

**Unadopted Minutes of the meeting of NHS Sheffield Clinical Commissioning Group  
Governing Body held in public on 6 August 2020,  
by videoconference**

**A**

**Present:** Dr Terry Hudson (TH), CCG Chair  
**(voting members)** Dr Amir Afzal (AA), GP Elected Representative, Central  
 Dr Nikki Bates (NB), GP Elected City-wide Representative  
 Ms Amanda Forrest (AF), Lay Member (Deputy Chair)  
 Professor Mark Gamsu (MG), Lay Member  
 Mr Brian Hughes (BH), Director of Commissioning and Performance / Deputy Accountable Officer  
 Ms Jackie Mills (JM), Director of Finance  
 Ms Anthea Morris (AM), Lay Member  
 Dr Lisa Philip (LP), GP Elected City-wide Representative  
 Ms Lesley Smith (LSm), Accountable Officer  
 Dr Leigh Sorsbie (LSO), GP Elected City-wide Representative  
 Dr David Warwicker (DW), GP Locality Representative, North

**In Attendance:** Mr Gary Barnfield (GB), Deputy Director of Medicines Optimisation (AHPs)  
 Mr Alastair Bradley (AB), Local Medical Committee representative  
 Ms Sandie Buchan (SBuchan), Director of Commissioning Development  
 Ms Sarah Burt (SBurt), Deputy Director of Delivery – Care Outside Hospital  
 Ms Lucy Ettridge (LE), Deputy Director of Communications, Engagement and Equality  
 Mr Nicky Normington (NN), Locality Manager North  
 Mrs Michelle Oakes (MO), Business Manager (Minutes)  
 Mr Gordon Osborne (GO), Locality Manager, Hallam and South  
 Ms Judy Robinson (JR), Chair, Healthwatch Sheffield  
 Ms Cath Tilney (CT), Associate Director of Corporate Services  
 Dr Steve Thomas (ST), Clinical Director  
 Ms Lorraine Watson (LW), Locality Manager, West  
 Mr Paul Wike (PW), Locality Manager, Central.

**Members of the Public:**

Members of the public joined the meeting via the livestream on YouTube.

<b>Minute No:</b>	<b>Agenda Item</b>	<b>ACTION</b>
<b>90/20</b>	<p><b>Welcome, Introductions, Apologies for Absence and Confirmation of Quoracy</b></p> <p>The Chair welcomed members and those in attendance to this meeting of the Governing Body.</p> <p>He also welcomed members of the public to the meeting and explained that due to the current restrictions on social distancing we were now livestreaming Governing Body meetings being held in public.</p>	

For the benefit of members of the public and others in attendance, the Chair asked that Governing Body members raise their hands virtually or through the chat function if they wished to speak and identify themselves first with their name and role on Governing Body.

Apologies for absence have been received from:

- Dr Andrew McGinty (AMc), GP Locality Representative, Hallam and South, Dr Zak McMurray, Medical Director
- Ms Chris Nield (CN), Lay Member
- Dr Marion Sloan (MS), GP Elected City-wide Representative
- Mr Alun Windle (AW), Acting Chief Nurse

Apologies for absence from those who are normally in attendance have been received from:

- Mr Greg Fell (GF), Sheffield Director of Public Health
- Mr John Macilwraith (JMcl), Executive Director of People's Services, Sheffield City Council

The Chair declared the meeting was quorate.

The Chair welcomed Cath Tilney who has been appointed as Associate Director of Corporate Services and Sandie Buchan who has been appointed as Director of Commissioning and Development who were in attendance in their new roles and had previously notified their declarations of interest to the Chair of which there was nothing of interest for this meeting.

## **91/20      Declarations of Interest**

The Chair reminded 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). The Chair also reminded members that not only would any conflicts of interests need to be noted but there would also need to be a note of the action taken to manage this.

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role, is or could be impaired or otherwise influenced by his or her involvement in another role or relationship. The Standards of Business Conduct and Conflicts of Interest Policy and Procedure can be found at: <http://www.sheffieldccg.nhs.uk/our-information/documents-and-policies.htm>

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 meeting or the CCG website at the following link: <http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm>

There were no declarations of interests made relating to agenda items at today's meeting.

**92/20 Questions from Members of the Public**

There were no questions from members of the public.

**93/20 Chair's Opening Remarks**

The Chair reflected how busy the CCG has been working through the response to Covid. Also reflected that last week NHS England formally moved from phase level four pandemic response to level three pandemic response. This was largely around three key things; restoration of clinical services and the need for us to consider how we reset some of those services to work in a new way; making sure we begin to catch up on the work as an NHS organisation that has been paused; and ensuring that patients who have been waiting for treatment and services are made a priority.

**94/20 Approval of Unadopted Minutes of the Previous Meeting**

The unadopted minutes of the meeting held in public on 18 June 2020 were agreed as a correct record.

**95/20 Matters Arising and Follow up on Reflections from last Governing Body**

**a) Question from Member of the Public (minute 122/19 refers)**

The Chair reported that an update was received at the last Governing Body in relation to levels of vacancies in the system which was suspended during the Covid work. The Director of Commissioning and Performance confirmed that the information in relation to the workforce group of the Accountable Care Partnership is now starting to reconvene so the issues around agency spend and vacancy will be picked up through that work and will be reported at a later Governing Body.

**Action: The Director of Commissioning and Performance will report back at a future Governing Body**

**BH**

**b) Performance, Quality and Outcomes Report: Position Statement Month 8 (minute 13/20 refers)**

The Director of Commissioning and Performance reported on how we facilitate intelligence requests from practices and the appropriateness of collecting that information to be fed back to the Yorkshire Ambulance Services. Work is still underway, in light of the other requests within primary care that data has not been taken forward, however this will now be explored.

**c) Governing Body Assurance Framework (GBAF) (minute 35/20 refers)**

Picked up as an agenda item.

**d) Operational Plan including Commissioning Intentions (minute 36/20 refers)**

The Director of Commissioning and Performance reported that work is still ongoing and have a version of the revised set of commissioning intentions and priorities which will be discussed in private Governing Body and will be produced once signed off.

**e) Any Other Business: Email from Healthwatch Sheffield (minute 70/20(c) refers)**

The Chair has met with the Chair and Chief Executive of Healthwatch and item can be closed.

**f) Questions from Members of the Public (minute 75/20 refers)**

Completed. Item closed.

**g) Feedback from Lay Members (minute 78/20(j) refers)**

Professor Gamsu, Lay Member reported it was agreed to share with Healthwatch through the Chair some of the background papers in relation to the work on equalities which was on the agenda. Ms Judy Robinson, Healthwatch Sheffield asked if this information could be received earlier for future.

**h) Adoption of NHS Sheffield CCG Audited Financial Accounts for 2019/20 (minute 79/20 refers)**

The Chair has written to the Director of Finance and Finance team and the Medical Director has written to the Medicines Optimisation Team to offer thanks on behalf of Governing Body. Item closed.

**i) Performance, Quality and Outcomes Report: Position Statement: A&E maximum four hour wait performance of 90% in March (minute 82/20 refers)**

The Chair reported the work has been completed. Item closed.

**j) Patient Safety, Quality and Experience Report (minute 83/20 refers)**

The Deputy Director of Medicines Optimisation reported there was no further update and will be picked up at September Governing Body.

**B/F**

A letter has been sent to Dr Sarah Mitchel to congratulate her on receiving the Yvonne Carter award for outstanding early career researcher. Item closed.

**k) Safeguarding Assurance Report (minute 84/20 refers)**

The Chair reported that concerns were raised from GPs around midwives not visiting premises. Discussions are ongoing with a recommendation to bring back to September for further clarity.

Include an oversight of the Safeguarding Board in our quality reporting to the Quality Assurance Committee (QAC), Ms Amanda Forrest, Lay Member reported will be discussed at the next QAC and report to Governing Body in September as a substantive agenda item.

**B/F**

**Action: To be a substantive item with the safeguarding assurance and the Quality Assurance Committee report for September.**

**96/20**

### **Patient Story**

The Deputy Director of Medicines Optimisation (AHPs) reported that today's patient experience video was about common experiences in Sheffield around the BAME community during Covid, presented by the Chief Officer of FaithStar which is a community organisation leading BAME community and she also chairs the BAME community group. The video highlights the experiences the BAME community has gone through and how they have been disproportionately affected by Covid in many ways including the health, mortality and socially and economically. The video complements item G equality report on the agenda.

The Chair highlighted there is a difference between language and cultural sensitivity which needs to play into how we can think about the commissioning of services in future. Also the diversity of communities and recognising so we can do things differently.

Professor Mark Gamsu, Lay Member declared an interest at this stage as a Trustee of Darnall Wellbeing. The importance of relationships and trusted people from communities being an important part of connection reinforces that we know more work is needed. It is also important we must recognise the relationship with volunteers in the communities.

Dr Leigh Sorsbie, GP Elected City-wide Representative highlighted the importance of the communities and the ICS reports that reported on how the Covid crisis has impacted on the voluntary sector organisations with up to 50% reduction in income and the need to be mindful of that context in terms of supporting these communities.

The Chair asked the Deputy Director of Communications, Engagement and Equality to pass on thanks from Governing Body to FaithStar.

**Action: The Deputy Director of Communications, Engagement and Equality to pass on thanks from Governing Body to FaithStar.**

**LE**

**97/20**

### **Standards of Business Conduct and Conflicts of Interest Policy and Procedure**

The Director of Finance presented the updated Standards of Business Conduct and Conflicts of Interest Policy and Procedure which was circulated to members in the noting pack with track changes. The policy was updated in line with recommendations from internal auditors last year and reviewed by the Audit Committee in March.

The policy produced was based on the revised statutory guidance produced by NHS England (June 2017) bringing together a number of existing CCG policies into one comprehensive document.

The policy requires that all Governing Body members understand and commit to legal and regulatory framework and the proposal is subject to approval, a statement will be sent out asking Governing Body members sign and return that.

**JM**

The Associate Director of Corporate Services advised that the changes in the structure could have an impact. The Director of Finance reported that as they were minor changes and has already been through an existing process suggested picking up at the next yearly review.

Governing Body approved the paper.

**98/20 NHS Sheffield CCG Governing Body Assurance Framework (GBAF) Refresh**

The Director of Finance presented the Governing Body Assurance Framework (GBAF) initial review 2020/2021 for consideration. The report covers the period up to 31 July 2020. Due to timings of meetings this report has not been shared with the Audit and Integrated Governance Committee (AIGC) prior to presentation to Governing Body.

It was noted that the impact of the Covid has had an impact on the nature of some of the risks that were described when the framework was approved for 2020/21 and these changes to the risks have been captured in the detailed sheets within the noting pack. Due to the capacity constraints in terms of responding to Covid crisis this review of the year has not followed the normal process and will endeavour to return to normal process for the next review.

It was highlighted that one of the risks in the framework has reduced in score and four have increased in score, with one risk being escalated to a critical risk which is in relation to the financial framework and the challenges our organisation and partner organisations may face and the impact that may have on our ability to invest in the priorities that were agreed. As the revised financial arrangements are worked will be looking at what progress can be made and will be in a position to give an update to Governing Body at the next review.

Some slight amendments have been proposed to the wording of strategic objective five in the report so in terms of our workforce the revised wording to read "Be a caring employer that values diversity and maximises the potential of our people" so asking for approval to change that objective.

Ms Amanda Forrest, Lay Member asked if other CCGs had also escalated the financial framework risk to critical and asked if we were in line with other CCGs. The Director of Finance agreed to check that out. The reassurance provided by the Government and by NHS England and Improvement is in response to the Covid crisis primarily and in terms of necessary expenditure already incurred. They did put a pause on discretionary new investments through this period and the diversion of that resource into the Covid response has meant that in some instances we may not be able to make progress in some areas. In other ways it has

escalated some of the changes so some of the areas wanted to invest in may no longer be a priority however, it will have distorted our medium term investments.

**Action: The Director of Finance to check if other CCGs had also escalated the financial framework risk to critical and feedback at the next Governing Body.**

**JM**

Ms Judy Robinson, Healthwatch Sheffield stated that 2.3 the aim of independent self-care and education is good but raised concerns around doing things too quickly and not engaging people. The Director of Finance confirmed this would be picked up in future papers.

The Director of Commissioning and Performance / Deputy Accountable Officer supported on the importance of this document at this time outlining the process through Covid and the financial position. As this document becomes even more important moving forward and living with Covid for a significant period of time and those priorities, risks and actions identified are important to see as a live document.

The Accountable Officer highlighted that all the points are related from a financial thinking going forward our commissioning intentions and the differential impact Covid has had on the communities and on health inequalities and health outcomes over our investment priorities.

Ms Anthea Morris, Lay Member agreed how we integrate Covid and will be part of business as usual and integrating that into the risks. There is a need to understand what it does means for us going forward over the next few weeks and understand what a second phase may look like.

The Chair queried whether the amended wording on Objective 5 was in line with the NHS people plan that had been recently published. The Accountable Officer confirmed that it was and advised that the people plan promoted the concept of the caring and compassionate employer and the branding of "we are the NHS".

Governing Body noted and commented on the review of the GBAF as at the end of July 2020 and:

- Noted the review of objectives in light of the Covid-19 pandemic and approve the minor change to Objective 5;
- Noted the risk score;
- Noted the proposed review of risk owners in light of the CCG's restructure at executive level.

## **99/20 Sponsorship Proposal Over £5k**

The Deputy Director of Medicines Optimisation (AHPs) presented the Standards of Business Conduct and Conflicts of Interest Policy and Procedure which requires that all proposals for sponsorship over £5k are approved by Governing Body. This paper is seeking approval for the proposal outlined in the attached appendices.

Astra Zeneca has offered sponsorship to Sheffield CCG in order to support a project to practices which aims to improve long term outcomes for south Asian community patients with diabetes. The specific aims of the

project are to engage with patients with complex needs and complex risk factors. This is in line with the strategic aim of the CCG to reduce variation of care and increase access for hard to reach patient groups.

It is based on an initiative that is run in Glasgow called MELTs Initiative, (Minority Ethnic Long Term Medication Service) which received good reviews.

The proposal has been supported by secondary care diabetologists, CCG Clinical Lead GP for Diabetes and the lead for diabetes. It was discussed at the Area Prescribing Group although there was some nervousness around involvement in terms of sponsorship, there were no major concerns from a clinical perspective in terms of the recommendations.

Dr Nikki Bates, GP Elected City-wide Representative identified she was not comfortable with this kind of sponsorship from drug companies within the CCG and should be funded ourselves not through sponsorship.

Dr Lisa Philip, GP Elected City-wide Representative shared the same concerns and asked if any reporting at the end of the trial would be reviewed by the medical team responsible before Astra Zeneca publish anything in terms of transparency so there was no bias. The Deputy Director of Medicines Optimisation confirmed that any data that was produced from this would remain as the CCGs ownership.

Professor Mark Gamsu, Lay Member reiterated why the CCG was not funding it and what are mechanisms inside the CCG to make this funding available.

The Director of Finance reported the revised sponsorship does allow, with the right safeguards in place, we can have the option of using such sponsorship so would be a judgement call. In terms of circumstances to prioritising our own resources the financial framework has limited scope at the moment to identify discretionary investments.

Dr Leigh Sorsbie, GP Elected City-wide Representative commented we are looking at a significant health issue that is affecting a population who suffer from the long term effects of diabetes. Measuring the benefits against the risk which has already been looked at by our diabetes leads. Given the concerns and needs it would be useful to understand about what the perceived benefits would be.

The Deputy Director of Medicines Optimisation reported that the Glasgow study did show increase uptake from that community and other diabetes checks highlighted there was evidence of benefits.

Ms Amanda Forrest, Lay Member asked what is our threshold and the judgement of a financial threshold.

Dr Leigh Sorsbie, GP Elected City-wide Representative asked what the original baseline was in Glasgow and what the perceived benefits were which may be different in Sheffield.

Ms Cath Tilney, Associate Director of Corporate Services suggested having a quality and equality impact assessment within the document. The Deputy Director of Medicines Optimisation agreed and advised it had



not been carried out at this stage as this was the first stage and would then work up a detailed proposal.

Professor Mark Gamsu, Lay Member stated this is more about the principle and the issue is our relationship with a private sector organisation that has a potential conflict of interest in that funding and the mechanism. He queried if the decision was delayed, would that affect the timing and the impact of the project and the clinical effectiveness. Further discussion is needed as to how future discussions around sponsorship is handled.

The Director of Finance reported the reason for having a policy for over £5k is around reputation, governance and potential risk benefits which requires consideration by Governing Body.

The Deputy Director of Medicines Optimisation advised this would delay taking it forward and need to spend time thinking about our position in terms of pharmaceutical sponsorship.

Governing Body did not approve the attached proposal for sponsorship to the value of £5k from Astra Zeneca to support a project which aims to improve long term outcomes for ethnic minority patients with diabetes. The discussion will be taken off line and revisit in September.

**Action: The discussion will be taken off line and brought back to Governing Body in September AW(GB)**

**Post meeting note: Governing Body could not reach a consensus and therefore cannot approve the proposal of the sponsorship from Astra Zeneca**

## **100/20 CCG Response to the COVID-19 Pandemic**

The Deputy Director of Communications, Engagement and Equality reported that the paper was to give the Governing Body a high level brief on CCG's response to the pandemic since March 2020.

The infographic highlights some of the work the CCG has done since March keeping patients and staff safe during the pandemic and has been shared on social media and is a summary since March 2020. It includes the numbers of staff who have been swabbed and tested for Covid antibodies, the IT response to practices and staff, and the supply of PPE.

The Chair found the infographic really helpful and some of the figures are outstanding and the level of work that the CCG has undertaken will have made a difference to healthcare professionals and patients across the city.

Ms Amanda Forrest, Lay Member was pleased it was shared on social media, particularly about practices remaining open, as people were worried they could not see a GP or have a consultation. She also asked about the swab test being made available to voluntary sector staff and asked for further details.

**Action: The Deputy Director of Communications, Engagement and Equality agreed to obtain this information and share with Governing Body members. LE**

The Director of Commissioning and Performance / Deputy Accountable Officer stated it was encouraging to see the efforts of our organisation, as well as that of our partners across the city, including statutory and voluntary partners, in mobilising services really quickly. He met with FaithStar and met those community groups mentioned earlier and as a city we should think about sponsoring those groups. It would be valuable as a city to learn and capture that and put on social media and learn how we can adapt and encourage those services.

Professor Mark Gamsu, Lay Member asked if we can obtain the information in the context of the scale of our challenge eg what proportion of the voluntary community sector had been offered testing?

Ms Judy Robinson, Healthwatch Sheffield asked about Continuing Healthcare (CHC) and receiving feedback on people being discharged to care homes who had their treatment free with a question about communication and people affected by a change in their regime.

Mr Nicky Normington, Locality Manager North commented on infographic stating that it does not show the whole story in terms of the amount of work that went into this across the CCG which was unbelievable and asked is there something about accepting mistakes were made in the first few months and learning from that. Also information is out there for patients that practices are open and there has been an increase in numbers of patients. The Chair also echoed that the collective feeling among GPs is that workload is picking up including phone contact and video contact increasing.

The Director of Finance responded to the CHC question from Ms Judy Robinson stating that the letter from NHS England and Improvement which signalled that the temporary arrangements that had been in place since March are due to come to an end by end of September. It was recognised this needs to be communicated with those involved and there is a process in place. There is also a patient leaflet which was given to patients at discharge.

Ms Amanda Forrest, Lay Member reported this was also raised at the Quality Assurance Committee and final guidance had not come out at that point.

The Governing Body considered and noted the progress and the CCG's response to the pandemic and appreciated the work that has taken place.

**Action: The Deputy Director of Communications, Engagement and Equality noted the points and would pick up with members of Governing Body outside the meeting.**

**LE**

## **101/20 Equality Impacts of COVID-19 and Mitigations**

The Deputy Director of Communications, Engagement and Equality presented the paper which provides an overview of the CCG's work in meeting our equality and involvement duties during the first phase of the Covid pandemic.

Since the start of April the communication team and equality team have

reached out to voluntary community sector to hear the view of the people of Sheffield and to understand the impact of Covid and lockdown was having on communities particularly those within the nine protected characteristics. The CCG has collected insights from the third sector which has been logged. All the decisions made as an organisation within the command and control structures have been reviewed. The impacts have been considered both positive and adverse impacts and actions put in place to reduce any adverse impacts.

The command and control structure have made sixty four decisions, of which there were three or four decisions where there is potential for the service change continuing for six months or longer. In this instance, the CCG will have a legal duty to involve and possibly to consult on what the future service model might be. Those areas are the Extended Access Primary Care Hubs, minor injuries unit that was closed in April to enable STH to redeploy staff and the closure of some GP branch sites.

This work feeds into our Senior Management Team (SMT) and command and control structures to inform our decisions.

Alongside this, all the decisions made by the CCG's command cells have been logged and assessed equality impacts and this work is included in the paper for assurance.

The insights summary highlighted that those who lived in deprived communities have been massively affected by Covid. The team have spoken to sixty five community voluntary groups with a full log attached to the paper which is updated weekly.

The Deputy Director of Communications, Engagement and Equality went through the high level themes which included:

- people not accessing health services when needed due to they thought the services were closed;
- people from BAME community were staying away as they were worried about catching Covid;
- the impact of shielding and how it was implemented which has also affected people's mental health;
- telephone triage by GP surgeries was welcomed as it has improved access to GPs or a practice nurse;
- digital exclusion and not being able to use the equipment as people don't always have the basic skills to use digital equipment;
- funding for small community groups which is an issue for the BAME community;
- there was an increase in reported attempted suicide in the BAME community;
- for women in the LGBT community there has been rise in domestic violence;
- within the deaf community there has been poor access to GPs as the service moved to a telephone system and feeling isolated by social distancing and the impact of wearing masks and lip reading;
- also the impact of schools closing is having an impact on mental health;
- Older people are feeling isolated due to being digital excluded.

The decision log has been reviewed by Senior Management Team (SMT) and with an approach agreed by Strategic Patient Engagement, Experience and Equality Committee (SPEEEC) and Governing Body in June that market research would be commissioned. The survey will ask about the four decisions around substantial changes and other beneficial changes such as virtual appointments and telephone appointments which will go to meet our legal duties. A more detailed paper will go to SMT this month and to SPEEEC to ensure we are meeting the legal duties and will be brought to Governing Body for information. In terms of the public insights this work will continue for the foreseeable future and will move to fortnightly reporting and will be shared widely and internally with quality leads across the city and ACP. Work is also ongoing to look at the disadvantages.

Professor Mark Gamsu, Lay Member highlighted that the work carried out by the team is really powerful and should be a constant challenge to us with a shift of how we approach things. It is an indication how we should continue to work in the future and is built on the hard work and relationships that the communications and engagement team and others in the CCG so people can trust and engage with us.

Dr Leigh Sorsbie, GP Elected City-wide Representative stated it is really encouraging to have this wealth of information and reflected on concerns on the overriding message around people's mental health across all sectors and the strain and increase in demand that already pre-existed within mental health services. Also need to be mindful of people with long terms conditions which is a clinical concern to long term health.

Dr David Warwicker, GP Locality Representative was surprised there was nothing included about death from Covid during the pandemic.

Ms Judy Robinson, Healthwatch Sheffield made reference to the health and wellbeing strategy which covers similar points and some coordination would be helpful. There are at least three surveys ongoing about people's experience so again the need for coordinating and using that information. She also noted that Healthwatch has been working with the deaf community, with little support and was concerned that we had not been able to respond in a planned way to immediate issues due to not having a strategic partnership with voluntary and community organisations in place.

Dr Steve Thomas, Clinical Director appraised colleagues on the rapid health impact assessments across the city covering mental health, alcohol / substance misuse, poverty and domestic violence. It is important to have multiple views and to be cohesive. He noted that there is a new framework that is being tested in four primary care networks with nearly two hundred people having been identified who have neither met the criteria for secondary care mental health input or too complex for IAPT, nearly 45% are from BAME communities.

Governing Body noted the work carried out so far to listen to people's experiences of Covid and lockdown and the CCG's work to reduce impacts where possible. Governing Body agreed we have shown due regard to our equality duties during this time.

**Action: The Deputy Director of Communications, Engagement and Equality agreed to email Ms Judy Robinson,**

**LE**

## **Healthwatch Sheffield individually regarding her points raised.**

### **102/20 Communications and Engagement Update**

The Deputy Director of Communications, Engagement and Equality presented the paper which provides a summary of communications and engagement activity and impact between 1 December 2019–30 June 2020.

This report is usually presented every four months to ensure consistency of reporting periods to help with trend analysis and to coincide with public meetings. However, as April's governing body was cancelled due to coronavirus, this report covers seven months (split between 2019/20 and 2020/21 where possible).

During this period positive coverage has gone up and increase in broadcast media coverage has gone up.

Before Covid an amount of time was spent working on the urgent care campaign which was stopped due to the pandemic so was not evaluated.

Social media reach has gone up significantly and increased the amount of content.

With regards to internal engagement there has been a lot of engagement with staff and a number of networks have been created including a corporate equalities group looking at our response to Covid and considering Black Lives Matter. A Black Lives Matter fika was also held with around sixty attendees. Before Covid the engagement evidence was submitted for the oversight framework and last year engagement and experience received a good rating and from the evidence submitted this year anticipate receiving an outstanding rating.

A piece of work on commissioning intentions and engagement to ensuring they are public friendly with a piece of work on the flu campaign would be completed in the next four months. There were also plans to launch a back to basics campaign to include hand washing and adhering to guidance.

The activity covered includes reputation management, staff communications, and engagement to support priority areas of work and ensure the CCG is meeting its statutory duties.

The Chair commended the work carried out recognising the outstanding progress made compared to last year.

Ms Amanda Forrest, Lay Member asked if the Director of Public Health is issuing a leaflet to every household and asked if the CCG was also involved. The Chair confirmed he has received this leaflet and confirmed there has been engagement between all the communication teams from NHS, Local Authority and voluntary sector organisations through the city wide health and care gold .

Governing Body considered and noted the work undertaken and its impact.

## 103/20 Month 3 Finance Report

The Director of Finance presented the report which provides information on the financial arrangements in place for the period April-July 2020 and the financial position at Month 3 (April to June 2020). The paper outlines the changes to the financial framework for the period April to July. These arrangements will now be extended to cover August and September. The paper notes that the nationally calculated allocation has been compared to what we would have expected to receive based on previous plans adjusted for our estimate of the impact to the changes of the financial framework. It was estimated the allocation given to us was £1.6million lower the finance team had calculated was needed.

In terms of the confirmed financial framework, retrospective adjustments would be made to the allocation for appropriately approved Covid costs and where we can demonstrate that there are legitimate reasons why our spend is higher than that nationally calculated allocation.

To the end of July only one adjustment to the allocation has been received which is for two months' worth of Covid spend, but no top ups for non Covid related variances had yet been approved.

In terms of the monitoring against the revised allocations, forecasting by end of July, there will be a £7.8million adverse variance. Of that variance £4.8million relates to Covid costs not yet reimbursed. £1.6million is due to our calculation we believe the allocation was calculated incorrectly. The remaining £1.4million relates to true variance from our original planning assumptions, mainly in relation to our prescribing spend. Had anticipated that this was due to more people accessing prescriptions in March, however the volume and the cost was equally as high through April.

The planning letter has been received from NHS England Improvement that sets out the key priorities for the remainder for the financial year. In terms of the financial framework for the period October to March it now confirms that we will continue to have block arrangements in place with the providers. There will be allocations that will be allocated to the ICS and they will be responsible for allocating the funding to organisations in South Yorkshire and Bassetlaw for the rest of the financial year and also to fund additional costs already in the system. It also refers to block arrangements with Trusts 'will be meaningfully adjusted for performance' so better performance will be rewarded.

There is a large aspiration for further investment in mental health services, the national letter confirms we should continue to plan to meet our mental health investment standards and there is still further guidance expected to be received.

Dr Nikki Bates, GP Elected City-wide Representative asked whether additional funding for hospitals to increase activity would be provided from central government. The Director of Finance advised we are anticipating that the funding expected to come to the SY&B ICS will include funding that covers that increase in activity. Therefore all the providers are being asked to submit plans in terms of what they can do from their existing capacity and what it would take to increase their activity. However, the same pot of money would also need to cover mental health investment

standards and tackling health inequalities, and so there was a tension.

Dr Leigh Sorsbie, GP Elected City-wide Representative asked around prescribing and the increase in the prescription costs and is this due to the increase in prescriptions or the increase cost of prescriptions and how much relates to Covid. Dr Sorsbie also asked how the block contract was set reflecting historical activity which then didn't happen. The Director of Finance confirmed as set out in page seven of the report that there had been a 3% increase in average prices, as well as a 6% increase in volume but that it is too early to make judgement as to the cause and the longer term impact. In terms of the block contract values, these were based on historic spend not historic activity so largely cover the cost of staff that providers employ and their historic infrastructure costs.

**Action: The Chair suggested that a masterclass for Governing Body might be helpful which needs to look at how we work creatively and innovatively to which the Director of Finance agreed.**

**JM**

Governing Body commented and noted the financial position outlined in the report.

#### **104/20 Performance and Delivery Month 3 Report**

The Director of Commissioning and Performance presented the report which updates the Governing Body on key performance measures regarding our providers in the context of the current Covid19 pandemic, to provide information on our organisational performance with regard to our staff, to brief Governing Body on the views and experiences of our staff, and to provide statistics regarding Covid19 and information about the current local situation.

We have now entered the next phase of responding to the pandemic, which includes some services coming back on line, and planning for how services can be delivered in the future whilst physical distancing measures will need to remain in place.

This month's report identified a growth in the number of long-waiters i.e. for those patients waiting over 52 weeks. In terms of managing waiting lists, all our providers are clinically prioritising patients on any active waiting list; treating those in most need.

Primary care activity is now coming back to pre-Covid levels. A&E numbers are starting to increase and the performance report also indicates the impact that Covid has had on some cancer treatments.

With regard to staff experience it is useful to see the feedback via the staff temperature check and the actions as a consequence to ensure staff are connected. The Accountable Officer reported that what is published on the intranet re the staff temperature check is very detailed and a trend is evident with a good response mechanism in place. Staff had raised they cannot see how the temperature check has been considered and how the actions are being taken forward. This has been considered through the staff forum, through Bronze command and also through our executive team, deputy directors and staff meetings where temperature checks are being discussed on those agendas. Also need to give time at staff briefs

and look to move to weekly virtual staff briefings to allow more attention to be paid to this. This has identified issues on office chairs and a sense of having changing rules of having office chairs at home.

The Chair identified that staff at the CCG have formed a learning group to discuss and relate their experiences of working through Covid. Discussions are on the lines of what problems do we need to highlight and what are we empowered to do. There are a number of significant stories that have been shared on the intranet page and Governing Body members were encouraged to read. An invitation has been extended to the group to attend private Governing Body session to present stories in terms of temperature checks and part of this learning of how they wish to work moving forward. It was suggested that we move to having a staff story as well as a patient story on the Governing Body agenda.

SBuchan stated the temperature check was developed during Covid with members of staff who wanted to be involved in terms of how they felt in order to get across to the senior members of the organisation. Due to the success of this it is now embedded within the organisation's processes and added in to this report. We are listening to what staff are saying and acting on it.

Governing Body recognised the work and noted the report.

## **105/20 Patient Safety, Quality and Experience Report**

The Deputy Director of Medicines Optimisation (AHPs) presented the reported which provides an overview of NHS Sheffield Clinical Commissioning Groups (SCCG) Quality Assurance, Patient Safety and Experience oversight and the effect on services.

In a step to reduce the burden on NHS organisations and to release capacity in the system in response to Covid19, on 28 March 2020 the NHSEI informed CCGs of changes to Governance, Reporting and Assurance.

The paper also goes through any particular safety incidents that have occurred within the CCG area. It covers the Safeguarding report, any serious untoward incidents, infection control, clinical audit and any CQC reports. It also covers patient and staff experience across our providers including care homes and general practice.

The paper was also presented at the Quality Assurance Committee.

Ms Amanda Forrest, Lay Member reminded members that we have now moved to monthly Quality Assurance Committee meetings due to legal duties around quality and safety which have not disappeared during the Covid period and thanked Governing Members and Healthwatch who have joined the meeting. There were issues of concern over the next few months including continuing healthcare and patient safety in care homes.

The Chair thanked Ms Amanda Forrest, Lay Member and Acting Chief Nurse for standing up the Quality Assurance Committee on a more regular basis.

Governing Body considered and noted the progress of actions and



improvement.

## **106/20 Integrated Care System and Accountable Care Partnership**

The Accountable Officer reported on the key updates on the integrated care system with the main one being the Phase 3 planning letter and the three Rs; **Restore** - in terms of services coming back on line; **Recovery** - seeing the planned work being paused, slowed down or not happening and act on recovery prior to Winter with specific targets in that guidance. Targets and guidance are challenging to our providers in terms of meeting current plans are short of those targets; and **Reset** which is around doing things differently and what is the future direction of travel for integrated care systems and integrated partnerships and will there be any legislative change. In relation to governance over the next few months and also the implications of the publication of the people plan and what that means for the Sheffield and across South Yorkshire and Bassetlaw.

**107/20** The Governing Body formally noted the following reports:

- a) **Standards of Business Conduct and Conflicts of Interest Policy and Procedure (in support of main agenda item 8 (paper C))**
- b) **Governing Body Assurance Framework (in support of main agenda item 9 (paper D))**
- c) **Accountable Care Partnership (ACP)/Integrated Care System (ICS) (in support of main agenda item 17 (oral update))**
  - i) **ICS CEO Report**
  - ii) **Addressing Equality Diversity and Inclusion**
- d) **Report from the Audit and Integrated Governing Governance Committee**
- e) **Report from the Primary Care Commissioning Committee**
- f) **Report from the Quality Assurance Committee**
- g) **Report from the Strategic Patient Engagement, Equality and Experience Committee**

## **108/20 To Consider Items of Any Other Business**

There was no further business to discuss this month.

## **109/20 If so determined, to exclude the public to consider business of a confidential nature**

## **110/20 Summary of Meeting: Reflections from Governing Body**

The Chair reflected that we had successfully managed to livestream the meeting and would do so again for the foreseeable future. The Chair asked for reflections on today's meeting,

Dr David Warwicker, GP Locality Representative commented on the patient story and not just translating language and the taking into account the cultural aspect rather than just the language barrier.

Dr Leigh Sorsbie, GP Elected City-wide Representative suggested there could be some gain from talking to practices who serve these populations and the issues with literacy across all populations and the

challenges of cultural differences. The conversations around feedback from the public and feedback from staff giving it high priority which does feel different and welcomed.

Dr Amir Afzal, GP Elected Representative stated in terms of the patient story dealing with three or four generations within a community for the visible minority which is easy to have a view of the total rather than a mixture within communities and the need to be mindful of different generations.

Ms Amanda Forrest, Lay Member highlighted there an opportunity to work differently and in different partnerships particularly in the voluntary sector of being flexible.

The Chair reported on responding to significant challenges over the last six months with some significant challenges ahead in terms of rebuilding our services and resetting how we work understanding the financial constraints and also recognising those inequalities seen through Covid. However, it does feel we will be responding to those in a different way to how we have done previously, with the progress made with engagement and communication and what we prioritise with the partnerships with other organisations, our communities and voluntary community sector organisations.

The Chair thanked members of the public for joining the meeting.

**111/20 Date and Time of Next Meeting:**

Thursday 3 September 2020, 2.00 pm (details to be confirmed)

There being no further items of business, the Chair declared the meeting was closed.