

**Unadopted Minutes of the Meeting of NHS Sheffield Clinical Commissioning Group
Governing Body held in public on 2 May 2019
in the Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU**

A

Present: Dr Tim Moorhead, CCG Chair, GP Locality Representative, West (Chair)
Dr Amir Afzal, GP Locality Representative, Central
Mrs Nicki Doherty, Director of Delivery - Care Outside of Hospital
Ms Amanda Forrest, Lay Member (Deputy Chair)
Dr Terry Hudsen, GP Elected City-wide Representative
Mr Brian Hughes, Director of Commissioning and Performance / Deputy Accountable Officer
Dr Annie Majoka, GP Elected City-wide Representative (from item 52/19)
Ms Anthea Morris, Lay Member
Ms Julia Newton, Director of Finance
Ms Chris Nield, Lay Member
Ms Mandy Philbin, Chief Nurse
Dr Marion Sloan, GP Elected City-wide Representative (from item 45/19(a))
Dr Leigh Sorsbie, GP Locality Representative, North
Dr Chris Whale, Secondary Care Doctor

In Attendance: Dr Rory Browne, Head of Procurement (for item 50/19)
Ms Heather Burns, Head of Commissioning – Mental Health Portfolio (for item 55/19)
Ms Lucy Ettridge, Deputy Director of Communications, Engagement and Equality
Mr Greg Fell, Director of Public Health, Sheffield City Council (SCC) (up to item 55/19)
Mrs Carol Henderson, Committee Secretary / PA to Director of Finance
Mrs Jackie Mills, Deputy Director of Finance (observing)
Mr Owen Jones, Commissioning Manager - Mental Health Portfolio (for item 55/19)
Mr Gordon Osborne, Locality Manager, Hallam and South
Mr Mike Potts, 360 Improvement Director (observing)
Ms Judy Robinson, Healthwatch Sheffield Representative
Lorraine Watson, Locality Manager, West

Members of the public: There were five 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 Finance.

40/19 Apologies for Absence

ACTION

Apologies for absence had been received from Dr Nikki Bates, GP Elected City-wide Representative, Professor Mark Gamsu, Lay Member, Dr Zak McMurray, Medical Director, and Mrs Maddy Ruff, Accountable Officer.

Apologies for absence from those who were normally in attendance had

been received from Dr Mark Durling, Vice Chair, Sheffield Local Medical Committee (LMC), Mr Phil Holmes, Director of Adult Services, Sheffield City Council (SCC), Mr Nicky Normington, Locality Manager, North, and Mr Paul Wike, Locality Manager, Central.

The Chair declared the meeting was quorate.

The Chair welcomed Ms Anthea Morris, Lay Member, to her first Governing Body meeting, and Mr Brian Hughes in his role as Deputy Accountable Officer in the absence of Mrs Ruff. He also welcomed Mrs Jackie Mills, Deputy Director of Finance, and Mr Mike Potts, 360 Improvement Director, who were both attending the meeting as observers.

41/19 Declarations of Interest

The Chair reminded Governing Body members of their obligation to declare any interest they may have on matters arising at Governing Body meetings which might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG). He also reminded members that, in future, not only would any conflicts of interests need to be noted but there would also need to be a note of action taken to manage this. The Chair reminded members that they had been asked to declare any conflicts of interest in agenda items for discussion at today's meeting in advance of the meeting

Declarations made by members of the Governing Body are listed in the CCG's Register of Interests. The Register is available either via the secretary to the Governing Body or the CCG website at the following link:

<http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm>

The Director of Finance advised members that Dr Marion Sloan had declared potential conflicts of interests in the following item:

Item 12 (paper G): NHS Sheffield CCG Procurement Strategy and 2019/20 Procurement Plan in her role as a GP CASES reviewer, as the CCG currently commissioned a GP clinical advice support education service, and as her practice was a provider of Cardiology Diagnostics (GP Provider) Ambulatory ECG Services.

It was noted that as no decisions would be taken in terms of individual procurements at the meeting that Dr Sloan was able to contribute to discussions on the item.

There were no further declarations of interest from items to be discussed at today's meeting.

42/19 Chair's Opening Remarks

The Chair advised that he had no further issues he wished to draw to Governing Body's attention at this stage.

43/19 Questions from Members of the Public

Members of the public had submitted questions relating to the CCG's 360 Improvement Plan, Nursing Homes, and the Hospital Services Review (HSR) before and at the meeting. The CCG's response to these is attached at Appendix A.

In relation to the question regarding the 360 Improvement Plan, the Director of Commissioning and Performance explained that NHS England (NHSE), the CCG's Regulator, had agreed to extend the timeframe for the CCG to develop its improvement plan and ensure full co-production of the plan with staff, stakeholders and partner organisations. The plan would now be presented to Governing Body for consideration and approval in July.

The Director of Commissioning and Performance also advised that he would raise the questions relating to the HSR at the next meeting of the HSR Steering Group, of which he was a member.

BH

44/19 Minutes of the CCG Governing Body Meeting held in Public on 7 March 2019

The minutes of the Governing Body meeting held in public on 7 March 2019 were agreed as a true and correct record and were signed by the Chair.

The Director of Commissioning and Performance asked Governing Body to note that a response to Question 8 had not been included to Question 8 at Appendix A due to a delay beyond our normal response times. He confirmed that the response had been sent and would be included in the appendix to the minutes of today's meeting.

Dr Sloan, GP Elected City-wide Representative, joined the meeting at this stage.

45/19 Matters Arising**a) 360 Feedback and Development of Improvement Plan (minute 25/19 refers)**

The Chair of Healthwatch Sheffield questioned whether there was / would be a communications plan for Sheffield, and who the CCG's wider stakeholders were and if they included the voice of patients. The Director of Delivery - Care Outside of Hospital explained that a communications plan had been prepared, which had been circulated to Governing Body members for information. She confirmed that it did cover the CCG's stakeholders, partners and staff, but not the public. However, we would be communicating via Governing Body updates and to let the public know that we had addressed the issues that had been raised in the 360 assessment, which would be presented to Governing Body in public on 4 July. She explained that the reason for the delay in presentation of the improvement plan was due to the recognition by the CCG that to have the

impact we needed to have we had to have sufficient time to populate those areas and make the impact useful.

The Chair of Healthwatch advised that she would feedback her comments to the CCG, and request a conversation if she felt it would add value to the process. The 360 Improvement Director responded that his office was in the process of arranging for him to meet with the Chair of Healthwatch and with local MPs.

JR

MPo

b) Gluten Free Prescribing Impact Update (minute 29/19 refers)

Dr Sloan, GP Elected City-wide Representative, advised Governing Body that, with regard to the proposal to present a business case to Governing Body for enhanced dietetic provision, she had discussed the proposal with the Community Dietetics Team Lead at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT), who had explained that whilst they were not a specialist service for coeliac disease, nor did they have capacity to offer annual reviews for all coeliac patients, they did infrequently see those patients who either may have missed out on dietary advice on diagnosis or may need a general dietetic review down the line. She had also provided Dr Sloan with clarification of which referrals the service was able to accept, along with adult referral guidelines and referral form, which were also available via the CCG's PRESS Portal, along with their paediatric guidelines and referral form. Dr Sloan agreed to publicise this to GPs via the weekly GP bulletin.

MS

46/19 Adoption of NHS Sheffield CCG Unaudited Financial Accounts for 2018/19 and Finance Report at Month 12

The Director of Finance presented this report that included the draft unaudited accounts for 2018/19 and the final Month 12 finance report for 2018/19.

Part A: Unaudited Accounts for 2018/19

The Director of Finance presented the CCG's unaudited financial accounts for 2018/19 and advised that the accounts had been submitted to the CCG's auditors and NHS England. She reminded members that it was good practice for the draft accounts to be presented to Governing Body for adoption before they were audited and that, subject to audit, was presenting a set of accounts that delivered on the CCG's key financial duties. She reported that the Deputy Director of Finance and her team had sought to provide explanatory commentary to give the main highlights and key changes from the previous year. She confirmed that the auditors would prepare their formal report on the accounts which would be considered at the Audit and Integrated Governance Committee (AIGC) meeting on the morning of 23 May, prior to the audited accounts being presented to Governing Body for formal adoption on the afternoon of 23 May, alongside the final version of the CCG's Annual Report including the Annual Governance Statement (AGS).

The Chair thanked the Director of Finance and her team and others in the

organisation for ensuring that the CCG had achieved its statutory financial duties for 2018/19, subject to review by external audit, and for their time and effort to complete the accounts in time and in the correct format for submission to NHS England.

Part B: Month 12 Finance Report

The Director of Finance presented the Month 12 Finance report. She advised that, subject to audit review, the CCG would deliver an in-year surplus of £26k against the plan requirement of in year breakeven which was a very good result.

The Director of Finance also advised Governing Body that there had been no material changes to expenditure on individual budget lines at Month 12, compared to month 11. She highlighted that certain final figures would not be received by the CCG until after the accounts had been closed which meant that, as in previous years, estimations had been made using an approach agreed by the Audit and Integrated Governance Committee on 28 March 2019.

She advised Governing Body that the year end position was such that there had been a significant overspend on acute hospital spend, as set out in Appendix A. This reflected urgent care pressures and that the CCG had not delivered on key aspects of both elective and urgent care activity QIPP in relation to the Sheffield Teaching Hospitals contract. Overall, however, the CCG had delivered 85% of its QIPP, achieving above plan in relation to prescribing and running costs in particular. To balance the overall financial position the CCG had underspent on some reserves in-year, on GP prescribing, and slightly on primary care. She explained the latter was mainly due to a number of late allocations and the Primary Care Commissioning Committee had agreed some should be carried forward into 2019/20 as part of overall financial planning.

The Director of Finance also drew members' attention to section 4 which set out a key budget movement relating to Better Care Fund (BCF) budgets and a transfer of £2m from reserves to Sheffield City Council (SCC) in Month 11 to fund the non recurrent agreement to provide additional support to social care cost pressures. She asked Governing Body to approve in line with the Section 75 Agreement with SCC.

The Governing Body:

- Approved the adoption of the 2018/19 unaudited annual accounts (Part A).
- Noted the final 2018/19 outturn position for the CCG, which was subject to the external audit of the CCG's annual accounts (Part B).
- Approved the budget changes in relation to the Better Care Fund, as set out in section 4.

47/19 NHS Sheffield CCG Draft Annual Report for 2018/19

The Director of Finance presented the draft annual report. She advised Governing Body that the report would be reviewed by our auditors before

the final version was presented for approval to Governing Body on 23 May. She advised that the report was very prescriptive and presented in terms of nationally mandated information, but that a shorter more user friendly version of key information would also be produced in time for the CCG's Annual Public Meeting in July. She thanked all members of the staff that had contributed to the production of the annual report.

She advised Governing Body that in parallel to this draft version that had been submitted to the auditors and NHSE for review, it was also the opportunity for all Governing Body members to comment on. She asked for any points of accuracy or comments to be sent to Jackie Mills by 10 May to allow amendments to be made in time for the final version to the 23 May Governing Body meeting.

All to note

She drew members' attention to the draft Head of Internal Audit Opinion which was a good report and provided a **Significant Assurance** Opinion. She particularly thanked Mrs Sue Laing, Corporate Services Risk and Governance Manager, for all her hard work and time in pulling the Annual Governance Statement (AGS) together.

The Governing Body adopted the draft Annual Report, noting that a final version (post external and internal audit and NHS England review) would be presented at the 23 May 2019 Governing Body meeting alongside the CCG's audited accounts, for final approval and formal adoption.

48/19 NHS Sheffield CCG Financial Plan and Updated Budgets for 2019/20

The Director of Finance presented the CCG's financial plan for 2019/20 that had been submitted to NHSE on 4 April 2019. She confirmed, therefore, she was requesting formal ratification by Governing Body. She reminded members that they had discussed and reviewed the plan in private on 4 April 2019. She advised that the report documented the key changes to the plan which Governing Body had approved in public on 7 March. Thus, it documented the impact of the contract negotiations concluded for the national deadline of 21 March 2019, how the CCG planned to handle the change to the primary care delegated allocation and changes to the £15.2m QIPP plan. She also highlighted that the CCG's plan continued to demonstrate delivery against the national Mental Health Investment Standard measure and the requirement to increase funding into community services.

The Director of Finance drew members' attention to Table 2 at page 7 which provided a high level summary of the overall final position of the plan submitted to NHSE, and to the full plan appended at Annex A. She reminded members that the CCG's strategy continued to be to move more services and hence funding into a community setting and so increasing the percentage of spend on services in this setting from the existing 48%.

She advised Governing Body that, whilst formal feedback on the plan was still awaited from NHSE, informal feedback had been positive and her thoughts were that it showed that we would deliver our financial duties and so should be rated as 'Green'.

Ms Nield, Lay Member and Chair of the Primary Care Commissioning Committee (PCCC) advised Governing Body that the PCCC had raised concerns about the late notice of a reduction to the primary care delegated budget, and had questioned whether this was going to be a future way of working, but had appreciated how well the Director of Finance had handled this at such short notice. The Director of Finance explained that this should be a one-off situation and the reduction to the budget had been made to fund the new national general practice clinical indemnity scheme.

The Governing Body:

- Endorsed the key changes to the financial plan for 2019/20, which the Governing Body had previously considered in the private session on 4 April 2019, noting the overall financial risk assessment.
- Approved the updated 2019/20 as set out in Annex A.

49/19 NHS Sheffield CCG Operational Plan

The Director of Commissioning and Performance presented this report which detailed the CCG's priorities for 2019/20, the CCG's commitment and focus to achieve the national Constitutional Standards, and the submitted activity plans that had been agreed through our contractual discussions. He reminded Governing Body that in January they had reaffirmed the CCG's commissioning intentions (CIs) for 2019/20, and advised that the report identified some of the areas where we had current challenges, including constitutional challenges, blended some things that would be mutually beneficial, and reported on how as an organisation we would deliver the expectation of constitutional standards. He explained everything we were doing was referenced within our annual report, with the paper set out how we were going to do that. Next steps included how to turn that into how we run our business cycle and into how our portfolios expected to deliver.

The Director of Commissioning and Performance explained that a presentation pack that broke down the plan into individual areas and described how they would be delivered, would be shared with staff. He also explained that the next agenda papers (Joint Health and Wellbeing Strategy and Procurement Strategy and Plan) would show how the plan connected with that, and also with the Integrated Care System (ICS) and 360 Improvement Plan. The Commissioning Intentions was the overarching paper and all these plans were about operationalising 2019/20 and had to be seen to be complementary to each other.

BH

The Chair of Healthwatch Sheffield commented that, whilst the context included the growing health inequality, it did not reflect this or the huge emphasis on this that was included in the new Health and Wellbeing Strategy. The Director of Commissioning and Performance explained that it was implied in everything we did although was not explicit, and the challenge for Governing Body was to ensure that the organisation's objectives came through strongly in every paper they received and showed where the opportunity was to reduce health inequalities. The Equality Impact Assessment (EIA) (as reported to Governing Body on the front of each report) was the statutory requirement that stated how we

were going to do that, and the Health and Wellbeing Strategy included the aim to have differential spending as not everything everyone and every area of the city in the same way.

Finally, the Director of Commissioning and Performance thanked Ms Sandie Buchan, Deputy Director of Commissioning and Performance and her team for their all hard work in pulling this plan together.

The Governing Body:

- Approved the CCG's activity plan (operational plan) for 2019/20.
- Approved the key priorities the CCG would be focusing on to deliver its objectives including achievement of the national Constitutional Standards.

50/19 NHS Sheffield CCG Procurement Strategy and 2019/20 Procurement Plan

Dr Rory Browne, Head of Procurement, was in attendance for this item.

The Director of Commissioning and Performance presented Governing Body with an updated Procurement Strategy and Plan for 2019/20, which had been updated to reflect the priorities determined by Governing Body when agreeing the CCG's commissioning intentions for 2019/20, and Brexit implications, where appropriate, and other minor changes, for their consideration and approval. He advised that the plan outlined what the CCG may need to put out to procurement this year, and that each procurement exercise would have a dedicated project plan that would include public and patient engagement, as appropriate. He also reported that there were a number of reasons as to why some proposals on the plan for 2028/19 were not procured.

The Head of Procurement reminded members that under the Health and Social Care Act and the Public Contract Regulations we were required to produce and publish a procurement plan each year. He explained that the strategy included sections on how future plans would be produced and on how we would handle Brexit. He explained that the CCG was trying to be progressive in its procurement, for example trying to deliver shared contracts with other CCGs where appropriate.

With regard to the regulations that would apply if the UK left the European Union (EU), he explained that the procurement regulations would exist in a form similar to now, but we would only be obliged to advertise procurements within the UK.

Governing Body questioned how an Ethical Procurement Policy, like the one adopted by Sheffield City Council, would affect our procurement plans. The Head of Procurement responded that, whilst the CCG was working towards an Ethical Procurement Policy, national policy did prevent the procurement of some things. He reported that he had asked SCC if they could share the legal advice they had taken to be able to implement their policy which, at this stage, they had not been able to do. Members agreed that it would be helpful to receive a draft of the CCG's Ethical

Procurement Policy in due course.

Dr Afzal, GP Locality Representative, Central, asked if the CCG would be in a position to support any procurement of services to support GP networks following implementation of the new GP contract in primary care. The Director of Finance explained that this could not automatically happen, first, because there was unlikely to be the capacity within the procurement team which supported four of the five CCGs in the local Integrated Care System (ICS) and would need potentially to be able to offer the service ICS-wide and secondly, because if the funding was held at the host organisation for the network, the procurement rules relating to that organisation rather than the CCG would prevail.

Finally, Ms Forrest, Lay Member, reminded Governing Body that they had discussed previously about how the CCG invested in the third sector in Sheffield and how it enabled social value in the city. In this regard, she commented that we needed to have a more strategic approach to this investment including looking at alternative ways to do this other than competitive tendering.

The Governing Body:

- Considered and approved the updated procurement plan for 2019/20, noting that the next step would be to publish it on the CCG's website.
- Approved the minor updates in the Procurement Strategy.

BH(RB)

51/19 Joint Health and Wellbeing Strategy for Sheffield for 2019-24

The Director of Delivery – Care Outside of Hospital presented this report which updated members on the preparation and content of the refreshed strategy for Sheffield to cover the period 2019-24.

The Director of Public Health reminded Governing Body that one of the requirements of the Health and Wellbeing Board was that it had a strategy, the first of which had run from 2013 to 2018. He advised that the structure of the 2019-24 strategy had been broadly built on the last strategy, which had been reviewed and refreshed. He explained that the strategy had been broadly split into three life / core life cycles, with three ambitions in each of the three cycles, as set out at paragraphs 1.3.7 to 1.3.9 on page 4, but was a healthy ageing strategy in all but name. It was a short strategy that strategically did not cover everything, ie tobacco and air quality, as existing strategies for these were already in place. He advised that it had been approved by Cabinet in the last couple of weeks.

The Director of Public Health drew members' attention to section 1.5 that set out the Health and Wellbeing Board's proposed implementation of the strategy, which would include an action plan with named Health and Wellbeing Board leads for each of the ambitions in the strategy. It was proposed that the strategy would be formally launched in the summer, subject to approval of all the relevant parties.

The Director of Delivery – Care Outside of Hospital advised members that the CCG had heavily influenced the content of the strategy, and explained

that it would be embedded into our programme delivery and priorities for this year. She also advised that the Health Inequalities Steering Group chaired by Professor Gamsu, Lay Member, would be monitoring delivery of the action plan.

Members welcomed the section on accountability for delivering parts of the strategy and asked if there had been sign up from the big anchor organisations. The Director of Public Health confirmed that sign up to the strategy had been received from those organisations that had representation on the Health and Wellbeing Board, with the CCG and SCC the two key organisations as the statutory partners on the Board. He also reported that the Sheffield Chamber of Commerce were very keen to help get small size businesses on board.

He also advised that there would be an overlap with the Joint Commissioning Strategy and there would be an expectation of those that would be leading on the individual ambitions, who would be engaging all of the relevant sectors, and be championing and recognising the value of it. He reported that SCC was just about to enter into a funding arrangement whereby they would be engaging Healthwatch and Voluntary Action Sheffield (VAS) to act as their engagement work leads.

The Chair suggested that Governing Body spend some time considering what our contribution as a CCG would be, with the help of some useful information, including anchoring institutions, etc.

ND

The Governing Body approved the Joint Health and Wellbeing Strategy for 2019-24.

52/19 Review of NHS Sheffield CCG Constitution and Proposed Changes to a New Constitution

The Director of Finance presented the CCG's updated Constitution for members' consideration and approval. She reminded members that in November 2018 they had agreed in principle to adopt the new model Constitution issued by NHS England as the CCG's existing one reflected the legislation in 2012, when it was first produced. She advised that she had undertaken a full review of the existing Constitution, including the Statutory Financial Instructions (SFIs), Standing Orders (SOs), Scheme of Reservation and Delegation (SoRD), and Committees' Terms of Reference (ToR) and had presented a first draft to the CCG's Audit and Integrated Governance Committee (AIGC) for comment in December 2018, with comments received, including those from the CCG's auditors, reflected into the revised draft presented today. She explained that the main body of the Constitution would take priority over the rest of the document.

Section 2 set out the key issues and changes, which reflected changes in the current national legislation. She explained that the view nationally was to give CCGs more freedom to work more flexibly and in partnership which she had reflected in the main body of the Constitution, which she had expanded using the national template.

The Director of Finance also drew members' attention to section 4 which set out approval of changes in the future if the Constitution was approved today by Governing Body. The main change to the current process would be that the CCG's Member practices would only need to approve changes that were deemed material by Governing Body (as outlined in section 1.4.2 in the revised Constitution) or if at least 50% of Governing Body voting members requested they were sent to the Membership for approval, or if they were changes to the powers reserved to the Membership, as set out in the SoRD and section 3 of the revised constitution. Once approved by the Membership, the Constitution would be submitted to NHS England for final approval.

The Director of Commissioning and Performance thanked the Director of Finance and Mrs Sue Laing, Corporate Governance and Risk Manager, for all their hard work in pulling this document together. He especially welcomed section 7 of the document and the clarity it gave around joint commissioning and what it meant, and how we act appropriately with our partner organisations, including NHS England. The Director of Finance reported that NHSE was encouraging every CCG to adopt the new model, especially as that section would be very helpful for them all in terms of joint commissioning.

The Governing Body:

- Approved the new Constitution including all its attached appendices.
- Agreed to seek approval from the CCG's Member practices by the use of voting slips and hence from NHS England.

Dr Annie Majoka, GP Elected City-wide Representative, joined the meeting at this stage.

53/19 NHS Sheffield CCG / Sheffield City Council Joint Commissioning Committee Terms of Reference

The Director of Finance presented this report which sought members' approval of the Terms of Reference (ToR) of the Joint Commissioning Committee of NHS Sheffield CCG and Sheffield City Council. She advised members that committee had already met in public where the ToR were considered and four changes agreed, with the ToR then recommended to Governing Body for approval, subject to those amendments being made. She would circulate the revised version following the meeting.

JN

The proposed changes were:

Section 3.2.5 'outcomes' added to patient experience.

An amendment to Figure 1 in section 3.

Section 5 added on how the committee will manage conflicts of interests.

Section 11 added on how the committee will handle admission of the public and press.

The Director of Commissioning and Performance confirmed that the CCG representatives on the committee would be: Dr Sorsbie, with Dr Afzal as nominated Deputy; Professor Gamsu, with Mrs Nield as nominated Deputy, Mrs Ruff, and Dr Moorhead. Dr Afzal would also be asked to attend in the first instance if Dr Moorhead was unavailable.

The Chair of Healthwatch Sheffield advised Governing Body that at the Health and Wellbeing Board in February there had been agreement that membership of the committee should reflect the wider commissioning environment and include the voluntary sector, and there had also been agreement to this at the Overview and Scrutiny Committee (OSC), however, this had not been reflected in the paper or the ToR. The Chair's thoughts were that the agreements could have related to the way the committee would operate rather than the ToR, in respect of how to involve the voluntary sector in our commissioning decisions and in the way we operated. The Director of Delivery – Care Outside of Hospital advised that this had been covered in other papers to the committee, for which she would circulate the link to Governing Body for them to get a flavour of those discussions. She also suggested that she and / or the Director of Commissioning and Performance and the Director of Public Health meet with the Chair of Healthwatch to discuss the issues further, and they could then suggest that either the ToR or the principles document needed to be changed.

ND/
BH/GF

The Chair also suggested that the scope of the committee needed to be agreed and the ToR updated to reflect the uniqueness of what it would deliver.

The Governing Body approved the Terms of Reference for the Joint Commissioning Committee, subject to the changes made as noted above.

54/19 Developing South Yorkshire and Bassetlaw System Commissioning and CCG Joint Commissioning Arrangements for 2019/20

The Director of Commissioning and Performance presented this report which set out the approach for developing system commissioning for 2019/20 through a set of South Yorkshire and Bassetlaw (SYB) commissioning priorities managed by the Joint Committee of Clinical Commissioning Groups (JCCCG) through delegated authority from the five SYB CCGs. The paper reflected aspects of the conversation Governing Body had had in March about proposals in relation to the SYB Commissioning for Outcomes Policy and the clinical input and voice into some of those decisions, and started to strengthen that voice, and called for a set of principles around how that clinical engagement and the JCCCG Terms of Reference (ToR) could be strengthened. The paper finalised and started to focus on areas where some of the commissioning priorities set out in section 4 could be strengthened working with our partners across the patch.

Ms Forrest, Lay Member, raised concerns about membership of the JCCCG in that its two Lay Members were Lay Members on only this committee and were not anchored to any organisation. She commented

that over the two years since the committee's conception a number of conversations had taken place about how difficult it was for them, particularly as they had no voting rights. She requested that the review of the ToR taking this into consideration especially as it was felt that they were two very isolated roles, although they did attend meetings of the ICS Lay Members which took place on a monthly basis. The Deputy Director of Finance advised that similar concerns in this respect had been expressed by some of the other SYB CCGs.

The Chair explained that the committee had had a debate about Lay scrutiny and had taken the decision to have independent Lay Members as they could make a parochial view / decision. His view was that they should have voting rights and accepted Ms Forrest's concerns about their isolation. He commented that the committee did not get much of a public scrutiny and beyond holding its meetings in public they did not get much engagement.

Dr Sorsbie, GP Locality Representative, North, sought assurance on what would happen when other CCGs took a different view on clinical evidence and on the process and methodology that would be used to be able to make a decision. The Director of Commissioning and Performance explained that it was in the principles of how that clinical engagement was strengthened, and that it was ours to shape. However, the actual mechanics of working it out had yet to be agreed and needed to be presented to Governing Body for consideration and approval, and we should reserve the right to see more of the detail on the principles and the delegation that were being proposed.

Dr Hudsden, GP Elected City-wide Representative, drew members' attention to the list of priorities at section 4 that the CCGs were being asked to delegate to the JCCCG to facilitate streamlined decision making for system commissioning, some of which were key in delivering some of the CCG's priorities. He asked where the accountability would sit if the JCCCG was unable to come up with anything substantial that would help us to deliver. The Director of Commissioning and Performance explained that the accountability and financial risk would come back to the CCG, as a statutory organisation.

The Director of Public Health commented that he did not think that rules could be written for efficiency and trade offs and would want more thought to be given to that before Governing Body could agree to delegation.

In summary, members agreed that the process was not clear enough and could not see the better outcomes being delivered in this financial year, even though in principle this was what they were trying to do.

The Governing Body:

- Supported the approach to develop South Yorkshire and Bassetlaw commissioning arrangements and the JCCCG in 2019/20, in line with the NHS Long Term Plan requirements.
- Supported the review of the JCCCG Terms of Reference and Manual Agreement for 2019/20.

- Did not support the request for the specific decisions set out in the paper to be delegated from CCGs to the JCCCG until they had been given more reassurance about how the principles for clinical engagement would be developed and how they would work and given a level of confidence as to how the delegated commissioning decisions would be worked out. They agreed that this was particularly pertinent to Commissioning for Outcomes, especially relating to exploring options for a SYB approach to the number of IVF cycles, standard implementation of national cancer pathways across SYB to improve outcomes and equity of access, outpatient follow ups and first appointments, and medicines optimisation.

Mr Fell, Director of Public Health, left the meeting at this stage.

55/19 Update on Transforming Care and the Future Shape of Learning Disability Services

Ms Heather Burns, Head of Commissioning – Mental Health Portfolio, and Mr Owen Jones, Commissioning Manager – Mental Health Portfolio, were in attendance for this item.

The Chief Nurse presented this report which updated Governing Body on the work and progress made within the Transforming Care Programme (TCP) in Sheffield to date, the continued expectations under the programme planned for the two year extension, and gave an overview of the whole three year programme. She reminded members that it was a national three year transformational programme aimed at reducing over reliance on admitting patients with learning disabilities to learning disability specialist hospitals through the introduction of alternative community service models to provide care in less restrictive environments.

Ms Burns and Mr Jones gave a presentation that gave highlights of the above, the story so far in Sheffield, patient experiences over the three years, lessons learnt and next steps.

They reported that as only 19% of specialist hospital beds for the learning disability population in England had closed, against NHS England's ambition of 55%, the programme had been considered to be a failure and had been extended until 2021. However, Sheffield had over achieved on its trajectory, and our Transforming Care Partnership had received national recognition on how it had achieved the position, which it had achieved in partnership with Local Authority colleagues, clinical colleagues in Continuing Health Care (CHC) and in mental health and learning disabilities services at Sheffield Health and Social Care NHS Foundation Trust (SHSCFT), and in partnership with NHS England.

At the start of the programme Sheffield had a cohort of 24 commissioned beds with patients that had considerable complexity of care and been given a national target of no more than seven patients in CCG-commissioned beds by the end of the programme. At the end of March 2019 it had five patients in CCG-commissioned beds, with a further two patients discharged since then. During the three years of the

programme 50 people had been discharged into less restrictive environments, 45 admissions had been avoided, and hospital length of stay had been reduced. This reflected a shift towards enhanced community services and better ways of working

Slide eight outlined the successful discharge and experience of three patients, positive stories of transforming care. Slide nine outlined the lessons learnt throughout the programme, and slide 10 set out the key next steps which included the extended programme for the next two years. There are key pieces of work to be undertaken on the cohort of young people with autism and challenging behaviour around avoiding admissions to children's mental health units, and additionally for the ongoing review of community placements where people had been discharged from the Transforming Care Programme in Sheffield to ensure that they were receiving the best possible care in the community.

Ms Nield reported from a piece of work previously undertaken on children with learning disabilities and commented that there was no policy on how to identify need but there was a recognition of the need for that cohort of children, and there needed to be a separate piece of work undertaken around the transition of children to adult, along with a spectrum of needs.

Ms Burns and Mr Jones commented that it had been a difficult three years and acknowledged the contribution that had been made by colleagues within the CCG, CHC team and from the Local Authority and SHSCFT.

Members acknowledged the success of the programme in Sheffield but noted the £4m pressure to the system as the promise from NHS England of 'dowry' money (i.e. money that would follow the patient through their transitions from secure care commissioned by NHS England into CCG and Council-commissioned services) had not been fully forthcoming and was the subject to ongoing debate. The Director of Finance, confirmed that the challenge to NHS England had been given by Directors of Finance (DoFs) regionally and nationally on this programme.

Ms Forrest, Lay Member, asked if there was a robust workforce plan in place, as supporting people in this way was a massively skilled job. Ms Burns confirmed that this cohort did have ongoing complex needs and would remain challenging to support, and a plan had been developed alongside regional colleagues. Sheffield also led the region on the use of Positive Behavioural Support care planning for people that had challenging behaviour and / or mental ill health. She also advised that a regional procurement had been undertaken to establish specialised Supported Living providers.

Finally, Ms Burns advised Governing Body that a review would be undertaken of all the 50+ patients that had been discharged, that ongoing support to them had been made available, through the usual social work and clinical review process and that part of the transformation was around trying to invest in additional support in the Community Intensive Support Service (CICS) for people with learning disabilities to ensure they received the out of hours care they required.

The Governing Body:

- Noted the work and progress within the Transforming Care Programme (TCP) in Sheffield to date.
- Noted the continued expectations under the TCP programme planned for the two year extension.
- Noted that the mental health and learning disabilities portfolio would return to Governing in April 2020 with an annual update on progress.

56/19 2018/19 Quality, Innovation, Productivity and Prevention (QIPP) Final Outturn Report

The Director of Commissioning and Performance presented this report which provided members with the final year end position against the CCG's final 2018/19 QIPP target of £18.5m. She advised Governing Body that the year end position, as presented in the CCG's annual accounts, was delivery of £15.8m (85%), a significant increase from the previous year, when only 61% (£12.1m) of the QIPP plan was met. The paper described an overall year end summary, key lessons learned, and the approach taken to develop the QIPP plan for 2019/20. It also included a summary of the CCG's approach to risk share arrangements with our fellow commissioners, including the Local Authority, and providers, with clear plans and delivery from next month, which would be monitored by the CCG's QIPP Sub Group, whose membership included Ms Morris and Dr Sloan.

The Director of Finance explained that the 85% achievement gave the CCG a 'Green' rating. With regard to benchmarking, she advised that whilst some CCGs would have performed better than us, she was aware that a number of Yorkshire and Humber CCGs had been rated as 'Red' as they had not been delivering. However, she advised that whilst some of our delivery would be non-recurrent (ie running costs), she generally believed that there would be some recurrent benefits (ie GP prescribing).

The Chair thanked all those involved for delivery of the £15.8m (85%) QIPP position.

The Governing Body considered and noted the year end position for the 2018/19 QIPP programme, and the key lessons learned to be taken forward as part of delivering the 2019/20 QIPP plan.

57/19 Performance, Quality and Outcomes Report: Position Statement

The Director of Commissioning and presented this report which reflected the CCG's statutory responsibilities. He drew members' attention to the following key issues, as detailed on the front page of the report.

Challenges remained around achievement of the A&E maximum four wait target, with performance variable on a daily basis. Whilst ambulance response times had improved significantly, ambulance handover times of patients from ambulance crews to STHFT A&E staff remained below target. Performance against cancer waiting times targets also remained below target against five of the nine standards, due to a number of issues

including an increase in the number of people living outside of Sheffield coming to STHFT for treatment. In addition to his report, the Director of Commissioning and Performance advised that there had been a significant improvement in performance against some of the Improved Access To Psychological Therapies (IAPT) over the last quarter, which would be highlighted to Governing Body in his next report.

The Chief Nurse advised Governing Body of the following Quality issues:

There had been one reported incidence of MRSA Bacteraemia in March at STHFT, and one reported Never Event, details of which were included at page 11 of the report. The CCG was currently awaiting feedback from OFSTED following submission of its action plan to address key areas that were identified as requiring improvement following the Special Educational Needs and Disability (SEND) undertaken earlier in the year. If agreed, the final action plan would be presented to Governing for formal ratification on 23 May.

MP

The Governing Body:

- Noted Sheffield performance on delivery of the NHS Constitution Rights and Pledges.
- Noted the key issues relating to Quality, Safety and Patient Experience.

58/19 Communications, Engagement and Equality Quarterly Update

The Deputy Director of Communications, Engagement and Equality presented this report which provided members with a summary of communications and engagement activity and their impact from 1 October 2019 to 31 March 2019. She drew members' attention to the key highlights.

There had been more media coverage in the past six months than in the last comparable period, most of which had been reactive, not proactive, with the most negative coverage around the CCG's 360 report. The report also highlighted some of the engagement work undertaken within the team, in particular the work they had undertaken to reach communities and the wider population about urgent care in Sheffield, engaging with nearly 2000 people. As an organisation, the feedback on this was still to be analysed, with the final report to be presented to either Governing Body or the Primary Care Commissioning Committee (PCCC).

Work had also been undertaken to collate evidence for the CCG's self assessment for the patient and community engagement indicator of NHS England's Improvement and Assessment Framework (IAF), and the CCG had submitted evidence to meet an "Outstanding" score, which was improvement on 'Requires Improvement' last year. This is still to be moderated by NHSE.

Going forward, as set out in section 4.1, focus over the next three months would include engaging with staff, stakeholders and partner organisations on the narrative for the 360 communications plan, and working with

colleagues on the organisation's reputational recovery to raise the profile of the CCG.

The Chair of Healthwatch Sheffield welcomed the patient and community engagement work being undertaken as part of the IAF, and suggested that it would be helpful to discuss aligning this with the long term plan programme Healthwatch was undertaking.

LE/JR

Finally, the Director of Delivery – Care Outside of Hospital, expressed her thanks to the Deputy Director of Communications, Engagement and Equality and her team, for the enormous amount of work, by what was a relatively small team, undertaken over the past few months.

The Governing Body received the report and noted the work undertaken and its impact.

59/19 Accountable Care Partnership (ACP) / Integrated Care System (ICS) Update

The Chair gave an oral update and drew Governing Body's attention to the ACP Programme Director's report, circulated as part of the supporting information pack at item 22e(i), which gave the headlines from the programme of the ACP and provided an overview of its activities.

The Director of Commissioning and Performance advised members that the ICS had now moved out of shadow form into a fully functioning ICS, as reported in paper 22e(ii) ICS Governance Update, circulated to members in the supporting information pack. He also drew members' attention to paper 22o Report from the CCG's Annual Review with NHS England, and reported that, in parallel with that, the ICS met with the whole of the ACP as a system development on areas they were undertaking such as joint commissioning and system performance management, including A&E, and would continue to meet on a quarterly basis as an ICS system. He would share any notes from that and other sessions with Governing Body.

BH

Finally, the Director of Commissioning and Performance confirmed that he had received assurance that they should see an improvement in the quality of reports, including minutes of ICS meetings, to future Governing Body meetings.

The Governing Body noted the update.

60/19 Reports Circulated in Advance for Noting

The Governing Body formally noted the following reports:

- a) Adoption of NHS Sheffield CCG Unaudited Annual Accounts for 2018/19 (*to support main agenda item 8 (paper C)*)
- b) Adoption of NHS Sheffield CCG Draft Annual Report for 2018/19 (*to support main agenda item 9 (paper D)*)
- c) Joint Health and Wellbeing Strategy for 2019-24 (*to support main agenda item 13 (paper H)*)
- d) NHS Sheffield CCG Constitution (*to support main agenda item 14*)

- (paper I))
- e) Accountable Care Partnership (ACP) / Integrated Care System (ICS)
(to support main agenda item 21 oral update)
- i) ACP Programme Director Report
 - ii) ICS Governance Update
 - iii) ICS – Patient, Public and Staff Involvement Plan for the Development of the South Yorkshire and Bassetlaw Five Year Strategy
 - iv) Minutes of the ICS Collaborative Partnership Board
9 November 2018
- f) CCG Chair's Report
- g) CCG Accountable Officer's Report
- h) Report from the Audit and Integrated Governance Committee (AIGC)
- i) Audit and Integrated Governance Committee Annual Report
- j) Report from the Primary Care Commissioning Committee
- k) Report from the Quality Assurance Committee
- l) Report from the Strategic Patient Engagement, Experience, Equality Committee
- m) Serious Incident Report
- n) Complaints and MP Enquiries Quarterly Update
- o) Report from NHS Sheffield CCG Annual Review 2018/19

61/19 Any Other Business

There was no further business to discuss in public this month.

62/19 Summary of Meeting: Three Key Messages from the Chair

- The Governing Body had adopted or approved a number of important corporate governance documents.
- The Governing Body had approved the Joint Health and Wellbeing Strategy
- The Governing Body had approved the Terms of Reference for the Joint NHSCCG / SCC Joint Commissioning Committee, subject to a number of proposed changes.

63/19 Date and Time of Next Meeting

An additional meeting of the Governing Body will be held in public from 2.00 pm – 3.00 pm on Thursday 23 May 2019, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU.

The next full meeting in public will take place on Thursday 4 July 2019, 2.00 pm – 5.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

Question from Catherine McAndrew, Sheffield Save Our NHS to NHS Sheffield CCG Governing Body 7 March 2019

Question: I recently heard that the Sir Robert Hadfield wing had closed due to not meeting health and safety standards, this is despite paying £3.5m to PFI contract holders, of which £993k has a service element and capital life cycle investment. Does the failure to meet the safety standards constitute a breach of the PFI contract?

CCG response: Please see below the response from Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) to your question.

Regardless of whether a building is built via PFI or not, patient safety is our priority and we are working with the Contractors and Fire Authority to ensure the appropriate work is undertaken before we re-use the building for patient care. Due to the size of the building this will take some months but we are clear that we want the building back in operation as soon as the Fire Authority are content. This is the only PFI building we have and the contractors pay for the costs of repairs. We are not currently paying the charges for the vacated wards.

Questions from Catherine McAndrew, Sheffield Save Our NHS to NHS Sheffield CCG Governing Body 2 May 2019

Clarifications requested regarding replies to questions asked by Joe Diviney (on 7 March 2019):

Question 1: "Commissioners agreed in December 2018 that modelling of changes to obstetrics services should not include Sheffield Teaching Hospital [...] HOWEVER [...] Changes will be modelled at all other sites in South Yorkshire and Bassetlaw and Chesterfield ...".

When is the 'modelling' of cuts/reductions to/downgrading of paediatric and maternity services due to be completed?

When will the public be able to participate in consultation on any proposed changes? What form will this consultation take?

CCG response: *Modelling of changes to paediatric and maternity services is being completed at present. Once this is complete, Governing Bodies will review the evidence and agree the options going forward. If this includes any proposals for changes to clinical models, commissioners will engage with the public on the options, and if appropriate, undertake a formal consultation in line with statutory requirements.*

Question 2: "National guidance on SMLUs has identified that they are a safe option for low risk women to give birth:"

So SMLUs are not a safe option for medium or high risk pregnancies, i.e. the majority of pregnancies in our region? So in what way is it appropriate to the health care needs of the populations to replace consultant-led units with SMLUs?

CCG response: *The Hospital Services Review recommended that the system should look at changing one or two of the six consultant led obstetric units in South Yorkshire and Bassetlaw and Mid Derbyshire into Standalone Midwifery Led Units. Feedback from the public suggested that some women supported midwifery led services, while others were concerned about the model. As a result the Review also committed to looking at other clinical models which can support maintaining an obstetric unit onsite while changing the model for paediatrics.*

Question 3: At the last Governing Board meeting, Professor Mark Gamsu seemed to understand our frustrations over the lack of transparency when he said that the procedure accompanying the Hospital Services Review was "unaccountable". Since the last meeting, has the Governing Board of the CCG had time for reflection on this lack of accountability, and does the CCG intend to consider how decisions impacting on public health - and therefore in the public interest - could be made more accountable?

CCG response: *Decisions about the future of services, proposed through the Hospital Services Review, can only be made by CCG Governing Bodies, which are*

legally responsible for making decisions on service configuration. Governing Bodies are legally accountable and meet in public.

Question 4: Section 14Z2: Patient and Public Participation Form: "The public also pointed out the importance of access: in response to this, the Strategic Outline Case proposes to establish a travel and transport group, including patients and the public, which will review the implications of any proposals for travel times by ambulance and by public and private transport."

Will the CCG invite us to participate in the transport group?

CCG response: *A transport and travel group was set up in November 2018 to support the Hospital Services Review programme.*

South Yorkshire Housing Association undertook the recruitment to the panel during late summer on behalf of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS). The opportunity was advertised through social media and the SYB ICS website as well as being circulated through the communication routes of the ICS, which includes all partners, and those of SYHA. The forum meets every two months and meetings are co-ordinated to ensure that there is an opportunity to discuss and deliberate any options which may be proposed during the modelling phase.

Membership includes one car user and one public transport user from Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham and Sheffield. Meetings are rotated around the areas and part of the transport forum remit is to ask those attending both drivers and non-drivers how they found the experience of getting to the hospital as well as the agenda items.

Question from Rita Brooks, Woodland View Dementia Support Group to NHS Sheffield CCG Governing Body 7 March 2019 (revised following discussion at Governing Body on 2 May 2019 when the CCG's response had been felt to be incomplete)

Question: "We have been approached by a woman whose husband is suffering from dementia. He was sent home from NGH to Grenoside Grange and from there has been placed in a nursing home in Rotherham. She is currently undergoing treatment for cancer. She lives very close to Woodland View but was told her husband couldn't go there. No reason was given. She explained that she did not drive and the reply was you will have to catch a bus or train in order to visit her husband she has to catch three buses.

Is this the sort of care and consideration vulnerable people with dementia can expect from this CCG under their new dementia strategy, And why are you sending people out of the city whilst you reduce the number of beds available in good nursing homes such as Woodland View.

CCG response: While we are unable to comment on individual cases as in the question raised, the CCG is able to provide assurance that as part of the CHC assessment all consideration is made based on services that are required to meet the individuals health needs. For this gentleman it may have been that they did not fulfil the criteria for Woodland View care home but might need more specific services as provided by a commissioned service in Rotherham eg STAR foundation

At the point of assessment the family are advised on care homes that can meet the needs and are advised to review the facilities. It may be that some families are able to choose from a selection of homes or if their needs are quite specific then the offer of choice may be more limiting

This really does support why the CCG has undertaken a robust engagement plan with the people of Sheffield as part of developing the Dementia Strategy. By listening to the people and identifying any gaps in current commissioning of services we can start to see what we need to do in the future. This means that we will be able to have appropriate care, delivered in the most appropriate setting, based on the most appropriate needs of the individuals.

Questions from Rita Brooks, Woodland View Dementia Support Group to NHS Sheffield CCG Governing Body 2 May 2019

Question 1: It has been reported that the company Four Seasons has gone into liquidation, taking with it two Nursing Homes in Sheffield which provide 115 beds.

CCG response: This is correct. The CCG had been notified earlier in the week and have already commenced conversations with the Local Authority who have the most clients in these facilities. Early information from Four Seasons indicate that a new provider can be sourced and assurance that care is not expected to be disrupted

We all know that the care sector is in a precarious position due to lack of funding and this won't be the last company to fail.

We do agree that this is a risk for the city of Sheffield and it reiterates the importance for the CCG and local authority to work closely with care home providers to ensure that the market remains an attractive area within Sheffield

Question 2: How does this uncertainty in care provision affect the Dementia Strategy currently being developed in Sheffield?

CCG response: *Initial conversations and assurance indicate that the impact of Four Seasons will not be felt. However, this will be closely monitored. In relation to the dementia strategy, this work should help commissioners understand what the population needs are but also what the families and carers want. This is about shaping our dementia services to provide access to diagnosis, treatment and care, with consideration to using care homes at a point of need or choice for individuals.*

Question 3: Sadly, one of the elderly and frail residents of Woodland View was sent to one of these homes following loss of Continuing Healthcare last year and is now no doubt facing further disruption to her life.

CCG response: *When we experience any care home closure, either through emergency needs or planned notification, the Local Authority and CCG work closely to support every individual who may be impacted to find suitable alternative accommodation.*

Question 4: Will the Governing Body revisit its decision to close two cottages at Woodland View, the second of which was closed last October, without consultation of any kind, due to lack of demand?

CCG response: *The reduction in beds at Woodland View took place on the basis of being underutilised and as yet have not been required. We are expecting that the work based on improving the dementia care for Sheffield will facilitate the city to understand what the future model of services will be needed for Sheffield.*

Questions from Sue Harding, Woodland View Dementia Support Group to NHS Sheffield Governing Body 2 May 2019

Question: At the last meeting of the CCG governing body held in public, the 360 Feedback by NHS England was discussed and it was minuted and agreed that a full action plan would be presented to the governing body for discussion and agreement at the meeting to be held on 2 May.

However, in the “matters arising” it appears that the timetable for this action plan has “slipped” to enable full consultation with staff. I understand that the governing body received the 360 Feedback in a meeting held in February, 3 months ago yet there is still no plan of action to address the serious issues raised by that report.

In answer to questions at the last CCG meeting held in public, you said that you were taking the issues raised in the NHS England 360 Feedback “very seriously”. How do you expect to reassure a concerned public that this is true when you fail to produce an action plan on time?

It appears from the Chair and Accountable Officer’s reports that you have appointed Mike Potts as an “Independent Development Director” and have established an “Implementation Plan Steering Group”.

When do you intend to do something to address the shortcomings which were identified by NHS England? And if you have taken some actions, other than appointing more managers, why is this not being reported to the governing body and being made visible to the public?

CCG response: NHS Sheffield Clinical Commissioning Group (CCG) is fully committed to making Sheffield healthier, and being a great place to work.

However, it is clear from the recent independent 360 report that currently we have significant work to do to ensure we return to being a great place to work for everyone and that we are a healthcare leader doing the very best for our local communities.

We are particularly sorry to hear the views and experiences of some of our staff who we know work hard every day to deliver services and care to improve the health and wellbeing of the people of Sheffield. We have listened carefully to what has been said and we fully accept that we need to make improvements in a number of different areas. After listening to what staff and partners have said (alongside a view from our Independent Development Director, Mike Potts) we have extended the timeframe to develop our improvement plan; to ensure we have been able to fully respond to the issues that have been raised and to give us the opportunity to coproduce the improvement plan with our staff. This has been agreed with NHS England.

The plan will now be presented to our public Governing Body meeting on 4 July.