

**Chair's report**

**Item 13a**

**Governing Body meeting**

**1 May 2014**

This report summarises the business that I have conducted on behalf of the CCG during April.

My work with city-wide partners this month included attendance at the Sheffield Executive Board and the State of Sheffield Seminar which outlined the findings of the State of Sheffield 2014 report and indicates that although Sheffield remains resilient in response to the impact of austerity and the recession, it also faces major challenges in 2014 and the coming years.

As part of my national work, I attended a meeting of the NHS Clinical Commissioners (NHSCC) Leadership Group and a meeting with the Secretary of State for Health.

Closer to home, work continues around the South Yorkshire and Bassetlaw "Working Together" programme and I attended a further meeting of the paediatric workstream which I am CCG clinical lead for. It has been agreed that a joint meeting of providers and commissioners will be held quarterly to take this agenda forward. In addition, the CCGs have now agreed that a Clinical Reference Group will be formed to oversee the programme and ensure primary care input into the programme is adequately captured.

As Governing Body members will be aware, an OD session was held on 10 April to discuss the impact of decision making and the legal role of Governing Body members. An evaluation of the session is currently being undertaken.

At the time of writing, NHS Sheffield CCG 1<sup>st</sup> Year Celebration and the Members' Council meeting are due to take place on 30 April and I would encourage Governing Body members to attend both these events.

I am happy to answer any questions or provide further information on any of the above points.

Dr Tim Moorhead  
Chair, NHS Sheffield Clinical Commissioning Group  
April 2014



## **Accountable Officer's Report**

Item 13b

### **Governing Body meeting**

**1 May 2014**

#### **1. Commissioning Support Unit**

All staff transfers have now taken place and Medicines Management and the Primary Care Development Nursing Team are now employed by the CCG. The staff have had development time to review the work programme for the year.

The alliance arrangements across the four Commissioning Support Units (CSUs) that were described previously have developed further. Rather than pursue an alliance of four CSUs, the South and West Yorkshire and Bassetlaw CSU is now creating an alliance with the North Yorkshire CSU. Further work will be undertaken as the CSUs respond to the Lead Provider Framework. It is likely more changes will take place over the coming months and we will keep Governing Body up to date with these as they occur. It should be noted that the current relationship with the senior team at the CSU is very positive and we are appreciative of their efforts to keep us up to date with developments.

#### **2. CCG Core Cities**

As we have described before, Tim Moorhead and I, along with Katrina Cleary, attend the CCG Core Cities network. The last event was in Liverpool and as well as getting briefed on the work of Liverpool CCG, we considered the next steps for the network, particularly in representing the city issues nationally. We agreed to set out some proposals for consideration and, in particular, we wanted to consider the role of CCGs in a co-commissioning role with NHS England for primary care. Core City CCGs are working hard to increase out of hospital services which rely on strong primary and community services. We feel that there is an opportunity, which would be welcomed by NHS England, to better develop a commissioning approach for primary care set in the wider city health and care strategies.

#### **3. Yorkshire and Humber Chief Executive and Accountable Officer Meeting**

I attended the first meeting, since the new commissioning arrangements, of the Provider Chief Executives and the CCG Accountable Officers. This event was requested by both CCGs and Providers as an opportunity to review the planning round, the development of the Academic Health Science Network and the Clinical Senate. The event was well attended and likely to become a quarterly meeting.

Ian Atkinson  
Accountable Officer  
April 2014



**Commissioning Executive Team (CET)  
and Planning and Delivery Group (P&DG) Update**

Item 13c

**Governing Body meeting**

**1 May 2014**

Author(s)/Presenter and title	Ian Atkinson, Accountable Officer
Sponsor	Ian Atkinson, Accountable Officer
<b>Key messages</b>	
<ul style="list-style-type: none"> <li>• Agreed the approach for designation of “continuity of health care services” national requirement from Monitor. The approach will be a clinically based, portfolio driven one.</li> <li>• Discussed and made recommendations around the commissioning of Mental Health transition services.</li> <li>• Agreed to non-recurrently fund a 12 month pilot to test the impact of Emergency Department led care plans to reduce A&amp;E attendance and admissions for the most frequent users of the service.</li> </ul>	
<b>Assurance Framework (AF)</b>	
<p><b>Assurance Framework Number:</b> 1.3, 4.1, 4.2, 4.5</p> <p><b>How does this paper provide assurance to the Governing Body that the risk is being addressed?</b></p> <ul style="list-style-type: none"> <li>• Improved patient experience and access to care</li> <li>• Ensuring sustainable, affordable, health care systems</li> </ul> <p><b>Is this an existing or additional control;</b> Existing</p>	
<b>Equality/Diversity Impact</b>	
<p><b>Has an equality impact assessment been undertaken?</b> No</p> <p><b>Which of the 9 Protected Characteristics does it have an impact on?</b> There are no specific issues associated with this report.</p>	
<b>Public and Patient Engagement</b>	
None required.	
<b>Recommendations</b>	
The Governing Body is asked to note the update.	

## **Commissioning Executive Team (CET) and Planning and Delivery Group (P&DG) Update**

### **Governing Body meeting**

**1 May 2014**

#### **1. Introduction**

This paper sets out the current key issues being addressed by the CET and the P&DG and provides a forward look to potential commissioning issues that will need to be addressed or will be subject to further work and involvement of the committee.

##### **1.1 Commissioning Executive Team (CET)**

- Agreed the approach for designation of “continuity of health care services” national requirement from Monitor. The approach will be a clinically based, portfolio driven one.
- Reviewed the revised approach to the role of the clinical director in supporting the Clinical Reference Group.
- Discussed and made recommendations around the commissioning of Mental Health transition services.
- Approved the principles for the Quality Improvement Scheme for Primary Care.

##### **1.2 Planning and Delivery Group (P&DG)**

- Recommended that Governing Body approve proposed changes to Domiciliary Care for Patients eligible for continuing healthcare, subject to discussions with the Local Authority
- Portfolios and teams to link in with Susan Hird, Public Health Consultant, regarding work undertaken to prevent deaths from causes amenable to healthcare
- Agreed to non-recurrently fund a 12 month pilot to test the impact of Emergency Department led care plans to reduce A&E attendance and admissions for the most frequent users of the service.
- Agreed final evaluation of the business plan objectives for Quarter 4
- Discussed programme management and cross portfolio working, agreeing clear processes required for delivery of projects

#### **2. Recommendation**

The Governing Body is asked to note the report.

Ian Atkinson  
Accountable Officer  
April 2014

**Audit and Integrated Governance Committee  
Unconfirmed minutes of the meeting held on 27 March 2014  
Boardroom, 722 Prince of Wales Road**

**Item 13d**

**Present:** John Boyington CBE, Lay Member (Chair)  
Amanda Forrest, Lay Member  
Dr Andrew McGinty, CCG GP  
Dr Leigh Sorsbie, CCG GP (from item 41/13 onwards)

**In Attendance:** Carol Henderson, Committee Administrator, NHSSCCG  
Tony Moore, Senior Quality Manager (for item 10/14(v))  
Julia Newton, Director of Finance, NHSSCCG  
Clare Partridge, Director, KPMG  
Gary Roe, Local Counter Fraud Specialist, 360 Assurance  
Janet Siddall, Finance Lead – Corporate Finance and Financial Governance, W&SY&B CSU  
Linda Tully, Company Secretary / Head of Corporate Governance, NHSSCCG  
Kevin Watkins, Associate Director, 360 Assurance  
Linda Wild, Engagement Manager, KPMG (from item 07/14(ii))

Minute		ACTION
01/14	<p><b>Apologies for Absence</b></p> <p>Apologies had been received from Suzie Paradine</p>	
02/14	<p><b>Declarations of Interest</b></p> <p>There were no declarations of interest.</p>	
03/14	<p><b>Minutes and Matters Arising of the meeting held on 12 December 2013</b></p> <p>i) <u>Accuracy</u></p> <p>The minutes of the meeting held on 12 December 2013 were agreed as a correct record.</p> <p>ii) <u>Matters Arising</u></p> <p><b>Response to Department of Health (DH) Consultation on Audit Committees (minute 41/13 refers)</b></p> <p>The Director of Finance and Director, KPMG, both advised the Committee that they had seen no formal publication from the DH following the consultation.</p>	

04/14

**AIGC's Own Business**

(i) AIGC Self Assessment Checklist

The Chair presented this report which summarised the results of the self assessment questionnaire completed by members of the Committee. He reported that it was very positive in the main but would have been interested to see if there were any distinct differences between the groups of people that had completed it. The Finance Lead commented that Section D, overseeing financial reporting, was the section with the widest diverging score, which she thought was probably relevant to people's roles. Section C, professional development, was the lowest scoring section overall. The Chair asked members to email him with their thoughts about what would be helpful for their professional development, which he would ask the Director of Finance to take forward. The Director, KPMG, commented that the auditors could help with development sessions on a particular topic, and suggested setting aside 15 minutes at the end of the next AIGC meeting to see if it added any benefits.

**All**

**JB/JN**

Ms Forrest commented that as she did not know what the benchmark was she had found the questionnaire hard to complete and so had erred on the side of being positive.

The Chair advised the Committee that the Audit Chairs across South Yorkshire and Bassetlaw held regular meetings and had two since he started in post but unfortunately had not been able to attend either. He wondered whether other members of the committee had the opportunity to meet with other people doing similar jobs in other CCGs. Ms Forrest reported that she met with the other South Yorkshire and Bassetlaw lay members but felt this was more of a development rather than a sharing information forum.

The Chair asked if audit colleagues would be interested in arranging a session for all GP members of the South Yorkshire and Bassetlaw Audit Committees, which he thought might be useful for professional members in what they want to achieve and would find it helpful to talk to other people who undertake a similar role to their's. The Director of Finance would also raise this with her Director of Finance colleagues.

**JN**

The Committee received and noted the report. The Chair suggested that this self assessment be undertaken on an annual basis

The Engagement Manager, KPMG, joined the meeting at this stage.

(ii) Audit and Integrated Governance Committee Annual Report 2013/14

The Chair presented the annual report of the activities of the AIGC for 2013/14. The Director of Finance advised that the report would be presented to Governing Body for information.

**JN**



The Committee received and noted the report.

(iii) AIGC 2014/15 Annual Plan

The Director of Finance presented the proposed workplan for 2014/15. She advised that there were no material changes to last year's plan, nothing that June 2014 would be the first time Committee would be asked to formally review a set of CCG accounts. She highlighted that she was not suggesting that the committee take on any additional roles, unless specifically requested to by Governing Body.

The Committee approved the annual plan.

(iv) Proposed Changes to Governing Body Arrangements

The Director of Finance gave an oral update and advised members that a report would be presented to Governing Body in April proposing changes to Governing Body meeting arrangements including reducing the amount of paperwork presented at meetings so freeing up more time to discuss strategic issues, assurance and governance. She reported that Internal Audit colleagues had advised that, as part of the Head of Internal Audit Opinion work, to ensure full assurance the CCG needed to demonstrate that we had a process in place whereby Governing Body members received and noted all papers and were given the opportunity to raise issues or concerns. She confirmed that this had been recently implemented for those papers that did not routinely demand debate or discussion, however, we could not guarantee that the papers had been read before the meeting. The Associate Director, 360 Assurance, commented that it also would be helpful if there were covering papers to go with those reports that link specifically to the Governing Body's Assurance Framework.

The Director of Finance also advised the Committee that the CCG is trialling holding future meetings of the Governing Body in private first followed by the meeting in public.

The Committee noted the update.

(v) Report on Members' Attendance at Formal Committees

The Company Secretary presented this report which provided a summary of attendance at Governing Body and its committees as part of the evidence demonstrating the effectiveness of the Governing Body. She felt there were no major concerns but was highlighting to members the need to prioritise meetings in their diaries and only send apologies in terms of sickness or unavoidable annual leave. She advised that attendance at the Quality Assurance Committee had been of most concern. Ms Forrest advised that the timing of meetings had now been changed slightly to accommodate GPs' and other members' commitments.

The Chair commented that the report was only a baseline figure and the

assumption was that the CCG Chair would receive the non-anonymised version. He suggested that the report be presented to the AIGC on a twice yearly basis.

The Committee received and noted the report.

05/14

## 2013/14 Accounts Issues

### (i) Annual Review of Accounting Policies and Key Accounting Estimations

#### Conclusions of the Review of Accounting Policies

The Director of Finance presented the proposed accounting policies for preparation of the CCG's annual accounts for 2013/14 and the proposed basis of estimation for key areas of expenditure where actual values are not available at the time draft accounts have to be submitted. She advised members that the specific changes made to the policies to tailor them to the CCG were highlighted in yellow.

The Director, KPMG, drew members' attention to section 1.17 Private Finance Initiative Transactions, and advised that as the CCG's legal powers did not allow it to have PFIs this section could be removed.

#### Proposed Basis of Estimation

The Director of Finance advised members that accounts are prepared based on as accurate information as possible but as there are only three weeks to close down and submit them, in some instances a best estimate has to be used. She drew members' attention to the table at page 3 of her report and the two areas of estimated value:

The Committee:

- Noted that a full review of accounting policies had taken place
- Approved the accounting policies for the basis of the financial accounts, subject to the suggested removal of the sections relating to Private Finance Initiative and property
- Noted the requirement to document the basis of estimation of key figures in the 2013/14 financial statements and approved the bases proposed.

### (ii) Agreement of Final Accounts Timetable and Plans

The Director of Finance presented the plan and year end timetable for successful completion of the financial accounts for 2013/14 to provide assurance to the Committee that the CCG could fulfil its statutory responsibility to produce annual audited accounts. She drew members' attention to the deadline for submission of audited accounts in that they would be presented to the AIGC and Governing Body respectively on 5 June prior to submission to NHS England the following day. She commented that there was nervousness in the system as it was the first year as a CCG we would be submitting year end accounts, and the first time of

using the Shared Business Services (SBS) financial accounting system and so were trying to do as much preparation as we could.

The Director, KPMG, advised the committee that the auditors recognised that the timescale was very tight and that the tools to do it were not fully up and running yet.

The Committee:

- Noted that the CCG has prepared a detailed action plan and timetable for preparation of the annual accounts.
- Noted the key dates within the annual accounts process.

06/14

## Internal Audit

### (i) Internal Audit Progress Report 2013/14

The Associate Director, 360 Assurance presented this report. He drew members' attention to the key highlights which included two reports that had been issued since the last meeting. The overall conclusions from the governance review of the Musculoskeletal COBIC project included that the extent of the clinical input from the CCG and Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) was positive. He highlighted that looking ahead the CCG would need to make sure that proper project management arrangements were place. The Chair commented that Governing Body had been very appreciative of having this external information available when it had considered further recommendations in private in January.

The Director of Finance drew members' attention to section 2.2 Information Governance Toolkit, and advised that as we had gone for Accredited Safe Haven (ASH) status . For CCGs that wished to become ASHs this had necessitated early submission of information, which appeared to have impacted on the normal audit process. The Associate Director, 360 Assurance commented that we had done well and only had one observation to make about alignment of some of our policies, but had no major concerns to bring to the committee's attention.

The Associate Director, 360 Assurance, advised the committee that with regard to work in progress, several pieces of work were still ongoing but all were basically still on target to have draft opinions on by the end of April. The governance arrangements review work had been completed, with a draft report expected later in the week. He commented that for Sheffield it was a positive story, and was impressed with the documentation of minutes and how actions were cleared.

With regard to other developments, he drew members' attention to the report co-produced with the Good Governance Institute entitled '*Building a Framework for Board / Governing Body Assurance*' which was attached for members' information at Appendix A, and to a summary report from work undertaken nationally on a mandatory training benchmarking survey at Appendix B.

The Chair reminded members that it was the role of the AIGC to make available the information on the publications listed at section 5 of the report and asked if a word version of this section, containing the correct links to the publications, could be made more widely available to CCG Governing Body members.

**LT(CRH)**

The Committee received and noted the report.

(ii) Internal Audit Annual Plan 2014/16 and Fee

The Director of Finance presented the 2014/16 draft plan. She reported that she had asked the CCG's executive team for comments on what they thought would be helpful to have for audit scrutiny next year, which were collated and included in the draft plan and presented to the committee for consideration and discussion. She also advised that the 2014/15 Governing Body Assurance Framework had still to be agreed, which could mean the inclusion of additional audits.

The Associate Director, 360 Assurance, advised that they would also be auditing the CCG's relationship with the Local Authority in both years, which had not been done before, particularly in view of the Better Care Fund.

With regard to the patient and public engagement workstream. Ms Forrest advised that a working group looking into a strategic approach to this was being set up and asked if it would be possible to discuss this as it was in the early stages. The Director of Finance advised that this audit would not take place until 2015/16 which would give sufficient time for discussion.

Dr Sorsbie asked about the service commissioning audits, how they were prioritised and if there would be scope to buy additional time if anything emerged in year. The Director of Finance responded that we could always buy additional days if necessary.

Dr Sorsbie asked about the criteria used for determining what audits should be undertaken and was advised on the use of the risk assessment process.

The Chair advised that a more detailed proposed plan would be presented to AIGC in June, including the Internal Audit Fee for next year, which Internal Audit were suggesting would be similar to this year's.

**KW**

The Committee received and noted the report.

**07/14 External Audit**

i) Technical Update

The Engagement Manager, KPMG, presented this report. She particularly drew members' attention to KPMG's work with the NHS Leadership Academy including KMPG Healthcare's Audit Committee institute spring seminar taking place on 7 April in Leeds if members were interested in attending.

The report also highlighted the main technical issues that were currently having an impact on the health sector, which gave further clarity on closedown of financial accounts over the next few weeks and the risks that this posed, and on funding allocations for 2014/15. .

The Chair suggested that as it was difficult to discern what was helpful to different people, to make the report available to the CCG's Governing Body and OD Steering Group to make them aware of what was available.

**LT(CRH)**

The Committee received and noted the report.

ii) Interim Audit Report 2013/14

The Director, KPMG, presented this report. She advised the committee that they had carried out their risk assessments on our financial statements and value for money conclusions, looked at bank and cash processes, tested some reconciliations throughout the year, looked at contracts expenditure, budgetary control arrangements and what was working effectively, and looked at journal entry controls. With regard to the accounts closedown process, KPMG recognised that the CCG was having to cope with late information or still outstanding information from NHS England. She also advised the committee they had no areas of concern on the value for money conclusions.

The Director, KPMG, commented that the general feeling from her team using broader soft assurance that there were no particular areas of concern.

The Committee received and noted the report.

**8/14**

**Counter Fraud**

(i) Local Counter Fraud Update 203/14

The Local Counter Fraud Specialist presented this report, reminding members that it had been agreed they would receive a report to each meeting but he would only attend if there were important issues to bring to the Committee's attention.

He advised that work continued to progress in line with the agreed plan. He commented that his review of the procedures in place across CCGs regarding recruitment of staff was nearing completion. He reported that in some cases where job descriptions and person specifications asked for relevant experience or qualifications, copies were not always to be found on personal files and, as a result, there were some low level recommendations. He would provide a further update at the next meeting.

**GR**

He drew members' attention to Appendix 1, Summary of the 2013/14 Counter Fraud Survey undertaken to measure staff awareness and to understand how staff perceive the risks of fraud, bribery and / or corruption. He advised that 70% of NHS Sheffield CCG staff had responded, which was at the high end of

engagement, and there was a feeling that staff were aware of the key messages and the route by which they should report suspicions of fraud, bribery and / or corruption. He drew members' attention to the action plan at the end of the document, which he would work into next year's counter fraud plan.

GR

He drew members' attention to Appendix 2, Managing Fraud within the Prescribing Budget, which had been produced based on discussions held with prescribing leads at all the CCGs' within their client base. He advised that the report had been shared with the CCGs medicines management teams (MMTs), and reported that the general feeling was that a lot of the issues that MMTs have around prescribing budgets was a national issue. He reported that an anonymised version of this report would be presented to NHS England for comment and would feed back on this at the next meeting of the AIGC.

GR

The Committee received and noted the report.

(ii) 2014/15 Fraud, Bribery and Corruption Risk Assessment and Workplan

The Local Counter Fraud Specialist presented this report which he presented for the committee's approval following discussions with the Director of Finance. He advised the committee that the ratings on a lot of the assessments had been reduced from the previous year, especially those relating for fraud risks applicable to CCG employed staff. He advised that it was planned to buy 20 days this year, as opposed to the 30 bought last year, but would discuss with the Director of Finance how to resource anything that emerged in year.

Ms Forrest asked if the second fraud area relating to the risk area around conflicts of interest could be changed as all members of Governing Body, not just the GPs, have interests they have to manage.

Dr McGinty asked about the commissioning risks that were impact scored at 4 as opposed to conflicts of interest which was impact scored at 5. The Local Counter Fraud Specialist responded this was because it was more likely that there would be a reputational risk with conflicts of interest.

The Committee approved the Fraud, Bribery and Corruption Assessment and Workplan for 2014/15.

9/14

**Follow Up Report on Audit Recommendations – High and Medium Risks**

The Finance Lead presented this report which carried forward the agreed recommendations with Sheffield PCT where there was an action required by the CCG this year and advised that they were still ongoing but would disappear by the time of the next AIGC meeting. She reported that three actions had been completed since the last Committee meeting.

The Committee:

- Noted the progress against all the outstanding high and medium risk actions.

- Agreed that all the 'Green' completed actions could be excluded from any further updates to the Committee.
- Agreed that the two actions relating to the collaborative commissioning 2013/14 contract negotiation process (South Yorkshire and Bassetlaw CCGs) should remain on the summary.

10/14

## **Governance – Key Issues for Audit and Integrated Governance Committee**

### (i) Annual Review of CCG's Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies (PFPs)

The Director of Finance presented this report. She advised the committee that she was not suggesting that anything in these documents which were incorporated into the CCG's Constitution should be changed, and the Company Secretary confirmed that from her review of the Constitution there was also nothing that needed to be changed to the Standing Orders.

The Director of Finance reminded the committee that they had delegated authority to review the detailed financial policies that supported the PFPs and advised that she proposed making two particular revisions to the budget management policy, which were detailed at page 3 of her report. She explained that there was sometimes a practical need to authorise payments with no official purchase order. She assured audit colleagues that it was only specific people that could authorise non purchase order payments and in her view the changes did not lessen the control but would circulate further clarification on the detail to members.

JN

She also advised the committee that the Tendering Policy was in the process of being reviewed in light of new guidance received from Monitor and would present a revised policy to the committee in June.

JN

The Committee:

- Noted that no changes were recommended following the Director of Finance's review of the CCG's Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies.
- Approved the changes proposed to the Budget Management Policy.
- Noted that a review of the Tendering Policy would be presented to the AIGC in June.
- Noted that a review of the Fraud, Bribery and Corruption Policy would be presented to the AIGC in September.

JN

### (ii) Draft Annual Governance Statement (AGS) for 2013/14

The Company Secretary presented the draft AGS which, she advised, had been drafted using the prescribed model. She advised the committee that it was a first draft and very much work in progress, and explained that items highlighted in yellow would be replaced with CCG-specific information to fully reflect the particular circumstances of the CCG and those highlighted in blue were changes

already made. She asked for views from audit colleagues in particular and advised that the AGS would be submitted to NHS England on 23 April, along with the annual report and financial accounts.

The Associate Director, 360 Assurance, commented that the message coming from the Centre was to make sure the AGS tells a story, but they were not expecting the AGS that everything was wonderful from the start especially where CCGs were not making a “one on one” transition from PCTs. He commented that we may decide to include something about our review of the CCG structure and our clinical input. He advised that the formal report from Deloitte as internal audit for the CSU was something that the Director of 360 Assurance would want to take into account and that there would need to be a caveat included in his Head of Internal Opinion because they will not have received the report by the time of submission. He highlighted that the CCG may choose to indicate those services we have purchased. He reported that, for this submission, we were required to include reference to internal audit reports, which he suggested were included in our governance arrangements section.

Ms Forrest commented that from her experience of patient and public meetings a short summarised version of the AGS might prove helpful.

The Director, KPMG, advised that she would be giving an opinion on whether the AGS was consistent with KPMG’s understanding of the organisation and with any other financial information we may or may not want to include. The Engagement Manager, KPMG, advised that she would be looking at a range of these to compare and contrast and would give feedback on this as soon as she could.

**CP**

**LW**

The Committee received and noted the report.

(iii) Update on Assurance Framework and Risk Register for 2013/14

The Company Secretary presented this report and advised the Committee that no additional risks had been added to the AF in Quarter 3 and none had been scored 15 or above in Q3. She advised the Committee that significant work continued to embed the use and understanding of the AF across the CCG led by Governance sub-committee. She also advised that during Q3 10 new risks had been added to the operational risk register and no risks closed during this time. Two risks had a score of 16 and all new risks had been reviewed by the Governance Sub-committee.

She advised on the challenge and scrutiny that the AF has in various committees. All the gaps in assurance and control were listed and she hoped the paper demonstrated the detailed challenge and scrutiny from the Governance Sub committee.

The Chair asked about the gap in control on risk 4.5; inability to secure partnerships that help us to deliver our commissioning plans, including QIPP and / or other conflicting priorities. The Company Secretary responded that this was

**LT**



being addressed and would ensure the committee received a copy of that response.

The Committee:

- Noted the Assurance Framework and Risk Register position statement
- Noted the actions and recommendations of the Governance Sub Committee
- Was assured that the CCG's corporate objectives and risks to their achievement were being effectively managed by lead officers.

(iv) Governance Sub Committee Report including unadopted minutes of the meeting held on 5 February 2014

The Company Secretary presented the minutes and advised that the report explained how the Sub-committee had developed and grown into its role throughout the year.

The Committee received and noted the report.

(v) Quality Assurance Committee (QAC) report

Tony Moore, Senior Quality Manager, attended for this item and presented the minutes of the QAC meeting held on 7 March 2014. He advised members that the committee had a range of ongoing concerns about the Yorkshire Ambulance Service NHS Trust (YAS) contracts, especially around when vehicles were being serviced, which we continued to monitor. He also advised that the QAC was aware that the quality team had just written to Sheffield Health & Social Care NHS FT as a result of their contract quality review meeting to gain assurance on a range of topics around training, especially in respect of safeguarding and given recent concerns about services for people with a learning disability.

He advised the committee that other issues discussed included a number of clinical policies that had been presented for approval, and a report into an independent review of STHFT's theatre services that was still awaited.

Ms Forrest also advised the Committee that the QAC had also discussed at length the relationship between NHS England and general practice and whether this could be streamlined and that it was not in synergy with the CCG.

The Committee received and noted the report.

## 11/14 Other Reports

i) Progress Report on Better Payment Policy and Aged Debtors and Payables Report at 31 January 2014

The Finance Lead presented this report. She advised the Committee that NHS England had confirmed that CCGs would not now inherit any working balances from predecessor PCTs and that all outstanding PCT debts were being managed

by them.

a) Payables

Of the £130k outstanding over 30 days, the majority related to care home fees that could take some time to resolve.

b) Receivables

As at 31 January 2014 there was £679k of unpaid receivables outstanding, £410k of which was overdue.

The Committee received and noted the report.

ii) Losses and Special Payments since April 2013

The Finance Lead presented this report and advised the Committee that only one small special payment had been approved since 1 April 2013 and none since the last meeting of committee.

The Committee received and noted the report.

(iii) Competitive Tender Waivers since 1 April 2013

The Finance Lead presented this report. The Committee noted that two tender waivers had been approved so far this year.

The Committee received and noted the report.

**12/14 Any Other Business**

There was no further business to discuss this month.

**13/14 Date and Time of Next Meeting**

Thursday 5 June 2014, 11.00 am – 1.00 pm, Boardroom, 722 Prince of Wales Road

**Serious Incident Report Quarter 4 2013/14**

Item 13e

**Governing Body meeting**

**1 May 2014**

Author(s)/Presenter and title	Tony Moore, Senior Quality Manager
Sponsor	Kevin Clifford, Chief Nurse
Key messages	
<ul style="list-style-type: none"> <li>Sheffield Clinical Commissioning Group (SCCG) has a role to ensure that Serious Incidents (SIs) in our commissioned services, and within our commissioning function, are reported, investigated and appropriately acted on.</li> <li>This paper is to provide an update on new SIs in Quarter 4 2013/14 for which the Governing Body has either a direct or a performance management responsibility.</li> </ul>	
Assurance Framework (AF)	
<p><b>How does this paper provide assurance to the Governing Body that the risk is being addressed?</b></p> <p>The paper provides information required as part of the National Standard contracting process and is existing assurance against current controls.</p> <p><b>Is this an existing or additional control:</b></p> <p>Existing - AF 2.1</p>	
Equality/Diversity Impact	
<p><b>Has an equality impact assessment been undertaken?</b> No</p> <p><b>Which of the 9 Protected Characteristics does it have an impact on?</b></p> <p>SIs could potentially impact on all characteristics</p>	
Public and Patient Engagement	
Please list actions for PPE: None	
Recommendations	
<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> <li>Note the position for each provider and to endorse the Quarter 4 report for 2013/14.</li> <li>Support the development of revised data reporting.</li> </ul>	

## **Serious Incident Report Quarter 4 2013/14**

### **Governing Body meeting**

**1 May 2014**

#### **1.0 Introduction & background**

- 1.1 NHS Sheffield Clinical Commissioning Group (SCCG) has responsibility for the performance management of all Provider Serious Incidents (SIs). Procedures for this are based on the NHS England Serious Incident Framework (March 2013).
- 1.2 All NHS organisations utilise the Department of Health (DH) incident reporting module of the STEIS / UNIFY system to log and manage serious incidents. This is supplemented by a locally created and managed database, to keep track of progress on all SI's and to generate management and reporting information.
- 1.3 Every reported SI is individually performance managed to ensure that relevant reporting deadlines are being met and that the final investigation has used recognised Root Cause Analysis (RCA) techniques in line with national guidance. In addition the report there should be a comprehensive action plan.
- 1.4 Each Provider has a set of quality indicators built into their contract, which also includes a specific schedule setting out their and our responsibilities for SI management. These are encapsulated within the data in this report.
- 1.5 Individual incidents and performance data are discussed regularly with providers within informal meetings, and formally within Contract Quality Review meetings.
- 1.6 SCCG acts as the co-ordinating Commissioner for Specialised Commissioning SI's or another CCG, providing a single management focus and point of contact for the Provider. This has the potential to occasionally introducing delays into the management process.
- 1.7 This report provides details on the performance of Providers together with incident trends and lessons learned. Individual Provider's performance is seen in Appendix 1.

#### **2.0 Definition of a Serious Incident**

- 2.1 A SI may be defined as an incident where a patient, member of staff, or member of the public has suffered serious injury, major permanent harm, or unexpected death. Incidents involving confidential information loss or where there is cluster / pattern of incidents or actions, including those of NHS staff, which have caused or are likely to cause significant public concern may also constitute a SI.
- 2.2 Some SIs has been identified by NHS England (NHS E) as 'Never Events'. NHS E publishes a list of 'Never Events' annually and the list of 25 are unchanged for the forthcoming year. There are financial penalties through the NHS E standard contract, should such an event occur.

### **3.0 Provider performance**

- 3.1 Providers are contractually required to meet criteria in respect of timeliness of initially logging an incident within two working days and in the provision of an investigation report and action plan - within 12 weeks (60 working days), unless an extension is agreed.
- 3.2 There would ordinarily be contextual data from the national reporting and Learning System (NRLS) available to us at this time; however there's been a delay in publication. This data will be available in the Q1 14/15 report.
- 3.3 It should be noted that due to the fact that many services at SCHFT and STHFT are commissioned by NHS England and that there is a wide catchment for tertiary services, we are regularly involving two additional commissioners in the processes of investigation report review and closure. This is having a degree of impact on our turnaround time for reviews however SCCG is taking a strong position with co-commissioners around the need to meet response deadlines.

### **4.0 Sheffield Children's FT (SCHFT)**

- 4.1 1 new incident was reported by SCHFT in Q4. This was reported within the 2 working days timeframe. It should however be noted that in Q3, only one of six incidents were reported within 2 working days.
- 4.2 5 incidents were closed and no incidents were de-logged, leaving 8 incidents on-going at the end of Q4.
- 4.3 4 reports were received in Q4 and 3 of these were reviewed within the quarter. None were received on time. 2 reports were graded as 'Good' and one as 'Fair'. All 3 action plans were graded as "Good".
- 4.4 4 investigation reports were overdue at the end of Q4. This is having impact on the ability of SCCG to review and close incidents. The reasons for delays are being discussed on a case by case basis with the Trust. Additionally the Trust is not making full use of the facility to request extensions, where it knows that reporting deadlines will not be met.

### **5.0 Sheffield Health & Social Care FT (SHSCFT)**

- 5.1 7 new incidents were reported in Q4. All (100%), of these, were reported within the 2 working days timeframe.
- 5.2 8 reports were received in Q4. 2 (25%) were received within the agreed deadline. The relatively low performance is partially caused by the number of overdue reports (see 5.5 below) and further improvement is agreed as required.
- 5.3 9 investigation reports were reviewed in Q4 by the CCG. 8 (89%) of the reports, were graded as "Good" and 1 (11%) as "Excellent". All 9 action plans were graded a "Good". This represents further improvement relative to Q3.

- 5.4 At the start of the year there were 52 ongoing incidents. 13 incidents were closed in Q4 and 2 were de-logged, leaving 35 on-going incidents at the end of Q4, which is an improvement from Q3 and considerable improvement from the start of the year.
- 5.5 We are awaiting investigation reports for 10 SIs which were overdue at the end of Q4. Whilst this is an improvement on Q3, most of the delays are due to tightened quality assurances within the Trust. This has been raised with an agreement that these will be prioritised for action.
- 5.6 Overall there is an improving picture in the Trust getting to grips with legacy issues caused by severe staffing pressures in 2012/13.

## **6.0 Sheffield Teaching Hospitals FT (STHFT)**

- 6.1 7 new incidents were logged in Q4. All (100%) of these incidents were reported within the agreed timeframe.
- 6.2 6 investigation reports and action plans were received in Q4, all of which were received within the agreed deadline.
- 6.3 4 reports were reviewed within the quarter, 3 of the reports were graded as "Good" and 1 as "Fair" and all 4 of the action plans were graded as "Good". This is a slight dip from Q3 (caused by one report graded Fair)
- 6.4 8 SIs were closed during Q4 leaving 16 incidents on-going. There has been a slight improvement in the timeliness of receipt of required information to allow consideration of closure.
- 6.5 No investigation reports are overdue.

## **7.0 Independent Contractors and Providers.**

- 7.1 1 new incident was logged by Thornbury in Q4. This was logged within the agreed timescale.
- 7.2 No investigation reports were reviewed in Q4 and no reports are overdue.
- 7.3 2 incidents were closed, leaving 2 incidents on-going at the end of Q4.

## **8.0 Incident trends**

The most prevalent incident types by organisation for Q4 were:

**SCHFT** - No trends

**SHSCFT** - Suicide by Outpatient

**STHFT** - Delayed Diagnosis

**Independent Contractors and Providers** – No trends

## **9.0 Changes to practice following SI's**

The examples below, taken from reviewed incident reports, serve to illustrate that in virtually all cases, the investigation process identified some improvements to be made.

These relate to incidents where the investigation is closed, so will generally not relate to those reported in this quarter.

## 9.1 Sheffield Children's Hospital Foundation Trust (SCHFT)

- a. A surgical procedure to temporarily stop long bone growth in a child ( Epiphysiodesis) was planned but a permanent procedure was performed

### **Learning included:**

The type of Epiphysiodesis is always stated in the clinical note in full, on the consent form, Bluespier (Operating Theatres IT system) and the operating list to avoid confusion.

The Surgical team will ensure compliance with the Trust 'Best practice guidance on correct site surgery' Clinical Guideline and other related documents such as the Trust Patient Identification policy regarding pre-operative team briefing and Time Out.

- b. A 5 year old patient with focal epilepsy underwent a left temporal craniotomy and temporal lobectomy at SCHFT. During the procedure the patient unfortunately suffered a midbrain injury.  
During the course of the internal investigation it became clear that, given the age of the child, the operation should not have been undertaken in Sheffield and should instead have been undertaken at one of the specialised Children's Epilepsy Surgery Services (CESS).

### **Learning Included:**

The agreed national Children's Epilepsy Surgery Service Specification should be followed for all patients aged five, i.e. up to the age of their sixth birthday.

SCH has followed the pathway previously with two other patients, but unfortunately misunderstood the pathway on this occasion

## 9.2 Sheffield Health and Social Care Trust (SHSCT)

- a. A Service User had been found dead at their home on 20 July 2013 and had committed suicide

### **Learning included**

- Transfer from Home Treatment to the Access Team on 12 March 2013 took place before an adequate assessment of mood and risk. The risk assessment (DRAM) at this point stated no risk of self-harm which was not appropriate.
- Medical correspondence to GP during Home Treatment will be improved to reduce the confusion around prescriptions, as this resulted in Service User M being without medication for two days.
- Discharge from Home Treatment to the Access Team on 9 July 2013 was not done jointly with the Lead Professional who was taking over care and this is now being reviewed and addressed.

### 9.3 Sheffield Teaching Hospitals Foundation Trust (STHFT)

- a. Neurosurgery – Wrong trajectory for surgical incision to remove a brain lesion

#### **Learning included**

- Only the operating surgeon will mark the skin prior to surgery; this change is also being enforced with education to junior doctors.
- Alternative marking techniques are being trialled
- The formal 'time out' post-surgery process needs to be observed by all staff in the operating room

- b. Assisted conception unit/failure of incubators containing embryos

#### **Learning included**

- Independent Oxygen probes have been installed which will alarm independently to the incubator if levels decrease below 5%
- A new incubator which monitors gas flow rates as well as Oxygen levels has been purchased

### 9.4 Independent Contractors and Providers

- a. A male patient underwent Left cataract extraction and IOL lens. Whilst undergoing surgery he developed severe conjunctival bleeding which requiring a vitrectomy to be performed. The patient has suffered blindness in his left eye since.

#### **Learning included**

- The availability of dispersive viscoelastic within the Operating Theatre and Pharmacy department needed to be clearer to all relevant staff, so they are fully aware of its location and how to obtain replacement/additional supplies.
- The setting-up of infrequently used equipment within the operating theatre, should be incorporated into the operational workings of the Theatre Department to ensure that staff retain a high level of competence and familiarity with infrequently used equipment.
- The Vitrectomy trolley within the Theatre department needed to have a reference guide for staff to access.

- b. A 62 year old female patient underwent routine surgery on her back and was recovering as expected until four days post-operatively, when she developed tachycardia and anuria. On the following day, she was transferred to NGH (STHFT) with an ischaemic bowel.

#### **Learning included**

- Ensuring concise legible documentation of records which are timed and dated correctly in a contemporaneous manner by all members of the care team involved in a patient's care.
- Appropriate and timely referral or escalation of clinical concerns to the senior medical team.
- Effective transfer of information between service providers.



## 10.0 Conclusion

- 10.1 **SCHFT** has room for improvement with the timeliness of initial reporting of SIs and in receipt within 12 weeks. Overall SI numbers are too low to comment on other aspects of performance with confidence.
- 10.2 **SHSCT** still has number of overdue reports in the quarter and although these are substantially to do with the Trust tightening its quality assurance process, we remain in active discussion about receipt of these backlog reports. There has been improvement both in terms of proportion of reports received within 12 weeks in the quality of reports reviewed and in the overall number still ongoing at the end of Q4.
- 10.3 **STHFT** had previously had an issue of timeliness of initial reporting within 2 working days, which has clearly been addressed. Timeliness of receipt of reports within 12 weeks is now consistently good. Information to allow consideration of incidents for closure is being pursued with the Trust and other Commissioners
- 10.4 **Independent Contractors / Providers** have a generally low incidence of SIs and we continue to work with them to ensure that there is a robust investigation and reporting following SI's.

## 11.0 Recommendations

The Governing Body is asked to:

Note the position for each Provider and to endorse the Quarter 4 report for 2013/14 and support the development of revised data reporting.

Paper prepared by:  
Tony Moore, Senior Quality Manager  
Tracey Robinson, Clinical Audit Assistant

On behalf of: Kevin Clifford, Chief Nurse  
April 2014

# Appendix 1

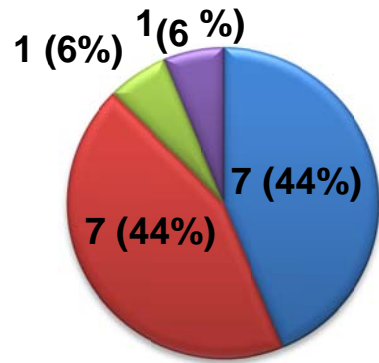
OPEN	2013/14																								
	SCHFT					SHSCFT					STHFT					IND Prov					2013/14 Totals				
	Q1	Q2	Q3	Q4	Year to Date	Q1	Q2	Q3	Q4	Year to Date	Q1	Q2	Q3	Q4	Year to Date	Q1	Q2	Q3	Q4	Year to Date	Q1 Total	Q2 Total	Q3 Total	Q4 Total	Year to Date
<b>No. of SUI's opened</b>	4	0	6	1	11	9	8	6	7	30	4	10	5	7	26	1	3	0	1	5	18	21	17	16	72
<b>Of these no. reported within timescale (within 2 working days)</b>	1	N/A	1	1	3	8	4	4	7	23	1	6	4	7	18	0	2	N/A	1	3	10	12	9	16	47
<b>CLOSED</b>																									
<b>No. of SUI's Closed</b>	1	0	2	5	8	2	7	15	13	37	6	10	5	8	29	1	1	1	2	5	10	18	23	28	79
<b>No. of SUI's De-logged</b>	1	0	0	0	1	1	1	0	2	4	1	0	0	0	1	0	0	0	0	0	3	1	0	2	6
<b>TOTAL ONGOING AT END OF QUARTER</b>	8	8	12	8	8	52	52	43	35	35	17	17	17	16	16	2	4	3	2	2	79	81	75	61	61
<b>REPORTS AND ACTION PLANS RECEIVED</b>																									
<b>% reports/action plans received, within 12 weeks*</b>	1 of 1 100%	3 of 4 75%	0 of 0 N/A	0 of 4 0%		5 of 5 100%	0 of 4 0%	2 of 10 20%	2 of 8 25%		1 of 2 50%	5 of 6 83%	9 of 9 100%	6 of 6 100%		1 of 1 100%	0 of 0 N/A	3 of 3 100%	0 of 0 N/A		8 of 9 89%	8 of 14 57%	14 of 22 64%	7 of 17 41%	
<b>% reports reviewed, graded as Good/Excellent</b>	0 of 0 N/A	1 of 4 25%	1 of 1 100%	2 of 3 67%		4 of 4 100%	3 of 5 60%	6 of 7 86%	9 of 9 100%		1 of 2 50%	2 of 3 67%	6 of 7 86%	3 of 4 75%		0 of 1 0%	0 of 0 N/A	1 of 3 33%	0 of 0 N/A		5 of 7 71%	6 of 12 50%	14 of 18 78%	14 of 16 87%	
<b>% of reports reviewed in quarter, returned to provider requiring further information</b>	0 of 0 N/A	4 of 4 100%	1 of 1 100%	3 of 3 100%		4 of 4 100%	5 of 5 100%	7 of 7 100%	7 of 9 78%		2 of 2 100%	2 of 3 67%	7 of 7 100%	4 of 4 100%		1 of 1 100%	0 of 0 N/A	3 of 3 100%	0 of 0 N/A		7 of 7 100%	11 of 12 92%	18 of 18 100%	14 of 16 87%	

\* Includes those within agreed extended timescale

Appendix 2

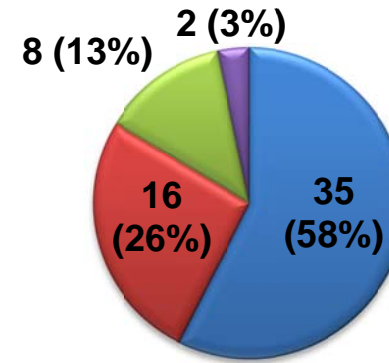
### New Quarter 4 Serious Incidents

■ SHSCFT ■ STHFT ■ SCHFT ■ IND PROV



### Ongoing Serious Incidents

■ SHSCFT ■ STHFT ■ SCHFT ■ IND PROV





## Serious Incident Report

### Governing Body meeting

1 May 2014

Author(s)/Presenter and title	Tony Moore, Senior Quality Manager
Sponsor	Kevin Clifford, Chief Nurse
Key messages	
<ul style="list-style-type: none"> <li>Sheffield CCG has a role to ensure that Serious Incidents (SIs) in our commissioned services, and within our commissioning function, are reported, investigated and appropriately acted on.</li> <li>This paper is to provide an update on new Serious Incidents (SIs) in March 2014 for which the Governing Body has either a direct or a performance management responsibility.</li> </ul>	
Assurance Framework (AF)	
<p><b>How does this paper provide assurance to the Governing Body that the risk is being addressed?</b></p> <p>The paper provides information required as part of the National Standard contracting process and is existing assurance against current controls.</p> <p><b>Is this an existing or additional control:</b></p> <p>Existing AF 2.1.</p>	
Equality/Diversity Impact	
<p><b>Has an equality impact assessment been undertaken?</b> No</p> <p><b>Which of the 9 Protected Characteristics does it have an impact on?</b></p> <p>SIs could potentially impact on all characteristics</p>	
Public and Patient Engagement	
Please list actions for PPE: None	
Recommendations	
<ul style="list-style-type: none"> <li>The Governing Body is asked to note the new SIs for March 2014 for each organisation</li> </ul>	

Serious Incident Position for March 2014			
Organisation	Number of SIs Opened	Number of SIs Closed/De-logged	Total Ongoing
SCHFT	1	1	8
SHSCFT	2	9	35
STHFT	4	3	16
Independent Providers	1	0	2
SCCG (not including Safeguarding)	0	0	0
SCCG Safeguarding Children	0	0	0
SCCG Safeguarding Adults	0	0	0
<b>Total SI's</b>	<b>8</b>	<b>13</b>	<b>61</b>

New SIs opened March 2014			
STEIS number	Organisation	Date reported	Type of Incident
2014/7698	SCHFT	06/03/14	Unexpected Death of Inpatient (In receipt)
2014/7350	SHSCFT	04/03/14	Suicide by Outpatient (In receipt)
2014/9747	SHSCFT	24/03/14	Suicide by Outpatient (In receipt)
2014/8171	STHFT	11/03/14	Delayed Diagnosis
2014/8177	STHFT	11/03/14	Delayed Diagnosis
2014/9105	STHFT	18/03/14	Pressure Ulcer Grade 4
2014/9834	STHFT	25/03/14	Delayed Diagnosis
2014/10242	Thornbury	27/03/14	Other (retained object)

**WEST LOCALITY**

**Item 13f**

**Executive Team meeting public minutes  
Thursday 6 March 2014  
8.00am The Crookes Practice**

**Members Attending:**, Caron Best, Kate Carr, Rachel Dillon, Dr Julie Endacott, Dr Mike Jakubovic, Dr Tim Moorhead, Dr John O'Connell, Dr Emma Reynolds, Lynda Liddament, Dr Jenny Stephenson, Dr Steve Thomas, Susie Uprichard (Chair), Fiona Walker

**In attendance:** Tracey Dunbar

**Apologies:** Dr Nikki Bates, Diane Dickinson, Robina Okes-Voysey, Liz Sedgwick, Heidi Taylor, Jayne Taylor

**Welcome and Apologies.**

1. The apologies above were noted.

**Minutes of meeting 6<sup>th</sup> Feb 2014**

2. In para 5 it should read 'dermatoscopes' and in para 11 it should read GPP Assembly instead of GPA Assembly. Following these amendments the minutes of the last meeting were agreed.

**CCG/CET/CRG/Planning and Delivery updates:**

3. CCG Governing Body:

- Discussing the plans for the next 5 years. The plans for the first two years are detailed with the following 3 years being an outline. Coordinated plans are to be agreed by June 14.
- Reviewing the structure of the Governing Body meetings to ensure more time is allowed to discuss developments rather than mainly governance issues.

CET:

Reviewed the Move More scheme with Dr Hart.

- Made recommendations regarding the DESMOND diabetes scheme.
- Reviewed and made recommendations on 2 of the Community Support Worker projects.

Planning and Delivery:

- Requested that the PLI Steering Group produce an educational programme for 2014/15 and a strategy for future delivery.
- Agreed to pilot a Primary Care Endometrial Sampling service for a year and to receive an evaluation report with recommendations for future commissioning.
- Discussed QIPP plans for 2014/15.
- Requested further work be carried out regarding the Central Community Clinics scheme to evaluate them and for an updated options paper to be considered by the Planning and Delivery Group in the future.
- Noted that the Deanery and Sheffield CCG will be writing to each practice regarding the new ST 4 pilot scheme.

### **GPA Update**

4. Caron reported that some initiatives funded from the GPA development monies are currently on hold until funding is sorted out. Problems have been encountered due to the funding not being able to roll over to be used in 2014/15.
5. The Executive agreed that the attendees at the Council/GPA meetings need to provide feedback on these meetings to the other GPs within their practices. The GP members need to have a standing item on their Practice Meeting agendas to discuss 'Council and GPA developments'.

**Action: Council members are to be informed that they have a responsibility to feedback to their GP colleagues and are to be requested to have a standing item on their own Practice Meeting agenda to discuss Council and GPA Developments'.**

**Action: Rachel Dillon**

### **Locality Manager Update**

6. Rachel will email members regarding Care Plus and IAPT.

**Action: Rachel to email details regarding the latest position on Care Plus and IAPT.**

**Action: Rachel Dillon**

### **Actions from the OD session**

7. The Executive discussed the outcomes and actions from the OD session which were detailed in the report from Pete Spriggs.
8. The Executive agreed that they are to take further action
  - to recommend to the GPA to develop a GP Provision Executive
  - to recommend to the GPA to recruit to the GPA Development Manager post to replace Caron
  - Develop a Communication and Engagement Plan with members from the Exec and the PM Forum
  - Invite Public Health reps to Executive meetings
  - Need to develop a case for change ( to discuss at the Exec meeting in April)
  - Define how the Quality Improvement Fund can be used most effectively.

**Action: The Executive are to progress these issues and to discuss the case for change in detail at their meeting on the 3<sup>rd</sup> April.**

**Action: All Executive**

### **A.O.B**

9. Kate was thanked for hosting the meeting at The Crookes Practice. Dr Reynolds was thanked for her input to the Executive Group and the Exec wished her well for her maternity leave. Tracey was thanked for her admin support for the Exec and was wished well in her new job.

### **Date and Time of next meeting:**

**3<sup>rd</sup> April 2014, Boardroom, Fairlawns**



## **Audit and Integrated Governance Committee Annual Report for 2013-14**

**Governing Body meeting**

**Item 13g**

**1 May 2014**

### **1. INTRODUCTION**

The NHS Audit Committee Handbook recommends as good practice that Audit Committees should prepare a report to the Board or Governing Body detailing how the Committee has met its Terms of Reference for each year.

### **2. BACKGROUND**

The Sheffield CCG Governing Body established the Audit and Integrated Governance Committee (AIGC) in accordance with the CCG's Constitution. The AIGC is central to ensuring that the Governing Body has effective internal control arrangements in place across the CCG. The main purpose of the Audit and Integrated Governance Committee is to critically review the CCG's financial reporting and internal control principles and ensure an appropriate relationship with both internal and external auditors is maintained.

In performing this role during 2013/14, the Audit and Integrated Governance Committee predominantly focused upon the framework of risks, controls and related assurances that underpin the delivery of the CCG's objectives. In discharging these duties the Committee has considered reports, documentation and other information from officers of the CCG and from Internal Audit, External Audit and Counter Fraud.

As Chair of AIGC, I have reported key issues by the presentation of minutes and written and verbal reports to each of the CCG Governing Body meetings as appropriate. The Committee has presented a summary of key issues to the last two Governing Body meetings to ensure that members recognise and are effectively briefed.

This Annual Report is presented to the Governing Body to summarise the work of the Audit and Integrated Governance Committee during the 2013/14 financial year.

### **3. TERMS OF REFERENCE AND WORKPLAN**

The Terms of Reference for the Audit and Integrated Governance Committee were agreed at the beginning of 2013/14.

In carrying out its duties, four meetings of the Audit and Integrated Governance Committee have been held during 2013/14 and all meetings have been quorate. In addition to the Committee members, the Director of Finance, Company Secretary and representatives from Internal Audit and External Audit have regularly attended meetings, along with a representative from West and South Yorkshire and Bassetlaw CSU for specific agenda items. Other members of staff have also attended meetings in order to present reports or provide information and explanation in relation to specific items on the agenda.

A workplan covering the period March 2013 to March 2014 inclusive was developed to ensure that all key areas and reports from internal and external audit and from other committees were considered by the Audit & Integrated Governance Committee at appropriate intervals throughout that period. This workplan has been achieved for 2013/14 and is attached as Appendix A to this report for information.

At each meeting AIGC has considered the work of the Governance Sub Committee including receiving its minutes and has considered reports on issues from the Risk Register and Assurance Framework, as well as various reports relating to financial governance matters.

Whilst AIGC has completed a full cycle of meetings and work in 2013/14, it will not be until June 2014 that it receives and considers a set of statutory financial statements for the CCG, together with appropriate external audit reports. However, AIGC did receive the final set of PCT accounts for information in June and at its March meeting will consider issues relating to the preparation of the CCG's first set of accounts.

In December 2013, as Chair of AIGC, with other members I met with both internal and external audit in a private session which was informative and useful. In addition, in December all members and key attendees of AIGC completed a questionnaire which considered the work and effectiveness of AIGC. The results of this questionnaire are being considered at the March 2014 meeting and overall were very positive. We will be considering any development issues for AIGC members as well.

The minutes of all meetings of AIGC have been formally recorded and submitted, together with recommendations, where appropriate, to the Governing Body.

In summary, I believe AIGC has had a positive and productive first year of operation and has supported Governing Body successfully in discharging a range of governance functions for the CCG.

John Boyington  
Chair of the Audit and Integrated Governance Committee

April 2014

## NHS Sheffield Clinical Commissioning Group

## Audit and Integrated Governance Committee (AIGC) Work Plan 2013/14

Details	March 2013	June 2013	Sept 2013	Dec 2013	March 2014
<b>Internal Audit</b>					
Internal Audit Annual Plan and Fee	x				x
Internal Audit Progress Reports	x	x	x	x	x
Internal Audit Annual Report and Head of Internal Audit Opinion Statement		x			
Local Counter Fraud Reports (Annual report will be in June 2014)	x	x	x	x	x
Local Counter Fraud Annual Work Plan	x				x
Internal Audit Recommendations - High and Medium Risks	x	x	x	x	x
<b>External Audit</b>					
External Audit Annual Plan and Fee	x				x
External Audit Progress Reports	x	x	x	x	x
External Audit Management Letter			x		
External Audit Annual Governance Report		x			
<b>Annual Accounts</b>					
Agreement of final accounts timetable and plans	x				x
Annual review of accounting policies	x				x
Receive Annual Financial Statements of Sheffield PCT (for information)		x			
<b>AIGC's own business</b>					
Review Terms of Reference				x	
AIGG Annual Work Plan	x				x
AIGG Annual Report					x
AIGG Self Assessment Checklist				x	
Agree AIGG Meeting Dates				x	
Private discussion with Internal and External Audit				x	
<b>CCG Governance and Assurance</b>					
Review Standing Orders, Prime Financial Policies and Detailed Financial Policies	x				
Review of CCG Assurance Framework & Risk Register	x	x	x	x	x
Governance sub committee reports	x	x	x	x	x
Quality Assurance committee reports	x	x	x	x	x
<b>Other reports</b>					
Aged Debtors and Creditors Report	x		x	x	x
Losses and Special Payments Report	x	x	x	x	x
Competitive Tender Waivers	x	x	x	x	x
Legal Claims Report		x		x	





*Sheffield Clinical Commissioning Group*

Item 13h

**REPORT OF THE  
NHS SHEFFIELD CCG REMUNERATION COMMITTEE 2013/14**

Paper prepared by Linda Tully, Company Secretary and Head of Corporate Governance

On behalf of John Boyington, CBE, Remuneration Committee Chair

April 2014

# REMUNERATION COMMITTEE CHAIR'S ANNUAL REPORT

1 April 2013 to 31 March 2014

## 1. Introduction

- 1.1 The purpose of this report is to update Governing Body members on the work of the Remuneration Committee during 2013/14 and to demonstrate that the Remuneration Committee has discharged the functions within its terms of reference.
- 1.2 This report focuses on the work of NHS Sheffield CCG Remuneration Committee between 1 April 2013 to 31 March 2014.

## 2. Remuneration Committee Role and Membership

2.1 The Remuneration Committee is a Governing Body Committee whose principal duties are:

- In accordance with section 9 of the Standing Orders, overseeing the appointment process of all Governing Body members, including the appointment process of the Chair.
- Having delegated authority to determine the remuneration and conditions of service for all Governing Body members, taking into account any national Directions or guidance on these matters.
- Having delegated authority to consider the outcome of any performance review of the Accountable Officer and other senior CCG employees and determine any financial awards as appropriate.
- Having delegated authority to consider the severance payments of the Chief Officer (Accountable Officer) and that of other senior staff, seeking HM Treasury approval as appropriate in accordance with the guidance 'Managing Public Money' (available on the HM Treasury.gov.uk website).
- Making recommendations to the Governing Body on determinations about allowances under any pension scheme it might establish as an alternative to the NHS pension scheme and on any other potential alternative remuneration and conditions of service for CCG employees and other persons providing services to the CCG, outside of or in place of national Agenda for Change arrangements.

## 2.2 Membership

Membership comprises the following:

- The Committee is appointed by the Clinical Commissioning Group from amongst its Governing Body Members.

- Two Lay Members and two GP members of the Governing Body are full voting members of the Committee but relevant members are not present where discussions relate to their remuneration, fees or allowances. The Chair of the Remuneration Committee has the casting vote. Any issue on which a casting vote is used is specifically reported to the Governing Body.
- The Vice-Chair of the Governing Body chairs the Committee and the other Lay Member is the deputy chair. When the Lay Members remuneration is considered, however, one of the GP members of the Governing Body chairs the Committee.

### **In attendance at meetings**

- The Company Secretary and Senior Human Resources Manager from the Commissioning Support Unit are usually in attendance. The Chief Finance Officer, the Accountable Officer and other independent advisors may be invited to attend for all or part of any meeting as and when appropriate. However, relevant CCG employees should not be in attendance for discussions about their own remuneration and terms of service.
- The Company Secretary acts as secretary to the Committee and is responsible for supporting the Chair in the management of remuneration business and for drawing the committee's attention to best practice, national guidance and other relevant documents as appropriate.

Declarations of interest were made by members and those in attendance where relevant. Where necessary, individuals declaring an interest left the meeting while the item in question was discussed. All declarations of interest are recorded in the minutes of each meeting.

## **2.3 Meetings**

The Remuneration Committee met four times in 2013/14.

- 11 April 2013
- 15 May 2013
- 20 May 2013 (extraordinary meeting)
- 27 March 2014

The Remuneration Committee reports directly to the Governing Body. The Governing Body is advised at its next meeting, of the Remuneration Committee meeting and any decisions or recommendations made.

## **3. Work of the Remuneration Committee in 2013/14**

Key areas of work progressed during 2013/14 are detailed below:

- 3.1** Remuneration Committee work programme for 2013/14
- 3.2** CCG Senior Officers' Remuneration
- 3.3** Governing Body GP, Clinical Directors' and Lay Members Remuneration
- 3.4** Election of Governing Body GPs
- 3.5** Review of Remuneration Committee Performance

### **3.6** Outcomes of relevant performance reviews

#### **4. Conclusion and Next Steps**

The Remuneration Committee has sought to demonstrate in this annual report to the Governing Body how it has fulfilled its terms of reference during the year.

#### **5. Recommendation**

It is recommended that the Governing Body receives and notes this 2013/14 annual report of the Remuneration Committee and comments as appropriate.

Papers prepared by Linda Tully, Company Secretary and Head of Corporate Governance

On behalf of John Boyington, CBE, Remuneration Committee Chair

April 2014