

**Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
Governing Body held in public on 3 July 2014
in the Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU**

A

Present: Dr Tim Moorhead, CCG Chair, GP Locality Representative, West
Ian Atkinson, Accountable Officer
Dr Nikki Bates, GP Elected City-wide Representative
John Boyington, CBE, Lay Member (up to item 105/14)
Kevin Clifford, Chief Nurse
Amanda Forrest, Lay Member
Tim Furness, Director of Business Planning and Partnerships
Dr Anil Gill, GP Elected City-wide Representative
Idris Griffiths, Chief Operating Officer
Dr Andrew McGinty, GP Locality Representative, Hallam and South (up to item 104/14)
Dr Zak McMurray, Clinical Director
Julia Newton, Director of Finance
Dr Leigh Sorsbie, GP Locality Representative, North
Dr Ted Turner, GP Elected City-wide Representative

In Attendance: Katrina Cleary, CCG Programme Director Primary Care
Katy Davison, Head of Communications
Rachel Dillon, Locality Manager, West
Dr Mark Durling, Chairman, Sheffield Local Medical Committee (up to item 105(e))
Professor Pam Enderby, Chair, Healthwatch Sheffield
Carol Henderson, Committee Administrator
Susan Hird, Consultant in Public Health (on behalf of the Director of Public Health)
Andrew Reynolds, Senior Associate – OD, West and South Yorkshire and Bassetlaw Commissioning Support Unit (W&SY&BCSU) (for item 103/14)
Linda Tully, Company Secretary and Head of Corporate Governance
Paul Wike, Locality Manager, Central

Members of the public:

Two 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

114/14 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.

115/14 Apologies for Absence

Apologies for absence had been received from Dr Amir Afzal, GP

Locality Representative, Central, Dr Richard Davidson, Secondary Care Doctor, Professor Mark Gamsu, Lay Member, and Dr Marion Sloan, GP Elected City-wide Representative.

Apologies for absence from those who were normally in attendance had been received from Simon Kirby, Locality Manager, North, and Professor Jeremy Wight, Sheffield Director of Public Health

116/14 Declarations of Interest

Ms Forrest declared a conflict of interest in item 10 (paper G): Sheffield Health and Wellbeing Board's Health Inequalities Plan, as she has been involved in the running of the carer service in Sheffield.

Following discussion to consider Ms Forrest's position, it was agreed that the business requirements for item 10 (paper G) would not present a conflict for any individual present. Consequently, the Chair determined that no members present needed to be excluded from the debate.

There were no other 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>

117/14 Chair's Opening Remarks

On behalf of Governing Body, the Chair expressed his thanks to the Company Secretary, who would be leaving the CCG at the end of August, for her commitment to overseeing the CCG's Authorisation process and ensuring that corporate governance arrangements were in place over the organisation's first year which, he reported, PricewaterhouseCoopers (PWC) were using to disseminate to other organisations as good practice. He advised members that the Accountable Officer was in the process of ensuring that arrangements were in place from September to cover the range of responsibilities that the Company Secretary was accountable for.

118/14 Minutes of the CCG Governing Body meeting held in public on 5 June 2014

The minutes of the Governing Body meeting held in public on 5 June 2014 were agreed as a true and correct record and were signed by the Chair.

119/14 Matters arising from the minutes of the meeting held in public on 5 June 2014

a) Children and Young People (minutes 89/14(e)(iv) and 101/14(b) refer)

The Accountable Officer advised members that an agreement had been made with Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) and Sheffield Children's NHS Foundation Trust (SCHFT)

about the provision of a service model for Child and Adolescent Mental Health Services (CAMHS), and had a circulated a note to members to this effect.

b) NHS Sheffield CCG Annual Report 2013/14 (minute 104/14 refers)

The Head of Communications advised members that a user friendly version of the annual report would be available on the CCG's website by the end of the month.

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c) Month 1 Quality and Outcomes Report: Family and Friends Test (minute 107/14(f)(ii) refers)

The Chief Nurse reported that the date of publication of the national report on the formal review of Friends and Family was still awaited.

120/14 Company Secretary Report

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

a) Ipsos MORI

The second national CCG 360° stakeholder survey had been undertaken by Ipsos MORI, the purpose of which was to evaluate our stakeholder management. The outcomes of the survey would inform our organisational development plans and feed into our CCG assurance discussions with NHS England. She reported that although the response rate for Sheffield was lower than last year at 58%, the key messages from our stakeholders were that they felt engaged, listened to, have good working relationships with the CCG that continued to improve, have confidence in the CCG's ability to commission high quality services, and have had the opportunity to influence our plans and priorities. A summary of the report was attached, with the full report available on the CCG's website at: <http://www.sheffieldccg.nhs.uk/our-information/strategies-and-policies.htm>

The Chair encouraged Governing Body members and members of the public to read the report which, he felt, was mostly favourable.

b) Key Messages for the CCG from the Members' Council meeting 30 April 2014

The Members' Council meeting held on 30 April evaluated positively. Members felt the table discussion led by our commissioning managers and portfolio leads, and the use of an electronic voting system was successful. Senior Commissioning Managers would be taking issues raised to the most appropriate forum. A report would be presented to Governing Body in September and formally reported to the next Members' Council meeting. She also advised members that NHS England were using Sheffield as an example for good governance and membership engagement.

c) Revisions to the NHS Sheffield CCG Constitution

Minor revisions to the CCG Constitution, which had been approved by 97% of the 65 votes cast by member practices, had been submitted to NHS England. Early indications were that these should be approved, although formal approval was not expected until the end of the month.

The Governing Body:

- Noted the key messages from the Ipsos MORI 360° stakeholder survey summary.
- Noted the key messages for the CCG from the Members' Council meeting held on 30 April 2014.
- Noted the proposed revisions to the NHS Sheffield CCG Constitution.

121/14 Organisational Development (OD) Strategy

Andrew Reynolds, Senior Associate – OD, West and South Yorkshire and Bassetlaw Commissioning Support Unit (W&SY&BCSU), presented this report and gave a presentation that highlighted the national OD challenges, and the CCG's objectives, approach, and proposed priorities for OD in the future.

It built on what the CCG has already achieved, and the challenge was to deliver change by being less bureaucratic, more innovative, fast moving, adaptable and willing to take on more opportunities. This would hopefully achieve the level of ambition we had set ourselves in our planning for 2014-19 strategy.

Development plans to take forward each of the six objectives would be drafted and shared, and presented to the CCG's OD Steering Group for approval.

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The Accountable Officer commented that we need to be really clear in our approach around integration and bringing budgets together, and it might be appropriate to discuss with the Local Authority about how much of our OD strategy is applicable to them.

The Governing Body:

- Agreed the subsequent revision to the OD Strategy
- Agreed the recommended priorities and actions included in the strategy.

Dr McGinty left the meeting at this stage.

122/14 2014/15 Finance Report

The Director of Finance presented this paper that reported the financial position to the end of May 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 section 2 of her report identified early pressures in acute hospital activity, prescribing and continuing health care but that the range of reserves and contingency

options were currently assessed to be sufficient to manage these pressures and allow delivery of the planned 1% surplus.

Members asked why the financial position felt more challenging this year than at the same time last year. The Director of Finance explained that it was due to a combination of factors including the level of activity, progress to date on QIPP plans and the level of uncertainty on specific issues such as payments for retrospective continuing health care claims, estates recharges and delivery of 18 week targets.

Professor Enderby commented that it was important that the general public was aware of the level of risks and challenges as set out in the report to prevent unrealistic expectations, for example on investment in new services.

The Governing Body received the report and noted the risks and challenges to delivery of the financial plan based on Month 2 results.

Mr Boyington left the meeting at this stage.

123/14 Month 2 Quality and Outcomes Report

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

- a) A&E: Sheffield Children's NHS Foundation Trust (SCHFT) and Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) continued to perform well against the four hour wait target, achieving 95% and above.
- b) 18 Week Waits: A letter had been sent to GPs providing information on current STHFT referral to treatment (RTT) waiting times for cardiology, orthopaedics, urology and neurology as these were specialties where the trust was experiencing challenges in meeting the 18 week target.

Dr Gill reported that a number of complaints had been received from patients having to wait a long time for diagnostic testing and asked if the Chief Operating Officer could clarify as to whether GPs were entitled to refer NHS patients direct to Thornbury Hospital for diagnostics.

IG

- c) System Resilience: Non recurrent national money had been received to address system pressures and related to funding of £3.8m for Sheffield across the health economy. We were working with our providers, Local Authority, GPs and the voluntary sector, where possible, to get ideas and proposals together by 14 July for consideration and submission by 30 July. He also advised members that the first meeting of the System Resilience Group (SRG) (former Urgent Care Working Group) would take place on 30 July and all our providers are members of that group, which is considered to be the group to bring all providers together to consider commissioning proposals.

- d) Electives: Additional national money was also available for trusts deemed to have the most system pressures. This would be allocated accordingly by the Local Area Team of NHS England.

Dr Durling left the meeting at this stage.

e) Quality

The Chief Nurse advised members of the following:

- (i) Friends and Family Test (FFT): We were working on an action plan with STHFT to address how to improve the marked deterioration in A&E scores.

A toolkit for improving FFT performance had been launched this week, which applies to all Foundation Trusts.

- (ii) “Hard Truths” - publishing of staffing data: Staffing levels at our three Foundation Trusts had now been published on a per ward, per hour, vs planned basis. This would eventually be rolled out to other areas, possibly including primary care, and Red Amber Green (RAG) rated in due course.

He explained that this was part of the Government’s response to Mid Staffordshire and advised that there would always be a cost to this exercise

- (iii) Incident Reporting: With the recent publishing of data illustrating STHFT was a low reporter on incidents on the National Reporting and Learning System (NRLS) database. Governing Body was assured by the Chief Nurse that we were investing a significant amount of time working with our trusts to improve their incident reporting. The reported data was historical and it is expected future data would show improved reporting particularly at STHFT.

f) Other Issues

- (i) Ambulance Service Performance: A meeting of the South Yorkshire and Bassetlaw Accountable Officers would take place on 4 July to discuss the plans to address Yorkshire Ambulance Service NHS Trust (YAS) performance. **IA**

- (ii) Patient Complaints: Professor Enderby asked about STHFT’s failure to respond to 85% of complaints within 25 working days, and asked if similar information from our two other FTs could be included in future reports.

- (iii) Reduction in Infant Mortality: Professor Enderby asked if any up to date data was available. The Chief Operating Officer explained that a supplement on health outcomes issues would be prepared, however, it sometimes takes a considerable amount of time before some of the information is made available. The Consultant in Public Health would discuss with the public health team and reported that more information on high infant mortality in Sheffield would be included in a **JW(SH)**

paper from Public Health England that was due to be published shortly.

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.

124/14 Sheffield Health and Wellbeing Board Health Inequalities Plan

The Director of Business Planning and Partnerships presented this report which, he advised, had been approved by the Health and Wellbeing Board, and was presented for Governing Body to consider the implications for the CCG. He advised Governing Body of two actions in section 3.4 and 3.7 that the CCG is responsible for and should consider how to achieve them. The actions specifically related to access to services and the commissioning of disease-specific interventions, including a programme to improve the physical health of the severely mentally ill or those with a learning disability.

The Chair commented that it was helpful to have the Fairness Commission's local recommendations (page 39) aimed at addressing health inequalities included in the report.

Professor Enderby advised Governing Body that Healthwatch had been happy to host an engagement meeting at which support for the plan had been overwhelming.

Ms Forrest stressed the importance of including carers as part of CCG core business. Dr Sorsbie asked that mental health and wellbeing (page 40 of the recommendations) also be embedded into our planning. She commented that there was a higher incidence of neonatal deaths in people from the ethnic minorities and we must not reduce the availability of services for reducing births in these areas.

Dr Turner was encouraged by the multi-organisational approach, as he thought we need to take a holistic approach.

The Director of Business Planning and Partnerships advised Governing Body that he would discuss with the Consultant in Public Health how to take forward the actions to inform CCG planning for 2015/16. He was asked to prioritise actions for this year and future years.

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TF

The Director of Business Planning and Partnerships was asked to present an update on progress against our actions to Governing Body in January 2015.

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The Governing Body received and noted the report.

125/14 Reports circulated in advance of the meeting for noting

The Governing Body noted the following report:

a) Chair's Report

In addition to his report, the Chair advised Governing Body that his national work as CCG Chair was increasing. He encouraged other GPs / Lay Members to participate in any national groups as the benefit not only brings learning back into the organisation but provides opportunity to profile Sheffield's work.

He would provide feedback and key messages to members from his national discussions.

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The Governing Body noted the following reports:

- 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 5 June 2014
- e) Update on Serious Incidents May 2014
- f) Quarterly Update on Safeguarding
- g) Compliments, Complaints and MP Enquiries Annual Report 2013/14
- h) Locality Executive Group reports
- i) Operational Resilience and Referral to Treatment 2014/15 Guidance

126/14 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.

127/14 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.

128/14 Any Other Business

There was no further business to discuss this month.

129/14 Date and Time of Next Meeting

Please note there will not be a Governing Body meeting in August unless there are exceptional circumstances.

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

**Questions from Amanda Peirson, Takeda, to the CCG Governing Body
3 July 2014**

Question 1: What is the view of the CCG on commercial rebate schemes as a way of optimising prescribing costs?

CCG Response: *The CCG considers any commercial rebate scheme that is offered on its merits. It may be supported if:*

- *Participation does not restrict or impact upon the clinical freedom of prescribers to choose the medicine they consider best; and:*
- *Achievement of the rebate does not require any change of prescribing practice by clinicians*

Question 2: Has the CCG considered including in their meetings a “patient story” delivered by the patient at the meeting? Doncaster CCG start their meetings with a patient story that is aligned to CCG priorities – areas that have been redesigned and areas requiring focus to improve services, there is a process for following actions from the patient story.

CCG Response: *Yes, the CCG’s PPI group is considering stories from citizens as patients or volunteers who contribute to ‘Wellbeing’ as part of its engagement and involvement plans. We see the symbolic value of the approach, which we know other CCGs also have adopted, but think that, by itself, it could be perceived as a token gesture. We have therefore chosen to focus on the development of our ‘Involve Me’ network as a priority for securing more public and patient contribution to our work, and are working with our clinical portfolios so that they look to members of that network for input and advice*