

**Minutes of the meeting of NHS Sheffield Clinical Commissioning Group  
Governing Body held in public on 3 April 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 (up to item 71/14(d))  
Ian Atkinson, Accountable Officer  
Dr Nikki Bates, GP Elected City-wide Representative  
John Boyington, CBE, Lay Member (up to item 71/14(c))  
Kevin Clifford, Chief Nurse  
Dr Richard Davidson, Secondary Care Doctor  
Amanda Forrest, Lay Member  
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 Marion Sloan, GP Elected City-wide Representative  
Dr Leigh Sorsbie, GP Locality Representative, North

**In Attendance:** Dr Margaret Ainger, CCG Lead Children and Families Portfolio (for item 69/14)  
Rachel Dillon, Locality Manager, West  
Dr Mark Durling, Chairman, Sheffield Local Medical Committee (up to item 68/14)  
Carol Henderson, Committee Administrator  
Susan Hird, Consultant in Public Health (on behalf of the Sheffield Director of Public Health)  
Simon Kirby, Locality Manager, North  
Kate Laurance, Senior Commissioning Manager (for item 69/14)  
Alastair Mew, Senior Commissioning Manager (for item 68/14)  
Linda Tully, Company Secretary and Head of Corporate Governance

**Members of the public:**

Eight 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

**60/14 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.

**61/14 Apologies for Absence**

Apologies for absence had been received from Dr Ted Turner, GP Elected City-wide Representative.

Apologies for absence from those who were normally in attendance had been received from Helen Cawthorne, Locality Manager, Hallam and South, Katrina Cleary, CCG Primary Care Programme Director, Laraine Manley, Executive Director – Communities, Dr Jeremy Wight, Sheffield Director of Public Health, and Paul Wike, Locality Manager, Central

#### **62/14      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/Downloads/CCG%20Board%20Papers/Feb%202014%20Board%20Papers/CCG%20Dec%20of%20Interest%20revised%2025%20February%202014.doc>

#### **63/14      Chair's Opening Remarks**

The Chair reminded members that the format of meetings and meeting papers had been changed to give further opportunity for debate and discussion as we move to an organisation that promotes change in the NHS. The new format would be reviewed in three months' time.

#### **64/14      Minutes of the CCG Governing Body meeting held in public on 6 March 2014**

The minutes of the Governing Body meeting held in public on 6 March 2014 were agreed as a true and correct record and were signed by the Chair.

#### **65/14      Matters arising from the minutes of the meeting held in public on 6 March 2014**

##### **a) Personal Health Budgets (minute 10/14 refers)**

The Chief Nurse advised members that as of 1 April 2014, individuals in receipt of continuing health care had the right to request a personal health budget and from October 2014 would have the right to have one.

##### **b) Development of CCG Commissioning Intentions for 2013/14 (minutes 126/13(a), 151/13(a), 205/13(a), 231/13(a), 256/13(a), 05/14 refer, 27/14(a), 46/14 refer)**

The Director of Business Planning and Partnerships advised members that he had prompted NHS England at the Quarter 3 assurance meeting for a response about the issue of where commissioning responsibility for hepatitis screening for the Roma Slovak population lies. As this issue was still ongoing, he agreed to only bring back to Governing Body with a definitive position. He commented that it was not a large financial commitment but it was important that it was clarified.

**c) Chair's Report (minute 47/14 refers)**

The Director of Finance advised members that members of the Audit and Integrated Governance Committee had confirmed they were comfortable with the change in approach to Governing Body meetings in that it would still meet governance requirements with regard to internal controls and assurances required as part of our Assurance Framework.

**d) Accountable Officer's Report (minute 48/14 refers)**

The Chief Operating Officer advised members that he would circulate information on the national framework agreement for commissioning support with the next few days.

**e) Planning for 2014/19 (minute 49/14 refers)**

The Director of Business Planning and Partnerships advised members that a final version of the commissioning intentions had been submitted to NHS England the previous day. The next stage would be to publish it on the website and discuss with the Head of Communications the best way to disseminate it to our practices, providers and Healthwatch. He reported that the only issue outstanding was the further advice requested from public health colleagues as to how we could be more ambitious and definitive about outcomes.

TF

JW

**f) NHS Sheffield CCG Business Continuity Policy, including NHS Sheffield CCG Emergency Responsiveness Policy (minute 50/14 refers)**

The Director of Business Planning and Partnerships advised members that proposed amendments to the wording of the policies was still awaited from public health.

JW

**g) Month 10 Quality and Outcomes Report: CCG Assurance and the Balanced Scorecard (minute 52/14(b) refers)**

The Director of Finance advised members that at Sheffield Children's NHS Foundation Trust (SCHFT) many children with lower respiratory tract infection were treated and / or admitted as an inpatient through the Acute Assessment Unit (AAU) and it was debateable whether short stays on AAU should be treated as admissions in terms of performance reporting. The CCG has agreed some contractual changes to funding and recording arrangements for the AAU in the 2014/15, which she would circulate to members for information.

JN

**h) Updates from the Locality Executive Groups (LEGs) (minute 54/14 refers)**

The Accountable Officer advised members that he had formally raised with the South Yorkshire Commissioners (SYCOM), in our capacity as co-commissioners, the communication problems between

NHS England and practices around payments and year end processes. He reported that it was helpful that NHS England had recognised there was a problem and had subsequently put in a gateway programme which they acknowledged was not working flawlessly and were prepared to do further work on. He asked Locality Managers to let him know if there were still issues raised by practices, which he would raise again with NHS England.

**LMS  
IA**

The Chair advised members that he would be writing out to practices acknowledging all the pressures they are working under at the moment.

**TM**

## **66/14 Company Secretary Report**

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

Following the recent review of the Governing Body, the format of Governing Body meetings had been changed to offer a more structured approach and would follow revised timings: meeting held in private from 2.00 pm to 3.45 pm, followed by the meeting held in public from 4.00 pm to 5.30 pm.

The Gifts and Hospitality and Commercial Sponsorship Annual Report for 2013/14 was attached for members' information.

The Assurance Framework update as at Quarter 3 was presented, together with a snapshot of the present quarter. She advised members that there was a very stringent scrutiny process in place, with reports presented in the first instance to the Governance Sub Committee for line by line scrutiny, then Audit and Integrated Governance Committee for further challenge and scrutiny. She advised that it is Governing Body's duty to present further challenge by exception on certain lines, for example where gaps in control or assurance have not progressed.

Professor Gamsu asked if we promote our document to other organisations, if they were aware of it, if they were using similar frameworks and if they had similar metrics to us. The Company Secretary responded that every organisation has a similar process and, like our's, their frameworks would be built around their strategic objectives and business plans. She advised members that the executive leads would be meeting shortly to discuss, review and close down the 2013/14 framework.

The Director of Finance advised members that Sheffield City Council (SCC) were aware of Risk 3.2 budgetary constraints faced by Sheffield City Council result in actions by a key partner which adversely impact on the CCG's ability to implement its priorities and this risk would be reviewed as part of the overall review of the framework for 2014/15.

Professor Gamsu asked about the risk relating to the CCG's relationship with its practices, if they were aware of this and if they agreed with our rating. The Company Secretary responded that this was about potential risk and the consequences of it should it occur.

The Chair of Sheffield Local Medical Committee (LMC) asked about Risk 4.6, unable to increase capacity in primary and community care in parallel to reducing acute capacity and asked why the risk score had been reduced as his perception was that an increase in capacity in practices had not occurred. The Clinical Director responded that whilst some of this related to moving services into primary care the risk did not all relate to the ability of GPs to deliver that capacity.

Ms Forrest asked about the rating for Risk 1.2, insufficient engagement with patients and the public on CCG priorities and service developments, leading to decisions that do not fully meet needs, and the gaps in control and assurance, as she felt we had made steps to improve patient engagement. The Director of Business Planning and Partnerships responded that Governing Body would, in future, receive progress reports on this and suggested that it would be helpful for the Patient and Public Involvement Group (PPI) to look at this risk and think about what controls and assurances they would like to include for Governing Body.

TF

The Chair commented that if Governing Body compared the full report at Quarter 3 with the Quarter 4 snapshot there were more green areas in the latter, but it was possible if we were going to be a change organisation that more reds would start to appear. The Chief Operating Officer commented that as we get further into the financial year we would expect to see more greens as risks have been addressed, but would see more ambers and reds as we get into Quarter 1.

The Governing Body:

- Approved the new format for Governing Body meetings.
- Received and noted the Gifts, Hospitality and Commercial Sponsorship Annual Report for 2013/14.
- Received the Assurance Framework and Risk Register report and was satisfied that there is a clear assurance and escalation framework with robust and reliable systems of control to manage strategic and operational risk.

#### **67/14 Caldicott Guardian**

The Chair presented this report and advised members that as Dr Richard Oliver had stood down as Clinical Director, the role of Caldicott Guardian had to pass on to another clinician on the Governing Body. He reported that Dr Andrew McGinty had agreed to take on this role on behalf of Governing Body.

The Locality Manager, North, asked about the role in terms of member practices, especially around issues relating to the transfer of records if primary care was required to go paperless from 2015/16. The Chair responded that we need to explore this, including how we can support primary care, and also what our responsibility is to ensure our providers have their own Caldicott Guardians in place.

The Governing Body approved the appointment of Dr Andrew McGinty as Caldicott Guardian from 1 April 2014.

**68/14 Approval of 2014/15 Initial Budgets and Update on Five Year Financial Plan 2014/19**

The Director of Finance presented the initial budgets for 2014/15 for approval and reported that they reflected the key budget setting principles and assumptions previously discussed and approved by members.

She advised members that there had been two late changes to the planning guidance by NHS England. In relation to funding legacy continuing health care retrospective payments, discussions were ongoing with NHS England as to whether their proposal to “top slice” contributions to a national risk pool to cover the costs was appropriate. Sheffield CCG’s share of the cost could be over £2.5m in 2014/15 which would have to be largely met from contingency reserves currently put aside for winter and transformational change. The second issue was a potential £7m recurrent cost pressure from 2016/17 relating to the impact of changes in national pension arrangements should CCGs receive no additional funding for this pressure. The Governing Body considered downside risk plans in private in March to determine how the risk might be managed if it crystallised in two years’ time.

She advised members that the financial plan to be submitted to NHS England the following day would indicate how the CCG would plan to manage these two issues if the costs / risks materialised.

The second part of her report was a formal requirement to approve opening budgets for 2014/15 and budget holders at director level for those budgets, which were based on the discussions held over the past few months.

Professor Enderby commented that she could see nothing in the plan relating to seven day working. The Director of Finance responded that as a health and social care community we have been clear, such as our joint proposal for improving the timeliness of hospital discharge, that this will need to be within existing budgets.

The Governing Body approved the CCG’s opening 2014/15 budgets as set out in Appendix A and noted the key risks that would need to be managed in year.

The Chair of Sheffield LMC left the meeting at this stage.

**69/14 Musculoskeletal Care in Sheffield: Commissioning for Outcomes**

Alastair Mew, Senior Commissioning Manager, attended for this item.

The Clinical Director presented this report. He advised members that the paper underestimated the work going on, and reported that there was a huge amount of enthusiasm and a feeling that this was the way forward for the future. He commented that, whilst the whole COBIC model was based around public engagement, the paper did not express

our ambition around that, however, work was going on to support this and it was important to get it right this first time.

The Director of Finance drew members' attention to the project plan at Appendix 3 of the report, which had been scrutinised by the COBIC Project Board the previous day. She reported that she would expect key milestones throughout the process to update Governing Body on, however, her thoughts were that November might be slightly early for a final report to Governing Body. Professor Enderby asked if a separate line for patient and public engagement could be included on the plan.

**ZM**

The Chair asked if the provider of the service would receive payment if the outcomes were not achieved. The Director of Finance confirmed that a certain part of the funding would be based on whether an outcome was achieved and discussions were ongoing as to what proportion of the funding this might be.

The Governing Body:

- Agreed that the CCG now works towards awarding a five year outcomes based contract with effect from 1 April 2015 to a prime contractor and that, subject to completion of a successful negotiation process and final approval of that by Governing Body, the contract would be awarded to Sheffield Teaching Hospitals NHS Foundation Trust.
- Agreed that the contract must ensure maintaining patient choice as set out in the NHS Constitution.
- Agreed that to achieve the stated model of delivery this will mean that the CCG will not seek to competitively procure those services within the current MSK community contract, which is scheduled to end in May 2015.
- Agreed that the scope of the contract is elective MSK provision commissioned by the CCG including community and acute services as set out in the business case considered by Governing Body in October 2013.
- Agreed to the proposed project plan, subject to the amendment made as noted above.
- Agreed to the proposed governance structure to achieve delivery of a new contract from April 2015.

#### **70/14 Children's and Families Bill, Special Educational Needs and Disability (SEND)**

Dr Margaret Ainger, CCG Lead Children and Families Portfolio, and Kate Laurance, Senior Commissioning Manager, attended for this item.

Dr Ainger presented this report which was a progress update in the process of working towards what the CCG needs to do to achieve its obligations and responsibilities as a commissioner, in that it must ensure the integration of special educational provision with health and social care provision where this will promote the wellbeing of children and young people with SEN, but must also make arrangements about the education, health and social care provision to be secured for

children and young people with SEN for whom the Local Authority is responsible. These duties would also apply to Looked after Children, including those children placed out of the area.

Ms Laurance advised members that the implementation date was yet to be agreed due to a delay in the legislation taking longer than expected to go through, but this would become clearer over the next few weeks. She reported that the new legislation has a focus on improving outcomes for children and young people with special educational needs and / or disabilities

Dr Ainger reported that there would be financial implications and a pooled budget would be needed to meet the care plans once they had been established. Pilots of the Co-ordinated Assessments and Education Health and Care Plans were ready to go ahead and would take place between now and the end of July, with one pilot focussing on the Co-ordinated Assessment and Planning process and one on the transition from Statements of SEN to Education, Health and Care Plan, with an evaluation undertaken in July and August 2014.

Ms Laurance commented that it was relevant to say the team is in a position where they have a project structure but as some of the legislation is not consolidated at this stage some of this may be subject to change, so planning assumptions may be more challenging than anticipated at the start of the process. She reported that they had initially looked at improving outcomes for around 5000 children in the city but might now be looking at 17000 so it was difficult to plan at this stage.

The Chair asked Dr Ainger if she felt comfortable with Education being the lead agency. Dr Ainger responded that health was the smallest part of the project, but it was important that we provided the lead to our partners on what should be the health package of the patients.

Dr Bates asked how outcomes would be assessed. Ms Laurance responded that whilst she was not aware that there were outcomes, there would be some for in-year assessments for the child. Dr Ainger commented that agencies may be working to different timescales and a cohesive plan should bring better outcomes if the agencies were working together.

Professor Enderby expressed concerns about the lack of commissioning of specialist equipment in the report. Ms Laurance responded that one of the things acknowledged was that there was a role for NHS England, whose responsibility it was for commissioning specialised services, that was clearly cited in the legislation and there was a responsibility to engage them.

The Governing Body:

- Received the report and noted the progress to date.
- Requested a further update in August 2014 following the evaluation of the pilot project, the development of the core offer and when work has progressed on the commissioning framework.



## 71/14 Finance Report

The Director of Finance presented this paper reporting the financial position to the end of February 2014, with an update on the year end forecast position. She advised Governing Body that we remained on track to deliver the CCG's forecast year end surplus of £6.9m, there were no significant changes from the previous month, and there was nothing anecdotally to say that Month 12 would not deliver the same position.

She advised members that the year end accounts were being prepared, a draft of which would be presented to Governing Body for approval in May.

JN

She drew members' attention to section 5, which requested approval from Governing Body to terminate the intermediate care pooled budget section 75 agreement between Sheffield City Council and Sheffield health commissioners which has existed since October 2000, which would be implemented on a larger scale from 2014/15 as part of the Better Care Fund and Right First Time programme.

The Chair drew attention to the Right First Time urgent care budget which had failed to deliver the anticipated £900k QIPP savings and suggested that the Company Secretary, on behalf of Governing Body, invite the Chief Executive of the RFT programme to attend Governing Body to discuss some of the issues they have had, the proposals for next year, and what phase 3 of the programme might look like.

LT

The Governing Body:

- Noted the Month 11 financial position and forecast outturn position.
- Approved the termination of the current S75 Intermediate Care Pooled Budget Agreement.

## 72/14 Month 11 Quality and Outcomes Report

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

### a) NHS Constitution Rights and Pledges

He drew members' attention to an inaccuracy in the bar chart at page 1 of his report showing how CCG delivery of the 25 NHS Constitution Rights and Pledges for 2013/14 were progressing month on month, in that the February ratings should be almost identical to those shown for January. He reported that up to the end of January we were still doing reasonably well, however, waiting times were now the biggest single problem in Quarter 4, and elective activity had been somewhat affected by the winter period. Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) were now reporting that they were breaching non admitted and admitted pledges. An action plan had been produced to address these issues, which we did not envisage being resolved in the

first few months of this financial year. 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 stenographers, and delays in orthopaedic surgery. We were looking at how they could improve their scheduling and how we could push for greater performance in these areas.

b) A&E 4 Waiting Times

Quarter 4 at STHFT had started off in a very challenging way but had picked up significantly over the last eight weeks with them achieving over 95% of patients seen within four hours for Quarter 4 and for the year as a whole.

Mr Boyington left the meeting at this stage.

c) Quality

The Chief Nurse advised members of the following:

(i) Healthcare Acquired Infections

The Clostridium Difficile (C.Diff) target had not been achieved this year with a total of 180 cases reported against a target of 169. There had been six reported cases of MRSA, two of which had been reported for February, both relating to care received outside of the UK.

He advised members that next year's target for MRSA would remain zero, with the targets for C.Diff set using a different methodology than previous, in that targets will now be based on the size and type of Trust for providers and on population size for CCGs. The target will then be a reduction towards the median for those above it and outturn minus one case for those at or below the median.

(ii) Complaints

The Chief Nurse advised that we were in discussions with STHFT about the deterioration in their complaints management performance and their struggle to meet targets in a number of areas. As there had been no additional resources to clear the backlog of open complaints, the CCG was working with them on an action plan which included bringing services back into the central system for which we had subsequently seen an improvement, which we would continue to monitor.

Dr Afzal left the meeting at this stage.

d) Other Issues

Professor Gamsu asked about the number of unplanned and emergency admissions. The Accountable Officer responded that this related in part to the failure of the RFT programme to deliver all the anticipated £900k QIPP savings for which we would be inviting the Chief Executive of the RFT programme to attend Governing Body (as discussed under minute 70/14),

Dr Gill reported on the case of a patient who had been referred to a specific specialty and been advised that, due to a lack of staff, they had to wait until July for an appointment with a consultant. The Chair commented that we needed to be bolder and discuss in more detail with our providers when we are seeing signs of strain in the system.

Professor Enderby reported that there were fewer places being commissioned this year to train a broad range of health professionals and asked how the universities could enter these discussions with providers.

Ms Forrest expressed concerns about the number of red indicators around learning disabilities, which needed to be given equal prominence as all other outcomes.

Dr McGinty drew members' attention to page 5 and the positive performance of waits for cancer referrals appointments, diagnostics and treatment.

The Chief Operating Officer advised members that the report focused on the areas and specialties where there are problems and reported that the average waiting time for patients being treated is eight weeks.

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.

#### **73/14 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) Commissioning Protected Services at our FTs
- e) Unadopted minutes of the Quality Assurance Committee (QAC) meeting held on 7 March 2014

In relation to item e), Ms Forrest, Chair of the QAC, advised members that a lengthy discussion had taken place about what our role as a CCG was to resolve issues between different providers and the interface between them, and had concluded we should encourage them to micro manage it.

The Chief Nurse advised members that this was being handled through the contract and performance management route. There

was also the need for us to work with our counterparts in all the South Yorkshire and Bassetlaw CCGs about how we work together to deal with cross provider issues.

The Committee had also discussed the CCG's relationship with NHS England in relation to quality, particularly around quality in primary care that we do not have responsibility for, and this relationship needs to be reflected in our own quality strategy.

The Chair advised members that discussions had taken place with NHS England in this regard, resulting in the drafting of a South Yorkshire-wide primary care strategy.

Ms Forrest also advised members that the committee had raised concerns about the length of time it was taking for information about mandatory training for safeguarding at some of our providers to be reported to their Boards.

The Chief Nurse reported that he had written formally to the trusts that this related to expressing the committee's concerns.

The Governing Body noted the following reports:

- f) Update on Serious Incidents
- g) Quarterly update on Safeguarding
- h) Quarterly update on Compliments, Complaints and MP Enquiries
- i) Locality Executive Group reports

**74/14 Questions from the Public**

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

**75/14 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.

**76/14 Any Other Business**

There was no further business to discuss this month.

**77/14 Date and Time of Next Meeting**

Thursday 1 May 2014, 4.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU