

**Minutes of the meeting of NHS Sheffield Clinical Commissioning Group  
Governing Body held in public on 14 January 2016  
in the Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU**

**A**

**Present:** Dr Tim Moorhead, CCG Chair, GP Locality Representative, West  
Dr Amir Afzal, GP Locality Representative, Central  
Dr Ngozi Anumba, GP Locality Representative, Hallam and South  
Dr Nikki Bates, GP Elected City-wide Representative  
Kevin Clifford, Chief Nurse (from item 06/16)  
Dr Devaka Fernando, Secondary Care Doctor  
Amanda Forrest, Lay Member  
Professor Mark Gamsu, Lay Member  
Dr Anil Gill, GP Elected City-wide Representative  
Idris Griffiths, Director of Health Reform and Transformation  
Dr Zak McMurray, Medical Director  
Julia Newton, Director of Finance  
Maddy Ruff, Accountable Officer  
Dr Marion Sloan, GP Elected City-wide Representative  
Dr Leigh Sorsbie, GP Locality Representative, North  
Dr Ted Turner, GP Elected City-wide Representative

**In Attendance:** Sarah Baygot, Communications Manager (on behalf of the Head of Communications)  
Dr Maggie Campbell, Chair, Healthwatch Sheffield  
Katrina Cleary, CCG Programme Director Primary Care  
Dr Mark Durling, Chairman, Sheffield Local Medical Committee  
Rachel Gillott, Deputy Director of Delivery and Performance (on behalf of the Director of Delivery)  
Carol Henderson, Committee Administrator / PA to Director of Finance  
Phil Holmes, Director of Adult Services, Sheffield City Council  
Dr Stephen Horsley, Interim Director of Public Health  
Simon Kirby, Locality Manager, North (from item 06/16)  
Peter Moore, Integrated Commissioning Programme Director  
Gordon Osborne, Interim Locality Manager, Hallam and South  
Michelle Wilde, Joint Locality Manager, Central

**Members of the public:**

There were six members of the public in attendance.

A list of members of the public who have attended CCG Governing Body meetings is held by the Director of Delivery.

**ACTION**

**01/16 Welcome**

The Chair welcomed members of the Sheffield Clinical Commissioning Group (CCG) Governing Body and those in attendance to the meeting.

The Chair also welcomed Peter Moore, Integrated Commissioning Programme Director, to his first meeting.

**02/16 Apologies for Absence**

Apologies for absence had been received from John Boyington, CBE, Lay Member and Tim Furness, Director of Delivery.

Apologies for absence from those who were normally in attendance had been received from Katy Davison, Head of Communications, Rachel Dillon, Locality Manager, West, and Paul Wike, Joint Locality Manager, Central.

**03/16 Declarations of Interest**

There were no declarations of interest this month.

The full Governing Body Register of Interest is available at:  
<http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm>

**04/16 Chair's Opening Remarks**

The Chair had no further comments to make in addition to his report appended at item 14a.

**05/16 Questions from the Public**

A member of the public had submitted a question before the meeting. The CCG's response to this is attached at Appendix A.

The Chief Nurse and Locality Manager, North, joined the meeting at this stage.

**06/16 Minutes of the CCG Governing Body meeting held in public on 3 December 2015**

The minutes of the Governing Body meeting held in public on 3 December 2015 were agreed as a true and correct record and were signed by the Chair.

**07/16 Matters arising from the minutes of the meeting held in public on 3 December 2015**

**a) Proposed Changes to Governing Body Meetings being held in Public (minute 207/15 refers)**

The Director of Health Reform and Transformation advised members that, on behalf of the of the Director of Delivery, he would be taking forward ensuring that items would be included on the CCG's Patient Experience and Engagement Group (PEEG) meeting agenda if it transpired that there were areas that the CCG needed to pay more attention to regarding engagement in respect of the changes to Governing Body meetings being held bi-monthly from now on.

**IG**

**b) Unadopted Minutes of the Quality Assurance Committee (QAC) Meeting held on 28 August 2015 (minutes 180/15, 191/15(b), and 209/15(a) refers)**

Ms Forrest advised Governing Body that the CCG's Executive Team were still reviewing the roles and responsibilities of members of the Governing Body, including membership of the QAC, which would hopefully be agreed by the next meeting of the QAC taking place on 25 March 2016.

The Accountable Officer reported that members of the Executive Team had met with Governing Body GPs earlier in the day and were now working through GP cover for each Committee of the Governing Body. An update would be provided to Ms Forrest prior to the March QAC meeting.

MR

**(c) Reducing Inequalities through Commissioning for Social Value (minute 210/15 refers)**

Dr Horsley advised that he would follow up with the Consultant in Public Health as to whether the template she had used in her report was the Intellectual Property of Liverpool CCG and if this would affect how it was used by the CCG.

SHo(Shi)

The Deputy Director of Performance and Delivery confirmed that the CCG's Head of Governance and Planning had been asked to consider whether reducing inequalities through commissioning for social value should be included in future as a section for completion on the Governing Body papers template.

**(d) Governance Report (minute 211/15 refers)**

The Deputy Director of Performance and Delivery confirmed that the new schedule of Governing Body meeting dates would be reported on the CCG's website within the next few days.

RG(CRH)

**(e) NHS Sheffield CCG Performance Management Framework (minute 212/15 refers)**

The Deputy Director of Performance and Delivery advised Governing Body that the CCG's Commissioning Executive Team (CET) had approved the Terms of Reference for the Contract Management Board and the Integrated Performance and Delivery Board on 5 January 2016. Arrangements for the first meetings were being confirmed.

**(f) Commissioners Working Together Update (minute 215/15 refers)**

The Director of Health Reform and Transformation advised Governing Body that the new working arrangements would be reflected as part of the next round of proposed changes to the CCG Constitution.

TF

**(g) Sheffield Teaching Hospitals NHS Foundation Trust (STHFT)  
Governors' Council (minute 217/15 refers)**

Ms Forrest reminded Governing Body that a workshop had been arranged for 26 January for members of the CCG's Executive Team and Governing Body to meet with STHFT Governors with the intention to help them gain a better understanding of what the CCG does.

The Deputy Director of Performance and Delivery reported that she would ensure that Ms Forrest was provided with a briefing prior to each of her regular meetings with the Governors.

**RG**

**08/16 The Talbot Trusts – Appointment of Nominated Trustees**

The Director of Health Reform and Transformation presented this report which proposed the renewal of an existing trustee appointment that had terminated on 31 December 2015. He reminded Governing Body that the CCG had the ability to nominate three of the six Trustees for terms of four years to serve on the Trusts, and that the only responsibility for the CCG was to nominate trustees and had no liability as a result of this nomination process.

He advised Governing Body that the Trustee in question was Mr Ronald D Jones who had expressed his willingness to continue to serve as a Trustee for **one** year only and therefore the CCG was requested to consider the renewal of this appointment to 31 December 2016. The Governing Body was also being asked to note that, when the Trustees had met on 10 December 2015, Dr Brenda Jackson had stood down as Chair, and Mr Tim Plant, who was a Trustee nominated by another organisation, had agreed to take on this role. The Governing Body had no responsibility to approve this appointment.

The Governing Body:

- Approved the re-appointment of Mr Ronald D Jones as a Nominated Trustee for a further one year period until 31 December 2016.
- Noted that, when the Trustees had met on 10 December 2015, Dr Brenda Jackson had stood down as Chair, and that Mr Tim Plant, who was a Trustee nominated by another organisation, had agreed to take on this role.

**09/16 Communications and Engagement Strategy Refresh**

The Director of Health Reform and Transformation presented the second refresh of the CCG's Communications and Engagement Strategy. He advised Governing Body that this refresh brought the strategy up to date, notably because it included an update of the Citizen Engagement Action Plan and partly in response to the 360 degree survey results in 2015 that indicated that the CCG needed to strengthen engagement with its GP Membership. He drew members' attention to Appendices A to D which explained how the CCG planned to achieve each of the seven communications and engagement aims. These plans were still in draft

**All to**

form and comments from members were welcomed.

**note**

Professor Gamsu commented that this version felt quite different to the previous one and credited the CCG's communications and engagement teams for ensuring that it reflected a lot of the discussions, engagement, etc, that had taken place over the last year and it much better reflected that we needed to reflect something that was specific for Sheffield. The action plans, which were ambitious, were draft at this stage. The first challenge was that people's voices were heard in the reports presented to Governing Body, with the second challenge that it was ambitious in terms of the actions, which had resource implications, and the third, that he liked the fact that the strategy talked about citizens rather than patients or service users, and that it included a glossary.

The Chair of Healthwatch agreed with Professor Gamsu's comments, the strategy had a lot to commend it, and it was a step wise change in terms of the previous strategies the CCG has had. She was pleased to see a lot of reflection on the need to keep on developing the understanding of partners in the city and the desire to work together which, if done properly, could mean sharing resources across the city. She asked how the strategy linked with the Local Authority as there was reference in the strategy to working in partnership but it was a small part of the reference but was one of the key things to get right if we were going to make best use of our resources. She was very pleased with the style content of the strategy and would like the CCG and Healthwatch to work together to meet the aims. It was mainly about attitude and seeing it as part of the whole process, including carrying through a lot of the good work that was already there. It was also about tapping into the network that already existed and working smarter with them.

The Director of Adult Services commented that there was the need for thinking about capacity when building engagement, and it came across strongly that engagement was everyone's business. There were some good points in the report and some clinicians in Sheffield were already doing a good job, and it was building on strengths.

The Chair asked if consideration had been given about resourcing the action plans. The Director of Health Reform and Transformation explained that a conclusion had not been agreed but it was recognised that it was a key priority for the organisation, and it would become more imperative as we get more into transformation of health and social care across the city. We have to be committed to do it and need to get it right. There were issues about the way we work and working smartly to do the best in everything we do but there was still a question about whether we have sufficient resources in that team to support the plan.

The Governing Body:

- Approved the updated Communications and Engagement Strategy.
- Noted that the appendices were all in draft form and comments were welcomed.

## 10/16 **Planning for 2016/17, including Update on 2016/17 Financial Allocations**

The Deputy Director of Delivery and Performance presented this report which provided Governing Body with an update on the outcomes from the recent planning and strategy development discussions, the latest version of the draft CCG Vision and Goals, outlined the next steps for concluding the planning round and finalising the commissioning intentions, and in particular, the key messages and requirements of CCGs from the recently published NHS planning guidance, including key dates for submission of reports, deadline dates, etc.

She advised Governing Body that there were two connected plans that were required to be submitted – the one year operational plan and the sustainability and transformation plan that would drive forward the five year view. The paper contained the output of the conversations that had taken place with Accountable Officers of the CCG's in the Working Together Programme, around the introduction of transformation funds and footprints. It was noted that Sheffield CCG would contribute to the Sustainability and Transformation plan on the Working Together footprint. She also advised Governing Body that there were some clear signals as to what was expected to be contained within the new CCG Assessment Framework for 2016/17.

The Director of Finance reminded Governing Body that CCG financial allocations had been received on 8 January and earlier in the day she had circulated a briefing that provided some headline information at national and Sheffield CCG level. Sheffield CCG had received an allocation which was well below the national average due to being substantially above our fair shares target allocation using the new national formula. This would substantially increase the level of efficiencies required in 2016/17 and beyond to be able to remain in a financially sustainable position.

She also advised members that nationally £2.2b would be available in 2016/17 for sustainability and transformation, of which £1.8b would transfer directly to trusts. Details of how this would be allocated were awaited.

The Deputy Director of Delivery and Performance drew members' attention to part 2 of the report to section 7 and the CCG's planning approach and progress. She explained that it built on the preparatory work that the CCG had already started in the Governing Body strategy development sessions around refreshing the vision for the organisation and the overarching goals. Governing Body were asked to consider agree those goals and vision.

Dr Horsley commented that, whilst, it was a fundamental change in how to transform services and plans, not much was included about the Local Authority (LA). With regard to Appendix 3b and the CCG's Goals, he advised members that the LA was keen to develop a joint preventative plan the early onset of avoidable disease and premature deaths with the CCG and together they could do this fairly quickly, certainly by when

Sustainable and Transformation Plans (STPs) had to be submitted in June. The Accountable Officer reported that work was already underway to do this. Dr Sloan commented that there was no mention of the large amount of work that had been undertaken on the prevention of alcohol related diseases. The Deputy Director of Delivery and Performance explained that there was still more detail to work through which would be developed and included by the end of June. She also explained that the table in this section was the CCG's first attempt to start to map out some of our initial thinking.

The Accountable Officer agreed that it was a very different way of planning, as it was a place-based plan for Sheffield and also for South Yorkshire. In terms of Sheffield, she reported that NHS England required the CCG to work with its providers to show that we have a balanced plan across the city. She commented that we were fortunate in that all of our providers were expecting to be in financial balance at the end of this financial year, however, all organisations would be under significant financial pressure for next year.

The Accountable Officer advised Governing Body that with regard to the South Yorkshire and Bassetlaw plan, using the Working Together Programme (WTP) as the framework, a number of workshops, including a joint commissioning / provider workshop, had been scheduled to commence this work and start to look at the plans across the patch. There would also need to be a more strategic discussion about what the health services would need to look like.

She also reported that a visit from the Better Care Fund (BCF) team had acknowledged all the work undertaken so far on integration, which we wanted to continue to work on. The CCG Chair, LA and our key providers would be looking at the planning guidance across Sheffield and as how we could bid for those funds.

The Chair commented that the population health outcomes were the focus we should be driving for, which was helpful as Governing Body had long said that was what the CCG should be striving for. There should be no adverse impact on health inequalities and we should be looking at how we narrow the gap in all that we do. He also commented that the role of the Regulators was not clear and that sometimes their role had not been helpful in allowing the CCG to get to the stage it wanted to.

Ms Forrest commented that if it was a Sheffield plan then we needed to think about ways to include the voluntary sector in our plans, with the work they do in the communities being built in. There was a load of evidence out there and this could have a massive and positive impact on the work we do.

The Chair of Healthwatch asked that the inclusion of citizens in the partnership be made clear in the vision statement. The Deputy Director of Delivery and Performance responded that if the CCG wanted to adopt the traditional Option 2, Our Vision for the Future State, then it would need citizens as an equal partner.

The Governing Body:

- Noted the changes in the planning approach and the requirements on the CCG to comply with the national planning guidance for 2016 – 2021.
- Noted that the transformation footprint would be at South Yorkshire and Bassetlaw and that the local ambition will be a subset of this overarching plan.
- Approved the refreshed CCG vision and strategic Goals at Appendix 3a and 3b, subject to amendments made as discussed above.
- Noted the next steps and actions required before publication of the Operational plan in April 2016
- Noted the next steps and requirement of Governing Body to continue to develop the Sustainable and Transformation Plan before submission in June 2016.

## **11/16 2015/16 Finance Report**

The Director of Finance presented this report which provided Governing Body with information on the financial information for Month 9 and the key risks and challenges to deliver the planned year end surplus of £7.4m (1%). She drew Governing Body's attention to the risk assessment section and commented that it felt more difficult than in recent years to confirm that we would achieve the required year end position due to a number of factors including the significant fluctuations in prescribing prices and activity, uncertainty on the reporting of some activity at STH and having the Easter holiday period entirely in March.

She advised Governing Body that, for the first time, on the executive summary she had RAG rated delivery of the underlying forecast surplus as Red. The CCG has to be able to demonstrate an underlying surplus of at least 1% by showing that at least 1% of its recurrent budget is not committed at the year end. This is achieved by spending it on one off or non recurrent services in the current year. At the moment the level of underlying demand for services in the city does not make this possible and this will give the CCG additional financial pressures to address in 2016/17.

She also drew members' attention to the QIPP plan at the bottom of page 5 where the forecast out-turn position had been reported for the first time. She highlighted that the plan had been reviewed a number of times by the Commissioning Executive Team (CET). She advised that, although it would probably deliver slightly less than half of the £6m it was hoped would be achieved, the CCG should still deliver the 1% planned year end surplus due to other slippage and contingency reserves.

The Chair raised concerns about the lack of reporting since STHFT had introduced the Lorenzo system. The CCG did not have all the information it would expect. The consequence of this was that if Governing Body were not assured we needed to take actions to both escalate and resolve them.

The Director of Finance reported that through the finance and contracting team we were ensuring using our normal contracting mechanisms that we only pay for activity which the trust can demonstrate has occurred. The

absence of certain data, especially on outpatient activity, was making it difficult however to do some of the planning and contracting for next year.

The Director of Health Reform and Transformation advised Governing Body that the critical thing was about seeking greater assurance on quality of care and was looking to follow that up in more detail. Issues around performance compounded that as we did not know what the accurate figure was for patients going through the A&E dept. He reported that the trust had escalated that even further internally within the hospital and had undertaken a review earlier in the week at director level, which the CCG would have a role in the resolution of, including membership of that group.

The Chair commented that this was likely to have some impact on the CCG's own rating and might affect our Quality Premium, assurance rating and, in turn, the resource that comes in for primary care. He asked if there were any other actions the CCG ought to be considering as it was about resolving the issue for the benefit of the city.

Dr Gill asked what options and contractual levers there were. The Director of Health Reform and Transformation responded that the trust was assumed to be in breach of achieving that indicator and so, in that respect, we could take action and had already done so by way of escalation of A&E performance under the contract. In terms of activity they could not code and prove that this had taken place, which was, in itself, a penalty. He reported that we were trying to work with them collaboratively to try and resolve this and would continue to work with them very positively to try and do that, as it was the role of the CCG to be the Guardians of the care of the citizens of Sheffield.

The Deputy Director of Performance Delivery advised Governing Body that the CCG already had contract notices for Referral to Treatment (RTT) and A&E with remedial action plans, with sections specifically in that around targeting the Lorenzo implementation. She also reported that we plan to work with them to establish some additional assurance processes, including what other measures are in the system which could be used to understand operational performance and pressure points, and increasing clinical visits and walk rounds. She reported that the contract management board gives an additional forum at a senior level, so there were lots of different layers and tiers to get the additional assurance.

Dr Gill asked if the trust had given the CCG a specific time when this was going to be resolved. The Accountable Officer advised that she had regular discussions with the trust's Chief Executive, both of whom had regular discussions with NHS England and Monitor, and they now believed that they would be unlikely to be able to produce accurate information by the end of Quarter 4 but she had been assured that no patient was coming to any harm. She also advised Governing Body that all the trusts across the country that had put in Lorenzo had experienced significant issues and STHFT was working very hard with the company to put things right.

Dr Bates asked if there was any early intelligence from the visit of the

Care Quality Commission (CQC) to the trust in December. The Chief Nurse advised that there had only verbal feedback to the trust at this stage, which had not included mention of Lorenzo.

Finally, the Director of Health Reform and Transformation advised Governing Body that the reason for the update to the trust's IT system was to update their Patient Administration System (PAS), and it was an Electronic Patient Record (EPR) which was so essential in health care that hospitals do change their systems from paper to electronic, but which was not without its difficulties to implement that. He commented that the intention to establish the EPR was exactly the right one.

The Governing Body:

- Considered the risks and challenges to delivery of the planned 1% surplus.
- Approved, in line with the Better Care Fund (BCF) Section 75 agreement, the changes to budgets within the BCF, as set out in section 4.

## **12/16 Quality and Outcomes Report**

The Deputy Director of Delivery and Performance presented this report which reflected the CCG's statutory responsibilities and drew members' attention to the following key issues.

### **a) Christmas and New Year Performance**

The system had held up really well over the holiday period, although Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) had experienced some internal pressures especially around flow through the hospital, but which had not had any adverse impact or challenges elsewhere in the system.

### **b) Diagnostic Waits**

Sheffield Children's NHS Foundation Trust (SCHFT) had achieved the standard (patients seen within six weeks) for Sheffield patients but not overall in November. The CCG was currently awaiting further information from the Trust as to the cause of these and had requested an improvement plan.

Provisional November data also indicated that STHFT had not achieved either the standard for Sheffield patients or overall. The CCG was currently awaiting further information from the Trust as to the cause of these and had requested an improvement plan.

The Deputy Director of Performance and Delivery would share more detail with members when the improvement plans were received.

### **c) Cancer Waits**

STHFT had an improvement plan in place to improve performance.

**RG**

d) Quality

The Chief Nurse advised members of the following:

(i) Patient Experience

The report this month focused on Sheffield Health and Social Care NHS Foundation Trust (SHSCFT). Discussions were taking place with the trust as to why there have been such a large reduction in the number of complaints in Quarters 1 and 2 compared to the same period the previous year.

Professor Gamsu advised Governing Body that he did not get the impression that the trusts systematically promoted patients reporting their experience on Patient Opinion and wondered if the CCG could be doing more to promote this. The Chief Nurse responded that, whilst the CCG actively worked with Patient Opinion, we could not require any of our providers to subscribe to it, however, all trusts did respond to the relevant patient stories and GP practices were also given the opportunity to respond but we could not require them to do this. Ms Forrest commented that this was one strand that the Quality Assurance Committee (QAC) used to monitor patient experience and was an important part of their work. The Chief Nurse also advised Governing Body that the CCG was currently being audited on patient experience.

The Chair of Healthwatch advised Governing Body that the Healthwatch database would become live in the last week of January which would allow individuals within the city to comment on their experience. She also advised that Healthwatch has a presence at QAC meetings and there were links to try and triangulate this. She also had regular meetings with the Chief Nurse and colleagues from the CCG.

(ii) Previously Unassessed Periods of Care (PUPOC)

The CCG was behind trajectory for completing these and had been asked by NHS England for an indication of where it was in relation to completion of assessments by the required date.

(iii) Infection Control

Clostridium Difficile (C.Diff) for the CCG as a whole was above trajectory with 145 attributable cases as at 30 November against the forecast for this point in the year of 130. The Chief Nurse advised Governing Body that this was a concern but it was difficult to know what more we could do about it.

There had been three MRSA cases attributable to the CCG in June, September and October), two of which had been referred for arbitration as they had been felt were not attributable to the CCG as the patients had not had access to any health care.

e) Other Issues

The Chair drew members' attention to page 13 and the measures in place to deliver the 2015/16 Quality Premium, and expressed concerns about the significant reductions that could be applied if areas were not achieved. The Deputy Director of Delivery and Performance advised Governing Body that she had raised this with NHS England but was still awaiting their response.

The Governing Body:

- Noted Sheffield performance on delivery of the key NHS Outcomes
- Noted Sheffield performance on delivery of the NHS Constitution Rights and Pledges
- Noted the key issues relating to quality, safety and patient experience
- Noted the assessment against measures relating to the Quality Premium

**13/16 Changes to the NHS Sheffield CCG Constitution**

The Chair presented this report which advised Governing Body that NHS England had confirmed the proposed changes to the Constitution submitted in October 2015, and that in December Governing Body and member practices had approved proposals for additional revisions to be made that would enable the appointment of an additional Lay Member to be made. The CCG would now formally write to NHS England asking for approval of these further proposed changes.

TF(MS)

The Accountable Officer reported that the appointment for the additional Lay Member had now gone out to advert, with the intention to interview on 9 February.

The Governing Body:

- Note the confirmation from NHS England of the proposed changes to the CCG Constitution submitted in October 2015.
- Noted that proposed further changes to the CCG Constitution would be submitted to NHS England for approval.

**14/16 Update on Governing Body Assurance Framework and Risk Register**

The Deputy Director of Delivery presented this report. She had no particular issues to draw to Governing Body's attentions.

Dr Sorsbie asked about risk 4.3 Budgetary constraints faced by NHS England in particular re specialised services and primary care contracts adversely impact on CCG's ability to implement our plan, which she thought was a huge risk particularly for primary care as practices were really struggling and thought this would have a negative impact and so the risk should have been reduced.

The Director of Finance explained that this risk linked to risk 4.5 Contractual and financial constraints facing local practices resulting in an

inability of some practices to deliver existing non-core work and/or expand service provision as envisaged in commissioning plans, and she had looked at it with the view that NHS England had not done anything that would have an impact on the financial balance of the CCG, but had left risk 4.5 as really high as we were concerned about the financial risk to primary care, which was double the risk to the CCG. She also advised that this risk would need to be changed in 2016/17 due to the CCG being given delegated to co-commission primary care services from 1 April 2016.

Dr Horsley asked about the risks of flooding and fire, etc, in premises where primary care services were delivered from, which would need to be assessed when the CCG took responsibility from 1 April. The Chief Nurse responded that practices have responsible for business continuity plans but not for emergency planning but could assure Governing Body that they would be made aware of their responsibility to do that. The CCG would consider business continuity generally in future when doing its assurance framework planning.

The Governing Body:

- Reviewed the GBAF assuring itself that the document provided adequate information and that the CCG's corporate objectives and risks to their achievement were accurately reflected and being effectively managed by accountable officers.
- Noted the actions of the Governance Sub-committee and the assurance offered to the Audit and Integrated Governance Committee that operational risks were being effectively managed by officers.
- Did not identify any additional controls and mitigating actions which members felt should be put into place to address identified risks and the methods by which it would wish to receive assurance of the effectiveness of these controls.

## **16/16 Reports circulated in advance of the meeting for noting**

The Governing Body formally noted the following reports:

- Chair's Report
- Accountable Officer's report
- Key Highlights from Commissioning Executive Team (CET) and CET Approvals Group meetings
- Locality Executive Group reports
- Unadopted Minutes of the Quality Assurance Committee meeting held on 27 November 2015
- Unadopted Minutes of the Audit and Integrated Governance Committee meeting held on 17 December 2015
- Update on Serious Incidents (SIs)  
Professor Gamsu suggested that it would be helpful to see how the CCG benchmarked against other comparable organisations. The Chief Nurse advised that he would see what data was available. He advised Governing Body that, with regard to Never Events, out of the 308 cases that had been reported nationally in 2014/15, Sheffield had reported three of these, and all reported Sheffield SIs and Never Events were discussed by himself, the Chief Nurse and the relevant trust's Medical

Director. He would include further information in his report to Governing Body in February.

**KeC**

The Governing Body formally noted the following report:

- **Progress Update on City-wide Record Sharing Programme**  
The Chair of Healthwatch reminded members that the original proposal had been presented to them in September 2015 she had raised concerns that the difference between communication and engagement had not been made clear and had made a suggestion that the City-Wide Record Sharing Information Governance Steering Group should include the public in the discussions. She expressed disappointment that the Steering Group had been set up without such representation and there was no rationale as to why this had not been picked up. The Director of Health Reform and Transformation agreed to take this forward.

**IG**

The Governing Body formally noted the following reports:

- **Update on the Work of the Medical Director and Clinical Portfolio Directors**
- **Quarterly Update on Safeguarding**
- **Complaints and MP Enquiries Quarterly Update**
- **Sheffield Submission for Test Bed Status**  
Ms Forrest asked if a stocktake could be prepared for Governing Body that explained the various national initiatives that were taking place across the city.

**IG**

#### **17/16 Confidential Section**

The Governing Body resolved that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

#### **18/16 Any Other Business**

There was no further business to discuss this month.

#### **19/16 Date and time of Next Meeting**

The next meeting in public will take place on Thursday 3 March 2016, **2.00 pm**, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

**Questions from Mike Simpkin, Sheffield Save our NHS, to the CCG Governing Body  
14 January 2016**

**Question 1: Has the CCG, as commissioner for services at Sheffield Teaching Hospitals Trust, investigated whether the introduction of the Lorenzo Patient Administration IT system, described in 2013 by the former Chair of the Parliamentary Accounts Select Committee as 'hopeless' and subsequently flogged off under a so-called incentive scheme by the Department of Health, has impacted negatively not just on data returns but on patient care, including the working of A&E and the overall efficiency of arranging appointments and clinics.**

**CCG Response:** *As commissioners the CCG is not responsible for, or needs to be consulted about, an IT system that one of its providers implements. Sheffield Teaching Hospitals has been very explicit about the issues the implementation of the Lorenzo system has raised for us as commissioners, and we are aware of the issues around the impact following implementation of the system. The CCG's Director of Health Reform and Transformation and Chief Nurse, along with colleagues from NHS England, visited the trust in November to view how the system was being implemented. Dr Marion Sloan, Governing Body GP, has also visited the A&E department at the Northern General Hospital to view how services were running as a consequence of implementation.*

*We continue to take relevant action to assure ourselves that issues regarding the new IT system are resolved and that any problems do not impact on outcomes for patients.*