

**Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
Governing Body held in public on 2 October 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 157/14)
Ian Atkinson, Accountable Officer
Dr Nikki Bates, GP Elected City-wide Representative
John Boyington, CBE, Lay Member
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 Ted Turner, GP Elected City-wide Representative

In Attendance: Sarah Baygot, Senior Communications Manager (Acting)
Katrina Cleary, CCG Programme Director Primary Care
Professor Pam Enderby, Chair, Healthwatch Sheffield
Jane Harriman, Deputy Chief Nurse (on behalf of the Chief Nurse)
Carol Henderson, Committee Administrator
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 Director of Business Planning and Partnerships.

ACTION

147/14 Welcome

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.

148/14 Apologies for Absence

Apologies for absence had been received from Kevin Clifford, Chief Nurse, 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, Simon Kirby, Locality Manager, North, Laraine Manley, Executive Director - Communities, Sheffield City Council, and Mr Paul Wike, Locality Manager, Central.

149/14 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>

150/14 Chair's Opening Remarks

The Chair did not have any additional remarks and referred members to his Chair's report appended as part of Item 13 on the agenda.

151/14 Minutes of the CCG Governing Body meeting held in public on 4 September 2014

The minutes of the Governing Body meeting held in public on 4 September 2014 were agreed as a true and correct record and were signed by the Chair.

The Chair drew members' attention to Appendix A, detailing questions that had been submitted at the meeting and the CCG's responses to these, which had been emailed following the meeting.

152/14 Matters arising from the minutes of the meeting held in public on 4 September 2014

a) Involve Me (minute 135/14 refers)

The Director of Business Planning and Partnerships advised Governing Body that a meeting had taken place with members of Healthwatch Sheffield the previous day to get a clearer understanding of how each organisation engages with patients and members of the public. It had been a helpful meeting and had resulted in agreement on how we work together, which will be set out in a Memorandum of Understanding (MoU). One of their members would join the CCG at its regular Patient and Public Engagement Group meetings.

b) Organisational Development Strategy (minutes 121/14, 136/14 refer)

The Chief Operating Officer advised Governing Body that he would include an update on how the CCG's OD Strategy was applicable to the Local Authority in the next refresh of the strategy.

IG

153/14 2014/15 Finance Report

The Director of Finance presented this paper confirming the financial position to the end of August 2014 and the risks and challenges for managing the delivery of the CCG's overall planned 1% surplus for 2014/15. She advised Governing Body that there had been no fundamental changes since the previous month. She highlighted that since the report had been prepared, information on the national 2014/15 settlement with the pharmaceutical industry relating to drugs prices with the NHS had been published. The impact was likely to be a cost pressure of c.£100-150k per month for the last six months of the year to the CCG which would need to be factored into overall financial management. This was alongside continuing uncertainty on the level of activity which local trusts needed to complete to ensure sustainable delivery of the Referral to Treatment (RTT) target from Quarter 3 and how much of the additional activity would be met from the additional national funding being made available. The Director of Finance confirmed these additional pressures needed to be accommodated before the CCG could consider any additional new investment proposals in the last six months of the year.

The Governing Body received and noted the report.

154/14 CCG Procurement Plan 2014/15 Update

The Director of Finance presented this report. She reminded Governing Body that they had approved the initial procurement plan earlier in the year and the paper provided an update on procurements they had agreed to progress this year. The table at section 1.3 of her report provided a snapshot of progress made against each procurement project, but she had no particular issues to bring to Governing Body's attention.

In relation to the planned Independent Living Solutions procurement, Professor Enderby asked whether specialised equipment was included as a concern had been raised through Healthwatch about a specialist communication device a patient needed that did not fit onto their wheelchair. The Director of Business Planning and Partnerships explained that the provider of community equipment would have a catalogue list of what and was not included, which would exclude specialised equipment. The Accountable Officer advised that this concern had been communicated to NHS England, who commission specialised services, and reported that there was a national piece of work ongoing specifically around wheelchair commissioning.

The Governing Body received and noted the report.

155/14 Month 4 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) Summary Position

The position was described in a number of areas and he drew attention in particular to the positive position around cancer waiting times for which we were still meeting all targets and our good performance against the A&E 4 hour wait target. However, there were a number of areas of greater concern that were described in the report, including ambulance services response times, and waiting times at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) and Sheffield Children's NHS Foundation Trust (SCHFT) on which we were seeing aspects of these improving, but there were still particular pressures in that there are some patients have waited over 52 weeks from referral to treatment.

He advised Governing Body that, as part of the assurance process, he had instigated a stocktake on the morning of 3 October to determine whether or not actions being taken in those areas of concern were significantly robust, the outcome of which he would present to Governing Body at the next meeting in private.

With regard to the additional monies put into the system – roughly £3m for both elective and non elective activity initiatives, the non elective activity had been agreed over the summer. We had not yet seen any outcomes from the step up activity being provided as part of the national money given to address long waiting times and were monitoring that extremely closely with our providers.

b) Quality

The Deputy Chief Nurse advised members of the following:

- (i) Clostridium Difficile (C.Diff): the number of cases reported at STHFT was still a concern. The Deputy Chief Nurse reported that she had attended the trust's infection control meeting the previous week, where they had advised that they were taking further actions around antibiotic prescribing and their cleaning programme.
- (ii) Friends and Family Test (FFT): Due to a national decision taken following a review undertaken in the summer, in the coming months Governing Body would see a change to the report in that the scoring would show the percentage of patients who either did or did not recommend a service. In the future, with this test there will be fewer requirements to report data nationally, with more local reporting and a focus on local improvement.

Dr Davidson commented that his thoughts were that there were some benefits to the FFT process from a secondary care point of

view, and locally was quite useful.

c) Other Issues

The Chair commented that whilst the report reflected a lot of targets the NHS was interested in, it did not contain all that the CCG thinks is important for the city, and that there should also be information that describes improvement in health outcomes and whether our services are meeting this need.

The Director of Business Planning and Partnerships suggested asking Susan Hird, Consultant in Public Health, about how the intelligence / information regarding the health outcomes of our services are improving health outcomes, and ensure it is tied into the Joint Strategic Needs Assessment (JSNA) and addressed in our health inequalities plan that will be presented to Governing Body in the next few months.

TF

Professor Enderby asked about the number of cancelled operations at STHFT, which had increased to eight. The Chief Operating Officer responded that unfortunately this increase may continue for a while, but we had discussed this with the trust, who had advised that during the summer months one of their theatres had been closed for reconditioning, and the number of trauma cases had been higher than expected, which had had an impact on the cancellation of elective operations. However, the number of cancelled operations was quite low and we continued to monitor it.

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

156/14 Governing Body Assurance Framework and Risk Register

The Director of Business Planning and Partnerships presented the Quarter 1 update and a snapshot of Quarter 2. He reminded members that the Assurance Framework (AF) listed the potential barriers to us achieving our objectives, detailed what we are doing to address or mitigate the risk, and the assurance Governing Body receives on this. He drew members' attention to the spreadsheet attached to the report which summarised where risk owners have indicated that controls or assurance of control is not yet sufficient.

The Director of Finance commented that for future reports it might be helpful if the main table gave an indication of what the previous reporting level was. She explained that as some issues were outside

the CCG's control it was unlikely that all gaps in control and assurance could be closed and all risks could be managed to a low or green rating. She reported that when the Audit and Integrated Governance Committee (AIGC) had last met they had raised concerns about risk 4.6: contractual constraints facing member practices resulting in an inability of practices to deliver and expand service provision. As commissioning of core services is currently the responsibility of NHS England (NHSE) it was perceived that the actions to be taken to reduce risk by the CCG were constrained. The CCG Programme Director Primary Care explained that this risk was about the impact of the actions NHS England are taking and the ability of practices to take on additional service provision.

Mr Boyington advised that the AIGC had suggested that, as the CCG's partners in this, we should be holding NHS England to account. The Chief Operating Officer reported that, although it was not held in the public domain, there was already a forum established where the CCG meets with NHSE on a quarterly basis, where each organisation can report whether it is delivering its responsibilities as a commissioner. He suggested that future discussions should also include as to how we can co-commission our services more effectively together.

The Chair asked about risk 4.3: financial plan with insufficient flexibility to meet changing demands, and reminded members that they had noted in the finance report the overspend on urgent care. The Director of Finance advised Governing Body that whilst actions continued to address the overspend on urgent care, this risk was about the CCG managing its overall financial position and reported that she had just updated the risk and brought the risk score down to 8 because, in total, the level of pressures to be managed in year, set against available reserves, suggested this was appropriate.

Members asked for several amendments to be made to the AF as follows:

TF

- The job title of the Director lead for risk 4.2 to be changed to Clinical Director (from Joint Clinical Director)
- The name of the Director lead for risk 1.3 to be changed to Tim Furness (from Idris Griffiths)
- The risk owner on the Company Secretary's risks to be re-labelled to either the Chief Operating Officer or Director of Business Planning and Partnerships, as appropriate.
- Any changes in risk scores to be included in future summary reports

The Governing Body received and noted the report.

Dr Afzal left the meeting at this stage.

157/14 Public and Patient Experience and Engagement Report

Professor Gamsu presented this paper which detailed issues raised by patients, carers and members of the public, and the activity that had taken place so far. He reported that the CCG's Patient and Public Engagement Group (PPEG) had agreed to present a quarterly update to Governing Body on the work they were doing around public engagement.

**TF/MG/TT
/AF**

With regard to challenges, we needed to support our staff to undertake more engagement, and capture some of the learning from the Musculoskeletal Services – Moving Together (MSK) engagement exercise carried out earlier in the year. He also advised Governing Body that over 600 people had been recruited to the CCG's 'Involve Me' network so far, although there was under representation from some sections of the population and further work will be undertaken to recruit from those.

Ms Forrest reported that, in early November, a series of drop in sessions for CCG staff had been arranged as part of Engagement Week. The PPEG were also working on extending the NHS Engagement debate wider to include Sheffield City Council (SCC), and the Voluntary, community and faith sector groups in the city. She also asked Governing Body to be mindful of the smaller engagement events that individual members of staff were taking part in, including pro-actively engaging with 'hard to reach groups' in the community across the city. Patient stories and experiences from these events have been collated and will be an important part of the engagement report.

**TF/MG/TT
/AF**

Dr Turner commented that we should be aiming to have an ethos that engagement is always central to, and deeply rooted into, the organisation, and need to look at the mechanisms for how to do this and also find ways to support communities and neighbourhoods to have a voice and to build up skills and understanding.

The Chair noted that we were moving towards addressing some of this and he felt that more influence from the public helped address the perceived lack of democracy in the NHS. The Chief Operating Officer advised that nearly 10% of our population at this time of year are students and we are talking to student unions about engagement with them. Professor Enderby advised that Young Healthwatch had just been started and needed to join up with the CCG on this.

In addition to the report, Professor Gamsu also advised members that the PPEG would be liaising with the Locality Managers about linking in with the practice patient groups.

**TF/MG/TT
/AF**

The Governing Body:

- Considered the themes, lessons learned and challenges highlighted.
- Considered the patient, carer and public feedback in the appendices.
- Approved the suggested outputs from the NHS England summit.

158/14 Communications and Engagement Strategy

The Chief Operating Officer presented the revised Communications and Engagement Strategy which, he reported, would be reviewed on an annual basis. He drew Governing Body's attention to the CCG's four key objectives described at page 6 of the paper and to Appendix 1 - the set of principles that had been adopted that set out how the CCG wanted to work with the public and patients of Sheffield.

Dr McGinty drew attention to objective 3: to manage the reputation of the CCG so that our voice is credible and trusted, as his thoughts were that it did not say how we vocalise the good experiences our patients might have. The Chief Operating Officer responded that this had been discussed and would look at how this could be captured as part of the Quality and Outcomes report. **IG**

The Director of Public Health was pleased to see that there would be an annual review of the strategy. With regard to Campaigns (page 9 of the strategy), he suggested that there was scope for some joining up of the CCG and Sheffield City Council in what they were both trying to do, and reported that SCC were concentrating on having a small number of key campaigns and messages throughout the year.

Professor Gamsu commented that it would be helpful if the quarterly set of engagement indicators were sent to the Public and Patient Engagement Group meetings before they were presented to Governing Body.

The Governing Body approved the Communications and Engagement Strategy.

159/14 Governing Body Committees' Terms of Reference

The Director of Business Planning and Partnerships presented this report which outlined the proposed changes to the terms of reference for the committees and sub committees we have in place, which were also subject to approval by our member practices as part of changes to the CCG Constitution.

The Chief Operating Officer was asked to circulate a paper about changes to the management groups that sit below the committees to Governing Body for noting, either at the next Governing Body meeting or as a separate email. **IG**

The Governing Body approved the proposed changes to the terms of reference for the CCG's committees and sub committees.

160/14 Reports circulated in advance of the meeting for noting:

The Governing Body formally noted the following reports:

- Chair's Report
- Accountable Officer's Report
- Key Highlights from Commissioning Executive Team and Planning and Delivery Group meetings
- Update on Serious Incidents
- Quarterly Update on Safeguarding
- Working Together Programme Update
- Quarterly Update on Compliments, Complaints and MP Enquiries
- Unadopted Minutes of the Quality Assurance Committee meeting held on 12 September 2014

Ms Forrest, Chair of the Quality Assurance Committee, drew members' attention to the key highlights from the meeting, which included assurance that the system for monitoring care homes appeared to be effective, an action plan for training for Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) had been received and was awaiting review, and issues relating to lack of responsiveness by SCHFT were being managed within the CCG. The latter two issues would be raised at Governing Body's next meetings with the respective trust boards.

The Governing Body formally noted the following reports:

- Unadopted Minutes of the Audit and Integrated Governance Committee meeting held on 18 September 2014
- Locality Executive Group reports

161/14 Questions from the Public

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

162/14 Confidential Section

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.

163/44 Any Other Business

a) Engagement Week

The Director of Business Planning and Partnerships advised members that CCG staff would be encouraged to attend the November Governing Body meeting as part of the CCG's Staff Engagement Week that was taking place week commencing 3 November.

164/44 Date and time of Next Meeting

Thursday 6 November 2014, 4.00 pm Boardroom, 722 Prince of Wales Road, Sheffield, S9 4EU