NHS Sheffield CCG Draft Annual Report 2014-15

Governing Body meeting

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7 May 2015

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Is your report for Approval / Consideration / Noting

For Approval

The CCG has a statutory requirement to produce and publish an Annual Report each year. This is the second. It reflects detailed formal national guidance issued as part of the Manual for Accounts regarding content, as well as further advice from our External Auditors. In particular, we would draw your attention to the Annual Governance Statement (AGS) which is an important governance document for the CCG.

The final report must be published on the website in early June (to be confirmed) following submission of the final audited accounts to NHS England at the end of May (to be confirmed). Parts of the Annual Report, such as the Remuneration Report, are subject to formal audit by our External Auditors.

NHS Sheffield CCG has a commitment to openness and transparency and views the Annual Report as an extension to this ethos – therefore much of the content refers to information already in the public domain. This document covers what is required for governance purposes and content that is more accessible to the public such as a video of highlights from the report and a user friendly infographic is under development.

Are there any Resource Implications (including Financial, Staffing etc)?

None

Audit Requirement

CCG Objectives

Which of the CCG's objectives does this paper support?
Objective 1: To improve patient experience and access to care.

Principal risk: 1.1 Insufficient communication and engagement with patients and the public on CCG priorities and service developments, leading to loss of confidence in CCG decisions (Domain 2).

Equality impact assessment

Have you carried out an Equality Impact Assessment and is it attached? No
If not, why not? Individual equality impact assessments are being considered across employment practices and the commissioning processes to secure health and social care for the people of Sheffield.

PPE Activity

How does your paper support involving patients, carers and the public?
The annual report includes the 2014/15 Involvement Report.

Recommendations

The Governing Body is asked to approve the draft Annual Report, noting that a final version (post external audit review) will be presented to 21 May 2015 Governing Body alongside the CCG's audited accounts for final approval and formal adoption.

Contents

To comply with national guidance, each CCG's Annual Report must contain four sections: Member Practices' Introduction, Strategic Report, Member's Report and a Remuneration Report. Each report has to address a number of specific issues as set out in national guidance. In addition, the CCG is required to publish with its Annual Report three further documents being; Statement of the Accountable Officer's Responsibilities, the Annual Governance Statement and the CCG's audited Annual Accounts. The Accounts are preceded by the External Auditor's Opinion on the Accounts.

Member Practices' Introduction
Dr Tim Moorhead, Elected Chair, NHS Sheffield Clinical Commissioning Group, on behalf of the Member Practices

Welcome to the second annual report of the NHS Sheffield Clinical Commissioning Group. It has been an exciting year and we are pleased with our progress as we continue to build on the work from our first year.

In April 2014 the CCG published its 'Commissioning Intentions' for 2014/19. This document included a two year operational plan and a five year strategic plan; these set out our ambitions to improve the health and wellbeing of people in the city, especially those population groups with the poorest health. Our Commissioning Intentions are based on the aims set out in our prospectus and the outcomes that Sheffield's Health and Wellbeing Strategy intends to achieve. The full document can be found on our website http://www.sheffieldccg.nhs.uk/our-information/commissioning-intentions.htm.

Our ambitions for 2019 that we have been working towards this past year include:

- All those who are identified to have an emerging risk of hospital admission are offered a care plan.
- To have an integrated primary and community based health and social care services approach to long-term conditions management to support people living independently at home, reducing emergency hospital admissions by up to 20%.
- Care requiring a specialist clinician will be brought closer to home.
- To reduce the number of excess early deaths in adults with serious mental illness and achieve similar improvements in life expectancy for people with learning disabilities.
- To put in place support and services that will help all children have the best possible start in life.

This report (see section 4 of our strategic report) shows that we are making progress towards fulfilment of our ambitions. Some of the key achievements are described below:

- *We have been working with local practices to develop the GP led local care planning service, which aims to ensure that people who have long term health conditions have a proactive, holistic plan to maximise their independence and reduce deterioration and crises in their health.*
- *We continue to work with partners across the city to improve services for people with mental health problems, dementia and learning disabilities. This year we signed a joint declaration with a number of partner organisations across South Yorkshire (including the Police, service users and carers, and the ambulance service) underpinning our shared commitment to improve care and support for people in mental health crisis. There is a local version of the plan available to view on the national website http://www.crisiscareconcordat.org.uk/.*
- *In order to meet the standards set out in the Winterbourne Concordat (around reducing the number of people with learning disabilities in inappropriate hospital care), we have worked with partners such as independent care providers and Social Services to avoid out of city placements, and have*

established local services in order to enable people to return to Sheffield and live closer to their families.

- *We have developed a new mental health service for 16 and 17 year olds which means that a dedicated, age-appropriate service is now available to this group for the first time.*
- *Working through an innovative partnership with Macmillan Cancer Care, the CCG has supported a citywide cancer survivorship programme, looking at the needs of people living with and beyond cancer, and disseminating the findings of new research.*
- *We have undertaken a review of child safeguarding arrangements with Sheffield Children's NHS Foundation Trust and will be making improvements to a number of services in the next financial year as a result of this work.*
- *We have worked with Sheffield Teaching Hospitals NHS Foundation Trust to enable more people to book a hospital appointment electronically using Choose and Book eReferral, which means patients can choose the hospital they go to and a date and time of appointment to suit them. The majority of hospital appointments can now be made via Choose and Book and more GP practices are now using the system.*
- *We have contributed to a successful Big Lottery bid for the 'Ageing Better' programme, focusing on preventing and reducing social isolation and loneliness in older people, which can lead to mental health problems in this vulnerable group.*
- *Working with Yorkshire Ambulance Service NHS Trust and the Single Point of Access (a service which helps signpost patients to the right part of the health system for their needs) to develop a new service enabling paramedics to arrange additional care and support for patients in their own homes, rather than being transported to hospital as would have happened previously.*
- *Working in partnership with a local pharmacy to provide a wide range of community pharmacy services including minor ailments, out-of-hours and the dispensing of medicines in an emergency. This approach has clearly demonstrated the benefit to local patients and is currently being put onto a formal basis to ensure its sustainability in the coming years.*
- *The new 'Itchy, Wheezy, Sneezy' project has established allergy clinics in general practice that provide allergy care for children and young people based in the community, which means they can be seen by a specialist closer to home, instead of having to go into hospital.*
- *The pipelle sampling pilot for gynaecological investigations has enabled women to receive testing at their GP practice rather than attending the hospital, likewise the dermatology pilot has supported secondary care clinicians to be able to view photographic images of skin lesions in order for them to undertake diagnosis without the need for the patient to travel to hospital.*

As well as supporting innovation and new service improvements, the CCG also has a role in working with partners across our local health system to ensure that services deliver quality and safety, and meet national targets. As extensive media coverage has shown, 2014/15 has proved a challenging year for the NHS across the country and Sheffield also experienced pressure on both urgent and planned care. The overall good performance of Sheffield CCG against both local and national standards is demonstrated through our consistent assessment as 'fully assured' under the NHS England national assurance process for all CCGs which began in April 2013; and achievement of an NHS England 'Quality Premium Payment' in recognition of

improvements made in the quality of services and health outcomes in Sheffield. Further information is available in the CCG Quality and Outcomes report (see sections 5 and 8 in the strategic report).

The CCG took the opportunity to review our progress in year, in terms of how we are developing as an organisation. The review confirmed a successful first year of operation and identified a number of recommendations to build a 'Fit for Future' CCG, which is leading the health and care system transformation to make a real difference to the health and wellbeing of our population, and their experience of healthcare. We have agreed a number of actions to build on our success, which include developing the skills and knowledge of our staff; creating a learning organisation; establishing a culture which supports innovation; and ensuring that staff can have a meaningful voice in shaping the CCG's future.

Our original financial plan set a target surplus of £7.2m (which equates to 1% of our allocation, the minimum requirement from NHS England for all CCGs to plan for as part of good financial management). We have actually been able to deliver a surplus of £11.3m (which equates to 1.6% of our final allocation). This is an achievement, in the context of the significant challenges we have set for ourselves around transforming the health system in Sheffield. We are pleased that the CCG will able to add to our funding for 2015/16 the £4m additional surplus made in 2104/15 to meet increased financial challenges.

I am also pleased to say that, from 1 April 2015, the CCG and Sheffield City Council have in place a £270 million budget to commission appropriate health and social care services across Sheffield. This pooled budget for 2015/16 is one of the biggest in the country and will support transforming Sheffield's health and social care services to make care more co-ordinated and seamless. This ambitious partnership approach will make the best use of local resources, in the context of reduced Local Authority funding. It will allow the CCG and City Council to incentivise creativity and collaboration so I am very excited for the year ahead. I should also mention that this partnership work contributed, alongside the strong Health and Wellbeing Board that I Co-Chair with the Leader of the Council, to our recognition as finalists in the NHS Leadership Academy Awards for 'Collaborative Leadership of the Year'. The CCG were also finalists in the 'Governing Body of the Year' category and it was very pleasing to receive this level of national recognition. The CCG is a key player in a number of other important partnerships in the city and beyond. More details on our partnership work can be found in section 7 of the strategic report.

As part of our partnership work through the Health and Wellbeing Board, we have been working together to take action to reduce health inequalities in the city and I am delighted that this year we have been able to publish a refreshed Health Inequalities Plan – the first time this plan has been refreshed in the city for five years and to my mind, long overdue. For me, tackling health inequalities is core to our business as commissioners of health care and should be embedded through everything we do. Practical action to address inequalities around issues such as stroke, smoking status, physical inactivity and improved blood sugar control in people with diabetes will result in substantial population health gains, including longer life, as well as reduced healthcare spend. Further information about how we plan to tackle health inequalities can be found in our 2015/16 Commissioning Intentions Plan on our website http://www.sheffieldccg.nhs.uk/our-information/commissioning-intentions.htm.

In the last year the CCG has made communicating and engaging with patients and the public a much higher priority. There are many examples of how this is embedded across the organisation. This work has led to a deeper appreciation of how useful and important the patient voice is in helping develop our programmes of work. In particular, we undertook a substantial engagement exercise as part of our work around improving Musculoskeletal Services. More detail about this and other engagement work during 2014/15 can be found within the Statement of Involvement Report (appendix Ai of the Strategic Report).

The future

The NHS Five Year Forward View was published in October 2014 and sets out a vision for the future of the NHS giving a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services. The full Five Year Forward report can be viewed here. (http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf).

We are, I believe, in a unique position to build on our work so far to make the changes required of the NHS that are set out in the Five Year Forward View and we have already begun to look at the likely service models that need to be shaped to allow these changes to happen. The development of the GP Provider Board, outcome based contracting, tighter integration with social care and greater involvement of patients have all been key parts of our work as city healthcare commissioners during 2014/15. During 2015/16 we will continue to work in partnership with Sheffield City Council, our NHS provider partners and the GP Provider Board to develop a clear vision of how services should be delivered in Sheffield and how we will achieve that vision. In many respects, Sheffield is already well placed to respond positively to the key recommendations, given our work on integrating commissioning functions and supporting the development of more integrated providers.

We recognise that with the likely continuing significant constraints on public sector funding in the coming years mean that there will be tough decisions to be made, and we will mobilise our commissioning teams to meet this challenge. One of the developments coming on stream next year is a new primary and community based services model of Active Support and Recovery, delivering proactive support and recovery with a shift in focus towards earlier prevention and proactive care planning, reflecting the new service models envisaged in the Five Year Forward View. Alongside this, we will be looking to radically transform elective care through a new primary care based service, and we will undertake a strategic review of all elements of the urgent care system; all of which I think will be really ground breaking work.

Over the next year, commissioning will become increasingly localised as NHS England, currently responsible for commissioning high cost and specialised services, as well as primary care, will start to delegate some of these responsibilities to CCGs, as it moves towards more of a system manager role. Our CCG is of the view that this direction of travel is a good strategic fit for us and we are looking forward to working closely with NHS England as a co-commissioner.

Looking back over our second year makes me, as the Chair of the CCG, very proud. I am privileged to work with a talented and dedicated team of clinicians and CCG employed staff who have a wealth of experience and who have all contributed to our success so far. We have all benefitted from the inspiring leadership of our

Accountable Officer, Ian Atkinson, and we were sad to see him leave in March 2015 to explore new opportunities, I am however confident that the CCG has robust leadership in place and is in good shape as we look to recruit a new Accountable Officer.

For me, partnership working has been crucial in achieving what we have so far and we need to build on that approach if we are to continue to deliver improvements for Sheffield people. Most importantly, we need to align what we are doing with other programmes of work, such as the Integrated Commissioning Programme with Sheffield City Council and the Prime Minister's Challenge Fund programme of work that the GP Provider Board is leading, as this will reduce duplication and inappropriate use of resources through integration. I now turn to 2015-16 and look forward to what we hope will be another successful year.

Thank you for taking the time to read our annual report, we hope you find it an interesting read.

Dr Tim Moorhead
Chair, NHS Sheffield Clinical Commissioning Group

Signed: Date:

Tim Moorhead

Tim Moorhead
Chair

Strategic Report

1. Introduction

NHS Sheffield Clinical Commissioning Group (CCG) is responsible for commissioning many of Sheffield's healthcare services, particularly secondary care, and works with clinicians, healthcare professionals, and patients and the public, to deliver high quality, efficient and cost effective healthcare services for people across the whole of Sheffield.

This part of the CCG Annual Report will inform you about the work of the CCG during 2014/15, which was our second year as a fully authorised CCG.

From the outset, the CCG has demonstrated a clear commitment to an open and transparent approach to conducting our business, and therefore throughout this document, where appropriate, we will refer to documents that are already in the public domain*, many having been received at one of our monthly Governing Body meetings held in public.

These annual report and accounts have been prepared under a Direction issued by the NHS Commissioning Board under the National Health Service Act 2006.

*Referrals within this document are generally to web based resources; however if you are reading this in paper copy and require any of the documents to which we refer in paper copy please contact the CCG who will be happy to provide these for you: sheccg.comms@nhs.net / 0114 305 1398.

2. About Sheffield

NHS Sheffield CCG is a member of the Sheffield First Partnership. Each year the partnership commissions a report called '*The State of Sheffield*'. The most recent report was published in February 2015 and can be read in full here: https://www.sheffieldfirst.com/key-documents/state-of-sheffield.html

This section of the CCG Annual Report draws on "*The State of Sheffield*" and provides some context for the commissioning of health care in our city.

Living in Sheffield

The population of the city has grown over the last 10 years; in particular, there have been increases in the number of younger and older people, and it is more diverse in its ethnic groups and communities. The ethnic minority population of the city is now 19%, more than double that in 2001.

Sheffield's population has continued to grow - from 551,800 in 2011, to 560,100, in 2013, a growth of 1.5%. Sheffield's under 16 population has grown at the same rate as the city as a whole. The working age population has grown relatively slowly since 2011. An exception to this is the 20-24 age group, which has grown by 9% in this time and the two universities have continued to attract some 20,000 new students to the city – evidence of our image as an attractive place to live and work.

To give two high profile examples, the Crucible Theatre was named “regional theatre of the year” for the second year running, and Sheffield hosted a stage of the Tour de France. The Tramlines music festival continues to grow in popularity, with attendance increasing year on year. These examples demonstrate that Sheffield continues to be a vibrant city with a thriving cultural and sporting scene.

Sheffield is recognised as one of the greenest cities in Europe, with a variety of green spaces close to the city centre – but some areas also suffer from very poor air quality, mainly linked to motor vehicle use.

Working and the overall city economy

The economic performance of Sheffield and recent employment trends reveal a mixed picture. Unemployment claimant rates continue to fall across the city with the number claiming for more than two years, as of October 2014, declining by around 20% in the last 12 months. However, levels of youth unemployment, particularly long term youth unemployment, remain far too high.

The last year has seen encouraging evidence of investment and development, which has created local jobs, for example the expansion of the Children’s Hospital, and new retail and leisure opportunities on The Moor. There are exciting future plans for investment in engineering and advanced manufacturing, which show increasing confidence in the city region’s economy. The Gross Value Added (GVA) measure per head in Sheffield has grown in recent years, but does, however, still lag behind the national average (GVA is a measure of the contribution to the economy of an area: Sheffield’s per head is £17,752; the national average is £21,349).

Building on the success of the City Deal in 2013, Sheffield City Region agreed one of the most significant Growth Deals in 2014. Worth £320m, the deal provided further devolved funding for infrastructure investment and enhanced the developing localised skills model which was established in the City Deal. Sheffield City Region was one of only three places to be given flexibility over how devolved resources are used, emphasising the Government’s trust in local governance and leadership.

Many families, however, continue to struggle on a low income. Recent studies have highlighted that approximately 43% of households in Sheffield are vulnerable to significant levels of financial stress.

In terms of future trends, many of those already in difficulty will potentially face even more extreme hardship and additional groups currently on the margins of poverty and new groups of households who may have been financially secure previously could have new challenges to face.

Wellbeing

People are living longer in Sheffield and the overall health of the city’s population is improving. Unfortunately, significant inequalities remain: areas of concern include infant mortality rates, unhealthy lifestyles, dementia and poor mental health (particularly amongst the city’s children and young people), in addition to persistent geographical inequality. There are also large inequalities in life expectancy. For males, the gap between the lowest and highest life expectancy is 8.6 years, whereas for females the gap is 8.2 years. These gaps in life expectancy have not remained

static. Whilst inequality in life expectancy has decreased for males, it has increased for females. Health represents a complex set of conditions that are inherently linked to social and economic conditions, with different parts of the city and different communities experiencing a variety of root causes. The Sheffield Health and Wellbeing Board has identified addressing health inequalities as one of its priorities in the Joint Health and Wellbeing Strategy which can be viewed here: https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/what-the-board-does/joint-health-and-wellbeing-strategy.html.

Creating a fairer city

Sheffield launched the Our Fair City campaign in January 2015, aiming to build a social movement in support of fairness and better use the resources of the city and its citizens to promote fairness.

Tackling health inequalities is a significant part of addressing wider inequalities and this remains a key priority for the CCG. This includes addressing variations in life expectancy across the city and the higher prevalence of some long term conditions in some groups of people. Poor health tends to have a more profound impact on people who are already experiencing economic disadvantage, inadequate housing or insecure employment; the staff in our 87 practices have daily experience and insight into these issues.

Staff in general practice are engaged in increasing uptake of regular physical activity, smoking cessation and promotion of healthy weight on a face to face basis; at a strategic level the CCG works on these and other public health priorities with our partners in the Health and Wellbeing Board.

3. About us

NHS Sheffield Clinical Commissioning Group (CCG) is a membership organisation. Our membership comprises of 87 GP practices across the Sheffield locality. A list of the member practices can be found in the members' report section of the annual report, which follows the strategic report.

We are the only CCG in Sheffield and we cover the same population area (approximately 585,000 people) as the Local Authority - Sheffield City Council.

The CCG works with clinicians, healthcare professionals, patients and the public, to deliver high quality, efficient and cost effective healthcare services for people across the whole of Sheffield.

We have put our clinical leadership arrangements on a firmer footing by appointing through a competitive process, experienced GPs to our five Clinical Directors – one for each of our clinical portfolio areas. These doctors work part time within the CCG to lead quality improvements, service redesign and to support delivery of our clinical priorities. In addition to these appointments, there is a significant and growing number of clinicians who regularly work with us on a number of projects.

We have boosted our engagement with Sheffield citizens through our 'Involve me' engagement network and through our partnership with Healthwatch. More can be

read about this within the Statement of Involvement Report (appendix Ai of the Strategic Report).

The CCG's Governing Body includes GPs from across the city, with other healthcare professionals and lay advisors (non NHS, non-clinical people whose job is to 'think as a member of the public') represented.

Within the CCG there are four localities: North, West, Central and Hallam and South. These localities are accountable to the CCG and are responsible for locally sensitive implementation of commissioning plans and enabling all practices to be involved in the CCG – they support practices in their development and encourage innovation.

4. Strategy and Business

As we have progressed in our journey as a clinically led organisation, we have enhanced the clinical contribution to the delivery of our ambitions set out within our Commissioning Intentions. Our Commissioning Intentions for 2014-19, set out a number of ambitious objectives for the next five years to transform the way healthcare is delivered in Sheffield and improve the health and wellbeing of people in Sheffield, especially those population groups with the poorest health. This document can be found on our website http://www.sheffieldccg.nhs.uk/our-information/commissioning-intentions.htm.

The CCG has set up five clinical portfolios to deliver the Commissioning Intentions. Each portfolio is led by a Clinical Director who is an experienced GP, to work alongside the Heads of Commissioning, who are senior experienced managers, to identify clinical priorities, and to continually improve and develop the services commissioned. These portfolio teams are supported by a range of CCG staff with expertise in quality, public health, finance and contracting. They also draw in clinical advice from other local health care professionals, as well as from patients and the public.

All of the portfolios work closely together to deliver the commissioning intentions as there is significant overlap between the portfolios, but broadly speaking, they can be described as:

Elective Care

This team works to ensure that patients receive their planned care (for example, investigations, surgery, interventions such as physiotherapy) in the most appropriate place within the most appropriate timeframes. Their work also includes exploring how technology can be used to support more streamlined care, for example remote monitoring or virtual consultations; and the most up to date evidence as to how care should be delivered.

Urgent Care

This team is working collaboratively across the health and social care system to ensure that there is joined up urgent care regardless of who provides it. This ranges from extended opening hours in pharmacies for minor ailments right through to accident and emergency at the hospital. A key aspect of the work is developing

systems and models of care that are sufficiently resilient to respond to fluctuations in demand in a way that delivers best outcomes for patients and minimise pressure across the rest of the health system, for example in winter months when respiratory related conditions are exacerbated and require a higher level of care. This requires all the parts of the system to work well together, facilitating care outside of hospital that both prevents the need for admission and enables earlier discharge with the right level of support.

The CCG has also been working hard to make it easier for patients to understand which service will best meet their needs when they are ill, and how to access it – particularly in the evenings and at weekends.

Children, Young People and Maternity

This team works closely with Sheffield City Council on a range of priorities for families and children. The portfolio is concerned with improving services for common childhood problems such as continence, as well as working to develop services for children and young people with complex illnesses and disabilities. Developing better transition from children's to adult services has been a key piece of work which will continue, particularly for adolescents with mental health problems and learning disabilities.

Mental Health, Dementia and Learning Disabilities

This year the team has been undertaking some innovative work on prevention of mental ill health, as well as raising awareness and standards of care for the physical health of people with serious and long term mental health problems. The intentions are for these people to have better health, live longer and stop dying earlier. The team also continues to work with other partners in the city to create bespoke care for people with profound learning disabilities and complex medical problems, so that they can be cared for in Sheffield near their families.

For dementia, Sheffield was one of the first cities in the country committed to being a Dementia Friendly Community. This is where local businesses and organisations support people to live well with dementia, helping them remain independent for longer.

A partnership with the Local Authority has led to the establishment of a new Adult Autism and Neurodevelopmental Service, which provides assessment, diagnosis and multi-disciplinary interventions for people with an Autistic Spectrum Disorder.

Other important developments have been the creation of a local team to provide support in the city for people who have been in hospital placements a long distance away. Improvements have also been made in the level of mental health support available in accident and emergency, for those patients who need it.

Long Term Conditions, Older People, Cancer and End of Life

This team's responsibilities span a wide variety of topics. In the last year, the team has had a major focus on respiratory health, with the aim of preventing crisis admissions amongst people with chronic conditions, and working on improving services for people with diseases such as diabetes. The portfolio has been working

in an innovative partnership with the charity Macmillan to spread new knowledge about health issues facing people who survive cancer, and how best to support them. Promoting greater independence and wellbeing for older people is also an important part of the work of this team.

You can read about the portfolio's achievements from 2014/15 in the Quality and Outcomes report on our website **(insert link when complete).**

As well as the portfolios, the CCG supports delivery of our priorities through our newly established Programme Management Office (PMO). The CCG established the PMO in October 2014 to enable the organisation to have a more structured and assured approach to programme management and delivery of projects. Using proven programme methodologies, the PMO is designed to assist the CCG in allocating resources (in terms of finance and also staff time), making decisions and tracking progress across the life cycle of projects, including completion and evaluation of impact. The small but experienced team supports ensuring clarity in relation to patient related benefits in the most productive and efficient way and provides a governance and delivery structure to support approval, delivery and evaluation of these. Ultimately, this new approach will ensure that we are delivering high quality, sustainable services that make a real difference to the health and wellbeing of Sheffield people.

As a clinically led organisation, the CCG actively seeks the input of a wide range of clinicians to support the development of clinical policies, patient pathways and service design. We have established a 'virtual' Clinical Reference Group (CRG) to enable peer review of clinical ideas/proposals from a range of clinical backgrounds and experience. The group does not meet physically, but circulates and comments on ideas electronically. It is chaired and co-ordinated by an experienced GP and its recommendations are recorded and fed into the CCG's decision making.

The CCG invests each year in a programme of education for primary care staff. This is developed to support the delivery of our commissioning priorities around quality, safe and effective care and to reinforce the CCG's expectations around what constitutes best practice. These events are run with the good will and partnership of clinical staff in secondary care and we are grateful to them for sharing their time and expertise. The design of the programme is driven by the primary care agenda. In the last 12 months we have provided training on safeguarding adults; mental health; musculoskeletal health; gastro-intestinal conditions; infection prevention and control; respiratory problems; rheumatology; life after cancer; and care planning for people with long term conditions.

We have also offered training to practice managers on equality and diversity, and active listening skills for receptionists and other non-clinical staff, partly in conjunction with Macmillan cancer care.

We have included at Appendix A(ii) and A(iii) our reports regarding sustainability and equality and diversity.

5. Performance – Improving Health Outcomes and Ensuring Highest Quality Care

Throughout the year, each month a report is taken to the Governing Body meeting held in public, setting out our performance against agreed local and national measures. This Quality and Outcomes Report describes how, in partnership with our providers, we are meeting the CCG's commitment to ensure that the commissioning decisions and actions we take improve health care for the people of Sheffield and ensure patients receive the highest quality of care.

The monthly reports can be found on our website in the Governing Body Meetings section: http://www.sheffieldccg.nhs.uk/about-us/GB-meetings.htm

An end of year summary report will be available in May 2015 and the link will be added to this report here. **Add link to report in May**

Key highlights of our performance in 2014/15 include:

- Formal assessment by NHS England that the CCG is demonstrating ongoing good performance and improvement against local and national measures. NHS England has also confirmed that we have robust plans in place to address the challenges presented by the ongoing demands on A&E services and also on the wider care system including GP and community services. Sheffield CCG has consistently been assessed as 'fully assured' for six consecutive quarters since CCG assurance began in April 2013. We publish our findings from each quarterly assessment on our website: http://www.sheffieldccg.nhs.uk/our-information/How_are_we_doing.htm.
- Achieving an NHS England 'Quality Premium Payment' in recognition of the level of improvements in the quality of the services that the CCG commissions and for associated improvements in health outcomes. This non-recurrent payment of £1.7 million was used in 2014/15, to further improve the quality of services, improve outcomes from the provision of health services and reduce inequalities in access.
- Continued to meet all the NHS Constitution waiting time pledges for patients referred for suspected cancer, in contrast to the overall national position.
- Successfully working with providers to address the challenges experienced nationally during 2014/15 in relation to the ongoing demands on A&E services and also waiting times for diagnostic tests and non-urgent hospital treatment.

6. Finance

Maintaining sound financial health

In our second year of operation we had two main objectives. Firstly it was important for the CCG to continue to maintain a strong financial position on a sustainable basis. Secondly we wanted to ensure that the investments made supported our strategic objectives (as set out in our Commissioning Intentions), in particular to continue to reduce our historic over reliance on hospital services and invest in care closer to home. 2014/15 proved a successful year in supporting the achievement of both of these aims.

We are able to report continued compliance with our statutory duty of delivering financial balance against the resources allocated to the CCG by NHS England. Taking both our allocation for programme (commissioned) expenditure and our Running Cost Allowance (RCA) we reported a surplus of £11.3m or 1.6%. This was slightly higher than the original national planning requirement of a 1% (£7.2m) surplus. This was possible primarily as a result of slippage in spend against the national risk pool for CHC retrospective claims (resulting in a return of £1.6m of contributions in January 2015) and lower than planned reductions to overall waiting lists, largely due to capacity issues at local trusts in the last quarter of the year. The CCG's preference was to carry forward this resource into 2015/16 to meet pressures identified for the new financial year, in particular to progress reductions to waiting times and developments in collaborative commissioning with Sheffield City Council NHS England has agreed to this carry forward.

Our programme allocation, to commission health care services, was £711m and we underspent against this by £6.3m or 0.9%.

All CCGs were given an RCA of approximately £25 per head of population, which for Sheffield equated to £14m. This is used to fund the commissioning and governance costs and clinical engagement activities of the CCG and its Localities. As Sheffield CCG is a large CCG we benefit from economies of scale. In addition, NHS England had previously notified CCGs that RCAs would be cut by 10% in 2015/16 and we took a decision to remain within this lower level of funding also in 2014/15, allowing the balance to be spent on patient care. In 2014/15 our actual spend was £10.8 m (£18.50 per head of population).

For the first time, in 2014/15, we received additional funding, referred to as our 'Quality Premium' of £1.8m, based on our performance against agreed national criteria in 2013/14. Whilst the funding was added to our RCA, the funding was actually used to support commissioned spend - to support the emerging primary care development agenda of the CCG as well as initiatives seeking to reduce waiting times for certain services not specifically within Referral To Treatment targets including orthotics and child and adolescent mental health services. The total underspend of £5m against the RCA contributes to the overall surplus and will be carried forward into 2015/16.

The CCG has no allocation for capital expenditure. The CCG does not own any land or buildings, just limited IT and other office related equipment. Replacement of these assets is via revenue expenditure.

The Better Payment Practice Code requires the CCG to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. The NHS aims to pay at least 95% of invoices within 30 days of receipt, or within agreed contract terms. Details of our compliance with the code are given in the notes to the financial statements and reproduced below. Prior year comparatives are shown for 2013-14.

Measure of compliance

	2014-15 Number	2014-15 £000	Prior Year Comparator 2013-14 Number	Prior Year Comparator 2013-14 £000
Non-NHS Payables Total Non-NHS Trade Invoices Paid in the Year	**13,945**	**94,388**	13,430	76,778
Total Non-NHS Trade Invoices Paid Within Target	**13,743**	**93,861**	13,177	76,105
Percentage of Non NHS Trade Invoices Paid Within Target	**98.55%**	**99.44%**	98.12%	99.12%
NHS Payables Total NHS Trade Invoices Paid in the Year	**3,527**	**570,694**	2,783	523,568
Total NHS Trade Invoices Paid Within Target	**3,505**	**570,654**	2,738	523,252
Percentage of NHS Trade Invoices Paid Within Target	**99.38%**	**99.99%**	98.38%	99.94%

How did the CCG spend its Programme (Commissioning) Budget?

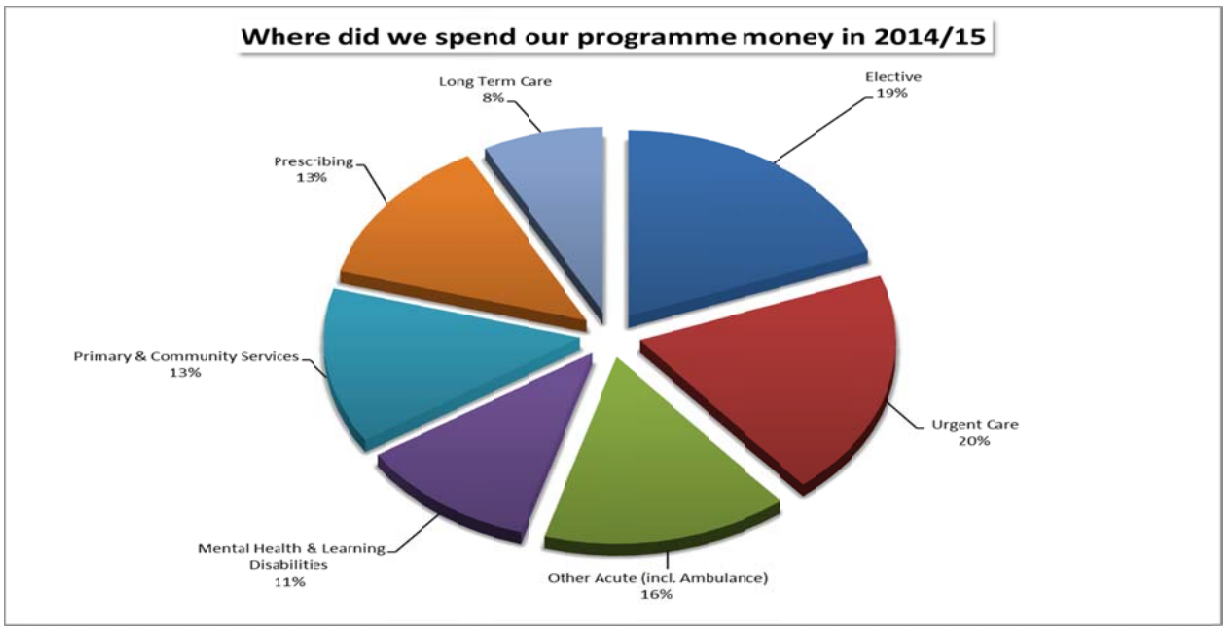
Overall, we spent an average of £1,203 per person on health care for the people of Sheffield. In 2013/14 spend was an average of £1,211 per person. The average has reduced slightly because our population has increased by around 23,000 or 4% and our funding has not increased at this same rate. The table below provides an analysis of how we invested our programme resources in 2014/15. The analysis includes spend against external income as well our revenue resources received from NHS England.

	2014/15	2013/14
	£m	**£m**
Primary & Community Care		
Primary & Community services	96	89
Prescribing	93	91
Acute Hospital Care		
Elective Care	136	132
Urgent Care	139	138
Other Acute *	88	87
Ambulance	22	21
Mental Health & Learning Difficulties	80	79
Long Term Conditions	55	51
Total	**710**	**688**

** The types of services included within Other Acute are cost per case, critical care, diagnostic testing& imaging and maternity pathway payments.*

The CCG, unlike Sheffield PCT, does not contract for core services provided by Primary Care Contractors such as GPs and Dentists, nor for specialised services. These are commissioned by NHS England.

The chart overleaf presents similar information but shows expenditure, net of external income, as a percentage of the total programme spend.



Full sets of detailed Annual Accounts are available via the CCG's web site or in hard copy free of charge, from Margaret Saunders, NHS Sheffield CCG, 722 Prince of Wales Road, Sheffield, S9 4EU. Email: sheccg.foi@nhs.net. The Annual Accounts were prepared under a Direction issued by the NHS Commissioning Board (NHS England) under the National Health Service Act 2006 (as amended).

Looking ahead to future years

The CCG has a five year financial plan which supports our overall strategy. The financial plan takes into account the expected very low real terms growth for the whole of the period due to the overall UK economic situation and that the CCG currently has an allocation which is above its "fair shares" target. This has meant that for 2015/16 we have received the minimum level of growth and it will bring significant challenges. It means that delivery of substantial QIPP productivity and efficiency savings will be required as we implement our local service transformation agenda. We will be working more closely with Sheffield City Council on a substantial integrated commissioning and service transformation programme. This will be supported by pooling funds through formal Section 75 Better Care Fund arrangement. We intend to pool well in excess of the national requirement for 2015/16, at c£270m of which £165m will be CCG funding.

The CCG remains firmly committed to maintaining recurrent financial balance throughout the period of this strategic plan, and to building on our strong financial management ethos and partnership working to deliver sustainable health services within available resources. We are planning to deliver a small (1%) surplus in each year of the planning period. In addition, to ensure that we achieve maximum gain from the resources employed, we will continue to seek best value for money.

7. Relationships

Partners and Providers

Sheffield Teaching Hospitals NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) is the major provider of adult health care for the city and also in the community. The Trust manages the five NHS adult hospitals in Sheffield: the Northern General, Royal Hallamshire, Jessop Wing, Weston Park and Charles Clifford Dental Hospital.

Sheffield Children's NHS Foundation Trust
Sheffield Children's NHS Foundation Trust (SCHFT) is one of only four dedicated children's hospital trusts in the UK providing integrated, highly specialist healthcare for children and young people in Sheffield, South Yorkshire and beyond.

Sheffield Health and Social Care NHS Foundation Trust
Sheffield Health and Social Care NHS Foundation Trust (SHSC) provides mental health and social care services which include a full range of specialist adult and older people's services, psychology and therapy agencies as well as specialist learning disability services, substance misuse and community equipment services.

Sheffield GP Provider Board
The Sheffield GP Provider Board (GPPB) acts as a unified voice for primary care providers in the city and works collaboratively with other partners to ensure high quality, primary care services for residents of Sheffield.

Sheffield City Council
Sheffield City Council (SCC) is the major provider of social care in the city and they also took on responsibilities for public health in 2013. They are equal partners with the CCG on the Health and Wellbeing Board. From 1 April 2015 NHS Sheffield CCG and Sheffield City Council will operate a £270 million pooled budget for all appropriate health and social care services across Sheffield. This pooled budget is one of the biggest in the country and will transform Sheffield's health and social care services to make care more coordinated and seamless.

Healthwatch
Set up in 2013, Healthwatch has been the consumer champion to give adults, children and young people a powerful voice about health and social care services. Healthwatch Sheffield works with local people to improve health and social care services and help people to get the best out of those services. Sheffield CCG and Healthwatch Sheffield work closely together around patient and public engagement to ensure that the patient voice is heard and that it is at the heart of any commissioning decisions.

NHS England and Primary Care Providers (GPs, Dentists, Optometrists, Pharmacists)
From April 2013, NHS England took on many of the functions of the former primary care trusts (PCTs) with regard to the commissioning of primary care health services (GPs, Dentists, Optometrists, Pharmacists), as well as some nationally-based functions previously undertaken by the Department of Health. In Sheffield there are 87 general practices, operating from 114 surgeries across the city; there are 75 NHS dental practices and two salaried dental service clinics providing routine care, plus

four specialist orthodontic practices, and seven salaried dental clinics which provide specialist services for people with special care needs; there are 129 pharmacies in Sheffield; and 49 optometry contractors operating out of 57 practices in Sheffield.

The NHS England Area Team's regional role is to: Support and develop CCGs; Assess and assure performance; Undertake direct commissioning of primary care services (GPs, dental, pharmacy, optometry) and some public health services, for example, screening and immunisation programmes for children and adults; children's 0 – 5 year old health services; Commission specialised health services from Yorkshire and the Humber providers and from some specialised independent providers outside the area; Manage and cultivate local partnerships and stakeholder relationships, including membership of Local Health and Wellbeing Boards; Emergency planning, resilience and response; Ensure quality and safety; Provide configuration and system oversight; host the Clinical Senate for Yorkshire and the Humber and the Strategic Clinical Networks.

Other Providers
NHS Sheffield Clinical Commissioning Group also commissions services from a range of other providers, including nursing and residential homes where there are NHS funded clients, other NHS providers (for example who might be outside of Sheffield), independent sector providers and voluntary organisations.

Each month the CCG publishes details about all of our spend that is over £25,000.00. All providers who provide services over this cost will be listed on this document: http://www.sheffieldccg.nhs.uk/about-us/spending-over-25k.htm.

Strategic Partnerships

Health and Wellbeing Board
The Health and Wellbeing Board is a strategic partnership primarily with Sheffield City Council, with NHS England and Healthwatch involved. Outputs of the partnership include the Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy and proposals for integrated commissioning. The Joint Strategic Needs Assessment (or JSNA for short) is the means by which we assess the current and future health, care and wellbeing needs of the local population. Please visit: https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/JSNA.html to read the report.

Right First Time
A partnership with Sheffield Health and Social Care NHS FT, Sheffield Teaching Hospitals NHS FT, Sheffield Children's NHS FT and Sheffield City Council. Outputs of the partnership include delivery of plans to help people stay healthy and at home, improvements in the NHS response to urgent care needs, reduction of hospital length of stay, and improved rehabilitation and long term care provision. The Right First Time partnership is where providers and commissioners discuss the integration of health and social care.

Future Shape Children's Health
A partnership with Sheffield City Council and Sheffield Children's NHS FT. Products of the partnership include delivery of plans to improve health and life chances for children in Sheffield.

CCGCOM and Yorkshire and Humber CCG Collaborative
A Collaborative working arrangement between CCG's across South Yorkshire and Bassetlaw (CCG Com) and Yorkshire and Humber CCGs, to identify and exploit benefits of work across a bigger geographic area and to coordinate the co-commissioning relationship with NHS England and to collaborate on contract negotiation and management with providers that we share.

Working Together
This is a programme of work developed by a collaborative approach across eight CCGs and NHS England, towards the end of 2013, as CCGs approached the end of their first year of establishment. The eight CCGs jointly developed a commissioner led programme of work to review and re-design a number of services across South Yorkshire, North Derbyshire and Wakefield health systems. A provider led 'Working Together' programme also exists, and the two programmes are closely aligned and work closely to improve services and improve the effectiveness of the CCGs' collective investment in health care.

Working Together has focused so far on four initial agreed areas, Children's Services, Cardiovascular, Smaller Surgical and Medical Specialties, and Urgent and Emergency Care and good progress is being made, in partnership with local clinicians and other partners such as NHS England and Health and Wellbeing Boards. This programme is a major commitment and one that is necessary to deliver the significant changes that will deliver both improved patient outcomes and increased efficiencies in the way we deliver healthcare. As a result of work in phase one, changes to services will be made which will have a direct positive impact on the quality and experience of patient care. Phase two of the Working Together Programme will build on the commitments started in phase one, including improving the provision of children's service and stroke services. Sheffield, with the other seven CCGs involved, will be working with the King's Fund (a national health charity) to develop thinking and ambitions for new models of care and the opportunities of taking a collaborative approach to commissioning.

Additional partnership activity
In addition to the above, we are members of the Sheffield Executive Board and maintain relationships with individual organisations through regular Governing Body to Board meetings (including with voluntary, community and faith organisations through meetings with the Third Sector Assembly) and are members of a number of service or condition specific partnership boards and other planning groups. We also contribute to a number of Sheffield City Council groups and initiatives, for example we were involved in developing the multi-agency "Tackling Poverty Strategy".

Public engagement

Patient and Public Voice Report
Sheffield CCG is committed to ensuring that the patient voice is at the heart of all our decisions. We believe that public and patient involvement leads to better service specifications, a better understanding of the quality of care, and a greater understanding of what the people of Sheffield need from healthcare.

During our first year (2013/14), we co-produced an Engagement Plan with the people of Sheffield. This led to the development of our patient, carer and public

involvement network called ‘Involve Me’ and we have continued to develop this network in 2014/15.

Detail about the CCG’s engagement activity for 2014/15 can be found within the Statement of Involvement Report (appendix Ai of the Strategic Report).

8. Quality

Quality assurance of the services that we commission is paramount. We assess performance against key local and national quality measures and this is an integral part of the monthly Quality and Outcomes Report to the Governing Body meeting held in public. This includes CCG and provider performance on patient experience – patient feedback and complaints, the prevention of infections resulting from medical care or treatment in hospital and serious incidents.

The Quality and Outcomes Report describes how, in partnership with our providers, we are meeting the CCG’s commitment to ensure that the commissioning decisions and actions we take improve health care for the people of Sheffield and to ensure patients receive the highest quality of care.

The monthly reports can be found on our website in the Governing Body Meetings section: http://www.sheffieldccg.nhs.uk/about-us/GB-meetings.htm.

Safeguarding

The CCG has a responsibility to protect vulnerable adults and children and we are committed to improving safeguarding processes in Sheffield. More information about safeguarding at the CCG can be found on our website http://www.sheffieldccg.nhs.uk/Your-Health/safeguarding-adults-and-children.htm.

As part of the CCG’s commitment to transparency, quarterly reports on safeguarding are taken to the Governing Body. The latest report can be viewed below:

January 2015:
http://www.sheffieldccg.nhs.uk/Downloads/CCG%20Board%20Papers/January%2015%20Board%20Papers/Item%2014e%20Safeguarding%20update.pdf.

Serious Incidents

Monthly reports on Serious Incidents (SIs) are taken to the Governing Body. Please visit the Governing Body meeting pages on our website to find these reports:

http://www.sheffieldccg.nhs.uk/about-us/GB-meetings.htm

Compliments and Complaints

Quarterly reports on Compliments and Complaints are also made publically available as part of the Governing Body reports. The latest report can be viewed below:

January 2015:
http://www.sheffieldccg.nhs.uk/Downloads/CCG%20Board%20Papers/January%2015%20Board%20Papers/Item%2014f%20Compliments%20Complaints%20and%20MP%20Enquries%20report.pdf

The Compliments and Complaints Annual Report will be available in June 2015 on our website here: http://www.sheffieldccg.nhs.uk/our-information/strategies-and-policies.htm.

Infection Control

All Sheffield Foundation Trusts have plans to reduce Clostridium Difficile (C.Difficile) and other healthcare acquired infections. As part of ongoing work around infection control, there is a CCG C.Difficile report and an action plan – updated annually and monitored every quarter by our Quality Assurance Committee. The latest report and the action plan for 2014/15 can be found on our website:

http://www.sheffieldccg.nhs.uk/our-information/strategiesand-policies.htm.

The CCG produces an annual infection control report, which can also be found on our website:

http://www.sheffieldccg.nhs.uk/our-information/strategiesand-policies.htm.

Care Home Quality

An annual report into Care Home Quality is produced each year. The report for 2013/14 can be found on our website:

http://www.sheffieldccg.nhs.uk/our-information/strategies-and-policies.htm

Medicines Management

The management of medicines continues to be a priority for the CCG and work has been taken forward during the year to optimise the benefits that patients receive from their NHS provided medicines. This has included audits focussing on high risk medicines and the development of guidelines to support safe prescribing. In addition, given that medicines account for a considerable percentage of the CCG budget, the medicines management team work closely with practices to ensure that high quality, safe and cost effective prescribing is maintained. In 2014/15 this work has included making best use of community pharmacists working with their local practices to improve patient care.

Gender Equality Data

CCGs are required to publish certain data in their annual report. This can be found in section 6 of the Members' Report.

9. Managing Risk and Annual Governance Statement

NHS Sheffield CCG has developed strategic objectives and identified the principal risks to achieving these. The identified risks, controls and sources of assurance along with any identified gaps in controls are included in our Assurance Framework. We have also identified risks, controls, sources of assurance and gaps in controls in relation to the day-to-day operations of the organisation and these are entered onto the Operational Risk Register.

Trends and factors that the CCG consider likely to impact on future delivery are considered in our Commissioning Intentions plans for 2015/16 which can be found

on our website here: http://www.sheffieldccg.nhs.uk/our-information/commissioning-intentions.htm.

The Assurance Framework and Risk Register are continuously monitored and provide both assurance to the Governing Body and documentary evidence to support the Annual Governance Statement. The CCG has adopted a proactive and systematic process of risk identification, analysis, treatment and evaluation of potential and actual risks. The primary purpose is to enable individuals and the CCG to deal competently with all key risks, thereby providing more confidence that we will achieve our objectives.

The NHS England CCG Assurance Framework requires clinical commissioning groups to report on their delivery of the duties laid down in the National Health Service Act 2006 (as amended). The report for how we have delivered on the duties in the Act can be found in the Annual Governance Statement

The Annual Governance Statement demonstrates NHS Sheffield CCG's ability to operate effectively and to a high standard of probity. It is designed to encompass all aspects of governance, risk management and internal control arrangements and how they operate in practice in the delivery of the organisation's objectives. It demonstrates the level of confidence on the CCG's ability to achieve its aims and objectives in accordance with statutory and other requirements through the conduct of its business, its governance arrangements and the effective management of risks.

The Annual Governance Statement can be found at the end of this report.

Certification by the Accountable Officer

We certify that the clinical commissioning group has complied with the statutory duties laid down in the National Health Service Act 2006 (as amended)

Signed: Date:

Idris Griffiths

Idris Griffiths
Interim Accountable Officer

Appendices to the Strategic Report

Statement of Involvement 2014/15 Report
A report on engagement activity completed by the CCG and partners during 2014/15 can be found at appendix Ai

Sustainability Report
The CCG Sustainability report can be found attached to the annual report at appendix Aii

Equality and Diversity Report
The equality and diversity report can be found attached to the annual report at appendix Aiii

NHS Sheffield CCG Annual Report 2014/15
Appendix Ai) – Statement of Involvement Report 2014/15

Introduction

NHS Sheffield CCG has been working hard to ensure that we place patients at the heart of all our discussions with providers of healthcare and all our commissioning decisions. Extensive work has taken place throughout 2014/15, both internally and externally, to help us to achieve this as an organisation. This section highlights the breadth of work that we have done in order to make sure that we are a listening organisation and use the voice of the people of Sheffield to influence all that we do.

Internal CCG activity

Introduction of a phased approach to engagement

Sheffield CCG introduced a three phased approach to engagement with public, patient and carers which makes sure that we are getting the most of the feedback that we receive and using it in a systematic way.

Phase One – Collecting data

The first phase involves bringing together patient experience data that exists from provider and commissioner organisations as well as third sector partners both locally and nationally.

Phase Two – Talking to people

The second phase relates to engagement with people currently utilising the service or those with recent experience. Following phase two, we can then develop what we need to, whether that is a draft strategy or a service specification etc. alongside other data sources.

Phase Three – Testing our plans

Phase three involves talking to those who contributed in phase two to ensure their comments are visible in the general themes and trends of what we have produced. This makes sure that we are reflecting what people are telling us and enables people to feel heard and their contribution valued.

A second Engagement Summit is scheduled which will include further representation from the third sector and local authority to encourage a system-wide approach to public engagement.

Communications and Engagement Strategy Refresh

When the CCG was formed in April 2013, a Communications and Engagement Strategy was produced which provided a direction for how the CCG would engage with the public and patients. After 18 months of engaging with the public of Sheffield, and developing as an organisation, it was felt appropriate to refresh this strategy. Key outputs were added to the strategy including providing a quarterly report to Governing Body, undertaking a bi-annual satisfaction survey of Involve Me members and gaining assurance on our engagement activity through an audit.

The Communications and Engagement Strategy can be found at:
www.sheffieldccg.nhs.uk/Downloads/CCG%20Board%20Papers/October%202014%20board%20papers/PAPER%20H%20Comms%20and%20Engagement%20Strategy.pdf

Patient, Carer and Public Involvement Expenses Policy and Procedure
A Patient, Carer and Public Involvement Expenses Policy and Procedure has been developed in 2014/15 which details how the CCG plan to support people who choose to engage with the CCG. This will help us to be consistent in our offer to people when they are engaging with us in different ways. It will go to Governance Sub committee in May 2015.

Engagement Week
In November 2014, a week dedicated to engagement was held for all CCG staff. 'Engagement Week' was developed following conversations with staff across the organisation about how we can place patients at the heart of all our discussions and commissioning decisions. A timetable of activities was delivered giving staff the chance to hear what was happening within the organisation and why our leaders are passionate about embedding engagement within everything that we do. There were a variety of opportunities for all staff to hear, consider and act including sessions on community development, the voice of the third sector, Healthwatch Sheffield, involvement in procurement and learning lessons from previous successful engagement projects, along with many more.

Engagement Training
In July 2014, engagement training was delivered to CCG commissioning managers to upskill them on various aspects of public and patient engagement including their legal responsibilities to engage with the public, the commissioning cycle, types of engagement and future planning.

Patient Engagement and Experience Group
The Patient Engagement and Experience Group meet monthly to review engagement within the CCG. The group also provides a quarterly report to the Governing Body to highlight engagement activity and progress against the Patient and Public Involvement Plan, as well as providing a snapshot of feedback from local people based on specific engagement activity. These reports can be found in the Governing Body papers at www.sheffieldccg.nhs.uk/about-us/GB-meetings.htm

Programme Management Office
The Programme Management Office (PMO), launched in October 2014, supports the CCG to successfully deliver projects. Engagement with patients and the public is a key criterion in deciding whether new proposals are approved to carry on. If a proposal is deemed not to be based on sufficient enough public engagement, it can be paused until further engagement work is carried out, or stopped altogether.

Audit of PPI activity
In March 2015, 360 Assurance (a commercial company who act as the CCG's internal auditors) provided an audit of the CCG's patient and public engagement. The objective of the review was to provide independent assurance regarding the effectiveness of arrangements established by the CCG to ensure that patients and the public are being appropriately engaged in commissioning activities and examined the structure, strategy, plans and activities of the organisation relating to engagement. The Audit's opinion was that "significant assurance can be provided that there is a generally sound system of control designed to meet the system's objectives."

Engaging with our strategic partners in the city

Engagement Summit

Representatives from Sheffield Teaching Hospitals, Sheffield Health and Social Care Trust, Sheffield Children's Hospital, Sheffield Clinical Commissioning Group, Yorkshire Ambulance Service and Healthwatch Sheffield came together last year to discuss patient, carer and public engagement. The purpose of the event was to share our work on patient, carer and public engagement, and consider what more could be done to work collectively and cohesively to enable people to talk to the NHS as a whole and enable resources to go further. There was strong agreement that we should work together in communicating and engaging with the public – recognising that there are also separate responsibilities we each need to discharge. We agreed that there will be times when we should engage on a subject as one NHS, and, in addition, there are operational areas we can work on together. A key early outcome of the summit was to agree to regular meetings of our engagement teams to look at co-ordinating engagement activity across health and social care.

Healthwatch Sheffield and Young Healthwatch

We have continued to work in partnership with Healthwatch Sheffield and Young Healthwatch. Our partnership includes monthly meetings between our teams to discuss upcoming work and feedback received as well as Healthwatch providing an assurance on our engagement projects such as the musculoskeletal service review. A Healthwatch Sheffield representative also attends the Patient Engagement and Experience Group and Governing Body each month and provides an update for our quarterly Governing Body engagement paper. NHS Sheffield CCG and Healthwatch Sheffield also continue to raise the profile of engagement activities carried out by each other using their networks.

Health and Wellbeing Board

Through the Health and Wellbeing Board we have arranged with our partners, Sheffield City Council and Healthwatch Sheffield and Young Healthwatch, to promote each other's activities and events to our combined 1700 contacts across the city. It also gives an opportunity to share current and past activity with our partners with a view to coordinating our work and using learning more effectively.

Public Health

We have begun to make links with the Community Wellbeing Programme as part of the Sheffield public health team. We aim to keep each other informed on developments and progress of our engagement work as well as tapping into the community hubs to boost our reach into communities and hard to reach groups using already established networks.

Public, patient and carer activity

Involve me

'Involve Me' was launched in April 2014 and 704 people have joined to date. It was set up as a way of involving people who care about their local NHS and who would like to be kept updated, or get involved and have their say, on commissioning decisions for the benefit of Sheffield people.

We want to create a relationship with as many people as possible to give them the opportunity to hear what's really going on in the local NHS 'straight from the horse's

mouth' and to gather views on health and social care to inform the key decisions that we make.

We have recently sent the second edition of our Involve Me Insight magazine to all involve me members via e-mail and post. This edition included information on NHS Five Year Forward View, Healthwatch Sheffield, Respiratory Services, Choose Well and the new Mental Health service for young people.

Recently we reviewed the network using a survey sent to all Involve Me members, both online and through the post. The survey asked about the readability, look, relevance, interest, frequency and benefits of the information that we send along with opportunities to suggest improvements. We will be taking the feedback to improve how we communicate with Involve Me members and the general public.

As part of the Involve Me network, we have a Readers' Panel who help us to review the materials we send out. They have recently reviewed leaflets from our Medicines Management Team. Comments received have resulted in amendments to the final documents based on the feedback. The team will also now be reviewing all their other leaflets with the Involve Me Readers' Panel.

You can sign up to our network online at www.sheffieldccg.nhs.uk/get-involved/involve-me.htm or by calling us on 0114 305 4609.

End of Life Care Strategy
An executive summary of the updated End of Life Care Strategy was sent to Involve Me and Healthwatch members who had expressed an interest in this area of our work. The comments that we received back helped to shape the Strategy for 2014-17, specifically around the support that carers receive.

Domiciliary Care Procurement
During the summer of 2014, the CCG advertised for a patient / carer representative to be involved in the procurement process for a new Domiciliary Care Provider for Sheffield. We recruited a local resident who kindly volunteered her valuable time to be involved in the procurement process as a carer representative, having had experience of these types of services within her family. The successful applicant also had extensive knowledge, understanding and experience of working within the NHS previously, which was of great benefit in understanding the procurement process and being able to actively take part in the discussions and decision making.

The lady we recruited attended a number of meetings and actively took part in the online scoring process and evaluating the tender documents offering a carer prospective to this process. Support was provided throughout the process from NHS Yorkshire and Humber Commissioning Support Unit (Y&H CSU)) Procurement Team, Head of Clinical Services for the CCG and members of the Engagement Team.

In conjunction with involvement directly within the procurement process, we also contacted people in receipt of current services directly via letter and invited their comments and feedback (both patients and carers) regarding their current experiences of domiciliary care across Sheffield via telephone, freepost or online survey. This was to try to ensure that the collective voice and feedback from the

people who use these type of services would help to shape and influence directly the outcome of the procurement process.

The engagement team sought feedback from those people involved regarding the pros and cons of the process that was undertaken as a whole from the initial recruitment of a patient /carer representative to the end of the process. This helped to inform a summary document which was compiled evaluating the process from the perspective of all involved, so that lessons can be learnt for the CCG, and the Engagement and Procurement Teams when involving patients and carers in procurement processes in the future.

Musculoskeletal services review - 'Moving Together'
Musculoskeletal services (MSK) support adults with over 200 different conditions affecting joints, bones, muscles and soft tissues and cover individual services like orthopaedics, rheumatology, chronic pain and physiotherapy. It is estimated that there are over 62,000 people with a chronic MSK condition living in Sheffield.

We are looking to build services around what patients need and value to make sure that the best care is offered. At the heart of Moving Together is recognising what matters most to patients, whether that is their outcomes, experiences or how their care is provided. This is a big change and needed patients and clinicians to work together to achieve. It was essential to include patients and healthcare professionals in a partnership to co-develop the outcomes that the provider would be measured against. To make sure that these outcomes were co-developed, a process of continuous feedback was adhered to. At regular occurrences throughout the six month engagement activity, a reflection of the feedback that had been received took place with patients, the public and providers checking and discussing the feedback in a process of refining the outcomes and shaping a new service. This reflection enabled us to identify key gaps in the diversity of our respondents, which gave us the opportunity to address this by targeting key groups that reflected the underrepresented communities.

Using various methods such as a survey, large co-production events, patient stories, the formation of a patient steering group and meeting with local patient and community groups, we were able to generate ideas and principles to base the new service on.

The full Musculoskeletal services engagement report can be found at:
www.sheffieldccg.nhs.uk/Downloads/CCG%20Board%20Papers/December%202014%20board%20papers/Item%2017j%20MSK%20Services%20Engagement%20Report%20and%20Appendices%20A-F.pdf

Commissioning Intentions
As we approach our third year of operation and the second year of our ambitious five year strategic plan we wanted to ask members of the public, staff and clinicians in the city what they think we should concentrate on as we look at refreshing our plans for 2015 onwards.

Using a mixture of general and focussed engagement activities we estimate that a total of 264,569 people across Sheffield will have received information regarding our Commissioning Intentions. General activities included using social and broadcast media and the Involve Me network, whilst a targeted approach was taken to engage

with children and young people by asking ChilyPEP (Children and Young People's Empowerment Project) to facilitate work on our behalf.

The full Commissioning Intentions engagement report can be found at: www.sheffieldccg.nhs.uk/Downloads/CCG%20Board%20Papers/April%202015/PAPER%20E%20Commissioning%20Intentions.pdf

Mental Health and Wellbeing Strategy refresh
The Mental Health Partnership Board (MHPB) for Sheffield, which is a multi-agency group consisting of representatives from across all of the key statutory health and care organisations working across Sheffield, wanted to update the strategy for the next five years (2014 – 19) to reflect recent mental health policy guidance and to recognise the views and wishes of service users and their carers.

NHS Sheffield CCG and Sheffield City Council are key members of the Mental Health Partnership Board and wanted to understand the experience of service users and carers who seek help when it is needed, and to understand what assists them in their journey of "recovery". In essence, they needed to find out what is working and what is not; what helps at those decisive moments and what does not.

From May to July 2014, Sheffield CCG co-ordinated engagement activity on behalf of the Mental Health Partnership Board.

Respiratory Strategy
The CCG developed a strategy for respiratory care which defines what is commissioned in Sheffield up to 2019. The strategy helps to identify where access to services and patient treatments can be improved to help people living with respiratory conditions such as Chronic Obstructive Pulmonary Disease (COPD), asthma and pneumonia.

We wanted to hear from patients about their experience of respiratory care and services in Sheffield in the last two years. Our engagement involved using an innovative pilot to provide transparency to the process. Working in partnership with Patient Opinion, we encouraged people who had an experience of using services linked to respiratory conditions to comment online or over the telephone. All comments were included on the public Patient Opinion website. This was combined with the more traditional engagement method of visiting and talking to relevant patient groups such as Breathe Easy and Pulmonary Rehabilitation and semi-structured interviews with individuals. These methods were brought together using a regular online blog reflecting on the feedback received.

Healthy Living Champions
Sheffield now has nearly 50 Healthy Living Champions (HLCs) working in Healthy Living Pharmacies across the city. These Royal Society of Public Health qualified staff are trained in supporting patients in their general health and wellbeing. The impact of their interventions is rarely recorded and the engagement team is facilitating Medicines Management colleagues in gathering patient stories from HLCs and from patients first hand in the future. Some of these stories were recorded at a community pharmacy training event held in February 2015.

Feedback themes

General themes of the feedback we have received throughout the year

- Information, advice and awareness raising
- Mental health and wellbeing / emotional impact
- Integrated services / effective partnership working
- Being seen as a whole person and getting back to life
- Listened to and heard
- Effective care planning
- Understanding conditions and how to self-manage them
- Awareness of diversity and health inequalities
- Local services and knowing what they offer
- Choice over appointments
- Good care from skilled, caring staff

Current work

Urgent Care Service Review

Demand and pressure on urgent care services continues to increase in Sheffield, in common with the national picture. Local services are not uniform which can make it difficult for patients to navigate to the most appropriate place of care first time, and there is some duplication in use of resources. Our urgent care system increasingly struggles to meet demand and deliver clinically effective and safe services, which provide the best patient experience. In order to address these issues, it is proposed that a review of citywide urgent care services is undertaken via formal engagement with patients, public, clinicians and other key stakeholders, including existing service providers.

This review and engagement will seek to understand the outcomes required by local people when making use of urgent care services, test out a number of key principles which are outlined below and will seek to assess options for improvement within existing resources.

The importance of gathering the views of patients, public, service providers and other key stakeholders cannot be underestimated. In order to ensure that this review and resulting proposals are fully informed by local views, a full engagement and communication plan will be developed. At this stage, it is expected that this will follow a similar model to the recent successful work undertaken in musculoskeletal services and link closely with the ‘Involve Me’ network.

To find out more about this work, please visit www.sheffieldccg.nhs.uk/our-projects/Urgent-Care.htm.

NHS Sheffield CCG Annual Report 2014 -15
Appendix Aii) – Sustainability Report

Sustainability and Carbon Management

The CCG Sustainability and Carbon Management Group, led by a Governing Body GP member and an Executive Director, meets quarterly and its work so far includes:

- Engaging with colleagues, providers and GP practices with sustainability and carbon management issues.
- Overseeing work in our offices and in practice premises including recycling (paper, pens, batteries, ink cartridges, glass, and cans), reducing waste, rules based printing, and reducing travel through the use of technology.
- Supporting business cases for service change that minimise patient and service user carbon impact by maximising the use of technology and providing care closer to home to reduce patient travel.
- Doing a public and practice campaign on waste.
- Working with our providers in terms of leading and supporting action by FTs and other providers, including contractual and partnership agreements.

Last year Sheffield CCG worked with Walker Resource Management Ltd (WRM) who recruited nine GP practices (listed below) across Sheffield to work on "Sustainability Health Checks" to reduce energy bills, improve environmental performance and engage local community groups.

Practices who took part in the GP Healthchecks

- Baslow Road
- Burncross Medical Centre
- Crookes Practice
- Crystal Peaks Medical Centre
- Duke Medical Centre
- Lowedges Surgery
- Pitsmoor Surgery
- Tramways Medical Centre
- White Lane Medical Centre

The practices were determined by size, type and age of premises, owned or leased and whether there are sustainability practices already in place.

The next steps

Each practice has now been supported to develop a two year action plan. The plan focuses on realistic and achievable goals to reduce emissions and costs.

Feedback from practices on the programme has been positive, with the majority of practices having implemented measures in the first few weeks after the reports were issued.

Complementary research

A research study has been conducted to support the development of local partnerships and understand how Sheffield CCG may support the role of GP

practices as a social prescriber for health and environmental benefits by integrating health advice with wider social, wellbeing and environmental support and networks.

For example, the numbers of people falling into fuel poverty and fuel debt are rising, alongside the rapidly increasing prices of energy. There are large health implications when people cannot afford to heat their homes adequately. GPs can provide patients with advice and referrals that support the reduction of fuel poverty.

The research engaged community support organisations, local authorities, GP practices, and NHS/Public Health organisations. It showed that, while there were some great examples of this type of social prescribing occurring in Sheffield, these are fragmented and more can be done to widen the reach. Community sector providers are keen to work with GPs and CCGs, and wider public health organisations are equally keen to work in partnership.

Key recommendations included developing a business case tool for community providers to strengthen their social value evidence base, and developing a community provider ‘access point’ to drive integration.

Sheffield CCG will be working with Sheffield City Council to plan together how they can improve and support partnership working in local communities to help people stay well.

NHS Sheffield CCG Annual Report 2014-15
Appendix Aiii) – Equality and Diversity Report

Equality Act 2010

The Equality Act has two broad aspects:

1. To prohibit discrimination, harassment and victimisation against people with one or more protected characteristic. These characteristics are:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race (this includes ethnic or national origins, colour or nationality)
- Religion or belief (this includes lack of belief)
- Sex
- Sexual orientation
- Marriage or civil partnership (employment only)

2. The Public Sector Equality Duty (PSED) places an obligation on public bodies, including our CCG, to proactively improve equality for people with one or more protected characteristics. It aims to help public authorities avoid discriminatory practices and integrate equality into core business. It is made up of a general duty and specific duties. The general duty is the main part of the legislation, with the specific duties supporting public bodies to demonstrate performance and compliance.

The General Duty

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity
- Foster good relations

Specific Duties

- Equality objectives: The Act requires public bodies like the CCG to prepare and publish one or more specific and measurable equality objectives which they believe will support them to achieve the aims of the general duty.

- Publication of information: Annually, the CCG must publish information which describes the key inequalities experienced by people with protected characteristic(s) and which demonstrates the impact of its policies and practices on people with protected characteristics.

Our response to the Equality Act

We welcome the requirements of the Equality Act and are committed to making sure that equality and diversity is a priority when planning and commissioning local healthcare. To help us do this, we work closely with local communities to understand their needs and how best to commission the most appropriate services to meet those needs.

Equality Impact Assessment

Equality Impact Assessments (EIAs) have been carried out on all relevant policies and over the next year we will be monitoring the impact of the implementation of our workforce policies on our staff to ensure that we are proactively identifying and addressing any inequalities.

We recognise that in order to remove the barriers experienced by disabled people, we need to make reasonable adjustments for our disabled employees. We do this on a case by case basis and involve occupational health services as appropriate.

Training

CCG staff members have participated in mandatory equality and diversity training, with senior management team members and staff directly involved in commissioning work attending a bespoke training session which described the implications of the Public Sector Equality Duty for people commissioning health services; and other staff completing an e-learning course.

Equality Delivery System

We have been using the national **refreshed** Equality Delivery System **(EDS 2)**, a system designed to support our organisation in our commissioning role and our providers of services to deliver better outcomes for their local population and better working environments for staff which are personal, fair and diverse.

NHS Sheffield CCG Governing Body has approved our equality objectives that have been developed and supported by underpinning actions that are linked to the four Equality Delivery System (EDS 2) goals.

NHS Sheffield CCG objectives are:

- Ensure equality is core commissioning business
- Improve the range of activity information we have about patients in protected groups and how this is being used
- Improve our understanding of patient experience of services, regarding Equality and Diversity and act upon instances of potential discrimination
- Develop strong and consistent leadership on equality issues
  Improve access to services ie through the contracts we hold

We review our progress against our agreed actions and this is reported to the CCG Governing Body on a six monthly basis.

Equalities Information

Our CCG has gathered together information to show the key inequalities experienced by local people and that is published here http://www.sheffieldccg.nhs.uk/our-information/equality.htm.

Members' Report

1. NHS Sheffield CCG Governing Body – Composition and Profiles

The CCG Governing Body is responsible for NHS clinical commissioning decisions across Sheffield. They meet formally once a month and are a mixture of NHS clinicians, experienced NHS managers and lay members.

Dr Tim Moorhead, Chair
Tim is a Senior Partner at Oughtibridge Surgery. He was elected Chair of NHS Sheffield Clinical Commissioning Group (CCG) prior to authorisation in 2012 and has been Chair throughout the first year of the CCG's life as a formally constituted statutory body. This role includes chairing a number of meetings within the CCG, but also chairing the monthly meetings of the CCG Governing Body held in public, CCG membership meetings with the constituent practices held twice a year, and the CCG's annual public meeting. The role also includes chairing committees with other major partners in the city, such as co-chairing roles on the Health and Wellbeing Board (with the Local Authority) and Right First Time Project Board. Dr Moorhead is also a member of Sheffield LMC and is a shareholder in Rivelin Healthcare, a company set up with neighbouring practices in the West of the city to provide services to patients through collaboration between practices.

Ian Atkinson, Accountable Officer (to 31/3/15)
Ian was appointed as CCG Accountable Officer designate in July 2012 and his formal appointment confirmed by NHS England in January 2013 as part of the CCG's Authorisation. He was appointed as NHS Sheffield's Director of Performance in April 2007. Prior to that, he was Director of Information Services at Barnsley Hospital NHS Foundation Trust. He has previously held senior management posts in Wakefield as well as within the private sector, where he worked for a large IT company which specialised in healthcare systems. Ian has a clinical background, having started his NHS career in Sheffield within mental health services. Ian has a national role as one of the Independent Panel members of Dame Fiona Caldicott's Information Governance Oversight Group.

Julia Newton, Director of Finance
Julia was appointed as Director of Finance for NHS Sheffield CCG in July 2012. A chartered accountant, Julia has held a number of senior finance posts since joining the NHS in 1992 including Acting Director of Finance at South Yorkshire Strategic Health Authority and Director of Finance at NHS Sheffield from July 2007.

Kevin Clifford, Chief Nurse
Kevin was appointed to the Chief Nurse post in September 2012. Kevin joined NHS Sheffield in March 2010 as Chief Operating Officer for Provider Services and since September 2012 has fulfilled his role as Nurse member of the Sheffield CCG. Kevin, a registered nurse since 1983, previously worked at Sheffield Teaching Hospitals NHS Foundation Trust where he was Nurse Director for Emergency Care and Director of Clinical Operations. Kevin is Vice Chair of the Quality Assurance Committee.

Tim Furness, Director of Business Planning and Partnerships
Tim was appointed to the Director of Business Planning and Partnerships post in September 2012, having previously been Deputy Director of Strategy for NHS Sheffield. He joined the NHS in 1990. Tim is responsible for leading business planning for the CCG, so that we have detailed operational plans to achieve our goals. He is also responsible for ensuring we have strong productive partnerships within Sheffield and across Yorkshire and the Humber, and is the lead Executive Director for developing integrated commissioning with Sheffield City Council. He is lead Executive Director for our work on patient and public engagement and sustainability, working with the lead Governing Body members for those areas, and for business continuity and emergency planning.

Idris Griffiths, Chief Operating Officer
Idris was appointed as the Chief Operating Officer for NHS Sheffield CCG in September 2012. Prior to working in commissioning, Idris held a number of senior roles in community services and acute hospitals, including the roles of Deputy Director of Operations and Assistant Director of Strategy and Turnaround for a Trust covering three hospital sites. Idris holds an MBA and holds the recognised Chartered Institute of Personnel and Development qualification.

Dr Zak McMurray, Medical Director
After qualifying in Sheffield in 1988 and completing the Sheffield GP vocational training scheme, Zak became a partner in his practice in Woodhouse. He was elected to the South East Sheffield Primary Care Group in 1999 as a Board member and acted as mental health and commissioning lead before taking over as PEC Chair. Zak became joint PEC chair with Dr Richard Oliver, on the creation of the Sheffield Primary Care Trust, moving to Joint Clinical Director within Sheffield Clinical Commissioning Group. He left his practice in June 2014 to take up his current substantive post as Clinical Director (re-titled Medical Director from 1 April 2015). Zak is a member of the Quality Assurance Committee and the Sheffield Health and Wellbeing Board, as well as sitting on the CCG Governing Body and being an active member of the organisation's executive team.

Dr Amir Afzal, Locality Appointed Representative
Amir qualified from Nottingham Medical School in 1986 and is a GP at Duke Medical Centre in Sheffield. Amir is a member of the Remuneration and Terms of Service Committee, the Quality Assurance Committee, and the Sheffield Health and Wellbeing Board.

Dr Nikki Bates, Elected Member
Nikki has been a partner at Porter Brook Medical Centre for 25 years, having graduated from Nottingham University in 1985, and has been a member of the Executive Team for West Locality since 2009. Nikki is a member of the CCG's Remuneration and Terms of Service Committee and the Sheffield Health and Wellbeing Board. Nikki has a special interest in Young People's and Student Health. Nikki has been a Partner Governor at Sheffield Children's NHS Foundation Trust since 1 July 2014.

Dr Anil Gill, Elected Member
Anil graduated in 1995 at Sheffield Medical School having entered as a mature student. Anil spent six years as a GP in Rotherham and Chesterfield. This was

followed by a year as a locum before going back to general practice at Selborne Road, Sheffield.

Dr Andrew McGinty, Locality Appointed Representative (to 31/3/15)
Andrew has been a full time partner at the Woodhouse medical practice for the last 13 years. Andrew is a member of the Audit and Integrated Governance Committee and he specialises in research and education. Andrew is the CCG's Caldicott Guardian. Andrew has been appointed as the CCG's Clinical Director for the long term conditions portfolio with effect from 1 April 2015.

Dr Marion Sloan, Elected Member
Marion has been a GP for 33 years and is a partner at the Sloan Medical Centre in Sheffield. Recent projects she has been involved in include sexual health, chlamydia screening and bowel cancer awareness.

Dr Leigh Sorsbie, Locality Appointed Representative
Leigh graduated from Sheffield Medical School in 1990 and has been a partner at Firth Park Surgery since 1997. Her interests include Mental Health, Elderly Medicine, Minor Surgery and Diabetes. Leigh is a member of the Audit and Integrated Governance Committee. Leigh was a Partner Governor at Sheffield Teaching Hospitals NHS Foundation Trust until 17 December 2014 and has been a Partner Governor at Sheffield Health and Social Care NHS Foundation Trust since 18 December 2014.

Dr Ted Turner, Elected Member
Ted graduated in 1988 and has been a GP at Shiregreen Medical Centre in Sheffield since 1995. Ted's interests include dermatology and skin surgery, cardiovascular medicine and care of the elderly. Ted is a member of the Remuneration and Terms of Service Committee and the Sheffield Health and Wellbeing Board. He is Governing Body lead for patient and public involvement.

Dr Richard Davidson, Secondary Care Doctor (to 2/4/2015)
Richard has been a Consultant in Intensive Care Medicine and Anaesthesia at Bradford Teaching Hospitals NHS Foundation Trust since January 2000. An educational enthusiast he has contributed at Trust level as Foundation Training Programme Director and at regional level as Deputy Regional Advisor in Intensive Care Medicine. Latterly he has taken up management roles, initially as Intensive Care Unit (ICU) Director and subsequently as Clinical Director for Anaesthesia, Intensive Care, Pain Management and Sleep Medicine and has deputised for the Divisional Director (Surgery and Anaesthesia). As Associate Medical Director he had a portfolio of RTT (18 week referral to treatment target) and more recently has been Clinical Lead for Transformation. For his current role he has been appointed in an operational capacity as Clinical Lead for Theatres and Critical Care. Richard has contributed to the NHS Sheffield CCG since November 2012.

John Boyington CBE, Lay Member
John worked for over 40 years in health services, both in the NHS and Civil Service. He originally trained as a nurse and has held chief executive posts in NHS Trusts and a PCT. He received the CBE in 2007 for leading national prisoner health care reforms and for five years was Director of the World Health Organisation (WHO) Collaborating Centre for prisons and public health. John is Vice Chair of the CCG Governing Body and Chair of the Audit and Integrated Governance and

Remuneration and Terms of Service Committees, and has lead responsibility for governance.

Amanda Forrest, Lay Member
Amanda Forrest has worked in the voluntary and public service for over 30 years, predominantly working on issues around patient and public engagement, working in partnership, and service innovation. Until the end of July 2014 Amanda was Chief Executive of Sheffield Cubed, an organisation which enables voluntary sector organisations to work collaboratively. Amanda is Chair of the Quality Assurance Committee and Vice Chair of the Audit and Integrated Governance Committee, and is a member of the Remuneration and Terms of Service Committee. She has a major role in patient and public involvement, supporting meaningful and effective engagement with the public and patients through well thought through approaches at all levels.

Mark Gamsu, Lay Member
Mark Gamsu is a visiting professor at Leeds Metropolitan University focusing on the relationship between Citizenship, Inequality and Wellbeing. He also works on a freelance basis supporting local commissioners and the voluntary sector to work together more effectively. Mark is a Trustee of Sheffield Citizens Advice and a board member of a number of voluntary organisations in Sheffield. Mark has worked in a range of local government departments - including Housing and Social Services and was the healthy city coordinator for Sheffield. Prior to moving to Sheffield he worked with neighbourhood based voluntary and community organisations in Lambeth and Lewisham. Mark has a specific remit around the public and patient engagement agenda. Mark is a member of the Remuneration and Terms of Service Committee.

Register of Interests of Governing Body Members
The CCG maintains a Register of Interests. An extract of the Register giving the position for Governing Body Members at 31 March 2015 is attached as Appendix Biii to the Remuneration Report section of this Annual Report.

At the start of each meeting of the Governing Body and formal Committee / sub Committee meetings, members are required to declare any conflicts of interests in the items for consideration on the agenda and these are formally recorded. The CCG has set out how it will formally manage any declared conflicts of interests within its Constitution.

Declaration:
Each individual who is a member of the Governing Body at the time the Members' Report is approved confirms:

- *So far as the member is aware, that there is no relevant audit information of which the CCG's external auditor is unaware; and,*
- *That the member has taken all the steps that they ought to have taken as a member in order to make them self-aware of any relevant audit information and to establish that the clinical commissioning group's auditor is aware of that information*

2. Audit and Integrated Governance Committee

The core members of the Audit and Integrated Governance Committee are:

John Boyington CBE, Lay Member (Chair)
Amanda Forrest, Lay Member (Deputy Chair)
Dr Andrew McGinty, CCG GP – to 31 March 2015
Dr Leigh Sorsbie, CCG GP

The Governing Body is not aware of any relevant audit information that has been withheld from the clinical commissioning group's external auditors, and members of the Governing Body take all necessary steps to make themselves aware of relevant information and to ensure that this is passed to the external auditors where appropriate.

3. Additional Committees and Sub Committees

In addition to its Audit and Integrated Governance Committee, the CCG's Governing Body is supported by, and delegates specific functions to, a Quality and Assurance Committee and a Remuneration Committee. The Audit and Integrated Governance Committee is supported by a Governance Sub-Committee. Details on the functions and membership can be found in the Annual Governance Statement.

4. Research and Education

Sheffield CCG is committed to supporting research activity both within primary care and across the wider health community. The CCG Research leads are Dr Andrew McGinty, GP Member of the Governing Body and Kevin Clifford, Chief Nurse. In 2014/15 the CCG has become much more active in supporting the wider research agenda, developing relationships with the University of Sheffield and joining the local partnership Boards of several Research Bodies, representing CCGs and Primary Care. Utilising Research Capability Funding (RCF) the CCG has been able to appoint a part time research manager and support a number of projects via the School of Health and Related research(ScHARR) and the Academic Department of General Practice within the University of Sheffield/ The CCG also directly supports a small number of practice based projects.

The CCG is also an active contributor to Health Education England's Local Education and Training Board (LETB), working with other CCGs and NHSE in South Yorkshire and Bassetlaw to establish a workforce group for Primary Care to contribute to the national initiatives. In addition, the CCG has worked with its member practices to undertake an extensive workforce exercise, which improves our understanding of the local workforce challenges (for example demographic issues such as impending retirements, which necessitate succession planning).

5. The Member Practices

The following is a list of all of NHS Sheffield CCG's Member Practices by locality.

Locality	PRACTICE_NAME	PRACTICE ADDRESS	Town	PCode
Central	Abbey Lane Surgery	23 Abbey Lane	Sheffield	S8 0BJ
Central	Baslow Road, Shoreham Street and York Road Surgeries	148 Baslow Road, Totley	Sheffield	S17 4DR
Central	Carrfield Medical Centre	Carrfield Street	Sheffield	S8 9SG
Central	Clover Group Practice	Highgate Surgery, Highgate, Tinsley	Sheffield	S9 1WN
Central	Darnall Health Centre (Mehrotra)	2 York Road	Sheffield	S9 5DH
Central	Dovercourt Surgery	3 Skye Edge Avenue	Sheffield	S2 5FX
Central	Duke Medical Centre	28 Talbot Road	Sheffield	S2 2TD
Central	East Bank Medical Centre	555 East Bank Road	Sheffield	S2 2AG
Central	Gleadless Medical Centre	636 Gleadless Road	Sheffield	S14 1PQ
Central	Handsworth Medical Practice	432 Handsworth Road	Sheffield	S13 9BZ
Central	Heeley Green Surgery	302 Gleadless Road	Sheffield	S2 3AJ
Central	Manor Park Medical Centre	204 Harborough Avenue	Sheffield	S2 1QU
Central	Manor Top Medical Centre (Read)	Rosehearty Ridgeway Rd	Sheffield	S12 2SS
Central	Manor Top Medical Centre (Sharma)	Rosehearty Ridgeway Rd	Sheffield	S12 2SS
Central	Norfolk Park Medical Practice	Tower Drive	Sheffield	S2 3RE
Central	Park Health Centre	190 Duke Street	Sheffield	S2 5QQ
Central	Sharrow Lane Medical Centre	129 Sharrow Lane	Sheffield	S11 8AN
Central	Sloan Medical Centre	2 Little London Road	Sheffield	S8 0YH
Central	The Mathews Practice Belgrave	Belgrave MC, 22 Asline Road	Sheffield	S2 4UJ
Central	The Medical Centre	1a Ingfield Avenue	Sheffield	S9 1WZ
Central	Veritas Health Centre	243-245 Chesterfield Rd	Sheffield	S8 0RT
Central	White House Surgery	1 Fairfax Rise	Sheffield	S2 1SL
Central	Woodseats Medical Centre	4 Cobnar Road	Sheffield	S8 8QB
HAS	Avenue Medical Practice	7 Reney Avenue	Sheffield	S8 7FH
HAS	Bents Green Surgery	98 Bents Road	Sheffield	S11 9RL
HAS	Birley Health Centre	120 Birley Lane	Sheffield	S12 3BP
HAS	Carterknowle And Dore Medical Practice	1 Carterknowle Road	Sheffield	S7 2DW
HAS	Charnock Health Primary Care Centre	White Lane	Sheffield	S12 3GH
HAS	Falkland House	2a Falkland Road	Sheffield	S11 7PL
HAS	Greenhill Health Centre	482 Lupton Road	Sheffield	S8 7NP
HAS	Greystones Medical Centre	33 Greystones Rd	Sheffield	S11 7BJ
HAS	Hackenthorpe Medical Centre	Main Street, Hackenthorpe	Sheffield	S12 4LA
HAS	Jaunty Springs Health Centre	53 Jaunty Way	Sheffield	S12 3DZ
HAS	Manchester Road Surgery	484 Manchester Road	Sheffield	S10 5PN
HAS	Mosborough Health Centre	34 Queen Street	Sheffield	S20 5BQ
HAS	Nethergreen Surgery	34-36 Nethergreen Road	Sheffield	S11 7EJ
HAS	Owlthorpe Medical Centre	Moorthorpe Bank	Sheffield	S20 6PD
HAS	Richmond Medical Centre	462 Richmond Road	Sheffield	S13 8NA
HAS	Rustlings Road Medical Centre	105 Rustlings Road	Sheffield	S11 7AB
HAS	Selborne Road Medical Centre	1 Selborne Road	Sheffield	S10 5ND
HAS	Sothall Medical Centre	24 Eckington Road	Sheffield	S20 1HQ
HAS	Stonecroft Medical Centre	871 Gleadless Road	Sheffield	S12 2LJ
HAS	The Hollies Medical Centre	20 St Andrews Road	Sheffield	S11 9AL

HAS	The Meadowhead Group Practice	Old School Medical Centre, School Lane	Sheffield	S8 7RL
HAS	The Medical Centre Crystal Peaks	15 Peaks Mount	Sheffield	S20 7HZ
HAS	Totley Rise Medical Centre	96 Baslow Road	Sheffield	S17 4DQ
HAS	Upperthorpe Medical Centre	30 Addy Street, Upperthorpe	Sheffield	S6 3FT
HAS	Westfield Health Centre	Westfield Northway	Sheffield	S20 8NZ
HAS	Woodhouse Health Centre	5-7 Skelton Lane, Woodhouse	Sheffield	S13 7LY
North	Barnsley Road Surgery	899 Barnsley Road	Sheffield	S5 0QJ
North	Bluebell Medical Centre	356 Bluebell Road	Sheffield	S5 6BS
North	Buchanan Road Surgery	72 Buchanan Road	Sheffield	S5 8AL
North	Burncross Surgery	1 Bevan Way, Chapeltown	Sheffield	S35 1RN
North	Burngreave Surgery	5 Burngreave Road	Sheffield	S3 9DA
North	Crookes Valley Medical Centre	1 Barber Road	Sheffield	S10 1EA
North	Dunninc Road Surgery	28 Dunninc Road, Shiregreen	Sheffield	S5 0AE
North	Elm Lane Surgery	104 Elm Lane	Sheffield	S5 7TW
North	Firth Park Surgery	400 Firth Park Road	Sheffield	S5 6HH
North	Foxhill Medical Centre	363 Halifax Road	Sheffield	S6 1AF
North	Grenoside Surgery	60 Greno Crescent, Grenoside	Sheffield	S35 8NX
North	Mill Road Surgery	98a Mill Road	Sheffield	S35 9XQ
North	Norwood Medical Centre	360 Herries Road	Sheffield	S5 7HD
North	Page Hall Medical Centre	101 Owler Lane	Sheffield	S4 8GB
North	Pitsmoor Surgery	151 Burngreave Road	Sheffield	S3 9DL
North	Sheffield Medical Centre	21 Spital Street	Sheffield	S3 9LB
North	Shiregreen Medical Centre	492 Bellhouse Road	Sheffield	S5 0RG
North	Southey Green Medical Centre	281 Southey Green Road	Sheffield	S5 7QB
North	The Ecclesfield Group Practice	96a Mill Road, Ecclesfield	Sheffield	S35 9XQ
North	The Health Care Surgery	63 Palgrave Road	Sheffield	S5 8GS
North	Upwell Street Surgery	93 Upwell Street	Sheffield	S4 8AN
North	Wincobank Medical Centre	205 Tyler Street	Sheffield	S9 1DJ
West	Broomhill Surgery	5 Lawson Road	Sheffield	S10 5BU
West	Deepcar Medical Centre	271 Manchester Rd, Deepcar	Sheffield	S36 2RA
West	Devonshire Green Medical Centre	126 Devonshire Street	Sheffield	S3 7SF
West	Dykes Hall Medical Centre	156 Dykes Hall Road	Sheffield	S6 4GQ
West	Far Lane Medical Centre	1 Far Lane	Sheffield	S6 4FA
West	Harold Street Medical Centre	2 Harold Street	Sheffield	S6 3QW
West	Oughtibridge Surgery	Church Street, Oughtibridge	Sheffield	S35 0FW
West	Porter Brook Medical Centre	9 Sunderland Street	Sheffield	S11 8HN
West	Sheffield City GP Health Centre (REG)	Rockingham House, 75 Broad Lane	Sheffield	S1 3PB
West	Stannington Medical Centre (Shurmer)	Uppergate Road	Sheffield	S6 6BX
West	Stocksbridge Medical Group	Johnson Street, Stocksbridge	Sheffield	S36 1BX
West	The Crookes Practice	203 School Road	Sheffield	S10 1GN
West	Tramways Medical Centre (Milner)	54a Holme Lane	Sheffield	S6 4JQ
West	Tramways Medical Centre (O'Connell)	54 Holme Lane	Sheffield	S6 4JQ
West	University Health Service Health Centre	53 Gell Street	Sheffield	S3 7QP
West	Walkley House Medical Centre	23 Greenhow Street	Sheffield	S6 3TN

6. Employment

Pensions Liabilities

Please see accounting policy note in the Financial Statements and Remuneration report of this annual report.

Sickness absence data

The sickness absence rate for the organisation is 2.3%. Sickness absence is managed in accordance with agreed policies and procedures which include employee wellbeing services of Occupational Health, counselling and physiotherapy. A table is included in the employee benefits note (note 4.3) to the Annual Accounts.

Employee consultation

Formal employee consultation is via the Joint Staff Consultative Forum (JSCF). This group was established in 2013 to ensure the following:

- Staff representatives are consulted on appropriate policy decisions, either local, regional or national, which have an impact upon staff
- Staff representatives are consulted on the development of employment policies and procedures, health and safety policies and procedures and any procedures, which have an impact upon staff
- Provide staff representatives with a forum through which to express their collective views on issues affecting the employment of staff members including job security, health, wellbeing and safety
- Provide a forum through which a joint review of commitments made to staff in either strategic or annual service direction documents can take place
- Promote the involvement of staff in the working of the organisation
- Refer agreed items concerning pay, conditions of employment or procedural agreements for detailed negotiation to sub-groups convened for this purpose, reporting to the JSCF for approval

Throughout 2014/2015 the group has met on a bi-monthly basis and has provided comment on a number of employee initiatives and employment policies.

The Joint Staff Consultative Forum (JSCF) Planning Group was established in 2013 as a Sub Group of the Joint Staff Consultative Forum. The membership of the JSCF Planning Group consists of management side, staff side and three volunteers from the workforce. The role of the JSCF Planning Group is to contribute to and formulate the agenda items and issues for consideration at the formal JSCF. This ensures that staff have a voice in influencing policies and decisions which affect them. The staff volunteers are encouraged to engage with the wider workforce in relation to this. The group met on a bi monthly basis throughout 2014/2015. In addition to JSCF Planning Group there is a more informal staff engagement group which has contributed to work on organisational values; has helped to design and pilot training for staff; led team building activities and has provided another mechanism for staff to heave their views heard.

Equality of Opportunity

The organisation is committed to equality of opportunity for all employees and potential employees. It views diversity positively and, in recognising that everyone is different, the unique contribution that each individual's experience, knowledge and skills can make, is valued equally. The promotion of equality and diversity will be actively pursued through policies and procedures which will ensure that employees and potential employees are not subject to direct or indirect discrimination.
NHS Sheffield Clinical Commissioning Group has been re-awarded the Two Ticks Disability Symbol by Job Centre Plus for a further 12 months in recognition of meeting the five commitments regarding the employment of disabled people.

The five commitments are as follows:

- To interview all applicants with a disability who meet the minimum criteria for a job vacancy and consider them on their abilities
- Consult employees with a disability
- Retaining people who become disabled
- Developing awareness
- Reviewing progress and keeping people informed

Equality data is available on the internet as follows;
http://www.sheffieldccg.nhs.uk/Downloads/Equality%20and%20diversity/PSED%20Documents/NHS%20Sheffield%20CCG%20Workforce%20Summary.pdf.
http://www.sheffieldccg.nhs.uk/about-us/equal-opportunities.htm.

Gender Equality Data

	Female	Male
Governing Body	**5**	**13**
Very Senior Managers (VSM)	**1**	**1**
All employees	**121**	**43**

7. External Audit

NHS Sheffield's external auditor for 2014/15 is KPMG LLP. The total cost for their services for the year was £114,000 including VAT. This cost covers the audit of the statutory financial statements. No other services were provided.

8. Serious Incidents

Details about CCG serious incidents can be found in the Annual Governance Statement that follows this annual report.

Details about provider serious incidents can be found in the Quality Section in the Strategic Report section of this annual report.

9. Cost allocation and setting of charges for information

We certify that the CCG has complied with HM Treasury's guidance on setting charges for information.

10. Principles for Remedy

The CCG has fully adopted the Principles for Remedy which form an integral part of complaints handling and have been incorporated into the Complaints Policy.

11. Emergency Preparedness, resilience and response

I certify that the clinical commissioning group has incident response plans in place, which are fully compliant with the NHS England Core Standards for Emergency Preparedness, Resilience and Response which were revised in July 2014. The CCG regularly reviews and makes improvements to its major incident plan and has a programme for regularly testing this plan, the results of which are reported to the Governing Body.

Signed: Date:

Idris Griffiths
Idris Griffiths
Interim Accountable Officer

Remuneration Report

1. Remuneration Committee

Details of the membership of the Remuneration Committee can be found within the Annual Governance Statement (page 61-84). The Committee is responsible for advising about the appropriate remuneration and terms of service for the Accountable Officer, executive directors and other senior managers, as well as monitoring and evaluating their performance.

2. Senior Managers' Remuneration and Terms of Service

For the purposes of the Remuneration Report, Senior Managers are defined as:

'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Clinical Commissioning Group. This means those who influence the decisions of the Clinical Commissioning Group as a whole rather than the decisions of individual directorates or departments. Such persons will include advisory and lay members'

The Accountable Officer of the CCG has determined that this definition applies to all voting members of Governing Body as set out in the CCG's Constitution. Profiles of each Governing Body member can be found in the Members' Report section of this Annual Report.

There is an assumption that information about named individuals will be given in all circumstances and all disclosures in the Remuneration Report will be consistent with identifiable information of those individuals in the Financial Statements. Following a case arising under the Freedom of Information Act, the Information Commissioner determined that consent is not needed for the disclosure of salary and pension details for named individuals.

Senior Managers' remuneration for 2014/15 was determined by the Remuneration Committee and took account of national guidance, the prevailing economic climate, local market conditions and the requirement to obtain best possible value for money. The costs of posts are met from the notified Clinical Commissioning Group running cost allowance.

The information and guidance used to determine senior manager pay comprises a combination of:

- The Agenda for Change guidance from NHS Employers including the staffing body pay and employment conditions in relation to senior managers' remuneration to ensure parity as far as reasonably practicable. The zero per cent cost of living rise for staff subject to Agenda for Change was mirrored for senior managers / Governing Body members.
- The Very Senior Manager (VSM) framework determined by the Department of Health.
- Recommendations made in 2012 by HM Treasury and HMRC regarding tax arrangements in relation to Governing Body members and senior officials.
- National guidance set out in "*Clinical commissioning group governing body members: Role outlines, attributes and skills"* (October 2012).

- NHS England guidance regarding the remuneration of clinical commissioning group Chief Officers (Accountable Officers) and Chief Finance Officers (Directors of Finance). This covers basic salary, recruitment and retention premia where deemed applicable and additional payments for additional duties.

These sources of data will continue to form the basis of the Remuneration Committee's annual review of salaries.

Senior Managers' performance is subject to evaluation in the same way as the main staffing body in line with the NHS Sheffield CCG appraisal policy. Performance measures are set by the line manager of each employee and Governing Body member and are subject to annual review in accordance with the appraisal policy of the CCG.

The CCG's Accountable Officer and Director of Finance are engaged on Very Senior Manager contracts which include a requirement for an annual review.
The Remuneration Committee sets the framework within which the terms and conditions of the Very Senior Managers are developed and agreed. It also receives reports on performance against standards set in relation to local and national targets from the CCGs strategic and operational plans for the Accountable Officer and Director of Finance. The remuneration is set through a process that is based on a consistent framework and independent decision of performance measures against an individual's performance with due consideration to comparative salary data, the labour market, the financial circumstances of the organisation plus any national guidance. No cost of living award was applied in 2014/15. Performance related pay was paid to the Accountable Officer and Director of Finance of 3% of basic salary following assessment of individual performance in 2013/14 and a subsequent recommendation by the Remuneration Committee.

Executive Directors are on permanent contracts and six months' notice is required by either party to terminate the contract. The only contractual liability on the CCG's termination of an executive's contract is six months' notice. All other Governing Body members are appointed for a period of up to three years, with a notice period of three months. Further information on can be found in the CCG's Standing Orders which are available on our website as part of our constitution:

http://www.sheffieldccg.nhs.uk/Downloads/NHS%20constitution/Constitution.pdf

The table below provides, for each senior manager who has served on the Governing Body in 2014/15, further information on their service contract.

Name	Title	Contract Commencement *	Contract expiration
Dr Tim Moorhead	As Chair	1st April 2013	1st October 2015
	As Locality Appointed GP	1st November 2014	31st October 2017
Ian Atkinson	Accountable Officer	1st April 2013	Substantive post
Kevin Clifford	Chief Nurse	1st April 2013	Substantive post
Tim Furness	Director of Business Planning and Partnerships	1st April 2013	Substantive post
Idris Griffiths	Chief Operating Officer	1st April 2013	Substantive post
Julia Newton	Director of Finance	1st April 2013	Substantive post
Dr Zak McMurray	Clinical Director	1st April 2013	Substantive post
Dr Nikki Bates	GP Elected Member	1st January 2014	1st October 2016
Dr Anil Gill	GP Elected Member	1st October 2013	1st October 2016
Dr Marion Sloan	GP Elected Member	1st October 2013	1st October 2016
Dr Ted Turner	GP Elected Member	1st October 2013	1st October 2016
Dr Amir Afzal	Locality Appointed GP	1st November 2014	31st October 2017
Dr Andrew McGinty	Locality Appointed GP	1st November 2014	Resigned wef 1 April 2015
Dr Leigh Sorsbie	Locality Appointed GP	1st November 2014	31st October 2017
Dr Richard Davidson	Secondary Care Doctor	1st April 2013	Resigned wef 1 April 2015
John Boyington	Lay member	1st July 2013	31st March 2018
Amanda Forrest	Lay member	1st July 2013	31st March 2017
Mark Gamsu	Lay member	1st July 2013	30th June 2016

* Contract commencement relates to the commencement date of the current contract not necessarily the initial appointment date e.g. for GP elected members where they have been re-elected, the commencement date relates to their current term of office.

3. Salaries and Allowances (subject to audit)

The table at Appendix Bi details the salaries and allowance for all the senior managers of the CCG, as defined above.

4. **Payments for Loss of Office** (subject to audit)

During the year no senior managers received a payment for loss of office.

5. Payments to Past Senior Managers (subject to audit)

No payments have been made to past Senior Managers (i.e. individuals who are no longer a senior manager of the CCG) during the financial year.

6. Pension Benefits (subject to audit)

The table at Appendix Bii details their pension entitlements. It is important to note that the pension values for the clinical members of the Governing Body relate to their Non Practitioner employment only as provided by the Business Services Authority. Whilst this will include, from 1st April 2014, the work undertaken in their capacity as a senior manager of the CCG, it might also include other, non-practitioner work. These pension values will also include contributions made in previous employments in a non-practitioner role. Prior year comparators are shown for 2013/14.

7. Pay Multiples (subject to audit)

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid member of the CCG and the median remuneration of the organisation's workforce.

Total remuneration includes salary, non-consolidated performance-related pay and benefits in kind. It does not include any severance payments, employer pension contributions and the cash equivalent transfer value of pensions. It also annualises the salary of the employees, so where an employee starts or leaves during the year or works part-time hours then the salary is grossed up to reflect the salary as if that person worked full-time for 12 months. The exception to this is the non-executives, and the GP representatives on the Governing Body, where we do not pro-rata their salaries.

The mid-point of banded remuneration of the highest paid member in NHS Sheffield Clinical Commissioning Group in the financial year 2014/15 was £162,500 (£162,500 in 2013/14). This was 4.10 (4.0 times in 2013/14) times the median remuneration of the workforce which was £39,953 (£40,558 in 2013/14).

There has been no material change year-on year to either the remuneration of the highest paid member of the CCG or the median remuneration of all CCG staff. There was an increase in the size of the workforce from 102 employees in 2013/14 to 163 employees in 2014/15 which was mainly due to the Medicines Management Team and the Primary Care Development Nurses transferring to the CCG from the Commissioning Support Unit. This increase in staff had no material impact on the median ratio calculation.

In 2014/15 no employees received remuneration in excess of the highest paid member of the Governing Body.

Remuneration for CCG employees ranged from £5,442 to £163,800.

8. Off-payroll engagements

Following the Review of *Tax Arrangements of Public Sector Appointees* published by the Chief Secretary to the Treasury on 23 May 2012, CCGs must publish information on their highly paid and/or senior off-payroll engagements. Highly paid is defined as

off-payroll engagements for more than £220 per day and that last longer than six months. The CCG has determined that this applies to work undertaken by a named individual, whether or not the payment is made directly to them or via a company/GP practice.

The CCG is actively seeking clinical engagement from a wide range of its GP membership in a variety of our agreed priority work areas and as a result has agreed appropriate remuneration for this work. This is not necessarily a regular pattern of work hours and hence does not fit with payroll arrangements.

The off payroll engagements as of 31 March 2015 for more than £220 per day and that last longer than six months are as follows:

	Number
Number of existing engagements as of 31 March 2015	40
The number that have existed:	
• For less than one year at the time of reporting	13
• For between one and two years at the time of reporting	27
• For between two and three years at the time of reporting	0
• For between three and four years at the time of reporting	0
• For four or more years at the time of reporting	0

All existing off payroll engagements, outlined above, have at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and where necessary that assurance has been sought.

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015.	13
Number of the above which include contractual clauses giving the clinical commissioning group the right to request assurance in relation to income tax and national insurance obligations.	13
Number for whom assurance has been requested (new and existing engagements)	40
Of which the number:	
• For whom assurance has been received	40
• For whom assurance has not been received	0
• That have been terminated as a result of assurance not being received.	0

	Number
Number of off-payroll engagements of Governing Body members during the financial year.	4
Number of individuals that have been deemed Governing Body members during the financial year (this figure includes both off-payroll and on-payroll engagements).	18

Signed: Date:

Idris Griffiths

Idris Griffiths
Interim Accountable Officer

Appendices to the Remuneration Report

Bi) Senior Managers- Salaries and Allowances (including prior year comparators)

Bii) Senior Managers – Pension Benefits (including prior year comparators)

Biii) Declarations of Interest Register

Remuneration Report: Senior Managers: Salaries and Allowances

Appendix Bi

This statement is subject to review by External Audit and will inform their Audit Opinion

	2014-15					
Name and Title	**Salary**	**Expense Payments (taxable)**	**Performance pay and bonuses**	**Long term Performance pay and bonuses**	**All Pension Related Benefits**	**TOTAL**
	(bands of £5k)	**(rounded to the nearest £100)**	**(bands of £5k)**	**(bands of £5k)**	**(bands of £2.5k)**	**(bands of £5k)**
	£000	**£00**	**£000**	**£000**	**£000**	**£000**
T Moorhead Chair of the Governing Body	**95- 100**	**0**	**0**	**0**	**17.5 - 20.0**	**115 - 120**
I Atkinson (up to 31 March 2015) Accountable Officer	**135 - 140**	**2**	**0 - 5**	**0**	**10.0 - 12.5**	**150 - 155**
K Clifford Chief Nurse	**95 - 100**	**2**	**0**	**0**	**0 - 2.5**	**100 - 105**
T Furness Chief of Business Planning and Partnerships	**95 - 100**	**2**	**0**	**0**	**42.5 - 45.0**	**140 - 145**
I Griffiths Chief Operating Officer	**95 - 100**	**0**	**0**	**0**	**40.0 - 42.5**	**140 - 145**
J Newton Director of Finance	**105 - 110**	**1**	**0 - 5**	**0**	**5.0 - 7.5**	**115 - 120**
Z McMurray Clinical Director	**80 - 85**	**0**	**0**	**0**	**0**	**80 - 85**
N Bates GP Elected Member	**10 - 15**	**0**	**0**	**0**	**(2.5) - 0**	**10 - 15**
A Gill GP Elected Member	**10 - 15**	**0**	**0**	**0**	**20.0 - 22.5**	**30 - 35**
M Sloan GP Elected Member	**10 - 15**	**0**	**0**	**0**	**0**	**10 - 15**
T Turner GP Elected Member	**10 - 15**	**0**	**0**	**0**	**(2.5) - 0**	**10 - 15**
A Afzal Locality appointed GP	**10 - 15**	**0**	**0**	**0**	**(7.5) - (5.0)**	**5 - 10**
A McGinty (up to 31 March 2015) Locality appointed GP	**10 - 15**	**0**	**0**	**0**	**(5.0) - (2.5)**	**5 - 10**
L Sorsbie Locality appointed GP	**10 - 15**	**0**	**0**	**0**	**7.5 - 10.0**	**20 - 25**
R Davidson * (up to 2 April 2015) Secondary Care Doctor	**5 - 10**	**1**	**0**	**0**	**0**	**5 - 10**
J Boyington CBE Vice Chair and Lay Member	**10 - 15**	**0**	**0**	**0**	**0**	**10 - 15**
A Forrest Lay Member	**10 - 15**	**1**	**0**	**0**	**0**	**10 - 15**
M Gamsu Lay Member	**10 - 15**	**0**	**0**	**0**	**0**	**10 - 15**

Notes

Taxable benefits relate to travel reimbursement and are rounded to the nearest £100.

Pension related benefits is the increase/(decrease) in the annual pension entitlement determined in accordance with the HMRC method. This compares the accrued pension and the lump sum at age 60 at the end of the financial year against the same figures at the beginning of the financial year adjusted for inflation. The difference is then multiplied by 20 which represents the average number of years an employee receives their pension (20 years is a figure set out in the CCG Annual Reporting Guidance).

*Remuneration for R Davidson is made via invoice, on a contracted for services basis (i.e. not as an employee). Sheffield CCG is not responsible for making any relevant pensions contributions.

It is important to note that the pension values for the GPs of the Governing Body relate to their Non Practitioner employment only as provided by the Business Services Authority. Whilst this will include, from 1st April 2013, the work undertaken in their capacity as a senior manager of the CCG it might also include other, non practitioner work. These pension values will also include contributions made in previous employments in a non practitioner role.

Prior year Comparators 2013-14

Remuneration Report: Senior Managers: Salaries and Allowances

Appendix Bi

This statement is subject to review by External Audit and will inform their Audit Opinion

	2013-14					
Name and Title	**Salary & Fees** **(bands of £5k)** **£000**	**Taxable Benefits** **(rounded to the nearest £00)** **£000**	**Annual Performance Related Bonuses** **(bands of £5k)** **£000**	**Long term Performance Related Bonuses** **£000**	**All Pension Related Benefits** **(bands of £5k)** **£000**	**Total** **(bands of £5k)** **£000**
T Moorhead Chair of the Governing Body (and Locality appointed GP)	**95 - 100**	**0**	**0**	**0**	**385 - 390**	**480 - 485**
I Atkinson Accountable Officer	**135 - 140**	**0**	**0**	**0**	**40 - 45**	**180 - 185**
K Clifford Chief Nurse	**95 - 100**	**0.4**	**0**	**0**	**30 - 35**	**130 - 135**
T Furness Director of Business Planning and Partnerships	**90 - 95**	**0.2**	**0**	**0**	**105 - 110**	**195 - 200**
I Griffiths Chief Operating Officer	**90 - 95**	**0**	**0**	**0**	**35 - 40**	**130 - 135**
J Newton Director of Finance	**105 - 110**	**0.2**	**0**	**0**	**35 - 40**	**140 - 145**
Z McMurray Joint Clinical Director	**15 - 20**	**0**	**0**	**0**	**0**	**15 - 20**
R Oliver Joint Clinical Director	**50 - 55**	**0**	**0**	**0**	**5 - 10**	**60 - 65**
M Ainger (1 April to 18 October 2013) GP Elected Member	**5 - 10**	**0**	**0**	**0**	**150 - 155**	**160 - 165**
N Bates (From 1 January 2014) GP Elected Member	**0 - 5**	**0**	**0**	**0**	**150 - 155**	**150 - 155**
A Gill GP Elected Member	**10 - 15**	**0**	**0**	**0**	**130 - 135**	**140 - 145**
M Sloan GP Elected Member	**10 - 15**	**0**	**0**	**0**	**0**	**10 - 15**
T Turner GP Elected Member	**10 - 15**	**0**	**0**	**0**	**135 - 140**	**150 - 155**
A Afzal Locality appointed GP	**10 - 15**	**0**	**0**	**0**	**230 - 235**	**245 - 250**
A McGinty Locality appointed GP	**10 - 15**	**0**	**0**	**0**	**225 - 230**	**235 - 240**
L Sorsbie Locality appointed GP	**10 - 15**	**0**	**0**	**0**	**155 - 160**	**165 - 170**
R Davidson * Secondary Care Doctor	**5 - 10**	**0**	**0**	**0**	**0**	**5 - 10**
J Boyington CBE Vice Chair and Lay Member	**10 - 15**	**0**	**0**	**0**	**0**	**10 - 15**
A Forrest Lay Member	**10 - 15**	**0.1**	**0**	**0**	**0**	**10 - 15**
M Gamsu (From 1 July 2013) Lay Member	**5 - 10**	**0**	**0**	**0**	**0**	**5 - 10**

Notes

Taxable benefits relate to travel reimbursement and are rounded to the nearest £100s.

Pension related benefits is the increase in the annual pension entitlement determined in accordance with the HMRC method. This compares the accrued pension and the lump sum at age 60 at the end of the financial year against the same figures at the beginning of the financial year adjusted for inflation. The difference is then multiplied by 20 which represents the average number of years an employee receives their pension (20 years is a figure set out in the CCG Annual Reporting Guidance).

*Remuneration for R Davidson is made via invoice, on a contracted for services basis (i.e. not as an employee). Sheffield CCG is not responsible for making any relevant pensions

It is important to note that the pension values for the GPs of the Governing Body relate to their Non Practitioner employment only as provided by the Business Services Authority. Whilst this will include, from 1st April 2013, the work undertaken in their capacity as a senior manager of the CCG it might also include other, non practitioner work. These pension values will also include contributions made in previous employments in a non practitioner role.

Senior Managers – Pension Benefits 2014/15

Pension Benefits - 2014-15 **Appendix Bii**

This statement is subject to review by External Audit and will inform their Audit Opinion.

Name and Title	Real increase in pension at age 60 (bands of £2,500) £000	Real increase in pension lump sum at aged 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2015 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2015 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2015 £000	Cash Equivalent Transfer Value at 1 April 2014 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to partnership pension £'00
Tim Moorhead, Chair of the Governing Body	0 - 2.5	0 - 2.5	15 - 20	50 - 55	330	299	23	0
I Atkinson, Accountable Officer (up to 31 March 2015) $	0 - 2.5	0 - 2.5	45 - 50	145 - 150	0	856	0	0
K Clifford, Chief Nurse	0 - 2.5	0 - 2.5	40 - 45	130 - 135	864	816	26	0
T Furness, Chief of Business Planning and Partnerships	0 - 2.5	5.0 - 7.5	30 - 35	95 - 100	637	568	54	0
I Griffiths, Chief Operating Officer	0 - 2.5	5.0 - 7.5	30 - 35	90 - 95	561	500	48	0
J Newton, Director of Finance	0 - 2.5	0 - 2.5	30 - 35	90 - 95	556	522	20	0
Z McMurray, Clinical Director	0	0	0	0	0	0	0	0
N Bates, GP Elected Member	(2.5) - 0	(2.5) - 0	5 - 10	20 - 25	132	125	3	0
A Gill, GP Elected Member	0 - 2.5	2.5 - 5.0	10 - 15	35 - 40	261	230	25	0
M Sloan, GP Elected Member	0	0	0	0	0	0	0	0
T Turner, GP Elected Member	(2.5) - 0	(2.5) - 0	5 - 10	25 - 30	188	180	3	0
A Afzal, Locality appointed GP	(2.5) - 0	(2.5) - 0	10 - 15	30 - 35	229	221	2	0
A McGinty, Locality appointed GP (up to 31 March 2015)	(2.5) - 0	(2.5) - 0	10 - 15	35 - 40	196	188	4	0
L Sorsbie, Locality appointed GP	0 - 2.5	0 - 2.5	5 - 10	25 - 30	172	156	12	0
R Davidson, Secondary Care Doctor * (up to 2 April 2015)	0	0	0	0	0	0	0	0

$ Ian Atkinson will claim benefits from the NHS Pension Scheme from 31 March 2015 and hence there is no information on the Cash Equivalent Transfer Value as at 31 March 2015

*Remuneration for R Davidson is made via invoice, on a contracted for services basis (i.e. not as an employee). Sheffield CCG is not responsible for making any relevant pensions contributions.
Dr McMurray and Dr Sloan ceased to make contributions prior to 1st April 2014 to the NHS Pension Scheme and hence no information is available to the CCG.

It is important to note that the pension values for the GPs of the Governing Body relate to their Non Practitioner employment only as provided by the Business Services Authority. Whilst this will include, from 1st April 2013, the work undertaken in their capacity as a senior manager of the CCG it might also include other, non practitioner work. These pension values will also include contributions made in previous employments in a non practitioner role.

Lay Members do not receive pensionable remuneration and hence there are no entries in respect of pensions for Lay Members.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the members' accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefit accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

The real increase in the CETV reflects the increase in the CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of period.

Real Increase in accrued pension and lump sum

The values in the table are calculated by comparing the accrued pension/lump sum as at 31 March 15 against the accrued pension/lump sum at 31 March 14 which is then adjusted by a a factor of 2.7% to account for inflation (2.7% is a figure stated in the Business Services Authority guidance on the Remuneration Report and is based on the Consumer Price Index). Where the result is a decrease in the pension or lump sum this reflects the fact that the previous years nominally inflated pension/lump sum is higher than the pension/lump sum value as at 31 March 2015.

Prior Year Comparators 2013-14

Pension Benefits

Appendix Bii

This statement is subject to review by External Audit and will inform their Audit Opinion.

Name and Title	Real increase in pension at age 60 (bands of £2,500) £000	Real increase in pension lump sum at aged 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2014 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2014 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2014 £000	Cash Equivalent Transfer Value at 31 March 2013 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to partnership pension £'00
I Atkinson, Accountable Officer	0 - 2.5	5 - 7.5	45 - 50	140 - 145	856	784	55	0
K Clifford, Chief Nurse	0 - 2.5	2.5 - 5	40 - 45	125 - 130	816	750	49	0
T Furness, Chief of Business Planning and Partnerships	2.5 - 5	12.5 - 15	25 - 30	85 - 90	568	458	100	0
I Griffiths, Chief Operating Officer	0 - 2.5	5 - 7.5	25 - 30	85 - 90	500	446	44	0
J Newton, Director of Finance	0 - 2.5	2.5 - 5	25 - 30	85 - 90	522	470	42	0
Tim Moorhead, Chair of the Governing Body	15 - 17.5	50 - 52.5	15 - 20	50 - 55	299	7	292	0
Z McMurray, Joint Clinical Director #	0	0	0	0	0	0	0	0
R Oliver, Joint Clinical Director	0 - 2.5	0 - 2.5	10 - 15	30 - 35	219	200	14	0
M Ainger, GP Elected Member (1 April to 18 October 2013)	5 - 7.5	20 - 22.5	5 - 10	20 - 25	142	26	115	0
N Bates, GP Elected Member (From 1 January 2014)	5 - 7.5	17.5 - 20	5 - 10	20 - 25	125	12	112	0
A Gill, GP Elected Member	5 - 7.5	15 - 17.5	10 - 15	35 - 40	230	112	116	0
M Sloan, GP Elected Member #	0	0	0	0	0	0	0	0
T Turner, GP Elected Member	5 - 7.5	17.5 - 20	5 - 10	25 - 30	180	88	89	0
A Afzal, Locality appointed GP	10 - 12.5	30 - 32.5	10 - 15	30 - 35	221	41	179	0
A McGinty, Locality appointed GP	7.5 - 10	27.5 - 30	10 - 15	35 - 40	188	35	152	0
L Sorsbie, Locality appointed GP	5 - 7.5	20 - 22.5	5 - 10	25 - 30	156	60	95	0
R Davidson, Secondary Care Doctor *	-	-	-	-	-	-	-	-

*Remuneration for R Davidson is made via invoice, on a contracted for services basis (i.e. not as an employee). Sheffield CCG is not responsible for making any relevant pensions contributions.

Dr McMurray and Dr Sloan have ceased to make contributions to the NHS Pension Scheme and hence no information is available to the CCG

It is important to note that the pension values for the GPs of the Governing Body relate to their Non Practitioner employment only as provided by the Business Services Authority. Whilst this will include, from 1st April 2013, the work undertaken in their capacity as a senior manager of the CCG it might also include other, non practitioner work. These pension values will also include contributions made in previous employments in a non practitioner role.

Lay Members do not receive pensionable remuneration and hence there are no entries in respect of pensions for Lay Members.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the members' accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefit accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of period.

Appendix Biii
NHS Sheffield Clinical Commissioning Group Governing Body Register of Interest
(1 April 2014 to 31 March 2015)

Governing Body (Core Members)		
Name	Position/ Role	Interest Declared
Amir Afzal	CCG GP Locality representative	• Senior Partner, Duke Medical Centre • GP Appraiser • Director, Central Care Sheffield Ltd (not trading) • Director, Saihara Care Ltd (Care agency based in London) • B-TAK Enterprise Ltd (Rental of furnished offices company run by brother)
Ian Atkinson	Accountable Officer	• Non Executive Director, South Yorkshire Housing Association (unpaid) (until 3 September 2014) • Independent Panel Member of the Dame Fiona Caldicott's Information Governance Oversight Panel (unpaid) • Director, AtkinsonWalker Ltd, a healthcare and commercial consultancy business (currently does not have any contracts with the NHS) (from 1 March 2015)
Nikki Bates	CCG GP Elected City-wide Representative	• GP Partner, Porter Brook Medical Centre • Practice is provider of Occupational Health Services for students at Sheffield Hallam University • GP Appraiser • Minority stakeholder in Rivelin Healthcare Ltd • Partner Governor, Sheffield Children's NHS Foundation Trust (from 1 July 2014)

John Boyington CBE	Lay Member	• Chairman and Trustee (unpaid), Croft House Settlement a registered charity providing premises and facilities for voluntary groups to meet in Sheffield city centre • Non Executive Director (2 days per month paid), Bury GP Practices Ltd, a Company Limited by shares which is a provider of health services (until 30 June 2014) • Chairman (2 days per week paid), Bury GP Practices Ltd, a Company Limited by shares which is a provider of health services (from 1 July 2014) • Trustee of the Royal Masonic Benevolent Institution, a charity providing care to 1,000 people in 17 homes across England and Wales. The position is non-remunerated. The nearest care home is situated in York • Chairman of Masonic Care Ltd, a charitable Company providing residential care to 12 people with a learning disability in Thorne, South Yorkshire
Kevin Clifford	Chief Nurse	• Chair of Corporation, Longley Park 6th Form College • Honorary Lecturer, Faculty of Medicine, Dentistry & Health, University of Sheffield
Richard Davidson	Secondary Care Doctor	• Consultant in Intensive Care Medicine & Anaesthesia / Associate Medical Director, RTT, Anaesthetic Department, Bradford Teaching Hospitals NHS Foundation Trust (until 31 August 2014) • Consultant in Intensive Care Medicine & Anaesthesia / Clinical Lead for Transformation, Bradford Teaching Hospitals NHS Foundation Trust (from 1 September 2014) • Director, Yorkshire Medical Logistics Ltd (from 1 September 2014)
Amanda Forrest	Lay Member	• Director, Weetwood Gardens Management Company • Director, Sheffield Cubed (voluntary sector organisation

		(until 31 July 2014)
Tim Furness	Director of Business Planning and Partnerships	• Nil return
Mark Gamsu	Lay Member	• Director, Local Democracy and Health Ltd (public health consultancy) • Co-ordinator of European Health Equity Programme, UK Health Forum (national voluntary organisation) • Trustee, Voluntary Action Sheffield • Trustee, Sheffield Mental Health CAB (organisation does not receive contract funding from the CCG) • Trustee, Community Legal Advice Service South Yorkshire (organisation does not receive contract funding from the CCG) • Committee Member, Darnall Wellbeing (organisation does not receive contract funding from the CCG) • Trustee, Citizens Advice • Trustee, INVOLVE Yorkshire and Humber
Anil Gill	CCG GP Elected City-wide Representative	• GP appraiser (ad hoc basis) • GP Principal, Selborne Road Medical Centre
Idris Griffiths	Chief Operating Officer	• Nil return
Andrew McGinty	CCG GP Locality representative	• GP Partner, Woodhouse Health Centre • Director, Woodhouse Health Services Ltd • Partner in a shareholding practice, Primary Provider Ltd
Zak McMurray	Clinical Director	• GP Partner, Woodhouse Health Centre (until 30 June 2014) • Director, Woodhouse Health Care Services Ltd (until 30 June 2014) • Shareholder Primary Provider Ltd (until 30 June 2014) • Shareholder, Woodhouse Health Care Services Ltd (from 1 July 2014)

		• Trustee, Talbot Trusts
Tim Moorhead	CCG GP Locality representative CCG Chair	• Senior Partner, Oughtibridge Surgery • Minority shareholder, Rivelin Healthcare Ltd • Executive Member of Local Medical Committee
Julia Newton	Director of Finance	• Nil return
Marion Sloan	CCG GP Elected City-wide Representative	• GP Principal, Sloan Medical Centre • Clinical Assessor, STHFT • Lead GP, Gastroenterology Community Service • Sessional GP, GP Collaborative
Leigh Sorsbie	CCG GP Locality representative	• GP Partner, Firth Park Surgery • Partner Governor, Sheffield Teaching Hospitals NHS Foundation Trust (STHFT (until 17 December 2014) • Partner, Sheffield SHSCFT (from 18 December 2014)
Ted Turner	CCG GP Elected City-wide Representative	• GP Partner and Principal, Shiregreen Medical Centre • Trustee, SOAR Southey and Owlerton Area Regeneration • Committee Member, Sheffield Local Medical Committee

Statement of Accountable Officer's Responsibilities

The National Health Service Act 2006 (as amended) states that each Clinical Commissioning Group shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed Ian Atkinson to be the Accountable Officer of the Clinical Commissioning Group.

The responsibilities of an Accountable Officer, including responsibilities for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction) and for safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Clinical Commissioning Group Accountable Officer Appointment Letter.

Under the National Health Service Act 2006 (as amended), NHS England has directed each Clinical Commissioning Group to prepare for each financial year financial statements in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Clinical Commissioning Group and of its net expenditure, changes in taxpayers' equity and cash flows for the financial year.

In preparing the financial statements, the Accountable Officer is required to comply with the requirements of the *Manual for Accounts* issued by the Department of Health and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the *Manual for Accounts* issued by the Department of Health have been followed, and disclose and explain any material departures in the financial statements; and,
- Prepare the financial statements on a going concern basis.

To the best of my knowledge and belief, the CCG's Accountable Officer for the 2014/15 financial year discharged his responsibilities set out in his Clinical Commissioning Group Accountable Officer Appointment Letter and that from 1 April 2015, I have discharged the responsibilities set out in my appointment letter as interim Accountable Officer.

Signed: Date:

Idris Griffiths

Idris Griffiths
Interim Accountable Officer

Annual Governance Statement

1 Introduction

Sheffield Clinical Commissioning Group was created a whole city CCG (with four localities) and a geography coterminous with our Local Authority, Sheffield City Council and licensed to operate without conditions by NHS England from 1st April 2013. Previously there had been a whole city Primary Care Trust for Sheffield. We were fortunate in retaining our senior team to lead us through the period of transition in 2012/13 and onto full authorisation in April 2013, and to build on this solid foundation subsequently, with robust business systems and governance processes in place.

During the Clinical Commissioning Group has continued to refine its governance arrangements. During 2014/15 adherence to the principles of good governance was retained as a principal risk on our Assurance Framework and will continue be so during 2015/16 so that we keep a continual focus on ensuring our processes are robust.

2 Scope of responsibility

The Accountable Officer, has responsibility for maintaining a sound system of internal control that supports the achievement of the clinical commissioning group's policies, aims and objectives, whilst safeguarding the public funds and assets for which the Accountable Office is personally responsible, in accordance with the responsibilities assigned to the post in *Managing Public Money*. I also acknowledge my responsibilities as set out in my Clinical Commissioning Group interim Accountable Officer Appointment Letter.

I am responsible for ensuring that the clinical commissioning group is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity.

3 Compliance with the Corporate Governance Code

We are not required to comply with the UK Corporate Governance Code. However, we have reported on our Corporate Governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the CCG and best practice.

i) Principle Leadership

NHS Sheffield CCG is governed and led by an effective unitary Governing Body comprised of Clinical Leads, Executive Directors and Lay Members, each with clear understanding of their individual and collective responsibilities. There is a clear division of responsibilities, with no one individual having unfettered powers of decision.

The Chair is responsible for leadership of the Governing Body and ensuring its effectiveness on all aspects of its role, and in particular, a clear process for decision making. Our three Lay Members are valued for their impartial focus and expertise, their role is to oversee key elements of governance including audit, remuneration, and engagement, including conflicts of interest. We value their constructive

challenge and their contributions to the development of our strategies. All committees are chaired by a Lay Member.

The Governing Body sets the Clinical Commissioning Group's strategic aims and, with a revenue resource limit of £711.8m for programme spend and £15.8m for running costs for 2014/15, ensures that the necessary financial and human resources are in place for the organisation to meet its objectives.

ii) Principle of Effectiveness

The Governing Body and its committees draw their membership from a broad pool of NHS staff, clinicians and lay members, providing the appropriate balance of skills, experience, independence and knowledge of the organisation, to enable them to discharge their respective duties and responsibilities effectively. There is a formal process of reviews where the time commitment of members is appraised, as well as a formal assessment and appraisal process.

A comprehensive Organisational Development programme is in place for the whole organisation, and which includes a strand of activities designed to support Governing Body members in discharging their statutory responsibilities, for example training on prevention of fraud, media skills, risk management and legal duties as employers.

To enable the Governing Body to discharge its duties, information is received in a timely manner well in advance of meetings, with a choice of formats (paper or electronic). All papers presented at Governing Body and Committee meetings follow a recommended format including a standard front sheet, this has three important functions:

- It quickly draws members' attention to the key issues and recommendations.
- The sheet clearly states how the main body of the paper provides assurance that identified risks are being controlled.
- It provides evidence of the CCG's compliance with the requirements of the Equality Act 2010 and our duty to secure public involvement in the planning of commissioning arrangements.

The Governing Body reviews its own performance and that of its committees annually, with findings and recommendations being formally reported in our public facing meetings.

iii) Principle of Accountability

The Governing Body undertakes a balanced and understandable assessment of the organisation's position and prospects via a number of routes, including:

- Papers presented to each Governing Body meeting, (eg Finance, Quality and Delivery reports)
- The development and publication of an Annual Plan
- The development of publication of an Annual Report
- Meetings of the Members' Council.

The Audit and Integrated Governance Committee (AIGC) is chaired by an independent Lay Member with relevant financial experience. The AIGC is responsible for reviewing the CCG's internal control and risk management systems.

iv) Principle of Remuneration

The Remuneration Committee oversees the appointment of all Governing Body Members and has delegated authority to determine their remuneration and conditions of service, taking into account any national directions or guidance on these matters. The Committee has the delegated authority to review the performance of the Chief Officer (Accountable Officer) and other senior CCG employees and determine any financial awards as appropriate.

v) Principle of Relations with Stakeholders

All Governing Body members actively engage in some form of dialogue with our stakeholders, be they constituent practices, partner organisations or our citizens.

We seek to cultivate a mutual understanding of objectives.

We undertake this by sharing information in a variety of ways including:

- Publishing an Annual Report
- The Annual General Meeting
- Cross organisation Board Meetings
- Members' Council Meetings
- General Public Meetings
- Public facing web site
- Our Involve Me engagement network

4 Clinical Commissioning Group Governance Framework

The National Health Service Act 2006 (as amended), at paragraph 14L(2)(b) states:

"The main function of the governing body is to ensure that the group has made appropriate arrangements for ensuring that it complies with such generally accepted principles of good governance as are relevant to it."

4.1 Constitution

NHS Sheffield Clinical Commissioning Group (CCG) is a member organisation comprising 87 member practices and our Constitution has been approved by them. The Constitution reflects how the organisation operates. It sets out the CCG's powers and functions and describes our mission, values and aims and how these are delivered though the governance framework.

Our Constitution includes:

- Membership and the area we cover
- Our Mission, Values and Aims
- Functions and duties

- Decision Making: The General Structure
- Roles and Responsibilities
- Standards of Business Conduct and Managing Conflicts of Interest
- The CCG as Employer
- Transparency and Ways of Working
- Standing Orders, Scheme of Reservation and Delegation and our Prime Financial Policies
- Terms of Reference of the CCG's formal Committees and sub-Committee

We reviewed and updated our Constitution in July 2014 when the following changes were proposed and agreed by NHS England:

- Changes to reflect the Clinical Director role – ie previously two post holders now one Clinical Director

- Strengthening of Committee and Sub-committee Terms of Reference

- Amendments throughout with regard to reference to NHS Commissioning Board now NHS England

- Changes to reflect number of GP practices from 88 to 87

- Removal of terms of reference for both the four Locality Executive Groups and the Commissioning Executive Team – these will instead be posted onto the CCG website to enable more frequent review and allow them to be adapted quickly to respond to emerging needs at speed.

- General formatting throughout the document including slight changes to the NHS Sheffield CCG logo

A second review of the Constitution was undertaken in January 2015 and the following changes were also accepted by NHS England:

- Inclusion of model wording to allow for Joint Commissioning arrangements following the issue of the Legislative Reform Order allowing CCGs and NHS England to form joint committees from 1 October 2014.

- References to the CCG Company Secretary amended to read Head of Governance and Planning.

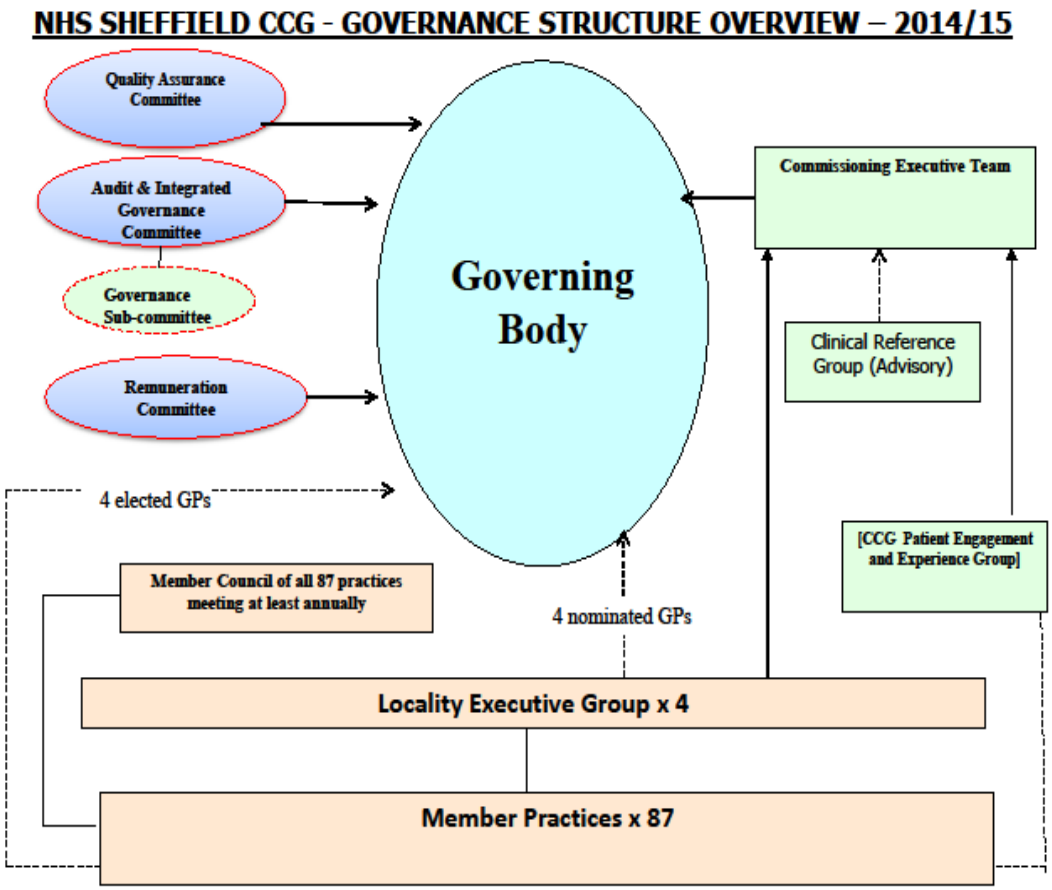
- Change of name of Meersbrook Medical Centre to 'Veritas'.

- General changes to the Terms of Reference of each of the high level committees, these included changes to membership, as well as quoracy, and have been proposed in order to strengthen the current arrangements.

Our Constitution, particularly through our Scheme of Reservation and Delegation, makes clear the respective responsibilities of our Members' Council (membership body) and our Governing Body and its Committees. With the exception of changes to the Constitution, all powers and responsibilities have been delegated to the Governing Body.

The governance or accountability structure (figure 1) outlines the systems and processes that enable us to achieve our strategic objectives and create the right environment to help ensure that services are commissioned in an appropriate and cost effective way.

Fig 1



NHS Sheffield CCG Governance Structure

4.2 Governing Body, Committees, Sub-committees and Joint Committees

The Governing Body met on the first Thursday of each month throughout the period 1 April 2014 to 31 March 2015 with the exception of August (no meeting took place) and January (when it was held on the second Thursday) and was quorate at each meeting. Attendance is monitored as part of our monitoring systems and details of attendance are available on all Governing Body minutes which are published on the CCG webpage http://www.sheffieldccg.nhs.uk/about-us/GB-meetings.htm

The Governing Body has a clear division of individual's responsibilities, with no one individual having unfettered powers of decision. It is collectively responsible for the long term success of the CCG and comprises:

- CCG Chair
- Accountable Officer
- Clinical Director
- 4 Elected GP members

- 4 Locality appointed GP members (one is the CCG Chair)
- 3 Lay Members (one is the CCG Vice Chair)
- Secondary Care Doctor
- Chief Operating Officer
- Director of Finance
- Chief Nurse
- Director of Business Planning and Partnerships

The Chair is responsible for leadership and ensuring effectiveness of the Governing Body. The Governing Body and its committees draw their membership from a broad pool of NHS clinicians, staff, and lay members, providing the appropriate balance of skills, experience, independence and knowledge of the organisation to enable them to discharge their respective duties and responsibilities effectively.

The CCG aspires to be an effective and innovative organisation. Its success depends on strong partnerships with constituent practices, local communities and external organisations. Members of the Governing Body have proactively sought strong relationships collectively and individually through:

- "Board to Board" meetings where the Governing Body met with the Boards of local Foundation Trusts
- Executive to Executive meetings with the Locality Authority held on four occasions throughout the year
- Joint working through Partnerships Boards with the Local Authority
- Joint working through partnership arrangements with neighbouring CCGs and Core City CCGs (core cities are those which are of a similar size to Sheffield, and share many common characteristics and challenges, for example, Manchester and Newcastle).
- A joint arrangement with the Clinical Commissioning Groups from South Yorkshire and Bassetlaw, Hardwick and North Derbyshire for the CCG Collaborative Commissioning Arrangement (known as CCGCOM)
- Joint working with the Sheffield Universities for the delivery of education and development;
- Joint working with NHS England at both national and local area team levels

4.2.1 Performance / Highlights of Governing Body:

The Governing Body is responsible for determining the nature and extent of the significant risks it is willing to take in achieving its strategic objectives. During 2014/15 it has maintained sound risk management and internal control systems as described in the Risk Management and Internal Control Framework sections.

A range of governance and strategic reports have been considered by the Governing Body including assurances on quality, finance and performance. Meetings are held in public and agendas, papers, and minutes are published on the CCG website. All Governing Body agendas include the requirement for declarations of interest.

The Governing Body receives information in a timely manner in a form and of a quality appropriate to enable it to discharge its duties. This has been a priority area for 2014/15 and is an area which is kept under continuous review and enhancement.

Following a review of Governing Body meetings, a number of improvements have been implemented. These included a new format for meetings, intended to offer a more disciplined approach, which included a change to the timing of meetings held in public to commence at 4.00 pm. An audit was undertaken of 11 meetings which found that 49% of papers required a decision and 51% of papers were for noting. Therefore, papers for noting (ie not requiring discussion and decision) are now distributed by email separate to meeting papers, and are also available on the internet. These papers are listed as "previously circulated for noting" on the agenda and recorded as such on all minutes of meetings.

Executive directors, clinical leads and lay members are subject to formal assessment and appraisal processes. A comprehensive induction and bespoke development programme is in place for all Governing Body members, the 2014/15 Programme has included:

- Information Governance awareness
- Procurement and Competition Law
- Integration
- Finance, Commissioning Contracts and Sanctions
- Making system change happen timely, defining the problems and creating the solutions
- Developing and Communicating the Culture/Exemplary Engagement and Customer Focus (this included patient participation, equality, exemplary engagement, quality, majoring on safeguarding as a commissioner
- Planning - Commissioning Intentions 2015/16
- Media Training Refresher / Public Speaking

4.3 Committees

To support the Governing Body in carrying out its duties effectively, the following committees with delegated responsibilities have been formally established:

- Audit and Integrated Governance
- Quality Assurance
- Remuneration and Terms of Service

Each Committee has formal terms of reference which form part of our Constitution, and provides summary reports to the Governing Body. The Terms of Reference of each of these committees were reviewed as part of the Constitution reviews undertaken in July 2014 and January 2015, ensuring they remained fit-for-purpose and offered stringent governance assurance.

4.3.1 Audit and Integrated Governance Committee (AIGC)

This Committee is chaired by the Lay Member with a lead role in overseeing key elements of financial management and audit. The AIGC has delegated responsibility for critically reviewing the CCG's financial reporting and internal control principles and for maintaining an appropriate relationship with internal and external audit and the CCG's Counter Fraud Service.

The Committee also has delegated authority to review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the CCG's activities.

The AIGC is underpinned by the functions of the Governance Sub-committee and ongoing dialogue with internal and external auditors. It has met on four occasions during the year, considering relevant issues in line with its annual work plan.

Performance / Highlights of Audit and Integrated Governance Committee

Key areas of the committee's work in 2014/15 included:

- Approval of the annual programme of work to be undertaken by Internal Audit and Counter Fraud services and in year monitoring of delivery against the plan, ensuring officers followed up on recommendations within finalised reports;
- Receipt of update reports from External Audit as the CCG prepared to produce its Annual Accounts for 2014/15. Committee also approved the CCG's accounting policies;
- Ongoing review of various aspects of internal control, including updates on key quality and performance issues from the Quality Assurance Committee;
- Review of the Governing Body Assurance Framework with particular focus on ongoing identified gaps in control and/or assurance;
- Annual review of the CCG's Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies. In line with its delegated responsibilities approval of changes to detailed financial policies.
- All members and key attendees at the Committee completed a second self-assessment questionnaire to assess the effectiveness of the Committee in January 2015 and how views had changed after a second year of operation. The positive results were considered at the March 2015 meeting.

4.3.2 Quality Assurance Committee (QAC)

This Committee has responsibility for seeking assurance that all providers with whom the CCG places service contracts are delivering high quality and safe care, and that a culture of continuous quality improvement is embedded within organisations and services. The committee meets quarterly and has provided exception reporting to Governing Body on quality concerns and good practice. During the year it has streamlined reporting and prioritised areas for discussions with providers where serious concerns are raised, to enable decision making on future actions.

Performance / Highlights of Quality Assurance Committee:

Following a review of its functions and membership in December 2013, QAC has continued to develop and deliver its responsibilities. Specifically, the committee has:

- Systematically reviewed providers' performance in relation all areas of quality, with a focus during the year of new initiatives introduced following the Francis Public Inquiry. These include the Friends and Family Test and staffing levels.

- Reviewed feedback relating to providers from the Care Quality Commission and other regulatory bodies and taken action with providers where appropriate.
- Monitored patient safety issues, including Serious Incidents, Never Events, targets and plans to reduce hospital and community acquired infection.
- Approved strategies for Commissioning for Quality and Safeguarding, incorporating lessons learned from national reviews such as Winterbourne View.
- Monitored patient feedback from both provider and public websites.
- Received feedback from subgroups and made decision's relation to any further actions.
- Reviewed and approved clinical policies and procedures.
- Received reviews from Internal Audit relating to the internal functions of the CCG's clinical governance systems.
- Provided Feedback to Governing Body on a Quarterly basis.

4.3.3 Remuneration Committee

The Remuneration Committee is chaired by the lay member with a lead role in overseeing key elements of financial management and audit. The Committee is delegated to oversee the appointment of all Governing Body members and to determine their remuneration and conditions of service, taking into account any national directions or guidance on these matters. The Committee also reviews the performance of the Accountable Officer and other senior CCG employees and determines any financial awards as appropriate. In addition, the Committee has delegated authority to consider the severance payments of the Accountable Officer and of other senior staff. The Committee advises the Governing Body on its 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 outside of, or in place of, national Agenda for Change arrangements.

Performance / Highlights of Remuneration Committee:

During 2014/15 key areas considered by the Committee included:

- Review of Remuneration Committee Terms of Reference
- Review of remuneration for all Governing Body members
- Recommendations to Governing Body re the remuneration arrangements for other clinicians working for the CCG on commissioning issues and re the remuneration and appointments process for the five Clinical Directors.
- Managing the Accountable Officer recruitment process
- Managing the Governing Body Nominated Locality GP Representative process
- Outcomes of relevant performance reviews

4.4 Committee Membership and Attendance

The table below sets out details of membership and attendance at each of the CCG's committees. All meetings of all committees were quorate throughout the year

Committee	Membership	Role	Attendance	
All committees meet quarterly or as necessary			actual	possible
Audit & Integrated Governance	John Boyington	Lay Member and Chair	4	4
	Amanda Forrest	Lay Member and Vice Chair	4	4
	Andrew McGinty	CCG GP Governing Body Member	3	4
	Leigh Sorsbie	CCG GP Governing Body Member	4	4
Quality Assurance	Amanda Forrest	Lay Member and Chair	4	4
	Kevin Clifford	Chief Nurse and Vice Chair	3	4
	Amir Afzal	CCG GP Lead for Quality	2	4
	Jane Harriman	Deputy Chief Nurse	4	4
	Peter Magirr	Head of Medicines Management (ceased to be a core member from December 2014)	1	3
	Zak McMurray	Clinical Director	3	4
Remuneration Committee	John Boyington	Lay Member and Chair	4	4
	Amanda Forrest	Lay Member and Vice Chair	4	4
	Amir Afzal	CCG GP Governing Body Member	3	4
	Nikki Bates	CCG GP Governing Body Member	3	4
	Ted Turner	CCG GP Governing Body Member	4	4

4.5 Sub Committees

The Governance Sub-committee was established as a sub-committee of the Audit and Integrated Governance Committee (AIGC) with a remit to ensure that a sound system of integrated governance, risk management and internal control is in place to support the achievements of the CCG's objectives and to provide the AIGC, and ultimately the Governing Body, with assurance as both an employer and a statutory body.

It receives reports on high level risks, reviews the risk register and scrutinises any new organisational risks and their associated risk scores. The Sub-committee receives reports from a number of sub groups including information governance, freedom of information, health and safety, and the Equalities Action Group. Reports to the sub-committee include quarterly updates in relation to workforce planning, finance, and legal claims and litigation. The Sub-committee also receives reports with regard to the review and implementation of CCG policies. All corporate and HR policies are approved by this sub-committee.

Performance / Highlights of Governance Sub-Committee

During 2014/15 key areas considered by the Committee included:

- The Governing Body Assurance Framework (GBAF) is reviewed at each meeting.
- Principal risks were reviewed and challenged and in particular identified gaps in controls and/or assurances were challenged by its members.
- The operational risk register was reviewed at each meeting and the scores of all new risks scrutinised and approved.
- Review and refresh of the incident reporting system, resulting in a more efficient process which was relevant to CCG staff, providing assurance that actions were taken following reported incidents in order to minimise the likelihood of future re-occurrence.

- Assurance was received with regard to Information Governance systems and processes, including IG toolkit, Freedom of Information requests and the Publication Scheme
- Positive assurance was received in support of health and safety initiatives, premises inspections and fire risk assessments.
- Policy management system introduced for the review and updating of all corporate, human resources, clinical and financial policies.

4.6 Joint Committees

The CCG is not party to any formal joint committees. However, a joint arrangement is in place with the Clinical Commissioning Groups from South Yorkshire and Bassetlaw, Hardwick and North Derbyshire for the CCG Collaborative Commissioning Arrangements (known as CCGCOM) which works under agreed terms of reference to collaboratively commission services where the CCGs agree that will be beneficial. The committee does not have delegated authority from Governing Bodies, but operates with the authority of its members - Chairs and Chief Officers - with decisions not delegated to those members being referred to respective Governing Bodies.

Similarly, as the CCG develops integrated commissioning arrangements with Sheffield City Council, working groups have been established to oversee the development of those arrangements and of commissioning plans for 2015/16. Whilst there is no delegated authority the working groups operate within existing arrangements.

5 The Clinical Commissioning Group's Risk Management Framework

The CCG's Risk Management Strategy and Action Plan, together with its policies and procedures, has been in place throughout 2014/15, and is reviewed annually. Responsibility for approval of the CCG's risk management arrangements is delegated to the Audit and Integrated Governance Committee. Preparation and review of the Governing Body Assurance Framework and operational Risk Register with recommendations for action to AIGC and Governing Body is delegated to the Governance Sub-committee.

The CCG has adopted a local and systematic method of identifying, analysing, assessing, treating, monitoring and communicating risk. This process included the context in which risk had been managed. Front cover sheets of reports to the CCG's Governing Body and Committees and sub-committees make the link to any associated risks to the achievement of the organisation's objectives.

We have effective controls in place to enable risk to be assessed and managed. The Risk Management Strategy sets out the aims of the CCG to ensure that staff, patients, visitors, reputation, and finances associated with the CCG are protected through the process of risk identification, assessment, control and elimination/reduction. The strategy also sets out accountability arrangements in terms of risk management, including roles and responsibilities. The Head of Governance and Planning is designated as the lead officer for implementing the system of internal control, including the Risk Management Strategy.

The objective of the CCG's Risk Management Strategy is to create a framework to achieve a culture that encourages staff to:

- Identify and control risks which may adversely affect the operational ability of the CCG
- Compare risks using a grading system
- Where possible, eliminate or transfer risks or reduce them to an acceptable and cost effective level, otherwise ensure the organisation openly accepts the remaining risks.

Risks are identified from a number of sources, including the Governing Body, executive directors, staff, Governing Body Assurance Framework, internal and external audit reports and risk assessments. Monitoring, evaluation and control have been further developed throughout the year and all identified risks are included on the operational risk register or assurance framework. The Governance Sub-committee receives a report on all new risks and progress on addressing the high level risks at every meeting. Further details on our risk assessment methodology can be found in section 7 of this report.

Risk management is embedded within the organisation through delivery of the Risk Management Strategy and also through assessments of specific risks including information governance, equality impact assessments and business continuity. Attendance at risk management and equality and diversity training is mandatory for all staff.

All papers presented at Governing Body and committee meetings follow a recommended format including a standard front sheet that provides a clear summary of:

- assurance that identified risks are being controlled
- evidence of the CCG's compliance with the requirements of the Equality Act 2010
- evidence of public engagement

There is a process in place for the reporting, management, investigation and learning from incidents. We have a Senior Information Risk Owner (SIRO) to support our arrangements for managing and controlling risks relating to information/data security.

A Counter Fraud report is received at each meeting of the Audit and Integrated Governance Committee, the aim of which is to ensure members are made aware of the activity undertaken by the Local Counter Fraud Specialist (LCFS). The content of the report is formatted to comply with the requirements of the NHS Counter Fraud Manual, outlining where relevant activity has taken place across the seven generic areas of the work of the Local Security Management Service (LSMS):

- Anti-fraud culture
- Deterrence
- Prevention
- Detection
- Investigations
- Sanctions
- Redress

The CCG is able to assure itself of the validity of its Annual Governance Statement through review and challenge of the statement by the Audit and Integrated Governance Committee and review by the senior management team.

6 The Clinical Commissioning Group Internal Control Framework

A system of internal control is the set of processes and procedures in place in the Clinical Commissioning Group to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised, the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The Governing Body Assurance Framework (GBAF) is the key document which provides an overview of the controls and assurances in place to ensure that the CCG is able to achieve its strategic objectives and manage the principal risks identified.

There are a range of controls in place within the CCG which include risk prevention ie ensuring the risk does not occur and includes for example the Scheme of Delegation and Reservation and financial authorisation and authorisation levels. In addition, the CCG produces a range of detection controls ie performance monitoring and quality reports. Finally, the CCG has in place directive controls which include a suite of policies and standard operating procedures which are monitored by the Governance Sub-committee at each of its meetings, such controls reduce the likelihood of a risk occurring. Additionally, the CCG also has a statutory and mandatory training regime in place which is also a significant aspect of control.

The CCG uses three risk scores:

- **Initial Risk Score**: This is the score when the risk is first identified and is assessed with existing controls in place. This score will not change for the lifetime of the risks and is used as a benchmark against which the effect of risk management will be measured.

- **Current Risk Score**: This is the score at the time the risk was last reviewed in line with review dates. It is expected that the current risk score will reduce and move toward the Target Risk Score as action plans to mitigate the risks are developed and implemented.

- **Target (Appetite) Risk Score**: This is the score that is expected after the action plan has been fully implemented.

Our GBAF is discussed in more detail in section 7 below.

6.1 Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the CCG, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

Sheffield CCG places high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have a named Senior Information Risk Owner (SIRO), Caldicott Guardian and Information Governance Lead and access to information governance subject matter expertise from the Commissioning Support Unit. The CCG has an Information Governance Group that reports to the Governance Sub-committee and addresses information governance matters for the CCG.

The CCG completed its Information Governance Toolkit in 2014/15 and achieved the required minimum level 2 in all relevant standards, which cover the areas of:

- Information Governance Management
- Confidentiality and Data Protection Assurance
- Information Security Assurance
- Clinical Information Assurance

The review of the CCG's arrangements for Information Governance by internal audit had an outcome demonstrating 'Significant Assurance'.

The CCG has had no Serious Untoward Incidents relating to data security breaches in 2014/15.

The CCG continues to work locally and nationally to secure a sustainable model for information governance that provides adequate restrictions and safeguards for the use of patient identifiable data, whilst allowing the smooth delivery of our commissioning responsibilities in areas such as out of area referrals and individualised commissioning (eg CHC). The CCG now effectively operates with pseudonymised data and is no longer pursuing either Accredited Safe Haven (ASH) or Commissioning Environment for Finance (CEfF) status.

In recognition of the many changes associated with the flow of information upon the introduction of the 2012 Health and Social Care Act, the Accountable Officer in post throughout 2014/15 took a representative view nationally on the Information Governance Board to improve information flows across commissioning and was an independent member of Dame Fiona Caldicott's Information Governance Oversight panel.

6.2 Incident Reporting

There is a process in place for the reporting of all incidents and investigation of serious incidents supported by an Incident Reporting Policy. The policy was reviewed to provide further clarity with regard to information governance incidents and to ensure that processes reflect Health and Social Care Information Centre

(HSCIC) Serious Incident Reporting and Learning (SIRL) guidance. The revised policy was approved by the Governance Sub-committee at its meeting in February 2015. Staff are encouraged to report all incidents via the on-line incident reporting system. Incident reporting training is mandatory and all staff are encouraged to attend.

Of fundamental importance is the CCG's commitment to the ongoing development of a 'culture of openness' where incident reporting is openly and actively encouraged and a progressively 'risk aware' workforce.

6.3 Public stakeholders' involvement in managing risks

The CCG values the involvement of public stakeholders in its local and collective decisions, and we utilise various engagement approaches to ensure an inclusive approach to involving the diversity of our citizens. To this effect, we have considered a number of key elements for involving public stakeholders set out in:

- The White Paper, '*Equity and Excellence: Liberating the NHS'*
- Health and Social Care Act 2012
- The NHS Constitution

In addition to direct contact with our citizens through public meetings, we consult with relevant Overview and Scrutiny Committees, and work in partnership with our local Healthwatch and local voluntary and community groups.

6.4 Pensions Obligations

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

6.5 Equality, Diversity & Human Rights Obligations

Control measures are in place to ensure that all the clinical commissioning group's obligations under equality, diversity and human rights legislation are complied with.

6.6 Sustainable Development Obligations

The clinical commissioning group is required to report its progress in delivering against sustainable development indicators. The CCG has undertaken risk assessments, and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this clinical commissioning group's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

7 Risk Assessment in Relation to Governance, Risk Management and Internal Control

The CCG has sought to ensure that risk assessment and management is embedded throughout the organisation, with risks being identified from a number of sources, including the Governing Body, senior management, staff and reports from internal audit. Monitoring, evaluation and control systems have been reviewed and improved throughout the year. All identified operational risks are included on our operational Risk Register and all strategic risks on the Governing Body Assurance Framework (GBAF).

The Governance sub-committee has delegated authority to routinely receive a report of all new risks and progress on addressing high level risks and any identified gaps in assurance and control at each meeting. There is a system in place to ensure lead directors, with their managers, from each directorate take responsibility for regularly reviewing and updating both the GBAF and the Risk Register.

The Audit and Integrated Governance Committee has responsibility for oversight of the CCG's risk management arrangements and receives update reports at each of its quarterly meetings.

The Governing Body considers specific risk issues and receives minutes from its committees. The Governing Body also routinely receives information on Serious Untoward Incidents (SUIs) including lessons identified and learned.

A meeting of senior risk owners was held on 1 May 2014 to discuss the content of the GBAF in relation to the organisation's 5 year strategic ambitions and to ensure that risks remained relevant for the financial year ahead. The Governing Body was provided with details of the refreshed GBAF at its meeting in June 2014 which included details of the changes to be taken forward for 2014/15. The Governing Body has received further update reports on a quarterly basis throughout the year.

Overall responsibility of the CCG's systems of internal control and preparation of the Annual Governance Statement is delegated to the Accountable Officer. The Director of Finance has delegated responsibility for ensuring that the CCG has in place a system for checking and reporting breaches of financial policies, together with a proper procedure for checking the adequacy and effectiveness of the control environment.

7.1 Risk Assessment Methodology

A standard 5 x 5 matrix was used to assess risk which incorporates both consequence and likelihood as detailed below:

Risk Matrix		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Consequence	1 Negligible	1	2	3	4	5
	2 Minor	2	4	6	8	10
	3 Moderate	3	6	9	12	15
	4 Major	4	8	12	16	20
	5 Extreme	5	10	15	20	25

1 to 3	Low
4 to 9	Medium
10 to 14	High
15 to 19	Very High (Serious)
20 to 25	Critical

In accordance with the CCG's Risk Management Strategy, senior managers have initial responsibility for identifying and managing operational risks within their areas of responsibility and all staff are required to report potential risks to their line manager. When a risk has been confirmed it is added to the operational Risk Register and rated using the standard NHS 5 x 5 scoring system. During 2014/15 this has been via the on-line reporting software. The system ensures risks are reviewed by the risk owner, senior manager and director during the 13 week review cycle. All teams are encouraged to review their risks at monthly team meetings.

Every new risk identified is reviewed by the Governance Sub-committee who will confirm any actions required in order to reduce the level of risk, together with the risk rating. A protocol in support of the Risk Register has been established, which sets out the requirements and the reporting arrangements, and has been circulated to risk owners

7.2 Governing Body Assurance Framework (GBAF)

The GBAF identifies our five strategic objectives (the first four taken from our Prospectus and the fifth from our authorisation process), the principal risks to delivery of these and any gaps in assurance and control. The five objectives are:

- To improve patient experience and access to care
- To improve the quality and equality of healthcare in NHS Sheffield CCG
- To work with Sheffield City Council to continue to reduce health inequalities in NHS Sheffield CCG
- To ensure there is a sustainable, affordable healthcare system in Sheffield

- Organisational development to ensure the CCG meets organisational health and capability requirements set out in the 6 domains (Annex C NHS England CCG Assurance Framework)

The GBAF is designed to meet the requirements of the Annual Governance Statement, providing a structure and process to enable the organisation to focus on the high level strategic and reputational risks with the potential to compromise the achievement of its strategic objectives. The framework is a dynamic tool that maps out key controls and highlights any gaps in controls and assurances to mitigate the risks, and provides a mechanism to assure the Governing Body of the effectiveness of these controls. It is part of the wider governance and assurance framework to ensure the CCG's performance across the full range of its commissioning activities is monitored and managed; resulting in targets being met, objectives achieved, and good outcomes for patients. Crucially, the GBAF provides the Governing Body with confidence that systems and processes in place are operating in a way that is safe and effective.

The GBAF is the responsibility of the Head of Governance and Planning, reporting to the Director of Business Planning and Partnerships, and is formally reviewed by each Risk Lead (Executive Directors) on a quarterly basis. This is to ensure the controls and assurances remain valid and any identified gaps are mitigated by timely implementation and are clearly defined. A separate worksheet was added to the GBAF framework during the year on which any gaps in control/assurance were identified, together with an action plan and target date for closure of the gap.

There have been 17 strategic risks on the GBAF since it was approved in June 2014. Initially one risk was categorised as very high (score of 16); a further six categorised as high (scores of 12); five risks categorised as medium (score of 9); one risk categorised as 6 (medium). At the end of quarter 4 (31 March 2015), I am pleased to report that primarily through the actions we have taken to manage these key risks, our assessment is that none should be categorised as high. The final year end position is as follows:

Risk Score	Number	Category of Rating
9	6	Medium
6	3	Medium
2	3	Low

During the year action plans were put in place for any gaps in control and assurance identified, and risks monitored.

7.3 Operational Risk Register

Current Risks

At 31 March 2015 there were 43 risks identified and added to the Operational Risk Register. Of these, 17 risks were classified as high and 2 risks identified as Very High; 19 risks were rated moderate and 5 low level.

The Governance Sub-committee receives a quarterly report highlighting progress of all open risks at each of its meetings. The Sub-committee also reviews the level of risk of all new risks identified as well as recommending additional controls and challenging any continuing gaps in control and/or assurance.

Whilst the Governance Sub-committee has paid particular attention to risks ranked 12 or above, where possible, action is taken to reduce risks at all levels as many of the lower level risks can be mitigated with limited resources and it is considered good practice to address rather than accept these. Accordingly, rather than setting a single risk appetite, all individual risks are given a target ranking considered appropriate to that risk.

8 Review of economy, efficiency and effectiveness of the use of resources

The Governing Body has overarching responsibility for ensuring the CCG has appropriate arrangements in place to exercise it functions effectively, efficiently, and economically and is supported in doing so via the GBAF.

The Director of Finance, who is a member of Governing Body, is responsible for providing financial advice and for supervising financial control and accounting systems. She presents a monthly finance report to Governing Body, encouraging open debate and understanding from its members.

The Audit and Integrated Governance Committee (AIGC) receives regular reports on a range of governance issues including from both internal and external auditors. The CCG's systems of budgetary control and financial reporting have been reviewed by Internal Audit whose report provided **Significant Assurance**.

The AIGC will have the opportunity to scrutinise in detail the CCG's financial statements for 2014/15 at its meeting on 20 May 2015, together with the report from external audit, before these are presented to Governing Body on 21 May 2015 for adoption.

9 Review of the effectiveness of Governance, Risk Management and Internal Control

The Accountable Officer has responsibility for reviewing the effectiveness of the system of internal control within the Clinical Commissioning Group.

9.1 Capacity to Handle Risk

All staff are offered, and are expected to attend, risk management training. Through this training programme, staff are equipped to identify and manage risk in a manner appropriate to their authority and duties.

Executive directors meet annually to review the principal risks facing delivery of the organisation's objectives, the outcome from this meeting will form the basis of the refreshed GBAF for the following year.

Risks are routinely discussed at team meetings, with the operational Risk Register updated on-line by risk owners. There are risk protocols in place to assist staff in the development and maintenance of both the operational Risk Register and GBAF.

9.2 Review of Effectiveness

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the executive managers and clinical leads within the CCG who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports.

The Governing Body Assurance Framework itself provides me with evidence that the effectiveness of controls that manage risks to the CCG achieving its principal objectives have been reviewed.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Governing Body, the Audit and Integrated Governance Committee and Quality Assurance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The following committees and officers have played a significant part in maintaining and reviewing the effectiveness of the system of internal control in 2014/15 and have managed risks assigned to them:

Committee	Chair
Governing Body	Dr Tim Moorhead
Audit and Integrated Governance Committee (AIGC)	Mr John Boyington, CBE
Quality Assurance Committee (QAC)	Ms Amanda Forrest
Remuneration Committee	Mr John Boyington, CBE

- **The Governing Body** is responsible for providing clear commitment and direction for risk management within the CCG. The Governing Body delegates responsibility for risk management to the Audit and Integrated Governance Committee. It is responsible for determining the nature and extent of the significant risks it is willing to take in achieving its strategic objectives. During 2014/15 it has maintained sound risk management and internal control systems as described in the risk management section of this statement.

  The Governing Body has established formal and transparent arrangements for considering how it should apply the corporate reporting and risk management and

internal control principles and for maintaining an appropriate relationship with internal audit.

- **The Audit and Integrated Governance Committee** is responsible for providing an independent overview of the arrangements for risk management within the CCG, with specific responsibilities for financial risk management. It undertakes its own annual self-assessment of its effectiveness and reviews all internal and external audits.

- **Quality Assurance Committee** has overarching responsibility for clinical risk management and provides assurance to the Governing Body that appropriate clinical risk management arrangements are in place across the organisation. Its work programme addresses safeguarding, infection control, quality in contracts, incidents and medicines management.

My review was also informed by:

- Delivery of Audit Plans by External and Internal Auditors.
- Results from the Staff Survey.
- Results from NHS England Stakeholder Survey
- Information Governance Toolkit Assessment
- Monthly Delivery and Performance Reports
- Regular reviews of corporate risk registers
- Regular reports to the Governing Body from each of the formal committees
- Quarterly Assurance Framework Reports to NHS England
- NHS England Assurance Review
- Audit reports on Yorkshire and Humber Commissioning Support (YHCS) from which the CCG purchases some services.

Sheffield CCG commissions a range of services from Yorkshire and Humber Commissioning Support (YHCS). As part of the establishment of CSU's in 2012/13 NHS England decided that it would use Service Auditor Reporting (SAR) as the main assurance tool in assessing the robustness and effectiveness of CSU control procedures. Sheffield CCG has received a Service Auditor Report, produced by Deloittes (Y&HCS's internal auditors) for the first six months of 2014/15, together with a rectification plan. The report relates to the totality of the relevant services provided by Y&HCS, not just those services commissioned by NHS Sheffield CCG. The CCG has reviewed the report and relevant rectification plan for areas provided to NHS Sheffield CCG, and is satisfied that the reported actions and the supporting controls within the CCG are sufficient to provide assurance on overall controls. A further Service Auditor Report is expected, covering the last six months of the financial year. At the time of writing, this report has yet to be received by the CCG.

The Yorkshire and Humber Commissioning Support organisation was unsuccessful in its bid to be on the national Commissioning Support Unit Lead Provider Framework and as a result will not be able to be a provider of commissioning support from April 2016. The CSU will still be able to provide services in 2015/16 and the CCG will continue to use services during next year until such time as they are brought in house to the CCG or moved to another provider. A transition board has been established across the Yorkshire and Humber CCGs and NHS England to

enable a smooth transition of services during 2015/16. The CCG has identified a lead for each service who will lead the transition on behalf of the CCG.

At 31 March 2015, the Governing Body Assurance Framework identified the following outstanding gaps in control within the GBAF:

- 4.5 Inability to secure partnerships with our main providers that help us to deliver our commissioning plans, including savings and service improvements to be delivered under the Quality, Innovation, Productivity and Prevention (QIPP) initiative.

- 4.6 Contractual restraints facing member practices resulting in an inability of practices to deliver and expand service provision - this gap remains due to this remaining national policy and therefore the responsibility of NHSE.

The above gaps in control have robust action plans and have been built into 2015/16 framework. There were no significant gaps in control identified.

9.3 Head of Internal Audit Opinion

Following completion of the planned audit work for the financial year for the CCG group, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the clinical commissioning group's system of risk management, governance and internal control. The Head of Internal Audit concluded that: ***Please note this comment is per draft report – Final report due in May in parallel to the external audit of CCG's accounts.***

I am pleased to report that we are providing the CCG with **Significant Assurance** as there is a generally sound system of internal control, designed to meet objectives, and that controls are generally being applied consistently. This opinion is determined through our review of your Governing Body Assurance Framework (GBAF) and associated processes and the work that we have undertaken throughout the year.

The full Head of Internal Audit Opinion report is attached as appendix C to this AGS.

During the year Internal audit has issued no reports with a conclusion of limited assurance and no reports with a conclusion of no assurance.

9.4 Data Quality

All reports received by Governing Body provide information on how they link to the Governing Body Assurance Framework. The Governing Body receives a monthly performance and quality report which contains a significant range of data which officers ensure is the most up to date available and from reliable sources such contract data sets, nationally published data etc. The Governing Body as part of the monthly discussions on all reports seek reassurance on the accuracy and timeliness of the data and have found it acceptable.

9.5 Business Critical Models

An appropriate framework and environment is in place to provide quality assurance of business critical models – inputs, methodology and outputs.

9.6 Data Security

We have submitted a satisfactory level of compliance with the information governance toolkit assessment. There were no Serious Untoward Incidents relating to data security breaches in 2014/15.

9.7 Discharge of Statutory Functions

During establishment, the arrangements put in place by the Clinical Commissioning Group and explained within the Corporate Governance Framework were developed with extensive expert external legal input, to ensure compliance with the all relevant legislation. That legal advice also informed the matters reserved for Membership Body and Governing Body decision and the scheme of delegation.

In light of the Harris Review, the Clinical Commissioning Group has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislation and regulations. As a result, I can confirm that the Clinical Commissioning Group is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the clinical commissioning group's statutory duties.

We have quarterly assurance reviews with the Local Area Team of NHS England, which also cover discharge of our statutory functions, and these reviews have resulted in positive outcomes in 2014/15.

10 Conclusion

No significant internal control weaknesses have been identified during the year.

Signed: Date:

Idris Griffiths

Idris Griffiths
Interim Accountable Officer

All links in this document are available in hard copy upon request from the CCG: sheccg.comms@nhs.net
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