

**Unadopted Minutes of the meeting of NHS Sheffield Clinical Commissioning Group  
Governing Body held in public on 5 March 2020 in the Boardroom,  
722 Prince of Wales Road, Sheffield, S9 4EU**

**Present:** Dr Terry Hudson (TH), CCG Chair  
 Dr Amir Afzal (AA), GP Locality Representative, Central  
 Dr Nikki Bates (NB), GP Elected Citywide Representative  
 Ms Nicki Doherty (ND), Director of Delivery – Care Outside of Hospital  
 Ms Amanda Forrest (AF), Lay Member (Deputy Chair)  
 Professor Mark Gamsu (MG), Lay Member  
 Dr Andrew McGinty (AMc), GP Locality Representative, Hallam and South  
 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 Citywide Representative  
 Dr Marion Sloan (MS), GP Elected Citywide Representative  
 Ms Lesley Smith (LSm), Accountable Officer  
 Dr David Warwick (DW), GP Locality Representative, North  
 Mr Alun Windle (AW), Deputy Chief Nurse

**In Attendance:** Mr T Armstrong, Sheffield City Council – item 34/20  
 Ms Sandie Buchan, Deputy Director of Commissioning & Performance [Deputising for Mr B Hughes]  
 Ms Lucy Ettridge (LE), Deputy Director of Communications, Engagement and Equality  
 Mr Greg Fell (GF), Director of Public Health, Sheffield City Council (SCC)  
 Mrs Alison Garrett (AG), Corporate Secretariat/Business Manager [Minutes]  
 Ms Jane Howcroft (JH), Programme and Performance Assurance Manager – item 41/20  
 Ms Sapphire Johnson (SJ), Head of Commissioning, Children, Young People & Maternity – item 28/20 and 34/20  
 Ms Judy Robinson (JR), Healthwatch Sheffield Representative  
 Mr Paul Wike (PW), Locality Manager, Central  
 Ms Lorraine Watson (LW), Locality Manager, West

**Members of the public:** There were no members of the public in attendance. A list of members of the public who have attended CCG Governing Body meetings is held by the Director of Finance.

ITEM No.	AGENDA ITEM	ACTION
<b>Part 1 – Preliminary Items</b>		
28/20	<p><b>Patient Story</b></p> <p>Ms Johnson presented a patient story which detailed the experience of a family with a child who has a special education need disability (SEND) and requested that any names communicated during the film are not shared on social media or published on line.</p> <p>Prof Gamsu congratulated Ms Johnson on the patient story and indicated that he would like to see more stories akin to this. Dr Sloan noted that she hears stories of this kind every day in her surgery, therefore, it is not a shock how many families it affects.</p>	

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	<p><b>The Governing Body thanked Mr Windle and Ms Johnson for presenting the story.</b></p>	
29/20	<p><b>Welcome, Introductions and Apologies for Absence and confirmation of quoracy</b></p> <p>Core member apologies were received from Dr Leigh Sorsbie (LSO), GP Elected Citywide Representative, Mr Brian Hughes, Director of Commissioning/Deputy Accountable Officer.</p> <p>Attendee apologies were received from Mr Nicky Normington (NN), Locality Manager North, Mr Gordon Osborne (GO), Locality Manager, Hallam and South and Mr John Macilwraith (JMac), Sheffield City Council.</p> <p>The Governing Body meeting was declared quorate.</p> <p>Congratulations were passed to Dr Bates whose GP Practice became the first in Sheffield rated as 'outstanding' by the Care Quality Commission (CQC). Thanks were expressed to Ms Garrett, at her last Governing Body, for facilitating the meetings since November 2019.</p>	
30/20	<p><b>Declarations of Interest</b></p> <p>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.</p> <p>The Standards of Business Conduct and Conflicts of Interest Policy and Procedure can be found at:</p> <p><a href="http://www.sheffieldccg.nhs.uk/our-information/documents-and-policies.htm">http://www.sheffieldccg.nhs.uk/our-information/documents-and-policies.htm</a></p> <p>No declarations of interest were declared at the meeting.</p>	
31/20	<p><b>Questions from Members of the Public</b></p> <p>A question was received, via e-mail, from a member of the public which Ms Mills read to Governing Body and related to TMS (Transcranial Magnetic Stimulation) which is a non-drug based treatment which treats people with Anxiety and Depression.</p> <p><b>ACTION:</b> The Mental Health Team are to draft a written response, which is due to be provided to the member of public by 16 March 2020, and an update will be provided to the next Governing Body meeting (see response at appendix A)</p>	JM
32/20	<p><b>Approval of Minutes of Previous Meeting</b></p> <p>The Governing Body minutes dated 9 January 2020 are to be amended as per the following comments:</p> <p>Ms Nield referred to item 14/20 and the second paragraph on page 9 which should read that 3-4 years ago there was not as much knowledge about universal services that people with learning disabilities could utilise that promoted wellbeing.</p> <p>Dr McGinty referred to page 5 and that it was agreed that Brexit would be referred to as the EU Exit at future meetings.</p>	

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	<p><u>Post Meeting Note</u> – the Chair referred to the note circulated which relates to the surcharge for EU citizens, post EU Exit, and the South Yorkshire and Bassetlaw (SYB) Access to Infertility Treatment Policy. Further legal advice has been sought by the speciality Y&amp;H working group which has resulted in a recommendation to change the policy section on the Immigration Health Surcharge; Right to Assisted Conception Services. The Governing Body agreed with the recommendation and Ms Mills informed the meeting that this is also going through the governing process at all of the SYB CCG's.</p> <p>The Governing Body minutes dated 6 February 2020 are to be amended as per the following comments:</p> <p>Dr Sloan reported that she was in attendance and to be added to the core member list.</p> <p>The minutes dated 9 January and 6 February 2020 were agreed as an accurate reflection of the meetings, subject to the amendments put forward.</p> <p><b>ACTION:</b> Ms Garrett to amend the minutes and forward to the Chair for sign-off.</p>	<p><b>AG</b></p>
33/20	<p><b>Matters Arising and follow up on reflections from last Governing Body</b></p> <p><u>103/19 Hospital Services Programme</u> – Ms Mills reported that a paper regarding the implementation of the hyper-acute stroke services were included Joint CCG's papers and will share that following the meeting.</p> <p><u>122/19 Workforce</u> – work is still to be completed on providing current levels of vacancies and agency staffing within provider services and update will be provided to the meeting in May 2020.</p> <p><u>132/19 Integrated Urgent &amp; Emergency Care</u> – Dr McMurray reported that ongoing discussions are being held with regard to direct bookings via the 111 service into GP Practices and how much flexibility there is, within the national procurement, to carry out things differently with practices having further flexibility to triage. The original specification didn't provide that flexibility but that is now offered and a lot of practices are carrying out further triage. Dr Afzal requested that the intelligence regarding appropriate bookings is combined with 13/20 and the demand in primary care and spotter practices. Governing Body agreed.</p> <p><b>The Governing Body noted the matters arising.</b></p>	<p><b>JM</b></p> <p><b>BH</b></p>
<b>Part 2 – Papers for Approval</b>		
34/20	<p><b>Sheffield Inclusion Strategy 2020-25 (including SEND)</b></p> <p>Ms Johnson and Mr Armstrong presented the final version of the Sheffield Inclusion Strategy (including SEND) for Governing Body approval. All of the feedback received has been considered which has led to the final draft of the strategy that sets out the direction for the next 5 years in Sheffield. The document tries to strike a balance between being aspirational and what is realistic, with honesty with regards to what can be delivered. It feels as though we are now at the start of the process in turning the strategy into a reality for families and have commenced work on the action plan.</p> <p>The strategy has been approved by both Sheffield City Council's Scrutiny and Cabinet and requesting today Governing Body's approval to move on from the consultation phase.</p>	

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	<p>Dr Philip commented that she felt the process through Strategic Patient Engagement, Equality and Experience Committee (SPEEEEC) and Governing Body has been very informative and would like to express her thanks. Ms Robinson concurred that the engagement process has been excellent. Ms Nield noted that she particularly likes the clarity with regard to the structure and how it documents actions following the feedback received, the challenge now is what is going to be carried out going forward and, most importantly, the impact it will have.</p> <p>Prof Gamsu commented that the patient story we have heard today links to the strategy and there will be a challenge around the modelling of what we should be expecting to see. Mr Armstrong agreed that the patient story is timely and need to ensure that the strategy is health and social care led as, without everything working together, it won't work for families which is where the gap lay previously. The system did not work together for that particular family and corporately we have a responsibility to work together to improve the experience for children and their families. Ms Smith suggested that a response is drafted to send to the family thanking them for sharing their story and that it our joint corporate responsibility to take learning from that and move the strategy forward. Ms Johnson reported that the family wanted to share their story to ensure that services improve for other families</p> <p><b>ACTION:</b> Ms Johnson to prepare a draft letter for the Chair.</p> <p><b>The Governing Body approved the final version of the strategy and expressed their thanks to all those involved in its production.</b></p>	<p style="text-align: center;"><b>SJ</b></p>
<p><b>35/20</b></p>	<p><b>Governing Body Assurance Framework (GBAF) for 2020-21</b></p> <p>Ms Mills referred to the GBAF which is the principle document for Governing Body to receive assurance that the CCG are making progress on the objectives set. Ms Mills recognised that the GBAF has not previously stimulated significant debate, therefore, she is considering how to present the information to present it in a more digestible format. The GBAF is refreshed and tweaked annually but we recognise that a similar framework has previously rolled forward since the CCG was established. A recent working group reviewed our commissioning principles, what we are trying to achieve and therefore the risks we face. From that long list, we have taken a shortlist of strategic risks which could impact on the strategic objectives that the CCG has set itself. Each risk identified has been aligned to a particular strategic objective, with each having an owner, although it should be recognised that some risks do also impact on the other objectives.</p> <p>There are a similar number of risks to last year, but they have been rated more highly than in previous years, which may be due to the refresh or the current environment we are working within and the level of risk being managed. Ms Mills requested members to review the risks summarised in Appendix 1 and confirm if the right risks are included and if anything has been missed.</p> <p>Ms Forrest referred to the appetite 'RAG' rating, all of which are "green", does that mean there is low appetite for risk or, due to the amount of mitigating factors, does that mean they are low risk. Ms Mills responded that the CCG will not be happy unless all risks are at a reasonably low level and that a lot of things can be carried out to reduce the level of risk.</p> <p>Ms Nield referred to reference 2.5 and should that refer to plans around Coronavirus. Ms Mills confirmed that the strategic statement around the preparedness to deal with significant emergency events could be aligned to anything, ie; seasonal flu pandemic for example, and the emergency response</p>	

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	<p>requires it to be generic.</p> <p>Ms Robinson referred to the cover note and enquired if there is a reason for not undertaking an Equality Impact Assessment (EIA), the risk being that health inequalities has not been considered. Ms Mills responded that an EIA would have been undertaken if changes to service delivery were expected.</p> <p>Dr McGinty noted that the risks are around not delivering the strategy, not the risk of the strategy. Ms Morris outlined that the tolerance and target is good and welcomed the whole exercise and is pleased to see that digital transformation is included. With regard to the initial and current risk ratings could dates be added to those going forward and could reassurance be provided around what happens next down to appetite and tolerance. Ms Mills agreed to make the changes suggested and confirmed that the risks will be reviewed at the Audit and Integrated Governance Committee (AIGC) to provide a schedule of assurance and actions to mitigate the risks and that a lot of discussion and work has been held at Senior Management Team (SMT) to challenge that, despite the framework behind the GBAF remaining the same.</p> <p><b>ACTION:</b> Governing Body to receive a summary of the risks and assurance of progress against the strategic objectives.</p> <p>Dr Warwicker referred to the conditional formatting with a higher number of “reds” and would prefer to see when there is a gap how much risk can be tolerated and the risk that is aspired too.</p> <p><b>ACTION:</b> The Chair responded that the performance reports can be modified to ensure it is visually quicker to recognise what is happening and can discuss that with Ms Mills outside of the meeting.</p> <p>Ms Mills reported that the GBAF is a “live” document and can be updated at any time. Ms Smith outlined that the wording within objective 5 is to be changed from “Be an excellent employer ...” to “Be a compassionate and inclusive employer that maximises the potential of our people” which will link to the improvement plan.</p> <p><b>ACTION:</b> JM to amend and define.</p> <p>The Chair noted that the GBAF is now more relevant and aligned to the strategic objectives that the CCG is trying to achieve and expressed Governing Body’s thanks for the updated framework.</p> <p><b>Governing Body approved the content subject to the caveats discussed and formatting of the document and to build in appetite v’s tolerance.</b></p> <p><b>ACTION:</b> Updated GBAF to be submitted to the May 2020 Governing Body.</p>	<p><b>JM</b></p> <p><b>TH/JM</b></p> <p><b>JM</b></p> <p><b>JM</b></p>
36/20	<p><b>Operational Plan including Commissioning Intentions</b></p> <p>Ms Buchan provided an outline of the paper and requested approval of the plan in relation to the key priority areas and commissioning intentions for 2020/21 that Sheffield CCG will be focussing on to deliver its objectives, including the achievement of the national Constitutional Standards. Have worked in conjunction with Local Authority colleagues and the planning process focuses on the joint commissioning work. In addition have provided the guidance and timetable of local and national planning submissions issued by NHS England/Improvement, with the first draft submitted today and the final plan submission in April following the contract sign-offs at the end of March.</p>	

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	<p>The Long Term Plan includes 135 deliverables which will be discussed within the private meeting following the Public Governing Body today. The deliverables have been 'RAG' rated and providers and partners have been involved in that process to ensure it has been a collaborative and integrated piece of work.</p> <p>Dr Afzal referred to Improving Access to Psychological Therapies (IAPT) and the aim of achieving 50% of people seen by the services who go on to make a recovery, is there anything that can be done before they reach a crisis. The Chair responded that the 50% target is a national standard and the performance in Sheffield exceeds that and it isn't aspirational enough to leave the remaining 50% which could take a large amount of time. The aspiration is 50%+ but may need to discuss that in more detail. Prof Gamsu commented that if 50% are seen within 2 weeks why is there another target required. The Chair responded that it provides assurance that Sheffield has a higher standard than the one nationally.</p> <p>Ms Buchan confirmed that assurance with regard to a number of targets can be provided within the performance report to Governing Body.</p> <p>Ms Morris referred to the secondary care workforce and the CCG's own workforce and how that can be developed for future requirements. Ms Buchan responded that specific areas will be discussed outside of the meeting to identify areas which need to be developed further and confirmed work is on-going with regard to the workforce strategy.</p> <p>Dr McMurray commented that formatting of the public documents needs to be improved. The Chair agreed that the documents are difficult to read and that the Communications Team need to undertake further work to ensure it is in an easier format for the public to digest.</p> <p><b>ACTION:</b> Ms Ettridge to progress formatting of the documents.</p> <p><b>Governing Body approved the operational plan and noted the local and national timetable for submissions.</b></p>	<p><b>LEt</b></p>
<p><b>37/20</b></p>	<p><b>Financial Plan and Initial Budgets</b></p> <p>Ms Mills referred Governing Body to the paper and provided a brief presentation as an introduction to the key issues that Governing Body need to take account of.</p> <p>The CCG core allocation has had an uplift of £30.5m which is a small increase in terms of growth. The Primary Care delegated allocation has received an uplift of £3.2m; with running costs reducing by £1.5m. The overall increase, therefore, is £32.2m cash increase in 2020/21. Sheffield spends more than the national average on resources which in turn means less growth but we are still required to meet the all the national targets.</p> <p>Ms Mills outlined the Business Rules for commissioners as noted in the paper. All organisations have been issued with a financial improvement trajectory and Sheffield has been set to deliver an in-year surplus of £29k. This is linked to the system (South Yorkshire &amp; Bassetlaw) control total to support 'system by default' with 50% of Financial Recovering Funding linked to system financial performance. In addition indications that systems are not projecting to deliver, the system control total will not have access to capital, transformation funding and CCG drawdown.</p>	

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	<p>The Chair enquired if the 50% financial recovery has been agreed by providers and the final figure agreed on. Ms Mills responded that the long term plan submissions took place in October/December 2019 and last week draft plans were submitted to the ICS and today to NHSE. There is a £30m deficit within the system and some organisations are flagging that their plans include a high level of financial risk.</p> <p>Ms Mills summarised that the CCG has set a QIPP target of £19.5m, which compares to the forecast for 19/20 of £13.6m, which is a significant increase. There is £3.3m of unidentified QIPP and a lot of work is being undertaken to try and identify that gap but there is still a significant risk against the delivery.</p> <p>The key issues in 2020-21 are:</p> <ul style="list-style-type: none"> <li>• requested £2m of drawdown with £100k confirmed, subject to delivering 2019/20.</li> <li>• planning an in-year surplus of £29k.</li> <li>• the running costs budget set is equal to the revised, significantly reduced allocation and, although have never spent the running cost allocation, this will be a challenge. There is no assumption regarding the impact of guidance that the ICS should be self-sustaining and what that will mean moving forward, ie; staff aligning, historic posts within the ICS, etc.</li> <li>• There are investment standards for mental health (5.5%), primary and community care and the Better Care Fund minimum allocation increase (5.1%).</li> </ul> <p>There is a risk to delivery of the financial plan and the Team have undertaken a risk assessment which identified gross risks £15.1m. The amount of funding for providers and contract quotes are significantly more than identified for provider contracts is significantly less than the contract quotes received and detailed and difficult negotiations are ongoing. Whilst there were options to mitigate a large proportion of quantified risks, some of these plans were not fully developed. Ms Mills requested whether the Governing Body were in agreement for the CCG to submit a balanced financial plan despite the level of risk identified.</p> <p>Dr McGinty suggested that the CCG has to be on the “front foot” in the likelihood that Governing Bodies within the SYB talk collectively about this as a “system” to fundamentally share the risk appetite across the patch. Dr McMurray responded that conversations are required to be instigated across the ACP and wider to the ICS.</p> <p><b>Governing body approved the plans and initial budget.</b></p> <p>Mr Fell left the meeting at 15:45.</p>	
<b>Part 3 – Papers for Consideration</b>		
38/20	<p><b>Launch of the Health and Wellbeing Strategy</b></p> <p>Ms Doherty presented the strategy which is also being presented to all partners across the city. 9 clear priorities have been identified which focus on areas that require addressing, how they are achieved and integrated across the system, which are subsequently overseen by the Health and Wellbeing Board.</p> <p>Prof Gamsu enquired how Sheffield Teaching Hospitals and Sheffield Children’s Hospital can be engaged, what it means for them, how they perceive that and work on the strategy. The system tends to think that prevention falls within general practice and the community but there are things that acute services can think about and what it means for them. Ms Doherty responded</p>	

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	<p>that the Children's Hospital have a resource allocation challenge and indicated that they wanted to get behind the strategy and the Teaching Hospital have also offered to help with that focus.</p> <p>Ms Nield referred to the recent Marmot review which looks at health inequalities in England and proposes an evidence based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age which can lead to health inequalities. Ms Smith responded that this is aligned to the ACP and their work programme and it will require providers to take responsibility for the Marmot review and its recommendations so that the commitments can be taken forward.</p> <p>Ms Doherty reported that with regard to starting well and the children's agenda a Clinical Director will be put in place to focus on those services which is a beneficial step forward. Dr McMurray confirmed that the Clinical Director will be announced week commencing 9 March 2020.</p> <p><b>The Governing Body considered and noted the report.</b></p>	
39/20	<p><b>Month 10 Finance Report</b></p> <p>Ms Mills reported that the Governing Body approved the financial plan for 2019/20 at the 1 March 2019 meeting and the report provides a summary of expenditure to date against the approved budgets, together with an assessment of forecast outturn and risks to the delivery of the control total agreed with NHS England.</p> <p>The overall year-to-date (YTD) position shows a surplus of £15.0m, which is in line with the CCG's planned YTD surplus at this point in the financial year.</p> <p>The South Yorkshire and Bassetlaw (SYB) ICS has asked all organisations to review whether they are in a position to stretch delivery of the planned financial position, in recognition that a small number of providers are likely to miss delivery of their control totals, putting achievement of the system provider sustainability funding in quarter 4 at risk. As an incentive, NHS England/Improvement have confirmed any CCG in SYB that can improve on the agreed control total will be able to plan on the equivalent level of their CCG drawdown being guaranteed in 2020/21. In reviewing the financial position at month 10, whilst there remains a range of financial risks and challenges, our assessment is that the most likely position would deliver a surplus of £18.1m, a marginal improvement of £100k.</p> <p>Ms Forrest enquired if the continuing health care (CHC) financial position has declined due to a particular patient. Ms Mills responded that the run rate has started to increase recently, alongside the inclusion of the costs relating to a high cost patient whose care has been on-going for a period of time. Mr Windle confirmed that the patient is in the right placement for their care.</p> <p><b>Governing Body considered and noted the report at month 10.</b></p>	
40/20	<p><b>Update on Month 10 Quality, Innovation, Productivity and Prevention (QIPP) Plan</b></p> <p>Ms Mills reported that currently achieving 93% of the plan and, although some areas are not delivering, other areas are significantly over delivering. In relation to year end delivery, there are 27 programmes risk rated as red (increase of one since month 9) and 3 programmes rated as amber. These programmes will be monitored on a monthly basis which will assist in the achievement of the savings. The forecast for year-end is to achieve 89% of the</p>	

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	<p>target which equates to a total forecast of £13.6m against a target of £15.2m. Ms Mills expressed her thanks for the significant amount of effort from teams that have helped to deliver the QIPP.</p> <p><b>The Governing Body considered the month 10 position and recognised the hard work of all those who have helped to achieve the QIPP.</b></p>	
41/20	<p><b>Performance, Quality and Outcomes Report: Position Statement Month 10</b></p> <p>Ms Howcroft outlined the key areas of concern, the first being an unfortunate incident at STH whereby a patient had to wait more than 12 hours in A&amp;E from decision to admit to their eventual admission. The incident has been used for clinical learning/guidance and a decision tree is being drafted which will be shared across the ICS to ensure clarity is provided as to where responsibilities lie, which is a good example of performance improvement.</p> <p>The CQC Maternity Services Survey shows significant improvement and continuing to deliver on CHC and delayed transfers. Mr Windle outlined that he is moving to a Patient Safety and Quality Experience Report which will provide more in-depth data showing openness and transparency for both the public and private Governing Body meetings.</p> <p>Dr McGinty commented that the reporting of compliments and the number of complaints linked to interaction with patients is not recorded. Mr Windle responded that a report is submitted to the Quality Assurance Committee (QAC) which provides more in-depth information.</p> <p>Ms Forrest referred to ambulance handover times, which was discussed at QAC, and is concerned that the ambulance service is seen as ‘transport only’ but it should be seen as part of the pathway. If there was a different attitude as a system the ambulance wouldn’t be seen as an afterthought and it is frustrating that it adds to the waiting times and delays and hope that those views are fed back, not just through the Contract Management Board meetings.</p> <p><b>The Governing Body considered and accepted the report at Month 10.</b></p>	
42/20	<p><b>Improvement Plan Update</b></p> <p>Ms Buchan reported that, out of the agreed 76 actions, 65 actions have been recorded as completed and 11 are ongoing or in progress.</p> <p>Monitoring of the Improvement Plan actions is being undertaken by Sheffield CCG’s Programme Management Office and presented by lead Directors at the relevant Committees to provide assurance on the progress and implementation.</p> <p>Governing Body received an update on the Improvement Plan in January and good progress was noted; on this basis it was requested that the update report in March reported exceptions only.</p> <p>The final report will be submitted to the May 2020 Governing Body and enquiring what recommendations you would like to see in that paper. The proposal is that the Task and Finish Group draw up some internal performance indicators which will highlight any warning signs so that they can be combined into a performance and delivery report. The CCG has been on a journey and we need to show staff that we have listened and embed the improvements into a new performance report.</p>	

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	<p>Ms Nield commented that she welcomed the ideas and particularly valued input from Governing Body members and attendees at the staff forum. She drew the Governing Body's attention to the staff survey which has been designed to measure the areas under review and planned. Staff have had a constructive role in the design of the survey which is helpful in obtaining quality information. The Cultural Change Programme has also provided positive feedback and we want to look at what real changes have happened not just actions from the Improvement Plan.</p> <p>Ms Smith reported that, as well as the staff survey, a culture survey has been undertaken and data will form part of a Governing Body Development Session to provide soft intelligence to see if the CCG has moved forward and what areas require attention. Ms Forrest suggested it would also be beneficial to see, within the Development Session, the feedback from the Cultural Change Programme, hosted by the Pacific Institute, so that it links to the culture survey. Ms Nield responded that it is tricky to evidence some of the feedback but feel that people have valued the reports.</p> <p><b>ACTION:</b> Ms Buchan agreed to draft a report that links to the organisations values.</p> <p>The Chair reiterated that Governing Body members are invited to participate in the Cultural Change Programme.</p> <p><b>The Governing Body considered and noted the Improvement Plan update report.</b></p>	
<b>Part 4 – Reports circulated in advance for noting</b>		
43/20	<p>a) <b>Accountable Care Partnership (ACP)/Integrated Care System (ICS)</b></p> <ul style="list-style-type: none"> <li>i. ICS Chief Executive Report</li> <li>ii. Joint Commissioning CCG Progress Report – January 2020</li> <li>iii. South Yorkshire &amp; Bassetlaw 5 Year Strategy Plan</li> </ul> <p>b) <b>CCG Chair's Report</b></p> <p>c) <b>Report from the Strategic Patient Engagement, Experience, Equality Committee (SPEEEC) including the draft minutes from the meetings held on 28 January 2020</b></p> <p>d) <b>Minutes from the Joint Clinical Commissioning Committee of CCGs held on 23 October 2019 and 29 January 2020</b></p> <p>e) <b>Serious Incident Report Quarter 3 2019/20</b></p> <p>f) <b>Complaints, MP Enquiries and Patient Feedback Report Quarter 3 2019/2020</b></p> <p>g) <b>Minutes of the Primary Care Commissioning Committee held on 19 September and 21 November 2019</b> <i>(please note report was submitted to the January meeting minutes attached only for information)</i></p> <p>Ms Forrest commented that there is a large amount of information to read and digest and suggested that full minutes from Committee meetings are not included moving forward. The Chair responded that he is keen for single page reports to be included that summaries the position of the Committee meetings.</p> <p><b>ACTION:</b> Ms Garrett to feedback to the Corporate Secretariat that summary reports only are required for Committee meetings.</p>	
44/20	<p><b>To consider items of any other business</b></p> <p><b>Coronavirus</b> – Dr McMurray reported that a lot of information is being received and passed down to GP practices. He had attended a meeting today which discussed home testing, drive-through centres and plans for assessing at home. Clinicians will be available to do home assessments, with the exception of those who have the coronavirus or if they have underlying issues. Communications are being published for clinicians to inform that there</p>	

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	<p>will be a dedicated team to undertake the assessments and not for individual practices to undertake that.</p> <p>The Chair outlined that there is good assurance systems in place to monitor and respond and information is being received by the CCG which is being disseminated to system partners when required. Dr Afzal commented that triage should be 100% by telephone and queried the on-line bookings via 111. Dr McMurray commented that the 111 booking service is a NHSE contractual agreement but that discussions were happening in respect of this service, recognising that this would be kept under review as the situation developed.</p> <p>Mr Windle reported that staff internally have put their names forward for community testing which STH have expressed their thanks and 3 out of 15 members of staff have commenced training this morning.</p> <p>Dr McMurray noted that, following the cancellation of the Protected Learning Initiative (PLI), a new date will be rearranged and contact will be made for all those that had booked onto the original date.</p> <p>The Chair reported that during the next set of practice meetings the focus will be on business continuity plans and looking at how support can be provided to practices that may be struggling.</p>	
45/20	<p><b>If so determined, to exclude the public to consider business of a confidential nature</b></p> <p>No confidential business was considered at the meeting.</p>	
46/20	<p><b>Summary of Meeting: Reflections from Governing Body</b></p> <ul style="list-style-type: none"> <li>• Final sign-off of the SEND Inclusion Strategy and the importance to reflection on how organisations work differently within the health and education system;</li> <li>• GBAF noted and approved which will be provided as a more relevant framework to Governing Body moving forward;</li> <li>• Approval of the financial plan and initial budgets, recognising the risks and the system that we are working within is changing;</li> <li>• Launch of the Health &amp; Wellbeing Strategy;</li> <li>• Important update on the Coronavirus.</li> </ul>	
47/20	<p><b>Date and Time of Next Meeting</b></p> <p>The next full meeting in public will take place on Thursday 7 May 2020, 14:00–16:30, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU.</p>	

..... **Signed (Chair)**

..... **Date**

**Question from Mr Alistair Wheatley, Tranquility, to the NHS Sheffield CCG Governing Body 5 March 2020**

NAViGO over a number of years has offered a wide range of Mental health Treatments across North East Lincolnshire and they receive a number of referrals from their local CCG.. One of the treatment that NACiGO offers, which has been hugely successful is TMS (Transcranial Magnetic Stimulation) which is a non-drug based treatment which treats people with Anxiety and Depression. Over the many years of using TMS treatment the North East Lincolnshire area has seen a significantly impact in Mental Wellbeing. As this therapy is now going to be made available in Sheffield at Ponds Forge by a company called TranQuality is the CCG Board going to look into how they might be able to utilise this service?