

**Unadopted Minutes of the meeting of NHS Sheffield Clinical Commissioning Group  
Governing Body held in public on 5 November 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 Sandie Buchan (SB), Director of Commissioning Development  
Ms Amanda Forrest (AF), Lay Member (Deputy Chair)  
Professor Mark Gamsu (MG), Lay Member  
Dr Andrew McGinty (AMc), GP Locality Representative, Hallam and South  
Mr Brian Hughes (BH), Deputy Accountable Officer (up to item 143/20)  
Dr Zak McMurray (ZM), 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 (from item 139/20)  
Dr David Warwicker (DW), GP Locality Representative, North  
Mr Alun Windle (AW), Chief Nurse

**(non voting members)** Ms Cath Tilney (CT), Associate Director of Corporate Services

**In Attendance:** Ms Erin Brady (EB), Communications Specialist (on behalf of the Deputy Director of Communications, Engagement and Equality)  
Dr Trish Edney (PE), Healthwatch Sheffield Representative (on behalf of the Chair of Healthwatch)  
Ms Carol Henderson (CRH), Corporate Secretariat and Business Manager (minutes)  
Mr Richard Kennedy (RK), Involvement and Equality Manager (for item 142//20)  
Mr John MacIlwraith (JMcl), Director of People's Services, Sheffield City Council  
Ms Helen Mulholland (HM), Involvement and Equality Manager (for item 142/20)  
Mr Nicky Normington (NN), Locality Manager North  
Ms Lorraine Watson (LW), Locality Manager, West  
Mr Paul Wike (PW), Locality Manager, Central.

**Members of the Public:**

Due to technical difficulties, members of the public were unable to join the meeting via livestream on YouTube. It was agreed to send out a notification 'tweet' and upload the recording of the meeting to the website after the meeting.

\*Please see Appendix A for a Glossary of Abbreviations / Acronyms used throughout the minutes

Minute No:	Agenda Item	ACTION
129/20	<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. He especially welcomed Dr Edney, who was attending on behalf of Ms Judy Robinson, Chair of Healthwatch Sheffield, to the meeting.</p> <p>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.</p> <p>There were no apologies for absence from Governing Body voting members, except to note that Dr Sorsbie, Governing Body GP, hoped to be able to join the meeting later in the afternoon.</p> <p>Apologies for absence from those who were normally in attendance had been received from Ms Lucy Ettridge (LE), Deputy Director of Communications, Engagement and Equality, Mr Greg Fell (GF), Sheffield Director of Public Health, Sheffield City Council, Mr Gordon Osborne (GO), Locality Manager, Hallam and South, and Ms Judy Robinson (JR), Chair, Healthwatch Sheffield.</p> <p>The Chair declared the meeting was quorate.</p> <p>The Chair also advised that since the last meeting the Coronavirus situation in Sheffield had changed and continued to change significantly and, as of today, we found ourselves in the position of national lockdown. He advised that our priority remained to ensure that the people of Sheffield have fair access to high quality effective and safe services. He advised that although we had been working to provide an emergency response to the Pandemic, our teams had also been busy working on our Commissioning Intentions, which were our priorities and plans to meet the needs of the Sheffield population. He explained that under minute 137/20 Governing Body would receive those plans and hear how they join up with the plans of our partners in Sheffield City Council (SCC), hospitals, mental health and GP practices.</p> <p>The Chair also highlighted and thanked colleagues in GP surgeries across Sheffield who had rapidly adapted their ways of working during the Pandemic to ensure that people in Sheffield could still access their services whilst they were unwell. He assured members of the public that during lockdown, GPs and their practices were still open and available and that if people were suffering from illness they were concerned about, they could and should speak with their GP or the 111 service. He reminded people to be kind to the staff at their surgery whilst they were facing an unprecedented set of challenges and that, whilst they couldn't open their doors to everyone, this was to keep both themselves and their patients safe.</p>	

## **130/20 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.

## **131/20 Questions from Members of the Public**

There were no questions from members of the public.

## **132/20 Chair's Opening Remarks**

The Chair advised that he had nothing further he wished to say in addition to his comments made above.

## **133/20 Approval of Unadopted Minutes of the Previous Meeting**

The unadopted minutes of the meeting held in public on 6 August 2020 were agreed as a correct record and would be signed by the Chair at a later stage, subject to the following amendments:

### **a) Patient Safety, Quality and Experience Report (minute 117/20(e) refers)**

First sentence to read as follows:

In relation to the routes for dentistry support in care homes, the Chief Nurse confirmed that their access to dentistry support had continued during the COVID period for urgent requests.

### **b) Phase 3 Planning for 2020/21 (minute 119/20 refers)**

Explanatory note to be included at the beginning of this minute in that Commissioning Intentions are referred to as CIs throughout.

**Action: Ms Henderson, Committee Secretary**

**CRH**

**c) Patient Safety, Quality and Experience Report: Patient Safety  
(minute 122/20(b) refers)**

Second sentence of second paragraph to read as follows:

The Chief Nurse was working with the communications team on getting some key messages out to staff on the arrangements for the day.

**d) Patient Safety, Quality and Experience Report: Patient Safety  
(minute 122/20(e) refers)**

First sentence to read as follows:

The Chief Nurse explained that we have a duty to complete reviews of all deaths of people with learning disabilities by December 2020 and noted that half of those reviews were already completed and had received significant assurance we would meet that deadline.

**134//20 Matters Arising / Actions**

**a) Public Question Relating to Current Levels of Vacancies and  
Agency Staffing within Provider Services (minute 122/19 refers)**

The Deputy Accountable Officer explained that the issues around agency spend and vacancies would be picked up through the Accountable Care Partnership (ACP) Working Group, which wasn't active at the moment, but would be reported to a future Governing Body. Therefore, this action would remain open.

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

The Deputy Accountable Officer explained that this action would need to remain open as discussions were still ongoing in relation to the appropriateness of Yorkshire Ambulance Service NHS Trust (YAS) 111 bookings into primary care. This action would also be reassigned to the Director of Commissioning Development to provide an update to Governing Body in January.

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

This action was recommended for closure if Governing Body approved the CIs at today's meeting (minute 137/20).

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

This action was complete and recommended for closure.

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

This action was complete and recommended for closure.

**f) Standards of Business Conduct and Conflicts of Interests Policy and Procedure (minute 97/20 refers)**

The Associate Director of Corporate Services advised that all Governing Body voting members had returned a signed statement confirming they understood and were committed to the legal and regulatory framework. This action was therefore complete and recommended for closure.

**g) Future Sponsorship Proposals Over £5k (minutes 99/20 and 116/20 refer)**

The Chair advised that as conversations relating to an ethical framework for future sponsorship proposals were still taking place, the first action remained open.

He confirmed that he had met with a member of the Medicines Optimisation Team to discuss and look at some NHS England (NHSE) guidance around working with the pharmaceutical industry. This was being translated and deciphered as what that might mean for us as a CCG and would be brought back to a future Governing Body development session. Therefore this action remained open.

**h) CCG Response to the COVID-19 Pandemic (minute 100/20 refers)**

The Deputy Accountable Officer advised Governing Body that as Ms Ettridge, Deputy Director of Communications, Engagement and Equality was unable to attend today's meeting, the first action relating to obtaining information on swab testing being made available to voluntary sector staff would be deferred to the next meeting and therefore remain open.

The second action was complete and recommended for closure.

**i) Month 3 Finance Report (minute 103/20 refers)**

The Director of Finance suggested that this action to arrange a masterclass for Governing Body to look at how we work creatively and innovatively be picked up in a future development session. Therefore, this action could be recommended for closure.

**j) Reflections from the Last Meeting (minute 110/20 refers)**

The Chair was recommending this item for closure as some of the comments from the August Governing Body meeting had been taken into the development session in October and others would be picked up as part of the development session discussion taking place in private later in the afternoon.

**k) Patient Story (minute 118/20 refers)**

This action was complete and recommended for closure.

**l) Phase 3 Planning for 2020/21 (minute 119/20 refers)**

All five actions were complete and recommended for closure.

**m) Month 4 Finance Report (minute 120/20 refers)**

The two actions were complete and recommended for closure

**n) Performance and Delivery Report (minute 121/20 refers)**

All eight actions were complete and recommended for closure.

**o) Patient Safety, Quality and Experience Report: Patient Safety (minute 122/20 refers)**

The Chief Nurse advised Governing Body that he was working with one of the current members of staff to fit the new Patient Safety Specialist role in with their current role. He advised that his proposed approach had been approved by NHS England / Improvement (NHSE/I) in that he would be utilising additional quality review managers within the CCG also to roll out what this post might be. He was therefore recommending this action for closure.

Governing Body agreed that all actions recommended for closure could be closed.

**135/20 Patient Story**

The Chief Nurse introduced this item. He presented a young carer's story of how they were coping during COVID.

The young carer reported that she was one of five children and cares for her older sister who has chronic epilepsy and learning disabilities and has to help her in her daily life. Her father also has some health problems and so has been working full time from home during lockdown. As two of her family have health conditions and therefore are at risk of becoming seriously ill if they contract COVID, all members of the family have been shielding and adhering to lockdown regulations. They have had carer support but because of COVID this has lessened. Her brother has come home from University to study which he's finding it hard to do. COVID is always on her mind and she explained that she has lost eight family members in Pakistan due to the virus.

The Chief Nurse thanked the individual for being able to share her story with Governing Body. He added some context to the story in that she had described how she had attempted to cope, as a young carer, during COVID and also in her attempt to progress with her education. He explained that there was an untold story of COVID / non-COVID where young carers play a significant part of caring for people in the community and the resources to support them are vital. He highlighted that, although he hadn't completely validated this claim, there were more registered young carers in the United Kingdom than there were registered nurses, but these figures didn't include the number of carers we weren't sighted on. He explained that he would be sharing the

recording of today's Governing Body meeting with the Young Carers' Forum and on behalf of Governing Body would also thank the young carer who had agreed to share her story with them today.

**Action: Mr Windle, Chief Nurse**

**AW**

Ms Forrest, Lay Member, reminded Governing Body that Sheffield Young Carers voluntary organisation was a specialist organisation in the city that supported young carers, and was a good organisation to direct young people to and could provide contact details on request.

Professor Gamsu, Lay Member, commented that it was a story that was an affirmation that reminds us of the importance of why we and Sheffield City Council (SCC) are joint commissioners in the city.

### **136/20 Proposed Schedule of Governing Body Meetings 2021/22**

The Associate Director of Corporate Services presented this report which sought Governing Body's approval of the proposed schedule of Governing Body meetings and strategic development sessions to be held in 2021/22. She explained that it was proposed to use the same approach as in previous years and that meetings would be held virtually until the option to safely hold them at 722 Prince of Wales Road again, returned.

Governing Body:

- Approved the proposed dates for Governing Body meetings to be held in public in 2021/22.
- Approved the proposed dates for Governing Body strategic development sessions in 2021/22.
- Requested that all dates be posted to diaries and dates for the meetings in public be published on the CCG's website in due course, to enable members of the public to plan to be able to join meetings.

**Action: Ms Henderson, Committee Secretary**

**CRH**

### **137/20 NHS Sheffield CCG Revised Operational Plan, including Commissioning Intentions (CIs)**

The Director of Commissioning Development presented this report. She reminded members that she had presented the plan and CIs to them in February and March but, due to the Pandemic, had needed to review them to make sure they were still fit for purpose, were still the CCG's priorities, and included the areas we now needed to prioritise due to COVID. She drew members' attention to the key highlights in her report and presentation.

Since the paper was written things had changed and we were now in national lockdown and Wave 2 of the Pandemic. The plan still detailed what we wanted to do for the remainder of 2020/21, the requirements of the Phase III letter, our Commissioning Intentions (CIs), and we continued to work with our colleagues in Sheffield in what we wanted to drive forward, how we work with secondary and primary care, and also how we wanted to continue to support our staff. The plan identified the need for us to adapt and flex what we want to deliver in the Pandemic

going forward.

She highlighted that the CCG's vision remained the same and we have worked with our partners to understand the challenges we have faced as a city and these were detailed in the plan. She explained that during the past few months all organisations in the ACP had been working closely together and had developed a number of key priorities that would play a key role for our system work and these were detailed in the plan as seven near term priorities. We'd also worked with SCC to develop some joint commissioning priorities. The plan also detailed our response to COVID in terms of what we had done in terms of engaging our population, what we wanted to do to tackle health inequalities, and what had happened during the Pandemic. The plan also included our Commissioning Intentions, which were aligned to the challenges we'd worked up. She explained that in all of this we had gone through a rigorous process, bearing in mind that things had changed and would continue to change. Recognising this, she was asking Governing Body to approve the plan at this point in time.

Governing Body raised and discussed the following issues.

Ms Nield, Lay Member, acknowledged the work that had gone on and the different emphasis on some of the challenges. She was particularly pleased to note that the learning from COVID had strengthened our resolve to tackling health inequalities looking at the greatest need. The link with communities and the voluntary sector and COVID was particularly important, as was the forward view about how we could manage this and what else we might need to change in our existing structure.

Ms Forrest, Lay Member, referred to the section about restoring services and building resilience in relation to dementia and the mental health team producing seven bite size training films on different topics for health professionals. She asked how relevant these would be to unpaid carers, as a lot of the caring especially during COVID had been maintained by family members. If we weren't sure, she asked how we were going to support them to carry on caring. The Director of Commissioning Development agreed to take this back to the team to clarify if those films could be aligned and connected with the carers and if not what we can do in relation to work we are doing with them already.

**Action: Ms Buchan, Director of Commissioning Development**

**SB**

The Director of People's Services, Sheffield City Council (SCC) welcomed the report which evidenced the ever increasing alignment of the conversations between the CCG and SCC, and he commented that we would see the genuine impact of that having an impact on our communities, especially addressed the health inequalities that were referred to. He also advised that those voluntary and community sector and Black, Asian and Minority Ethnic (BAME) communities were asking both organisations to continue to work with them in a more enhanced way and it was about building that social capital across the communities.

Professor Gamsu commented that the report read quite differently to some of the CIs papers presented in previous years, with this one feeling more grounded and relevant to Sheffield, which was a positive step



forward. The challenge to Governing Body was practically what is it we are doing and how can we demonstrate it against the actions we are taking?

Dr Edney, Healthwatch Sheffield representative, commented that the paper talked about addressing inequalities and unhealthy lifestyles and poverty, but we may need to revisit it soon as unfortunately we would have many more people unemployed soon which would lead to an increase in inequalities.

Dr Afzal, Governing Body GP, welcomed the paper. He asked about the closer working relationships we have with other health and social care organisations and how we were working together with SCC to provide services to patients as a whole package. He related a story of a lady who was currently looking after her elderly mother who had been cared for by carers coming in four times a day but, as the carers were having issues with workforce due to the Pandemic, the lady decided to move her mother in with herself so she could look after her. The issue was that she advised the relevant bodies that she would look after her mother herself for a short time to which she was told that if she did that then the whole care package would be cancelled and she would have to rearrange things again. This lady had also told Dr Afzal that she had heard similar stories from other people. He asked if someone could look at this.

The Chair responded that he wasn't sure if we would have a definitive answer before the next Governing Body meeting and suggested Dr Afzal pick this up with the Deputy Accountable Officer and Director of People's Services, SCC outside of the meeting. Ms Forrest also commented that carers have rights as well and we needed to be mindful of their perspective in any discussions like this.

**Action: Mr Hughes, Deputy Accountable Officer, Dr Afzal, Governing Body GP, Mr MacIlwraith, Director of People's Services, Sheffield City Council**

**AA/BH/  
JMaci**

Professor Gamsu commented that this issue and voices that struggle to be heard was discussed at that the October Strategic Patient Engagement, Experience and Equality Committee (SPEEEC) meeting and had agreed that it was an issue for us when people were struggling to be heard. He suggested that it might be worth taking this issue back to the committee to make sure we were working systematically.

The Chair reminded Governing Body that they were being asked to approve the plan and the detailed priorities underneath that plan, recognising there was still work to do within our system and the need to adapt and flex our plan in response to feedback Governing Body had heard, and the ongoing challenges we face as we move through COVID.

Governing Body approved the revised Operational Plan and the detailed priorities for the remainder of 2020/21, whilst acknowledging that the plan would flex and adapt alongside the changing landscape of the NHS.

The Chair asked the Director of Commissioning Development to feed back Governing Body's thanks to all those involved in producing the report and that it needed to be recognised this was a substantial piece of work that our staff had managed to progress, working in partnership with

other organisations and during the challenges of the Pandemic.

**Action: Ms Buchan, Director of Commissioning Development**

**SB**

## **138/20 Updated Financial Plan for 2020/21**

The Director of Finance presented the key highlights of the updated Financial Plan for 2020/21. She reminded Governing Body that they had approved the original plan on 5 March but subsequent to that the whole financial environment of the NHS had changed in light of COVID. As we move into second part of the financial year from October to March we had been given a revised financial envelope and, as a system across South Yorkshire and Bassetlaw (SYB), there were some additional resources allocated. She reported that agreement had been reached as to how that funding would be distributed across the different organisations and she had given an update to Governing Body in private in October on the key issues around that.

She advised Governing Body that we had been required to submit our plan for the last six months of the year on 22 October, and as previously discussed with Governing Body, that that plan had shown a balanced financial position but recognised that it was based on a significant level of assumed delivery, and it highlighted a number of financial risk for which we have no mitigations. She commented that it was clear that the level of challenge for the remainder of the year would need to be closely monitored, which would be a significant area of focus for the Senior Management Team (SMT) and finance team in particular.

She explained that the ask of Governing Body was to approve the revised plan, recognising that it was built up in two parts, with Months 7 to 12 built on a fixed financial envelope, and there continued to be a range of financial risks.

Ms Morris, Lay Member, noted that the plan had been produced before the current announcement of lockdown and there was an expectation that things may change again at short notice. The Director of Finance explained that when she had started writing the report she hadn't known how the position would change and that it gave us more financial pressures so we would need to mobilise our response to deal with the situation as it changes. She would continue to flag that through the SYB Integrated Care System (ICS) and regional and national teams.

The Director of Finance also explained that as we move back into Command and Control, in the first period of Command and Control there had been a lot of information that CCGs had had to respond to and there was probably still an expectation that we would receive more of that guidance through the coming weeks but, if there wasn't, we would need to prepare for what our local circumstances are. However, our priorities at the moment included primary care resilience and workforce pressures especially and what we needed to put in place to support that.

With regard to the Mental Health Investment Standards she explained that we continued to make the commitments that we need to make even though this caused us a financial pressure and continued to monitor the changing needs as the situation develops. The Accountable Officer also explained that we continued to prioritise our investment and commitment

to front line services which was important to note. She advised that, as Governing Body signs off this plan for months 7 to 12 we were working within a financial envelope. We would continue to follow up a number of anomalies that ranged from Continuing Healthcare (CHC) to Mental Health Investment Standards to prescribing. Governing Body needed to recognise they were signing off a plan at this point in time where it was difficult to understand the audit trails between our expectations as to what our likely spend was and the allocation we had. All this left us with a more difficult financial challenge than we had faced in previous years, but this wasn't a reflection of our ability to how we manage our resources and was just the position the NHS finds itself in at this time.

In response to a question from Ms Forrest about eligibility for continuing health care funding in light of the national allocation and the calculations for us, the Director of Finance gave assurances that our forecasting was based on people needing that care and their eligibility and so it shouldn't be a risk that they wouldn't be funded. She also explained that where possible we were trying to get people back in their own homes and to put their CHC support in place and access their ongoing needs. However, we would continue to monitor and keep this under constant review and she would keep Governing Body updated on the evolving situation.

Governing Body:

- Considered the key risks and issues to the delivery of the financial plan for Months 7- 12.
- Approved the revised 2020/21 budgets as set out in Appendices A and B.

Dr Sorsbie, Governing Body GP, joined the meeting at this stage.

## **139/20 Month 6 Finance Report**

The Director of Finance presented this report which provided an update on the financial arrangements in place for the period April to September 2020 and the financial position at Month 6. She advised that she didn't have anything further to highlight except to say that we expected to receive an allocation that covered the totality of the costs outlined in her report. She explained that NHS England / Improvement (NHSE/I) were undertaking a more rigorous audit of costs in Month 6 than in previous months but didn't expect that that would impact on any of the figures reported, although it was a small risk.

Dr Sorsbie asked about page 6 that reported on collaborative working and the £0.5m costs incurred as a result of the CCG hosting the ICS and ACP and she asked if these were shared across the partner organisations. The Director of Finance explained that because of the arrangements for Months 1 to 6 we could receive retrospective top ups for the costs we had incurred and it was easier for us to take all these costs through Sheffield CCG, as host, and claim back that retrospective top up for that funding cost. In Months 7 to 12 any financial risks in relation to the ICS or ACP would be shared amongst partner organisations.

Governing Body:

- Noted the CCG's year to date spend for Months 1 to 6.
- Noted there was an expectation that retrospective funding would

continue to be received for COVID and non-COVID additional expenditure for September.

## **140/20 Patient Safety, Quality and Experience Report**

The Chief Nurse presented this report and highlighted the following key issues.

### **a) Safeguarding**

The CCG provided support to both commissioned and non-commissioned providers if they're in the Sheffield patch but sometimes it was difficult gaining assurance from our providers due to the current situation but reported that they were doing a fantastic job in providing us with assurances. He explained that we were currently seeing a large number of safeguarding adult reviews in Sheffield and an increase in the number of domestic violence cases which we working on with providers in respect of education and support and identifying such cases. Governing Body and the Quality Assurance Committee (QAC) had previously received a report that highlighted the work the fantastic work the safeguarding team had done to support primary care. He advised that although most of that had been stood down, part of the work to support fostering panels so that fostering could go ahead, continued.

The Chief Nurse advised Governing Body that Ms Sue Mace, the CCG's Designated Nurse for Looked After Children and Young People was retiring in November. He highlighted the exceptional work she had provided to ensure that children and young people were safe and to support the adult agenda. He explained her retirement would leave the team with a significant gap moving forward but recruitment to the post was currently underway.

Ms Forrest highlighted that there was an issue about health assessments for Looked After Children (LAC) and delays in children being referred to get their assessments which meant that timescales weren't being met. The Director of People's Service, SCC advised that this had been picked up as an action at the Children's Improvement Board.

### **b) Serious Incidents (SIs)**

The Chief Nurse explained that COVID had reduced our ability to gain assurance to be able to close SI reports. However, the team had continued to do a fantastic job, ensuring that where an SI was reported we seek initial feedback to ensure there was no impact on the individual. Referring to page 4 of the report there appeared to be large numbers of reports ongoing but he assured Governing Body that they continued to be monitored by our team and the Trust's team and explained that it was purely the Trust's ability to write the report within the time required. His thoughts were that whilst staff are being pulled forward to support front line services, the number of outstanding reports would increase.

### **c) Infection Prevention and Control (IPC)**

The IPC team was supporting a wide range of providers, including the wrap around services, in relation to winter planning and IPC training and outbreak management.

d) Care Homes

The Chief Nurse reported on the exceptional amount of work going on within the team to support care homes. With regard to visiting, both for families and the cared for individual, this was high on both the national and local agendas, and checklists were being developed with an approach for the homes to go through. He reported that as a whole we were in changing guidance and he suggested that it might be worthwhile if he worked with his team and SCC to provide a bespoke overview to the next Governing Body in terms of the work that was being undertaken.

**Action: Mr Windle, Chief Nurse**

**AW**

The Director of People's Services, SCC, described the extensive amount of work undertaken across the CCG and SCC in relation to care homes support and visiting, training, employment of additional staff, infection control arrangements and the integrated joined up approach.

The Deputy Accountable Officer suggested that Ms Jennie Milner, Head of Integration for NHSSCCG / SCC Better Care Fund (BCF), be invited to attend Governing Body in December to update Governing Body on the support the CCG has given to the care home sector.

**Action: Mr Windle, Chief Nurse**

**AW**

e) Continuing Healthcare (CHC)

Although we continued to achieve the pathway we set out to achieve on 1 September, there was slippage in some areas due to the availability of obtaining patient records, and fortunately this wasn't impacting on the care people were having. The situation in the upcoming lockdown period would be monitored and reported back to Governing Body.

**Action: Mr Windle, Chief Nurse**

**AW**

f) Patient Experience

Although reporting had been reduced as it wasn't required to be reported during COVID, the Quality Manager Patient Experience had been able to provide a significant amount of information on feedback from patients. Dr Sorsbie welcomed this work and reported that she had spoken to the Quality Manager about how they could further develop that in terms of getting further feedback from patients around primary care services. She commended the piece of work the Quality Manager was doing to signpost people to an online questionnaire and reported on the piece of work they were undertaking in respect of the challenges to how people could access information if they didn't have access to IT and about what would work well for people with hearing difficulties to shape what that might look like.

g) Learning Disabilities Mortality Review (LeDeR) Process

This process was providing the CCG with some exceptional learning in relation to previous deaths within the learning disability field and on how we could move forward to change our commissioning and contracting in these health inequalities.

Ms Forrest, Chair of the Quality Assurance Committee (QAC), advised Governing Body that most of these issues were reviewed in the monthly QAC meetings and there would be an in-depth discussion at QAC in December on the lessons learned from the LeDeR review and what we could do as commissioners to improve outcomes for people with learning disabilities.

Dr Edney highlighted that virtual consultations would make it difficult for the annual physical checks for people with severe mental illness and learning disabilities to happen. She reported that a questionnaire was being produced which had caused considerable concern amongst the Learning Disabilities Partnership Board the previous week as it was very lengthy and difficult to understand. Dr Sorsbie confirmed that this questionnaire had been discussed at the City-wide Locality Group (CLG). The Director of Commissioning Development advised that she would discuss this with Dr Edney and Dr Sorsbie outside of the meeting especially considering that it was part of the Phase III requirements and therefore part of the CCG's plans.

**Action: Ms Buchan, Director of Commissioning Development / Dr Sorsbie, Governing Body GP / Dr Edney, Healthwatch Representative**

**SB/LSo/  
PE**

The Chief Nurse was asked to pass on thanks from Governing Body to Ms Mace and to the Quality Team for stepping up their reporting to the QAC on a monthly basis. The Chair also thanked Governing Body GPs who wouldn't normally be part of the QAC for their input to that committee since the start of the Pandemic.

**Action: Mr Windle, Chief Nurse**

**AW**

Governing Body received and noted the report.

## **141/20 Performance and Delivery Report**

The Associate Director of Corporate Services presented this report which updated Governing Body on key performance measures linked to the providers in the context of COVID, and performance and experiences of our staff, and COVID. She highlighted three key areas:

- a) COVID Impact on Elective Services: Services had restarted but with a lot of pressures on the service, however, hospitals had a number of plans in place to mitigate the risks to these.
- b) 52 Week Waits: As at the end of August there were 178 patients waiting more than 52 weeks for treatment, which compared favourably to other areas from local and similar providers. As requested at the last meeting, figures for 52 week waits had been broken down into specialties, with plastic surgery and orthopaedics showing they were at the higher end for long waits. The report included more information on how the waiting list was being validated and managed.
- c) Learning from the Impact of COVID on Staff and how we had Embedded the Learning: The Associate Director of Corporate Services thanked staff for completing the temperature check survey over the

past few months. She explained that this information was being used at lots of levels within the organisation to inform the work they were doing plus the communication we have with staff which is brought into the staff briefings.. Members of the COVID Learning Group would be giving a presentation on staff stories to Governing Body in the private session. Learning had also been built into the Command and Control structure which was stepping up again from today

In response to a question from Professor Gamsu about the final graph which it said was based on registered deaths and Sheffield was recording an average of no deaths per day based on the previous seven days, the Associate Director of Corporate Services advised that she could clarify the detail of this, noting that that data was as at 8 October so the situation would have moved on a lot since then.

**Action: Ms Tilney, Associate Director of Corporate Services**

**CT**

Dr Philip, Governing Body GP, asked if there were any plans or mitigations to help with the possibly significant emotional toll on patients that had been waiting for treatment or care for a long time. The Accountable Officer explained there was a systematic approach being taken across SYB which was moving ahead in relation to clinical prioritisation of patients as we tried to recover the position, which included trying to make use of all the capacity available to us including the independent sector. The Director of Commissioning Development explained that we were working very closely with our provider colleagues to look at the urgent need of our patients, and making sure there was a system response to this. Dr Sorsbie reported that the CLG was looking at how to expedite appointments when a patient's clinical need had changed and that priority needed to be based on that need. The Medical Director also advised that work was taking place with the trust consultants to go through referrals for patients that might be waiting for a first response.

The Chair asked the Associate Director of Corporate Services to thank the members of staff that had contributed to the report, particularly in response to the request from Governing Body at the last meeting.

**Action: Ms Tilney, Associate Director of Corporate Services**

**CT**

Governing Body:

- Noted Sheffield performance on delivery of the NHS Constitution Rights and Pledges.
- Noted key issues relating to the CCG workforce and their views and experiences.
- Noted the position statement regarding COVID-19.

## **142/20 Progress on Inequality**

Mr Richard Kennedy and Ms Helen Mulholland, Involvement and Equality Managers, were in attendance for this item.

The Deputy Accountable Officer introduced this item and presented information that reflected the progress in response to the question about what we had done and where we had got to in terms of tackling inequalities. He explained that the Involvement and Equality Managers

had pulled together the information presented today and highlighted the following in the presentation.

First, he wanted to focus on racial inequalities and bring in some examples of what we had been doing. He reported on the Black Lives Matters work which had started our campaign over the summer and to turn that wider into our approach and what we would do as an organisation in terms of tackling health inequalities and identifying those most at need. He would also be working with our partners in terms of engaging with that. He reminded members that it was their responsibility for continuing to drive and take this work forward as our equality legal duties could only be discharged at Governing Body. He explained that through COVID we had noted the disproportionate impact on our disadvantaged groups and there were opportunities to make positive strides to reduce inequalities and the work to address this needed to be accelerated.

The practical steps we had taken organisationally included the work we had done on our equality structures within the organisation, the Quality and Equality Impact Assessment Policy that had been agreed, Black History Month and the statement of intent we had put out for that, our race equality commission submission which was now live across the city, and some practical things around our flu vaccine campaign with our harder to reach communities to try and increase the uptake. With our partners in the ACP and the ICS it was looking at framing our commitment to our communities.

The organisation needed to consider three key questions: What is the CCG strategic vision for reducing inequalities for communities from minority ethnic backgrounds; What impact do we need to have for people, including our staff; What are our short, medium, and long term strategic aims and objectives on this agenda?

He highlighted the statement that came out of the Black Asian, Minority Ethnic (BAME) Communities Group meeting held earlier in the day that there was a deficit of trust and relationships but we were making some progress although still have a journey to go on. The second key message was what impact we were going to have and we needed to get on with making that difference. He reported that it had been a strong conversation and as a collective they were wanting those conversations with the CCG and SCC.

Ms Mulholland commented that it was about acknowledgement of the journey we were on, and talking to that BAME groups earlier they noted that progress was being made, we had been thanked for the work we were doing around flu and the funding we had put into the city in relation to that although there was still a long way to go and was obviously an agenda that we needed to make strides forward on. She also reported that there was a great will within staff, with a lot of them keen to get involved in this agenda and thanked their goodwill and passion for wanting to take this forward.

The Director of People's Services, SCC, welcomed the update and commented that we were starting to pull things together and starting to achieve our aspirations but needed to get on with making that difference and it would be progressed more quickly than it currently was. He



commented that it was a strong conversation earlier and they wanted conversations with both organisations as well as the whole ACP and we had that chance now.

Professor Gamsu suggested that it would be helpful if Governing Body had sight of our race equality submission that had already been shared with SPEEEC. He suggested that as a city as we move forward we would need to produce a more co-produced shared view of inequalities and needed to make sure that the equality / inequality agenda was maintained.

**Action: Mr Hughes, Deputy Accountable Officer**

**BH**

The Deputy Accountable Officer advised that he would also circulate his presentation and ensure it was sent to Healthwatch and to Dr Edney.

**Action: Mr Hughes, Deputy Accountable Officer**

**BH**

Governing Body received and noted the update and presentation.

The Chair thanked Mr Kennedy and Ms Mulholland for their update and for attending the meeting.

The Deputy Accountable Officer left the meeting at this stage.

**143/20 Accountable Officer's Report / Integrated Care System (ICS) / Accountable Care Partnership (ACP) Update**

The Accountable Officer advised that, due to updates provided throughout the meeting, there was nothing further she wished to report except to say that we were moving in such a rapidly changing world that papers become outdated by the time they are presented to Governing Body.

She explained that we were working with partners across South Yorkshire and Bassetlaw (SYB) and the ACP as we had now gone back into a National Command Structure in light of the Level 4 NHS incident, but before that all our organisations were setting their minds to 'restore' and considering what our vision was for that future reset world.

**144/20 Reports Circulated in Advance for Noting**

The Governing Body formally noted the following reports:

- a) ICS CEO Report (to support main agenda item 15 (oral update)**
- b) Chair's Report**
- c) Report from the Audit and Integrated Governance Committee (AIGC)**

In response to a question from Dr Sorsbie, Governing Body GP, Ms Morris, Lay Member and Chair of the AIGC, drew members' attention to section 2.3 which explained that the audit by 360 Assurance on specific actions that had been implemented from the 2014/15 Health Inequalities Action Plan had received a Limited Assurance Opinion. This was due to insufficient assurance that risk management activities and controls were being effectively managed during the period under review. She proposed discussing this with Dr Sorsbie outside of the

meeting with a view to it being reviewed at the Inequalities Working Group that Dr Sorsbie was a member of.

**Action: Ms Morris, Lay Member / Dr Sorsbie, Governing Body GP AM/LSo**

The Director of Finance explained that the Deputy Accountable Officer was sighted on the report and the lessons learned, particularly about how the audit had been framed.

**d) Report from the Primary Care Commissioning Committee (PCCC)**

Dr Sorsbie highlighted a typing error in section 2.4 relating to patients not receiving the services they deserved as health inequalities had been exacerbated due to COVID

**e) Report from the Quality Assurance Committee**

**f) Report from the Strategic Patient Engagement, Experience, Equality Committee**

**g) NHS Sheffield CCG Annual Audit Letter 2019/20**

**h) Temporary Consolidation of some Paediatrics Activity at SCHFT**

**145/20 Any Other Business and Reflections from the Meeting**

**Ms Forrest, Lay Member**

The Chair advised that it was Ms Forrest's last meeting of Governing Body being held in public as she would be retiring from the CCG when her tenure ended in December. On behalf of Governing Body he wished Ms Forrest a happy retirement and thanked her for her support, expertise and commitment, both in her role as the CCG's Deputy Chair and in her role as Chair of the Quality Assurance Committee. He commented that she had been a critical friend and had been relentless and passionate about bringing the public voice to everything we do, and had always been a staunch advocate of the Voluntary, Community and Faith (VCF) sectors, and carers and the important role they have to play. She had been a friend, mentor and a wise counsel and had never been afraid to provide constructive challenge where it was due or needed.

Ms Forrest thanked Governing Body for their kind words and responded that she had enjoyed being a Lay Member at the CCG and wished everyone all the best, especially during such a difficult time.

There was no further business to discuss this month.

**128/20 Date and Time of Next Meeting**

The next full meeting of the Governing Body held in public would take place on Thursday 14 January 2021 2.00 pm (details to be confirmed)

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

## **Appendix A: Glossary of Abbreviations and Acronyms**

ACP	Accountable Care Partnership
AIGC	Audit and Integrated Governance Committee
BAME	Black, Asian, Minority Ethnic
BCF	Better Care Fund
CCG	Clinical Commissioning Group
CIs	Commissioning Intentions
CHC	Continuing Healthcare
CLG	City-wide Locality Group
IPC	Infection Prevention and Control
ICS	Integrated Care System
LAC	Looked After Children
NHSE	NHS England
NHSE/I	NHS England / Improvement
PCCC	Primary Care Commissioning Committee
QAC	Quality Assurance Committee
SMT	Senior Management Team
SI	Serious Incidents
SCC	Sheffield City Council
SYB	South Yorkshire and Bassetlaw
SPEEEC	Strategic Patient Engagement, Experience and Equality Committee
VCF	Voluntary, Community and Faith
YAS	Yorkshire Ambulance Service NHS Trust