NHS
Sheffield
Clinical Commissioning Group

Governance Sub-committee Annual Report 2020/21

Item 17g

Governing Body meeting

2 September 2021

1. Introduction

This report summarises the activities undertaken by the Governance Sub-committee during 2020/21 and issues that relate to that financial year and was prepared at the request of the Audit and Integrated Governance Sub-committee (AIGC). It was intended to:

- reassure the AIGC that it is undertaking its responsibilities and obligations properly and in a way that allows it to provide effective oversight; and

- demonstrates to staff and other stakeholders the importance the CCG places on good governance and the contribution the sub-committee makes in this aim.

The Sub-committee provides two key pieces of assurance to the AIGC – this report and the Annual Governance Statement (AGS).

2. Declarations of Interest

There is a Register of Declarations of Interest which includes the declarations of all members of the Governance Sub-committee and is available for review on the CCG's webpage. There were no declarations of interest in relation to the items discussed at any of the meetings held during 2020/21.

3. Membership and Attendance

The membership of the sub-committee and attendance at meetings held in 2020/21 is summarised in the table below. The meeting due to be held on 1 May 2020 was cancelled due to the Covid-19 Pandemic.

Name	Job Title	Governance Sub-committee meeting date			
		01.05.20	01.09.20	17.11.20	12.02.21
Chris Cotton	Deputy Director of Finance (Chair up to 17.11.20)	Cancelled due to Covid-19 Pandemic	●	●	●
Sarah Burt	Deputy Director of Delivery		●	X	X
Sandie Buchan	Deputy Director of Commissioning and Performance		X		
Kate Gleave	Deputy Director of Commissioning		X	X	X
Katie Hodgson	Staff Side Representative		●	●	●
Brian Hughes	Director of Commissioning and Performance		X		
Sue Laing	Corporate Services Risk and Governance Manager		●	X	●
Kay Meats	Client Manager – 360 Assurance		X	●	●
Sam Oliver	Deputy Director of HR		●	●	●
Alun Windle	Deputy Chief Nurse		X	●	●
Cath Tilney wef 17.11.20	Associate Director of Corporate Services (Chair wef 17.11.20)		In attendance	●	●
Adam Lavington wef 17.11.20	Deputy Director of IT			●	X
Gary Barnfield wef 12.02.21	Deputy Director of Medicines Optimisation			●	●
Tracey Standerline wef 17.11.20	Deputy Director of Information, Performance and PMO			●	●
Lucy Etteridge wef 17.11.20	Deputy Director of Communications			●	●
In Attendance					
Carol Henderson	Committee Secretary		●	●	●
Robert Purseglove	Local Counter Fraud Specialist		●	X	●

Attendance at Governance Sub-committee meetings

The following staff have deputised for members of the Sub-committee on various occasions:

Andy Eames, Information Manager; Lisa Elliott, HR and OD Manager: Jane Howcroft, Programme and Performance Assurance Manager: Sue Mace, Head of Safeguarding: Ruth Vernon, 360 Assurance: Rebecca Milner, HR and OD Business Partner: Gershon Nubour, Information Governance Manager: Danny Bailey, Corporate Services Facilities Manager

4.   Effectiveness

An effective corporate governance committee can bring many benefits, including:

- raising greater awareness of the need for internal control

- increasing confidence in the objectivity and fairness of risk and other reporting

- reinforcing the importance and independence of internal audit and similar review processes; and

- providing additional assurance through a process of review

The Sub-committee's Terms of Reference have been approved so that they not only provide assurance to the AIGC and ultimately the Governing Body and allow it to discharge its functions, but also allow the Sub-committee to make a positive contribution towards maintaining good governance practices across the CCG whilst supporting its systems of internal control.

5.   Terms of Reference

The Sub-committee considered its Terms of Reference (ToR) in August 2021 where a number of changes were made to reflect the key duties of the sub-committee. They were revised again following an internal restructure and ensuring a wider representation to its membership, additional assurance was also included within its Tor in respect of the IT service which is now provided in-house following the end of the eMBED Healthcare contract for IT services. The Terms of Reference were reviewed twice during 2020 with the final version approved by AIGC at its meeting on 10 December 2020.

A review of how the Governance Sub-committee's Terms of Reference were met during 2020/21 is attached at **Appendix 1**.

6.   Matters Considered

A brief outline of the issues considered by the Sub-committee during 2020/21 is set out at **Appendix 2**.

Whilst the Governance Sub-committee has a standard agenda and Annual Work Plan which ensures the objectives of the Group are fulfilled, it has on numerous occasions considered other governance related issues providing assurance awareness within the organisation.

7.   Risk Register

The CCG's risk register is a log of all corporate/operational risks facing the organisation which could threaten its success in achieving its objectives. It is an essential part of any risk management system and should be seen as a living document   New risks are identified by a number of means including; staff undertaking work based risk assessments, reviewing complaints, adverse incident reports, external assessment reports, audits, staff surveys and national priority risk areas.

Once a risk is identified it is added to the Corporate Risk Register by the 'Risk Owner' and reviewed on a 13 week review cycle by the lead risk owner, reviewed by the relevant senior manager and final review by a Director. Each new risk is subject to challenge and review by the Governance Sub-committee. At the end of 2020/21 there were total of 41 risks on the risk register of which 4 were rated 15 or above – a separate Annual Risk Report is also presented to the Governance Sub-committee at its meeting in April 2021.

8. Incidents

As part of the risk management culture, all staff and visitors are encouraged to report incidents which are recorded on the online incident reporting system – Datix. Each individual incident is reviewed by the relevant line manager as investigating officer. All information governance incidents are reviewed by the Information Governance Manager and reviewed by the Information Governance Group (IGG) a sub-group of the GSc. Incidents are reviewed by GSc and as a result of the incident reporting process, lessons learned has been a mandatory field added to Datix which requires completion prior to closing of all incidents. At 31 March 2021 a total of 14 incidents had been added to the incident reporting system.

9. Policy Review

The Scheme of Reservation and Delegation (SoRD) sets out the delegated arrangements for approval of CCG operational policies. The Governance Sub-committee has delegated authority for approval of all operational policies with the exception of clinical policies and clinical pathways, these are considered by the Quality Assurance Committee (QAC) and finance policies which are considered by AIGC. Policies considered during 2020/21 are set out at **Appendix 3.**

10. Key Highlights

The Governance Sub-committee has met on 3 occasions throughout 2020/21 and was quorate at each of its meetings. Key highlights include:

- Review of policies throughout the year with significant assurance that the process for review and management of policies is well managed
- Review of the management of Freedom of Information (FOI) requests during the year which has achieved 100% response to requests for information
- Incident reporting reviewed at each meeting, providing assurance that actions were taken following reported incidents in order to minimise the likelihood of future re-occurrence
- Requests for lessons learned to be included in all future incident reports to Governance Sub-committee.
- Investigations shared with staff where appropriate
- Assurances received with regard to Information Governance systems and processes, including Data Security and Protection Toolkit, Data Quality, Information Governance Incidents, Compliments and Complaints, Emergency Preparedness, Resilience and Response (EPRR) Framework and Business Continuity Planning, Research Governance

- Positive assurance received in support of health and safety initiatives, premises inspections, security and fire risk assessments
- Scrutinised all high level risks from the Corporate Risk Register at each meeting.
- All new risks added to the Corporate Risk Register are reviewed at each meeting, together with a particular focus on risks that had increased in score, and risks which had remained static over the review period. This included reviews of the effectiveness and progress of mitigating actions
- Robust and detailed workforce reports including sickness absence, statutory and mandatory training, equality and diversity information
- Annual review of the sub-committee's Terms of Reference which were reviewed following changes to the membership
- Received the Annual Health and Safety Report and organisational risk assessment
- Provided quarterly assurance to AIGC of the sound systems of internal control, highlighting any areas where further scrutiny may be required

11.   Conclusion

The Governance Sub-committee is confident that the work carried out this year has added to the strength of governance and assurance across the organisation and that it has discharged its responsibilities under its terms of reference.

12.   Recommendation

The Governing Body is asked to receive and note the content of this report.

Paper prepared by Sue Laing, Corporate Services Risk and Governance Manager
On behalf of Cath Tilney, Chair of Governance Sub-committee

May 2021

How the Governance Sub-committee's Terms of Reference were met during 2020/21

Terms of Reference	Relevant Activity 2020/21
Provide advice and assurance to the AIGC, the Governing Body and the CCG on all issues relating to governance including compilation of the Annual Governance Statement (AGS);	GSc report to each meeting of the AIGC Drafting of Annual Governance Statement presented to GSc and AIGC for review and comment
Review the Risk Register and receive a report on high level risks and any new organisational risk which will include risk assessments	Risk Register reviewed quarterly with full reports to each meeting. GSc reviews the level of each new risk identified
Ensure that a robust system is in place to monitor the corporate elements of incidents and complaints relating to CCG employees and its commissioning decisions, and on a quarterly basis to receive reports on these, ensuring that actions are taken and lessons learned. Noting that the Quality Assurance Committee will review complaints from a quality perspective	Incident report presented to each meeting. Lessons learned now included in report at request of GSc members. Complaints report and MP enquiries presented to each meeting.
Ensure that a robust system for the management of health and safety is in place and to monitor progress on action plans. This will include general health and safety, fire, security and estates issues linked to health and safety	Health and safety group established and Terms of Reference reviewed and approved by GSc Approval of Health and Safety and Fire Safety policies GSc receives Annual Premises Inspection, Fire Safety and Security Audit report and quarterly updates against actions identified Planned health and safety group meeting for April was postponed and held in May. A request for additional membership has recently been undertaken with positive response
Receive the minutes of the CCG's advisory Health and Safety Group and seek assurance that actions are taken	Health and Safety Group meets bi-annually with minutes presented to GSc providing relevant assurance There have been delays in follow-up actions being completed which will be addressed going forward. However, the CCG remains a low risk organisation with regards to health and safety.
Receive such reports to ensure that the CCG meets its statutory responsibilities	Receives quarterly reports on FOI which monitors progress and compliance with legislation and annual reports with regard to Equality Duties.

Ensure that claims and litigation issues are dealt with appropriately and learning shared as a result of claims or litigation	Oral Claims and Litigation report presented to each meeting. Claims management policy previously approved by GSc. SOP agreed with CHC regarding claims handling in order to ensure any potential claims are captured and reported to GSc and AIGC accordingly
Review and monitor compliance with the NHS England EPRR core standards and to assure on compliance with the Civil Contingencies Act 2004	Update with regard to EPRR Core Standards self-assessment presented to GSc together with outcome of confirm and challenge meeting with NHSE
Gain assurance that the CCG has business continuity plans in place which have been reviewed and tested;	Revised Business Continuity Plan and Policy to be presented to April meeting of GSc April 2020. Updated EPRR policy also to April 2020 GSc. Quarterly reports to GSc on EPRR and Business Continuity

Established BCP group to review action plans |
| Ensure that the CCG reviews its information governance processes to make sure that they are fit for purpose, be advised of any breaches of data security, monitor progress against Data Security and Protection Toolkit targets, and receive assurance about records management | Minutes of Information Governance Group presented to each meeting of GSc which include progress with regard to Data Security Protection Toolkit. Breaches of Data Security reported to GSc, with statement included in Annual Governance Statement

Records Management Policy beyond review date with oral update given at April 2021 meeting of GSc |
| Receive such reports to ensure that high quality data is collated and appropriately used throughout the organisation, that data is of a high standard and complies with the Data Protection Act 2018 and General Data Protection Regulation 2018 | Terms of Reference updated to include assurances with regard to Data Quality

Information regarding Data Quality included in Annual Governance Statement

Confirmation of compliance not yet received by GSc for 2020/21 |
| Receive such reports to ensure that the CCG's data is fit for purpose and supports the commissioning of high quality health care and decision making | As above |
| Review the associated risks that have been identified through the CCG's Risk Register on the consequences of working with poor quality data | No risks identified, however processes in place should the need arise.   Job descriptions of IG team include reference to data quality. |

Ensure that a system of HR and workforce development is established to receive quarterly updates on human resource issues;	Robust quarterly reports presented to each meeting which includes workforce demographics, recruitment information, equality and diversity monitoring information, sickness absence monitoring, statutory and mandatory training and staff engagement
Ensure that systems are in place for the governance arrangements in relation to research and development	Annual Research Governance Report received by GSc. Terms of Reference to April 2021 GSc for review.
Have an overview of equality and human rights issues	Paper presented to November GSc providing assurance on how the CCG has been meeting its equality duties during the Covid pandemic. Work plan updated to receive annual reports in future as assurance is provided to SPIEEC and ultimately Governing Body.
Ensure that the CCG complies with all regulatory frameworks, including the Health and Safety Executive and NHS Counter Fraud Authority	Local Counter Fraud Specialists attends each meeting of GSc and reviews all relevant policies in terms of bribery and corruption. Quarterly updates to GSc re compliance with Health and Safety legislation
Ensure the CCG has effective communication systems in place such that key governance information is made available to all Members, Governing Body Members, staff and the public	Approved policies are shared with staff via Weekly Round-up /Team Brief

Key information included in staff communications/Staff forum where applicable.

Annual Governance Statement included within Annual Report available to staff, members of the public and key stakeholders |
| The Governance Sub-committee will review all non-clinical policies and approve where necessary, under the delegated powers set out in the Scheme of Reservation and Delegation. The Sub-committee will advise the AIGC on a quarterly basis of policies which have been approved by the Sub-committee | All corporate and HR policies reviewed by Governance Sub-committee – see Appendix 2. Policy Schedule actively maintained by Committee Secretary ensuring policy holders and sponsors are notified of review dates.

Quarterly Policy Review reports to each meeting which identifies policies beyond their review date. |
| Understand the risks and controls associated with delivery of the IT Service to ensure appropriate mitigation is built into the process | Quarterly reports to GSc. Cyber security deep dive/presentation. |

Matters Considered

Agenda Items	01.05.20	01.09.20	17.11.20	12.02.21
Draft Annual Governance Statement				●
Review of Governance Sub-committee Terms of Reference		●	●	●
Emergency Preparedness, Resilience and Response (EPRR)		●	●	●
Business Continuity Planning		●		●
Review of Governance Sub-committee Work plan		●		●
IT Assurances Quarterly Update Report (including Deep Dive on Cyber Security)			●	●
Risk				
Risk Report	Meeting cancelled due to Covid-19 pandemic	●	●	●
Annual Risk Report		●	●	●
Incident Report		●	●	●
Annual Premises Inspection, Fire Risk Assessment and Security Audit Action Plan		●	●	●
Reports from Sub-groups				
Information Governance		●	●	●
Freedom of Information Update		●	●	●
Review of Information Governance Group Terms of Reference				●
Health and Safety Update		●	●	●
Complaints and MP Enquiries		●	●	●
Improvement Plan Implementation Update		●		
CCG Policies for consideration		●	●	●
Claims and Litigation		●	●	●
Quarterly HR Update – Workforce Report		●	●	●
Mandatory and Statutory Training Matrices			●	

Agenda Items	01.05.20	01.09.20	17.11.20	12.02.21
Annual Research Report				●
CCGs Statutory Equality Duties Update			●	
Other Reports				
Draft Head of Internal Audit Opinion				●
Claims and Litigation Update		●	●	●
Escalation of Risks to AIGC			●	●

Policy	Date of consideration	Approved	Declined	Deferred
Corporate Policies				
Access to Records	February 21	✓		
Quality Impact Assessment	November 20		✓	
Quality Impact Assessment	February 21	✓		
Confidentiality Code of Conduct and Data Protection	February 21	✓		
Data Protection Requirements for Third Parties Processing Personal Data on behalf of the CCG	February 21	✓		
Display Screen Equipment	February 21	✓		
Fire Safety, including Fire Evacuation Procedure	September 20	✓		
Health and Safety	September 20	✓		
Incident Reporting	February 21	✓		
Information Governance Framework	February 21	✓		
Information Sharing	September 20	✓		
Information Security	September 20		✓	
Information Security	February 21	✓		
Information Reporting	February 21	✓		
Information Quality Assurance	February 21	✓		
Information Asset Risk Management Plan	February 21	✓		
Mobile Telephone Policy (Interim)	February 21			✓
Moving and Handling	September 20	✓		
Policy for Compliance with the Copyright Designs and Patents Act 1988	September 20	**No longer required**		
HR Policies				
Annual Leave and General Public Holidays	February 21	✓		
Dignity at Work (Prevention of Bullying and Harassment)	November 21	✓		

Policy	Date of consideration	Approved	Declined	Deferred
Disciplinary	February 21	✔		
Dress Code Guidance	September 20		✔	
Dress Code Guidance	November 20			✔
Dress Code Guidance	February 21	✔	Agreed at staff forum	
Employee Leaver, Notice Period and Exit Interview	September 20	✔		
Email Digital team Working and Video Conferencing	February 21		✔	
Flexible Working	September 20			✔
Flexible Working	November 20	✔		
Grading Review	September 20	✔		
Grievance	September 20	✔		
Home Working	September 20			✔
Home Working	November 20			✔
Home Working	February 21			✔
Hours of Work	February 21			✔
Internet Acceptable Use	September 20		✔	
Internet Acceptable Use	November 20	✔		
Management of Stress	September 20	✔		
Management of Performance	November 20	✔		
Nurse Mentorship	November 20	✔		
Retirement	September 20	✔		
Secondment	November 20	✔		
South Yorkshire and Bassetlaw Management of Organisational Change	September 20	✔		
Work Experience	February 21	✔		