Minutes of the meeting of NHS Sheffield Clinical Commissioning Group Governing Body held in public on 3 March 2016 in the Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

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Present:
Dr Tim Moorhead, CCG Chair, GP Locality Representative, West
Dr Amir Afzal, GP Locality Representative, Central
Dr Ngozi Anumba, GP Locality Representative, Hallam and South
Dr Nikki Bates, GP Elected City-wide Representative
Mr John Boyington, CBE, Lay Member
Dr Devaka Fernando, Secondary Care Doctor
Ms Amanda Forrest, Lay Member
Professor Mark Gamsu, Lay Member
Dr Anil Gill, GP Elected City-wide Representative
Mr Idris Griffiths, Director of Health Reform and Transformation
Dr Zak McMurray, Medical Director
Ms Julia Newton, Director of Finance
Mrs Maddy Ruff, Accountable Officer
Dr Marion Sloan, GP Elected City-wide Representative

In Attendance:
Dr Maggie Campbell, Chair, Healthwatch Sheffield
Mrs Katrina Cleary, CCG Programme Director Primary Care
Ms Katy Davison, Communications and Engagement Lead
Mrs Rachel Dillon, Locality Manager, West
Mrs Nicki Doherty, Deputy Director of Delivery and Strategy (for item 34/16)
Mr Greg Fell, Sheffield Director of Public Health
Mrs Rachel Gillott, Deputy Director of Delivery and Performance (on behalf of the Director of Delivery)
Ms Jane Harriman, Deputy Chief Nurse (on behalf of the Chief Nurse)
Mrs Carol Henderson, Committee Administrator / PA to Director of Finance
Mr Phil Holmes, Director of Adult Services, Sheffield City Council
Mr Simon Kirby, Locality Manager, North
Mr Peter Moore, Integrated Commissioning Programme (ICP) Director
Mr Gordon Osborne, Interim Locality Manager, Hallam and South
Mr Paul Wike, Joint Locality Manager, Central

Members of the public:
There were eight members of the public in attendance.
A list of members of the public who have attended CCG Governing Body meetings is held by the Director of Delivery.

ACTION

20/16 Welcome

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

The Chair also welcomed Mr Greg Fell, Sheffield Director of Public Health, to his first meeting.

21/16 Apologies for Absence

Apologies for absence had been received from Mr Kevin Clifford, Chief Nurse, Mr Tim Furness, Director of Delivery, Dr Leigh Sorsbie, GP Locality Representative, North, and Dr Ted Turner, GP Elected City-wide Representative.

Apologies for absence from those who were normally in attendance had been received from Dr Mark Durling, Chair, Sheffield Local Medical Committee.

22/16 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

23/16 Chair's Opening Remarks

The Chair had no further comments to make in addition to his report appended at item 15a.

24/16 Questions from the Public

There were no questions from members of the public this month.

25/16 Minutes of the CCG Governing Body meeting held in public on 14 January 2016

The minutes of the Governing Body meeting held in public on 14 January 2016 were agreed as a true and correct record and were signed by the Chair.

26/16 Matters arising from the minutes of the meeting held in public on 14 January 2016

a) Changes to Governing Body Meetings being held in Public (minutes 207/15 and 07/16(a) refer)

The Director of Health Reform and Transformation confirmed that, if it transpired there were areas that the CCG needed to pay more attention to regarding engagement in respect of Governing Body meetings in public now being held bi-monthly, this would be discussed at the CCG's Public Equality Engagement Experience Group (PEEEG).

It was agreed that this item could now be removed from matters arising.

b) Quality Assurance Committee (QAC) (minutes 180/15, 191/15(b), 209/15(a) and 07/16(b) refer)

The Chair advised members that he would speak to Ms Forrest regarding **TM**

membership of the QAC including an additional Governing Body GP, once his review of individual Governing Body member's areas of responsibility was complete at the end of March.

c) Commissioners Working Together Update (minutes 215/15 and 07/16(f) refer)

The Deputy Director of Delivery and Performance confirmed that the new working arrangements would be reflected as part of the next round of proposed changes to the CCG's Constitution.

It was agreed that this item could now be removed from matters arising

d) Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) Governors' Council Meetings (minutes 217/15 and 07/16(g) refer)

Ms Forrest advised members that the system put in place to provide her with briefings prior to meetings of STHFT's Governing Council was working well.

It was agreed that this item could now be removed from matters arising

e) Quality and Outcomes Report : Diagnostic Waits (minute 12/16(b) refers)

An update would be given under minute 31/16(e).

f) City-wide Record Sharing Programme (minute 16/16 refers)

The Director of Health Reform and Transformation advised Governing Body that he would arrange for the CCG's Head of Informatics to speak to the Chair of Healthwatch Sheffield regarding opportunities for the CCG to work with the citizens of Sheffield in relation to this programme, especially around sharing of information which is in the public interest. **IG**

g) Stocktake of National Initiatives (minute 16/16 refers)

The Director of Health Reform and Transformation advised Governing Body that he would share a stocktake that explained the various national initiatives that were taking place across the NHS and locally. **IG**

27/16 Membership and Terms of Reference for Auditor Panel

Governing Body noted that this item had been deferred to the April meeting.

28/16 CCG Assurance – 2015/16 Annual Review Well Led Organisation

The Deputy Director of Delivery and Performance presented the CCG's initial self assessment against the 'Well Led' Organisation domain, which formed one part of the five domains in the CCG Assurance Framework for 2015/16, in preparation for the CCG's annual review with NHS

England in April. She advised members that it was very much a first draft at this stage, with the final version to be submitted by 31 March and, in light of the timing of the next Governing Body meeting, was asking Governing Body's approval to delegate authority to the Accountable Officer to submit the final version on their behalf.

She advised Governing Body that the initial assessment was 'Good' against the 15 criteria, based on the evidence pulled together within the organisation. A process of validation of the assessment and supporting evidence had now commenced.

The Chair commented that, whilst it was helpful to understand the process, it did not demonstrate the huge amount of work that had taken place and could be evidenced.

Professor Gamsu questioned as to whether our own self rating of Good would be the same as Good nationally. He also questioned as to whether a mitigating action should be included to reflect how we would strengthen the CCG's engagement with the public, member practices and stakeholders, etc.

The Director of Health Reform and Transformation's thoughts were that Good was probably the right assessment but felt there may be some areas where the CCG had limited assurance, and some that were excellent, but it was really important that we should be aiming higher and, in this respect, commented that there were quite a few pieces of evidence to add that could make us better, especially to element 11: The CCG works pro-actively with providers and other partners to address issues and protect patients where problems are identified, including responding to CQC inspection reports and ratings, reports from other reviews and agencies and being active participants in risk summits when they are called. He also commented that the CCG's role in developing the city-wide neighbourhoods plan was not included.

Ms Forrest suggested that enabling people with learning disabilities to experience NHS services in the mainstream could be added to element 14: Safeguarding of vulnerable patients. She also suggested that the CCG's relationship with its member practices could be expanded, and that the CCG had given some short term investment into the voluntary sector but were looking to developing these relationships.

Mr Boyington suggested that there could be additional value to this exercise in auditing ourselves as to what more we need to do, which could be highlighted and used as an improvement tool.

The Director of Public Health commented that it needed to be made clear as to how, and under what criteria, elements had been rated, and to understand the external validation process.

The Accountable Officer advised members that, whilst in other areas of the country the NHS England Area Teams had taken different views asking for lots of evidence, the CCG's Area Team felt they did not need

to do this as our governance was strong. The value was about the CCG actually making sure it completed the assessment honestly, saying where we thought we were Good, but also indicating where we could improve and those areas we would be working on. The assessment could then be presented to the Audit and Integrated Governance Committee (AIGC) for them to audit this was being done.

Finally, the Accountable Officer suggested that the completed assessment be presented to Governing Body for ratification.

The Governing Body:

- Considered the initial assessment and current content of the Well Led Organisation self assessment.
- Delegated authority to the Accountable Officer to submit the final version of the self assessment by 31 March 2016, taking into account any further information and validation required.

29/16 Unadopted Minutes of the Primary Care Commissioning Committee 18 February 2016

Mr Boyington presented the minutes and drew Governing Body's attention to the key highlights of the meeting.

Members had spent a significant amount of time discussing the areas they felt they lacked knowledge especially relating to the CCG taking full delegated responsibility for co-commissioning from 1 April, which would be captured in a development plan. They had also discussed the special cases process and noted that in the committee's Terms of Reference an application could be handed over to any group for them to come back to the committee with a recommendation. In this respect, the committee received an update on the considerations and recommendations from the CCG's Commissioning Executive Team (CET) which had delegated authority from the committee to manage the process for the special case applications that had been submitted by practices in July 2015, to completion. The Locality Manager, West, would now be writing out to practices advising them of the outcome and recommendations from those discussions. **RD**

The Chair asked Governing Body GPs for their thoughts on the committee.

Dr Bates, who was a non voting member of the committee, commented that it was difficult trying to organise and think through what they were actually there for, for example if they were there as advisors, although they were very useful discussions.

Dr Afzal, who was a non voting member of the committee, commented that the Local Medical Committee (LMC) was very well represented, although this was a different role to the Governing Body GPs, and his thoughts were that he and Dr Bates were there to give a fair and balanced view at GP ground level.

Mr Boyington commented that it was absolutely essential to have GPs at the meeting. He advised members that national guidance on conflicts of interest would be published shortly for consultation and there may be some things specified in there especially relating to GPs, for example them having to leave the room when decisions were to be made. He hoped that, as a Governing Body, they would respond fully to that consultation. He also commented that, in pursuing doing the right things, they had to be seen to do things right.

The thoughts of Governing Body GPs who were not members of the committee included that it would be difficult for them to separate their role as a Governing Body GP and working GP, especially because the whole process of the equalisation of GP finance and the special cases applications had been in the media spotlight and patients had been involved. However, that process had to be open, whilst being sensitively managed.

Dr Gill asked to have a clear idea of what co-commissioning and the strategy was, what it would mean for localities, where contracts would sit in the future, and if there was danger of heading back to the old Primary Care Trust (PCT).

Dr Sloan's thoughts were that the role was to maximise the working pound, and the GPs were there to get the best health care they could for Sheffield. The Chair supported this and commented that the need for action was really important to make sure that patient care continued, especially with one practice definitely closing and the likelihood of another one closing. There were also other practices that had not been part of the special cases review, that may be threatened with closure.

Mr Boyington responded that the committee recognised the pressure that practices were working under, and wanted to make good decisions. Members had sat around the committee table with the same knowledge as the rest of Governing Body and spent a lot of time focusing on what development needs there were, and he wanted to give Governing Body the reassurance that recognised the priorities behind it and cared passionately about making good decisions.

The Programme Director advised members that the committee had had the opportunity in the private session to receive an update on specific practice issues and the action that was being taken to address these in the meantime.

Professor Gamsu commented that it needed to be recognised that a system level view of general practice in the city was needed, as the CCG was reliant upon 'bits' of knowledge, and a strong view that comes from the LMC. The Chair of Healthwatch suggested that it would be helpful to have a stratified approach to some of the key issues that were being presented as the citizens of Sheffield were equally anxious that the system did not 'fall over'.

The Director of Finance reminded members that the committee had only

met twice and were still in transition model up to 31 March. For the 1 April meeting they would receive a report on the full budgets, along with a number of other important papers. Ms Forrest commented that it had been quite difficult to work up to now as the committee had not had access to all the information it needed.

The Accountable Officer advised Governing Body that, although the CCG was not yet responsible for co-commissioning primary care, it was spending a significant amount of time with NHS England working to support those practices in difficulty. She also advised members that a Primary Care Strategy was being developed that would be presented to Governing Body in April. She requested a stocktake of all practices, with a plan then developed for those that needed extra support. She acknowledged the work that NHS England had done with the CCG to get us up to speed, and the LMC for their continued support.

Finally, the Locality Manager, North, asked if the committee could consider a formal process on how to have the engagement with practices, especially given the sensitivity about how the CCG could help support individual practices, and on how intelligence on practices could be gathered.

The Chair asked that, for reports to future Governing Body meetings, a highlight report on the key issues be included with the minutes. **KaC**

The Governing Body received and noted the minutes.

30/16 2015/16 Finance Report

The Director of Finance presented this report which provided Governing Body with the Month 10 results and the key risks and challenges to deliver the planned year end surplus of £7.5m (1%). She advised Governing Body that, as prescribing activity remained very high in January, based on our local intelligence, she had increased the forecast outturn spend by c.£200k. She highlighted that there were no material changes to individual forecasts and that the current assessment was that sufficient contingencies existed to manage known risks for the remainder of the year.

She drew members' attention to page 6 and confirmation of the final Quality Premium the CCG had received and the planned use of the funding.

She also drew their attention to the budget changes in section 4 and changes to budgets which fall under the Better Care Fund (BCF) Section 75 Agreement, for which formal agreement was requested.

The Chair asked about the Quality Innovation, Productivity and Prevention (QIPP) performance outlined on pages 4 and 5 which, he commented, was not encouraging given the much larger QIPP savings required next year. The Deputy Director of Delivery and Performance agreed that it was not a good platform on which to move into next year, but that a much more

robust process was underway. The approach for next year was very different due to the scale of the challenge.

The Governing Body:

- Considered the risks and challenges to delivery of the planned 1% surplus.
- Approved the budget changes in excess of £2m, as highlighted in section 4.
- Approved, in line with the Better Care Fund (BCF) Section 75 agreement, the changes to budgets within the BCF, as set out in section 4.

31/16 Quality and Outcomes Report

The Deputy Director of Delivery and Performance presented this report which reflected the CCG's statutory responsibilities and drew members' attention to the following key issues.

a) Performance measures: Overall, performance was good in a number of targets, especially with both acute providers currently meeting the required standards for Referral to Treatment (RTT)

b) Sheffield Children's NHS Foundation Trust: the trust continued to deliver against the maximum four hour wait in A&E target, and largely against the cancer waiting times targets, however, the latter was in a precarious position in quarter 4 due to the timeliness of the referrals that come in from other District General Hospitals (DGHs). An improvement plan to address their own cancer waiting times was in place and the CCG was leading the Cancer Waiting Times Task and Finish Group for the sub region.

c) Ambulance Response and Handover Times: Performance had deteriorated over the last few months and, in part, Sheffield was being compromised by the delays in handover times.

d) A&E maximum four hour waits: All the actions for STHFT discussed at the last Governing Body meeting had now commenced, including receiving twice daily statements from the trust and instigating a number of visits, four of which had taken place since the last meeting. Information around the Family and Friends Test (FFT) and patient experience had been pulled together, with a lot of the comments relating to the long waits in the A&E department. The trust was also looking at some of their operational flows through the system and tracking patients through departments, making sure that they were going through the hospital in the right sequence.

Professor Gamsu reported that he had been impressed with all the staff in the A&E department, however, had been concerned about internal communications between departments. His feeling was that it was a huge organisation but with a number of small organisations working within it. The Deputy Director of Delivery and Performance responded that in terms of the work the trust was doing they were

absolutely focused on the flow through the system, but were aware of the impact on other departments, and that there was some disconnect throughout the rest of the hospital.

Ms Forrest commented that she was impressed by the nursing staff who were inspirational, with their compassion and concern for the patients outstanding. She reported that she had been shown the Medical Assessment Unit (MAU) but did not understand where it fitted in, had heard about the frustrations with patient transport, particularly with getting frail elderly patients home.

The Medical Director also commented that he felt there were pockets of great care, but which did not quite join up, and had felt there was a disconnect between different parts of the system. He also reported that some patients had been kept waiting hours and did not know why

The Deputy Chief Nurse advised Governing Body that she had witnessed some elements of care which had the potential to fall below expected standards, but were addressed immediately by A&E staff. It was felt that this was a symptom of the patient flow and staffing issues, and on the whole the staff appeared to give their full attention to patients.

Dr Gill asked if a best guess could be given as to the number of patients being seen within the four hour period. The Deputy Director of Delivery and Performance responded that whilst there wasn't any official reported figures on performance, the trust had some informal information which suggested that performance was still very variable on a daily basis but that it could possibly be somewhere between 70-95%.

The Medical Director reported that all concerns raised during the visits had been shared with the trust and we had received assurance from them that they were all being dealt with. The Deputy Director of Delivery and Performance advised Governing Body that her recommendation was to write a report, in liaison with the Deputy Chief Nurse and quality team, that pulled all the dimensions together, to be considered at the Integrated Performance & Delivery Group with the outcome considered by the CET and Contract Management Board (CMB) with a subsequent report back to Governing Body. . **RG**

Mr Boyington commented that, whilst colleagues had found those visits very helpful and helped to build the CCG's confidence in in what the clinicians were doing, this report could never bring that out, and asked if the CCG could learn from, and do more of, this. The Deputy Director of Delivery and Performance would reflect on this when writing her report. **RG**

Ms Forrest advised Governing Body that the Quality Assurance Committee meeting taking place the following day would discuss the learning from the visits and how this could be taken forward.

Professor Gamsu reminded members that the Chair of the LMC had suggested at a recent strategy session that Governing Body members could undertake a similar series of visits to general practice. The Accountable Officer responded that she was very keen that as many members of Governing Body as possible visit practices and localities, etc, as there was a lot to be gained. She reported that she had commenced a series visits herself, with practices being nothing but welcoming, and would encourage members to do the same.

e) Diagnostic Test Waiting Times: The two acute trusts were currently not achieving the target. The majority of the breaches at SCHFT were in sleep studies and endoscopy for which they had advised they would achieve the target by the end of March. For STHFT they had advised they would achieve some of the targets by the end of March but some could slip into the next financial year. The CCG was managing this through the contract management groups and ultimately to the Contract Management Boards.

The Accountable Officer also advised Governing Body that the CCG was working very closely with its main providers on their recovery plans, including asking them if there was more that we should be doing as this could affect the CCG when it comes to our assurance. She reported that STHFT still could not provide any data on A&E due to the problems with implementation of the Lorenzo system, which was concerning to the CCG and was now been looked into this on our behalf by the Local Area team, who were reassured that we were doing everything we could. However, we were waiting to hear how this lack of data was going to affect our assurance.

f) Quality and Safety

The Deputy Chief Nurse advised members of the following:

(i) Health Care Acquired Infections (HCAIs): there had been no reported cases of Clostridium Difficile (C.Diff) or MRSA since the last report to Governing Body.

(ii) Patient Experience of NHS Trusts: This month's report focused on STHFT. Highlights included their cancer survey for 2014/15 had been rated overall as excellent, and there had been a slight drop in response rates to the Family and Friends Test for A&E for which a detailed analysis was in the process of being done.

g) Other Issues

(i) Public Health Report: The Chair drew members' attention to the quarterly public health report which was a useful addition to the report, however, felt that some of the outcomes were disappointing.

Professor Gamsu asked if this report could be made more prominent and asked if the Director of Public Health could consider reporting more frequently than on a quarterly basis. His thoughts were that it **GF**

would be much more powerful if it included some comparisons / a breakdown of some of the indicators against some of the other core cities to ascertain if our focus was proportionate to where our challenges are.

The Integrated Commissioning Programme (ICP) Director commented that it was helpful to understand what was being asked of Governing Body but would appreciate the inclusion of some recovery times. He asked members if they were confident, as a Governing Body, that the CCG's Commissioning Intentions would address some of the underlying performance issues the CCG had.

The Accountable Officer commented that the Governing Body needed to be assured that we have a recovery plan, with trajectories, what our level of confidence is, what has been escalated to the Contract Management Boards, and what the confidence levels are. The Deputy Director of Delivery and Performance was asked to reflect on how the report could be developed to make sure Governing Body were clear of the actions being asked of them. **RG**

The Director of Public Health advised Governing Body that there were no major surprises in the report. He advised that the more granular data had been done and broken down into ward level. He reported that the Health and Wellbeing Board had a new approach to health inequalities, being keen to see that they were owned by the stakeholders.

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

32/16 Changes to the NHS Sheffield CCG Constitution

The Chair presented this report which advised Governing Body that NHS England had confirmed the proposed changes to the Constitution submitted in January 2016. The revised Constitution was now available on the CCG's website.

The Governing Body noted the confirmation from NHS England of the proposed changes to NHS Sheffield CCG Constitution submitted in January 2016

33/16 Quarterly Communications and Engagement Update

The Director of Health Reform and Transformation presented this report. He advised Governing Body that the CCG has a small communications and engagement team that undertake a vast range of excellent work,

including staff and public engagement, and were looking at how this could be further improved.

The Communications and Engagement Lead advised Governing Body that the CCG's communications team and the Commissioning Support Unit (CSU)'s engagement team had now come together as one team. The report was now presented in a more challenging way, following the CCG's strategy format and seven key aims. She reported that they had already had a challenge about trying to include more benchmarking against other CCGs, which she would aim to include in the next update, as well as strengthening the 'Speaking with Confidence' briefing section (attached this month at Appendix A).

She advised Governing Body that plans for the next quarter included strengthening relationships with Patient Participation Groups (PPGs) at general practice level, with an update on progress with this presented in the next report. The Locality Manager, North, commented that, in practice, it was sometimes a real struggle to have a long term discussion with patients but there was more that could be done, and co-commissioning would give practices the chance to be more creative. He suggested that the Locality Managers help the CCG with some of the messages supporting practices to communicate with their PPGs. The Communications and Engagement Lead advised that, with Healthwatch who had done some mapping of PPGs, they were looking at how PPGs could be supported better. Ms Forrest stressed the importance of having a city-wide PPG forum.

The Locality Manager, West, asked if a script could be prepared for Governing Body members relating to the Commissioning Intentions for 2016/17 presentation which she was mindful had not happened as yet. The Communications and Engagement Lead responded that she and her team had been working on a good presentation, and were also looking at various different campaigns about presenting the CCG's financial challenge and what comes next in terms of transformational change to the citizens of Sheffield and member practices.

The Chair of Healthwatch congratulated the CCG on the seamless transition of the both teams and commented that the plan included all issues that Healthwatch had brought to Governing Body and was encouraged as to how they were being addressed. The Chair commented that it was particularly for each Governing Body member to lead on this and, in this respect, there needed to be consistency in the message going out.

The Governing Body received and noted the report.

34/16 2016/17 Operational Plan

Mrs Nicki Doherty, Deputy Director of Delivery and Strategy, was in attendance for this item and gave a presentation that outlined the strategic overview of Sheffield planning for 2016/17. She advised members that the final draft plan would be presented to them for approval in public in

April but today would be focusing on what the plan would look like, how the three ‘gaps’ outlined on slide 3 would be addressed, and would describe the key issues for next year, including the nine “must be dones”. We would also be working with our providers as they would have to report their mortality index as one of these.

Other key highlights included the constitutional pledges the CCG would continue to plan to meet, which were outlined on slides 6-8, there was an ongoing challenge about achieving QIPP, and Patient Centred Solutions were being developed and launched next year. With regard to delivering our potential, we were currently working through how we were going to align it with the internal CCG systems.

The Deputy Director of Delivery and Performance explained that, as part of the planning process this year, £1.8m transformation money had been made available nationally to providers to bid for sustainability. The Director of Finance advised that they would have to have credible plans to be able to secure some of that money next year.

The Deputy Director of Delivery and Strategy advised that, with regard to work that had been undertaken so far, a Governing Body development session had taken place, 2020 vision events had taken place with key stakeholders and other invited attendees, and a meeting of the Sheffield Chief Executives from our provider organisations and the Local Authority had taken place to agree what the Sheffield vision should be. The CCG had also established goals and visions, and a Sheffield planning group had been established through which they were trying to align the narrative and process, with the Transforming Sheffield Programme Board the overarching board for whole system transformation. The Accountable Officer explained that all of the commissioner, providers and Local Authorities within the South Yorkshire footprint would have to come together to have one transformational plan for South Yorkshire.

With regard to stakeholder engagement, a footprint-wide stakeholder event was planned to take place on 25 April to meet to discuss. what it would be that would make it work.

Finally, the Deputy Director of Delivery and Strategy drew members’ attention to the timescales outlined at slide 12 and, in particular, the deadline of Monday 11 April for submission of the 2016/17 operational plan, including the financial plan, to NHS England.

The Chair commented that it was a really helpful update with a plan and a timeline and acknowledged the hard work undertaken by the Deputy Director of Delivery and Strategy and her team. He asked if the slides from the presentation could be circulated to members for information.

The Director of Adult Services commented that we ought to have a pithy understanding in terms of what transformation and sustainability means in patient terms and to give it this kind of focus.

The Governing Body received and noted the update.

35/16 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 (CET) and CET The Chair of Healthwatch asked about the deviation from NICE guidance for Sheffield Teaching Hospitals (NHS) Foundation Trust for Prostate Cancer (diagnosis and treatment), Varicose Veins and Renal Replacement Therapy and Sheffield Children's (NHS) Foundation Trust for Hepatitis (as set out in section 1.1) and what this meant for practices and the citizens of Sheffield. The Medical Director explained that NICE was guidance and the way this guidance was formulated could be varying in quality. An example of this would be in prescribing, whereby two drugs could have the same effect but one was much more cost effective than the other. Also, for some of the procedures that NICE suggest, there sometimes either insufficient capacity or a lack of time to train staff. He explained that the CCG's CET approved recommendations such as these as it would be too contentious for them to be signed off by Governing Body due to conflicts of interests.
- Approvals Group meetings
- Locality Executive Group reports
- Update on Serious Incidents
- Benchmarking Serious Incidents in England
- Update on Special Educational Needs and Disability (SEND *)* Reforms
- Commissioners Working Together Board Minutes 26 November 2015
- Complaints and MP Enquiries Update

36/16 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.

37/16 Any Other Business

Chair of Healthwatch Sheffield

On behalf of Governing Body, the Chair thanked Dr Campbell, who was retiring as Healthwatch Sheffield Chair at the end of March, for her contribution to Governing Body over the past few years.

Governing Body noted that Judy Robinson would be taking over as Chair of Healthwatch Sheffield with effect from 1 April 2016. Ms Robinson would represent Healthwatch at meetings of the CCG Governing Body and Quality Assurance Committee.

There was no further business to discuss this month.

38/16 Date and time of Next Meeting

An additional meeting of the Governing Body will take place in public on Thursday 7 April 2016, 2.00 pm – 3.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU, to approve the CCG's 2016/17 Operational Plan.

The next full meeting in public will take place on Thursday 5 May 2016, 2.00 pm – 5.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU