

**Unadopted Minutes of the meeting of NHS Sheffield Clinical Commissioning Group  
Governing Body held in public on 18 June 2020 in the Boardroom,  
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 Nicki Doherty (ND), Director of Delivery – Care Outside of Hospital  
 Ms Amanda Forrest (AF), Lay Member (Deputy Chair) (Chair of the meeting for item 78/20)  
 Professor Mark Gamsu (MG), Lay Member  
 Dr Andrew McGinty (AMc), GP Locality Representative, Hallam and South  
 Mr Brian Hughes (BH), Director of Commissioning and Performance / Deputy Accountable Officer  
 Dr Zak McMurray, Medical Director  
 Ms Jackie Mills (JM), Director of Finance  
 Ms Anthea Morris (AM), Lay Member  
 Ms Chris Nield (CN), Lay Member  
 Dr Lisa Philip (LP), GP Elected City-wide Representative  
 Dr Marion Sloan (MS), 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  
 Mr Alun Windle (AW), Acting Chief Nurse

**In Attendance:** Ms Lucy Ettridge (LE), Deputy Director of Communications, Engagement and Equality  
 Ms Carol Henderson (CRH), Corporate Secretariat / Business Manager (Minutes)  
 Mr Gordon Osborne (GO), Locality Manager, Hallam and South  
 Ms Judy Robinson (JR), Chair, Healthwatch Sheffield  
 Ms Lorraine Watson (LW), Locality Manager, West  
 Mr Paul Wike, Locality Manager, Central.

**Members of the Public:**

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

Minute No:	Agenda Item	ACTION
73/20	<b>Welcome, Introductions, Apologies for Absence and Confirmation of Quoracy</b>	
	The Chair welcomed members and those in attendance to this meeting of the Governing Body.	
	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.	

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.

No apologies for absence from Governing Body voting members had been received.

Apologies for absence from those who were normally in attendance had 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 Local Medical Committee representative, and Mr Nicky Normington (NN), Locality Manager North.

The Chair declared the meeting was quorate.

#### **74/20 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.

#### **75/20 Questions from Members of the Public**

The Director of Finance advised that questions from the public relating to Covid testing and Personal Protective Equipment (PPE) had been received before the meeting. The CCG's responses to these were attached to the minutes at Appendix A.

She explained that the questions had originally been submitted to the CCG on 7 April but had not been sent through the right channels within the organisation and she had been made aware of this error yesterday when the member of the public had resent the questions. An apology had been sent. Noting that answers to some of the questions were held by the CCG and some weren't, we would endeavour to provide a response to those we could and she would ensure a formal written response was sent within seven working days of the meeting.

Dr Warwicker suggested that we also include information about antibody and antigen testing in the response to questions 1 and 2m, and also similar statistics in terms of Black Asian and Minority Ethnic (BAME) members of staff.

The Chair of Healthwatch Sheffield asked if the questions and responses could be communicated to the public in general.

Governing Body questioned if we were clear if we were only giving information as it was then or as it now. The Director of Finance explained that the situation had moved on since the questions were originally asked and suggested that it was more relevant to provide the most up to date comprehensive information as we could

Members also suggested that if we wanted to also make this info a useful paper for Governing Body then it would need to include more information than just raw numbers and include some ratios and percentages. The Chair suggested to discuss this outside of the meeting before turning it into a Governing Body paper and feeding it into the written response.

Governing Body approved this approach.

There were no further questions from members of the public.

**Action: Corporate Secretariat / Business Manager to arrange for the draft response to be prepared and for further information to be included in a written paper for Governing Body that would also feed into the response**

CRH

**Post meeting note: The member of the public that had asked the questioned had listened to the livestream of the meeting and had clarified points on their questions which we would take account of in preparing our response**

#### **76/20 Chair's Opening Remarks**

The Chair advised that he had no additional comments to make at this time.

#### **77/20 Approval of Unadopted Minutes of the Previous Meeting**

The unadopted minutes of the meeting held in public on 7 May 2020 were agreed as a correct record, subject to the following amendment, and would be signed by the Chair at a later stage.

#### **Performance, Quality and Outcomes Report: Position Statement (minute 68/20 refers)**

Second sentence of final paragraph to read as follows:

He advised that, as a care trust, SHSCFT was not alone in the assessment it had received from the CQC and reported that it had been recognised that a mixture of unprecedented demand on the trust combined with the block contract arrangements we had with them had contributed to the rating it had received

Due to technical difficulties for the Chair, Ms Forrest, Lay Member and CCG Deputy Chair, took over the chairing of the meeting at this stage.

## **78/20 Matters Arising**

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

The Director of Commissioning and Performance explained that the work to produce a consolidated report of vacancy details across all of the sectors in the Accountable Care Partnership (ACP) was still paused in light of the current situation. Therefore, this action remained open.

The Director of Finance confirmed that she had advised the member of the public who had raised the question that this work had been paused until further notice and therefore was recommending that this action be closed.

### **b) Dementia Strategy (minute 07/20 refers)**

The Director of Commissioning and Performance confirmed that the action to amend the Strategy to reflect comments made at Governing Body in January had now been completed and was therefore recommending this action be closed. The amended Strategy was available from him on request.

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

The Director of Commissioning and Performance advised Governing Body that the actions relating to designing feedback from practices into service developments with the Yorkshire Ambulance Service NHS Trust (YAS) and to consider how to record demand in primary care were still paused in light of the current situation and therefore remained open.

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

The Director of Finance confirmed that the 2020/21 Governing Body Assurance Framework refresh would be presented to Governing Body in July and this action would remain open until that time.

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

The Deputy Director of Communications, Engagement and Equality explained that the work to be undertaken to ensure that the public facing documents are easier for the public to digest was still paused in light of the current situation and therefore the action remained open.

### **f) Improvement Plan Update (minute 42/20 refers)**

The Director of Commissioning and Performance advised that as an update on the Improvement Plan Implementation, that included an update on the cultural change programme, would be presented under minute 81/20, he was recommending this action be closed.

**g) Adoption of NHS Sheffield CCG Unaudited Financial Accounts for 2019/20 and Finance Report at Month 12 (minute 64/20 refers)**

The Director of Finance confirmed that the audited accounts would be presented for approved under minute 79/20 and therefore was recommending this action be closed.

**h) NHS Sheffield CCG Draft Annual Report for 2019/20 (minute 65/20 refers)**

The Director of Finance confirmed that both actions relating to the draft annual report had been completed, with the final report presented for approval under minute 80/20 and therefore was recommending these actions be closed.

**i) Performance, Quality and Outcomes Report: Position Statement (minute 68/20 refers)**

The Acting Chief Nurse confirmed that an update on progress with the development and implementation of Sheffield Health and Social Care NHS Foundation Trust's (SHSCFT) action plan was included in the Patient Safety, Quality and Experience Report presented for consideration under minute 83/20 and therefore was recommending this action be closed.

**j) Feedback from Lay Members (minute 70/20(a) refers)**

**Action: Professor Gamsu, Lay Member to contact the Chair of Healthwatch Sheffield after the meeting to discuss attendance at the Task and Finish Group that had been set up to look at what had happened on equality and engagement during the crisis and the next phase of the work.**

**MG**

**k) Update on Safeguarding (minute 70/20(b) refers)**

As an update on safeguarding would be presented to Governing Body under minute 84/20, the Acting Chief Nurse was recommending this action be closed.

**l) Email from the Chair of Healthwatch Sheffield (minute 70/20(c) refers)**

The Chair advised Governing Body that he had discussed the email with the Chair of Healthwatch outside of the meeting and reported that they would be meeting to discuss in more detail what we would be doing as a local system on those matters. He would follow this up with a formal written response, therefore he was recommending this action remain open.

Governing Body agreed that actions 122/19 (action 2), 07/20, 42/20, 64/20, 65/20 (both actions), 68/20, and 70/20(b) could be closed.

Dr Hudson, CCG Chair, resumed his role as Chair of the meeting from this stage.

## 79/20 Adoption of NHS Sheffield CCG Audited Financial Accounts for 2019/20

The Director of Finance presented the final audited accounts for 2019/20. She reminded members that they had reviewed the pre-audited draft accounts at the 7 May Governing Body meeting and was pleased to be able to report that no substantive changes had been recommended to the draft accounts by external audits. Only one minor change was recommended to the supporting statements, as set out in section 2. Section 3 outlined one unadjusted audit difference relating to March prescribing data which had been estimated in the accounts but which, when the final information was received in May, was shown to be an underestimate of c.£500k. In addition, there were three unadjusted audit differences greater than £300k between the signed audited accounts and the consolidation data.

The Director of Finance drew Governing Body's attention to the paper that had been received from our external auditors confirming that, following adoption of the accounts by Governing Body and receipt of our Letter of Management Representation, they intended to issue an **Unqualified Opinion** on the accounts and concluding that the CCG had made proper arrangements to secure economy, efficiency and effectiveness in its Value for Money (VfM) and Use of Resources.

She presented the Letter of Representation which the auditors asked the Chair and Accountable Officer to formally sign on behalf of Governing Body. This stated that the CCG had provided access to all information and persons required to enable the auditors to undertake their audit. She reminded members that this was a standard letter that all CCGs were required to complete.

She also confirmed that, in accordance with national guidance, individual Governing Body members had all signed a Statement of Disclosure to the auditors to say *"that as far as they were aware, there was no relevant audit information of which the Clinical Commissioning Group's auditors were unaware that would be relevant for the purposes of their audit report. In addition, that they had taken all the steps that they ought to have taken as a member of the Governing Body in order to make themselves aware of any relevant audit information and to establish that the Clinical Commissioning Group's auditors were aware of that information."*

Ms Morris, Chair of the Audit and Integrated Governance Committee (AIGC), advised Governing Body that the AIGC had reviewed the accounts and Letter of Management Representation earlier in the day and recommended them to Governing Body for formal approval, as per the requirement of the CCG's Constitution, and such that they could be signed off by the Chair and Accountable Officer, as appropriate.

Dr McGinty, Governing Body GP, highlighted that he had also attended the AIGC meeting and was pleased to note that prescribing costs had only increased by £4m compared to the previous year against a projected risk of c.£8m, and this represented the fine work undertaken by our Medicines Management Team (MMT) and our practices in terms of managing efficient prescribing.

Governing Body thanked the CCG's various teams that had worked together to ensure the accounts were completed on time in these unprecedented times and the external auditors who had had to work quite differently this year in auditing the accounts.

Finally, the Chair advised that he would be formally writing to the Director of Finance and her team to reiterate his thanks. He also asked if the Medical Director could write to the Medicines Management Team and practices on behalf of Governing Body to thank them for their significant contribution to the management of efficient prescribing in 2019/20.

**Action: CCG Chair and Medical Director**

**TH/ZM**

The Governing Body:

- Approved and adopted the final audited accounts for the financial year 2019/20.
- Approved that the Chair and Accountable Officer sign the Letter of Management Representations on behalf of the Governing Body.

**80/20 NHS Sheffield CCG Annual Report for 2019/20**

The Director of Finance presented the CCG's annual report for 2019/20 and advised that it had been reviewed by the AIGC earlier in the day alongside the annual accounts. She reminded Governing Body that they had been given the opportunity to comment on the draft report on 7 May. She drew members' attention to section 1.5 of the cover paper which highlighted the changes requested by Governing Body, as well as our internal and external auditors, and NHS England (NHSE). She highlighted that the auditors had nothing they wanted to bring back to Governing Body's attention.

The Director of Finance drew Governing Body's attention to the Annual Governance Statement (AGS) included in the report, which was an important statutory requirement and provided details on the CCG's governance arrangements, internal controls and processes. The final Head of Internal Audit Opinion which provided a **Significant Assurance** Opinion, was appended at section 13.

Finally, she thanked members of the finance, corporate services and communications teams for their hard work and contributions to pulling the report together. She highlighted that a short video summarising key elements of the annual report would again be made available for members of the public at a later date.

Ms Nield welcomed the references to the organisation's 360 assessment review, the challenges that Covid-19 had brought us, and the significant journey of work we had been on over the past year, in the Accountable Officer's introduction to the report.

As noted above, Ms Morris advised Governing Body that the AIGC had also reviewed the report earlier in the day and recommended it to Governing Body for formal approval and to ask the Accountable Officer to sign the Statement of Accountable Officer's responsibilities.

The Governing Body approved the final Annual Report for 2019/20

incorporating the Annual Governance Statement, and asked that all relevant sections and declarations were signed by the Accountable Officer.

## **81/20 CCG Improvement Plan Implementation Update**

The Accountable Officer presented this report which provided Governing Body with a final update on the full implementation of the Improvement Plan. She reminded Governing Body that the initial plan had been presented to them in July 2019, her first Governing Body meeting, and this report captured the journey of the last 10 months, recognising that the last three months had been in unprecedented times. She thanked Ms Jane Howcroft, Programme and Performance Assurance Manager, and Ms Sandie Buchan, Deputy Director of Commissioning and Performance for pulling the report together, and also thanked CCG staff, and the Senior Management Team (SMT) and Governing Body members for everything they had done to engage with CCG staff and our partners.

She particularly highlighted section 4 that reported on assessment of the improvement plan on our staff and the organisational culture, and table 1 that detailed the three actions that had to be put on hold due to Covid-19 and would be prioritised when the pandemic had come to an end. Governing Body was also being asked to receive a regular Health Check report that would include feedback from staff, early warning signs in relation to staff wellbeing and cultural issues, and any other intelligence we have on how our staff are feeling including feedback from exit interviews, etc.

Ms Nield, Lay Member, commented that it had been a pleasure for her to be part of the Improvement Plan Group and to see some of those actions having an impact throughout the organisation. She highlighted that there had also been feedback about the ability to manage the current situation better because of that change in culture development and recognised the part played by the Staff Forum in that.

Ms Forrest, Lay Member, referred to section 3.1.5 Partnerships and Public Engagement which highlighted that over the past few months our relationships with the voluntary sector in particular continued to develop and it had become much more apparent to us about our need to work differently and more closely with them. This was also welcomed by the Chair of Healthwatch Sheffield who commented that it was a really good example of learning lessons from what had gone wrong and what was good and endorsed that as a way of working.

The Chair expressed his thanks to each and every member of staff, commenting that it had been a great piece of work largely led by them, and that it reflected adaptability and a conscientiousness of their working.

The Governing Body:

- Noted the progress with regard to the implementation of the CCG's Improvement Plan.
- Noted the positive impact of the work we have undertaken
- Recognised how the Improvement Plan has supported the CCG in developing its organisational culture and considered how this has



- assisted us in addressing the challenges posed by Covid-19.
- Noted the key learning that has emerged and how this should shape our future development.
  - Agreed to the development of a health check report to be submitted to Governing Body with key indicators and staff feedback that not only describes the current culture of the CCG but will highlight to Governing Body any 'warning signs' in relation to staff wellbeing and cultural issues within the organisation.

## **82/20 Performance, Quality and Outcomes Report: Position Statement**

The Director of Commissioning and Performance presented this report which updated Governing Body on key performance, quality and outcome measures. He reminded members that the report was a slimmed down version of the usual report, both in reflection of the current situation and the indicators we were being asked to monitor in terms of the impact Covid-19 was having on the system. He highlighted that it was not timely information as it takes us up to the end of March but it did take us through a position of the effect on our system from the start of the Covid crisis. The key headlines were set out on the cover report.

He explained that at the start of the pandemic we had seen a worrying fall in A&E attendance and so had kept issuing reminders that it was open for business as usual. However, we were now seeing a week on week increase in attendance both at A&E and in general practice due to increased confidence from the public. He explained that the indicator reflected the position against the target of 95% for maximum four hour wait target at 90% for March. We continued to monitor performance on a daily basis which this week had been above 95% each day, with performance for the quarter to date current 94% which is in a context of operating within a Covid-safe environment.

In response to a question from Dr Sorsbie, Governing Body GP, he confirmed that he would seek clarity on staffing levels within the department in March but would expect there would have been reduced staffing levels to deal with things elsewhere in the hospital. There would also have been reduced levels due to trying to work within a Covid safe environment, more complex patients and a lot of sicker patients coming in, but it was encouraging that they were getting close to the 95% level and hopefully there was a lot of learning for the future.

### **Action: Director of Commissioning and Performance**

**BH**

The Director of Commissioning and Performance also highlighted that our providers were now trying to restart some of the activity, ie planned surgery, that had had to be delayed due to Covid and to restart it in a Covid-safe environment. We were also utilising the independent sector and to trying and maximise the capacity that was within there, again in a Covid-safe environment. However, we would see an impact on performance and activity as we continued to pick that up. He would continue to update Governing Body on the level of activity that continues to take place.

The Acting Chief Nurse advised Governing of the following Quality issues.

Highlighting that people shouldn't underestimate the significance of the change from a quality perspective in Covid, he thanked members of the CCG's quality team for working in a very different way in order to continue with our assurance processes, some of which had increased during the past few months. For example, the Quality Assurance Committee (QAC) was now meeting monthly instead of quarterly, and the introduction of a new patient safety, quality and experience report to Governing Body which would provide a more formalised quality assurance paper and go into more detail on the changes that had taken place and the different ways of working. He also advised Governing Body that the deadline for publication of quality accounts from our providers had been extended to December 2020 and he assured members that conversations were taking place with the trusts on their plans.

He explained that there were continued discussions within the teams about the new ways of working and what improvements had been made, for example to the discharge processes and pathways, and on how to maintain that improvement and quality in other areas when individuals move back to their usual roles.

The Medical Director reflected on the positive conversations taking place with our provider trusts and the new initiatives they were keen to take forward at pace and the opportunity for the Accountable Care Partnership (ACP) to get some proposed joint working in place. He advised that he would provide an update on this to the next meeting of the City-wide Locality Group (CLG).

**Action: Medical Director**

**ZM**

Finally, the Chair of Healthwatch advised Governing Body that Healthwatch was undertaking surveys of patients in general practice and doing specific work with vulnerable groups on their experiences of services during Covid, which would give some qualitative information for our reporting. She advised that she would also like to pick up with them their experience on the four key areas the CCG had been asked to report on.

The Governing Body:

- Noted Sheffield's performance on delivery of the NHS Constitution Rights and Pledges
- Noted the key issues relating to quality, safety and patient experience

**83/20 Patient Safety, Quality and Experience Report**

The Acting Chief Nurse presented this report which provided Governing Body with an overview of the CCG's patient safety, quality and experience oversight. He drew their attention to the key highlights.

As noted above, the QAC had started to meet monthly and he thanked Governing Body GPs that weren't members of that committee for joining the meetings. Discussions so far had included a focus on the need to capture insight and intelligence from primary care, the need to have an understanding in what was in provider quality accounts before publication in December, our new and changing relationship with

Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) in light of their Care Quality Commission (CQC) rating. The committee had also reviewed the redeployment of individual members of the quality team to primary care and care homes to support safeguarding documentation and reporting and infection, prevention and control. With regard to the former, he advised Governing Body that a Safeguarding Exit Strategy was being developed for when staff returned to their existing roles.

Other highlights included the action plan that Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) was developing to address Never Events would be presented to the QAC in July. With regard to safeguarding, at the beginning of the Covid period due to Local Authority IT issues, the Sheffield Adult Safeguarding Board had found it difficult to meet but we had been assured these had been resolved and they were now functioning properly. We had also sought some clarity and assurance from Sheffield Children's NHS Foundation Trust (SCFT) about their Named Safeguarding Nurse,

The Acting Chief Nurse reminded Governing Body that SHSCFT had received a 'Requires Improvement' rating from the CQC and had been moved into special measures. As part of the governance arrangements that had been put in place, a Regulatory Group between the trust, CCG and CQC had been established and met on a fortnightly basis. He highlighted that this was a unique response and something we didn't normally do, and ongoing updates and papers from that group would be received by the QAC. He advised that there had been a tremendous response from the trust, with an in-depth action plan developed to address the issues alongside a 'Back to Good' improvement plan. He reported that we were very welcoming of the improvement already taking place within the trust.

Within the CCG, as our Continuing Healthcare (CHC) staff were currently supporting community and hospital services through discharge and prevention of admission to hospital, it meant that a significant number of CHC reviews were outstanding but work continued to work through those. We also had a national mandate to ensure that all care homes staff were trained in infection prevention and control and he was pleased to be able to report that within less than two weeks every care home had been offered training. We were also receiving reassuring data that the number of Covid outbreaks in care homes had significantly reduced with only one home in Sheffield currently reporting an outbreak (an outbreak is two residents or more).

Governing Body raised and discussed the following issues.

Noting that Governing Body was pleased to see the range of support that we had put in to care homes, the Acting Chief Nurse explained that the management of this had been through a number of different cells in the Command and Control structure, for example maintaining sufficient levels of Personal Protective Equipment (PPE) and offering the training to use it, offering infection control training, as noted above, and the quality team doing joint daily calls with the Local Authority to every care home. However, there were issues every time a supplier of PPE changed as this meant that people would need to be retrained in its use as every supply of equipment was different. He advised Governing Body

that he had personally undertaken some clinical visits to homes and was able to assure them there had been no patient safety issues. With regard to the quality team supporting primary care going forward to move to the new 'normal' in terms of restarting procedures it would be more of a case of a localised risk assessment of who in the practice would be able to undertake those procedures.

Professor Gamsu asked about how we connected with dentistry in care homes even though we didn't commission those services. The Acting Chief Nurse explained that we didn't have any clear lines of routes to dentistry at the moment and that they would have their own lines of establishing PPE but would seek clarity on the routes for this support as we wanted to support other types of health care where we could. The Chair of Healthwatch advised Governing Body that enquiries about dentistry were ones they frequently received and had found it difficult to get clear information to the people who were enquiring and it was suggested that it might be helpful for her to make contact with NHSE about specific questions that were being asked.

**Action: Acting Chief Nurse**

**AW**

The Director of Delivery – Care Outside of Hospital explained that whilst we don't have a specific workstream within the city that looks at dentistry, we were connected into it. She commented that it had been really frustrating for people who needed to be seen, as dental pain was very impacting on life and advised that the 111 service had been active in that, as had some of our GPs, helping to navigate people to the different parts of the city where they could be seen. She also advised that we had had to reflect on a lot of things as to how we work in an integrated way which included how our dental practitioners play into our relevant partnerships. Governing Body was reminded that there are also optometry, community pharmacy and other community based NHS services that we don't commission and that it needed to be the system-wide approach to making all of these services joined up and successful.

Finally, Dr McGinty drew members' attention to section 9.3 that reported that through ECHO St Luke's Hospice has supported the delivery of training such as the verification of death, Infection Prevention and Control including PPE and psychological support. He thanked Dr Sarah Mitchell, Clinical Director, for her input into this and for getting the ECHO Group up and running and he was pleased to be able to announce that Dr Mitchell had received the Yvonne Carter Award for Outstanding Early Career Researcher.

The Chair agreed to send formal congratulations to Dr Mitchell on behalf of Governing Body and also thank her for her significant contribution in getting the ECHO Group up and running.

**Action: CCG Chair**

**TH**

The Governing Body considered and noted the progress of actions and improvement of Patient Safety, Quality and Experience within the CCG.

**84/20 Safeguarding Assurance Report**

The Acting Chief Nurse presented this report which provided information

and assurance to the Governing Body of the safeguarding processes and support in place across Sheffield during the Covid-19 outbreak following their request to have a more in-depth update on the functions that were being covered and delivered by the safeguarding team during this time. He drew members' attention to the key highlights.

He explained the function of the CCG's safeguarding team that had changed since the start of the pandemic and highlighted that the processes were imminently going to be changed from what was 'normal' for us prior to Covid-19 to what was form and function. As a result, over the next few weeks through the QAC he would be looking at how we could continue to maintain the quality of safeguarding reporting and writing as our team returns to business as usual at the CCG.

Other key highlights included the team continued to support primary care in their child safeguarding review, and our Designated Professional Nurse for Looked After Children was currently supporting the Local Authority with things such as assessments for foster carers. Referrals for children where there were safeguarding concerns had not changed during this time and it was thought they may start increasing as schools started to increase the number of children that could attend classes, but we had been assured by the Local Authority that there had been no change in the way that referrals go into the respective adult and children safeguarding services for reporting adults and children at risk.

Dr Sloan, Governing Body GP, thanked the CCG's safeguarding team for the support they had been providing to practices to complete these reports on their behalf.

Dr Bates, Governing Body GP, highlighted that the GPs that had attended the last QAC meeting had raised concerns that a number of practices were declining entry to Health Visitors and Midwives, which the Acting Chief Nurse had taken actions to raise with the CCG's primary care team for them to take forward with the practices concerned, as this was felt to also be an issue from a safeguarding point of view, and to raise this as a quality issue with the Locality Authority and SCHFT. He also agreed to raise separately the concern raised by the GPs that the refusal from practices to allow midwives to access their premises could have an impact on pregnant women as it was recommended that pregnant women from 16 weeks to 32 weeks of pregnancy should receive a whooping cough vaccine.

**Action: Acting Chief Nurse**

**AW**

Ms Forrest, Lay Member and Chair of the QAC, advised Governing Body that the QAC had talked at length about health visiting and midwifery services linking into safeguarding which, she reported, was being addressed through the Local Authority and the CCG, and would come through to the next Governing Body meeting through our quality report.

Dr Sorsbie, Governing Body GP, advised that there was a concern at the QAC that we hadn't seen the expected significant rise in domestic abuse cases when we had gone into lockdown and if anything the number of cases had dropped and so it was likely that once lockdown restrictions were lifted that demand would increase and referrals would increase. She asked if we were assured there would be capacity to meet that

demand. The Acting Chief Nurse responded that the Safeguarding Board received a performance report and suggested he look at how to fit in an oversight of that into our quality reporting through QAC and he would seek to do that next time if Governing Body felt that would be beneficial.

**Action: Acting Chief Nurse**

**AW**

The Governing Body considered the report and noted the key measures of assurance undertaken to ensure robust safeguarding across the city.

**85/20 Update on Equalities Work**

The Deputy Director of Communications, Engagement and Equality gave an oral update. She highlighted that equalities impact was a really important consideration on everything the CCG commissions and that it is more important now than ever that we are meeting our equality duties.

She reminded Governing Body that she had presented a paper to them in private in May that outlined how we will meet our legal equalities duties and proposed to present a summary paper to the Senior Management Team (SMT) shortly followed by an update to Governing Body in public in July. This would include an update on work undertaken to engage with the community groups, a retrospective review of all decisions made within the organisation since the start of the Command and Control structure, decisions our providers have made, to assure Governing Body that we are meeting our legal duties. She also highlighted that together with members of the communications team she had pulled together an engagement plan for phase 2, we had appointed a market research company, and were working with Healthwatch and Sheffield City Council. These would all form part of the paper she would present in July.

Professor Gamsu, Lay Member and Chair of the Strategic Patient Engagement, Experience, Equality Committee (SPEEEEC) congratulated the work undertaken by the engagement and equality team over the past few months. He commented that it was really important that we don't leave communities behind, the team had been keeping a good record of the changes that had been made, a fair number of which had had a positive change for people in the city. The role of our relationship with the Voluntary, Community and Faith (VCF) sector, particular with Healthwatch, had been really important. We have a range of legal duties but one of the important things that community organisations do is that they are not required to meet responsibilities in the same way as us as they bring forward voices, which is tremendously helpful and we need to make sure we don't lose that.

Finally, he thanked Ms Sarah Neil, Quality Manager Patient Experience, and the team for all the hard work they continued to do to ensure the CCG could meet its legal equalities duties.

The Governing Body noted the update.

**86/20 Reports Circulated in Advance for Noting**

The Governing Body formally noted the following reports:

- a) **NHS Sheffield CCG Annual Report for 2019/20 (in support of main agenda item 8 (paper D))**
- b) **Integrated Care System (ICS) Chief Executive Officer (CEO) Report**

**87/20 Any Other Business**

There was no further business to discuss this month.

**88/20 Reflection on the Meeting**

The Chair reflected that we had successfully managed to livestream the meeting and would do so again for the foreseeable future. He thanked members of the public for joining the meeting.

He highlighted that last month 96 members of the public and staff had viewed the meeting online but was still waiting for today's viewing figures and we might want to consider that in moving forward.

He noted the tremendous levels of work that had gone on in Sheffield in last few months in response to the global pandemic and the adaptability of our own CCG staff and how they have supported other roles.

There is now a strong need about us being able to view a broad health system and to keep an oversight on what is happening more broadly.

There has been lots of innovation in response to Covid-19 as a Governing Body we need to very cautious about some blind spots have been created and work towards sorting those things out in due course.

**89/20 Date and Time of Next Meeting**

Thursday 16 July 2020 2.00 pm (rescheduled from 2 July 2020), details to be confirmed

**Post meeting note: The 16 July meeting has been rescheduled to take place at 2.00 pm on Thursday 6 August 2020**

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

## Appendix A

### Questions from Ruth Milsom, Sheffield Save Our NHS, to NHS Sheffield CCG Governing Body 18 June 2020

Please note that the CCG is only able to answer questions based on GP practices as our statutory responsibility in responding to the pandemic was to maintain GP services, therefore, we do not have information on other services and we are unable to answer with regard to the wider system.

**Question 1: How many (percentage) of NHS staff in Sheffield have been tested for the virus?**

**CCG response:** We can only provide the data for the staff we test. The community Covid19 testing service which is run by the CCG and Primary Care Sheffield (PCS) went live in April 2020. To start with, we prioritised testing clinical staff working in GP practices. Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) test their staff and Sheffield Children's NHS Foundation Trust (SCHFT) test their staff and staff from Sheffield Health and Social Care NHS Foundation Trust (SHSCFT).

At 7 April 2020 the CCG's and PCS Covid testing service had tested 18 GP staff.

At 29 June 2020, the CCG's and PCS Covid testing service had tested 801 GP staff, 163 community pharmacy and 70 dental staff.

**Question 2: On what date did testing (staff) begin in Sheffield?**

**CCG response:** CCG and PCS service started testing GP staff on 2 April 2020.

**Question 3: Have medical and nursing students been included in testing? If not, why not?**

**CCG response:** Our data doesn't record if the staff tested were students, however, all staff working in primary care were eligible for testing.

**Question 4: How many civilians (ie non-NHS and care workers) have been tested in Sheffield?**

**CCG response:** As of 7 April 2020 no civilians were tested as the service was set up to test staff only. However, since then we have tested the public as symptomatic household members of NHS and care staff were eligible to be tested.

As of 29 June 2020, we had tested 41 symptomatic household members of NHS staff.

**Question 5: Is SCCG confident that, at the end of this initial period of 'containment' followed by 'delay' (partial lockdown), we will know what percentage of the Sheffield population has developed immunity through having contracted the virus?**

**CCG response:** As a city we will only understand population immunity when immunity passports are available through positive antibody testing. As of 7 April 2020, reliable antibody testing was not available in the UK and therefore not done.



**Question 6: Is sufficient Personal Protective Equipment (PPE) (to highest safety standards recommended for the present situation) currently available to all NHS staff across all Sheffield healthcare services?**

**CCG response:** On 7 April 2020 there wasn't an issue with the availability of PPE to GP practices.

**Question 7: How many complaints by NHS workers in Sheffield have been logged (if any) regarding lack of appropriate PPE since the first case of COVID-19 was reported in the UK?**

**CCG response:** The CCG has had no complaints from NHS workers on the lack of PPE.

**Question 8: Have hospital or Primary Care workers (of any grade) been asked, told, or expected to attend their workplace during the period February to present, in any situation where appropriate PPE could not be provided?**

**CCG response:** Please see the answer to Question 6 as the lack of PPE in primary care isn't applicable.

**Question 9: What stocks of appropriate PPE do Sheffield medical facilities (hospitals and Primary Care) hold at this stage? How confident is SCCG that stocks are adequate and can be replenished at a sufficient rate for the rest of the year?**

**CCG response:** As of 29 June 2020, we have no issues with the supply of PPE available to GP practices. While we can't speculate on long term supply, we are confident we have good local systems in place in Sheffield to meet future demand.

**Question 10: Is SCCG aware of any circumstances where individuals within the Sheffield health workforce have resorted to making their own PPE, or using PPE provided ad hoc via non-NHS routes?**

**CCG response:** No.

**A subsequent question was received on 1 July as follows:**

**Could we just revisit question 9, please, and hear from the CCG as to what stocks of PPE were being held for use in Sheffield settings as at 7 April?**

**We were hearing reports from individual GPs (as well as others in wider health and care settings) at that stage that they did not have adequate PPE available, and in one case known to us a GP was looking into sourcing PPE from a department of the University of Sheffield. It's not clear to us how the CCG's account of PPE availability aligns with the anecdotal evidence we heard.**

**CCG response:** Since 2006, under its pandemic influenza preparedness programme, the Department of Health and Social Care has stored an emergency stockpile of around 52,000 pallets of equipment worth an estimated £500m. The bulk of that stockpile was PPE and hygiene products which were distributed to all areas of the country including Sheffield on a 'Push' system determined by need, mainly focused on acute hospitals.

Sheffield CCG followed Government advice and obtained PPE from a number of sources for Primary care including; wholesalers, distributors, mutual aid from NHS providers such as the Localities and local hospitals, Sheffield City Council and the Local Resilience Forum (LRF). By using this multi-faceted approach I can confirm that no GP practice was forced to close due to a lack of PPE at any time during the pandemic. That said, there have been challenging supply chain issues that have required a significant amount of co-ordination between practices, supported by the CCG's Locality Managers and procurement team, and have at times relied on mutual aid from other partners as well as the exploration of support from alternative sources, including the university, schools and local manufacturers. So whilst the security of supply was definitely a challenge over the early weeks of the pandemic we believe, thanks to the significant efforts and ingenuity of everyone involved, we managed to ensure that all providers had adequate supplies of PPE.