit and Integrated Governance Committee Annual Report 2013/14
- h) Remuneration Committee Annual Report 2013/14

92/14 Questions from the Public

A member of the public had submitted a number of questions prior to the meeting. The CCG's responses to these are attached at Appendix A.

93/14 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.

94/14 Any Other Business

Professor Enderby raised concerns that there seemed to be less members of the public in attendance since the timing of the meeting had been changed. The Company Secretary advised that our records showed that the majority of attendees in the public area were usually pharmaceutical colleagues. This would form part of the review of the new meeting arrangements in June / July.

There was no further business to discuss this month.

95/14 Date and Time of Next Meeting

Thursday 5 June 2014, 4.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

Appendix A

Questions from Mike Simpkin, Sheffield Save Our NHS, questions to the Governing Body 1 May 2014

Question 1: The draft accounts for 2013-14 do not show any separate costings for legal advice to the CCG. How much, if anything, was spent on legal advice, particularly in relation to competition legislation?

CCG Response: *The amount spent on legal advice in 2013/14 was £161k. The amount spent on legal advice relating to competition legislation was £2.3k.*

Question 2: Could legal advice costs be shown separately on future accounts?

CCG Response: *All CCGs are required to code expenditure onto their financial ledgers in line with a nationally defined coding structure. This is then used to summarise information into specified headings in CCG financial accounts, allowing information to be easily consolidated at national level. We have no opportunity to change this presentation and so we are unable to separately disclose legal costs in our accounts.*