

# **NHS Harrogate and Rural District Clinical Commissioning Group**

## **Governing Body Committees Annual Report 2016/17**

**Audit Committee  
Remuneration Committee  
Quality and Clinical Governance Committee  
Finance, Performance and Commissioning Committee  
Primary Care Commissioning Committee**

See Appendix A for dates of meetings held and members in attendance.

Terms of Reference for all Committees are on the CCG website:

<http://www.harrogateandruraldistrictccg.nhs.uk/who-we-are/committee-terms-of-reference/>

# Audit Committee Annual Report 2016/17

## Introduction

This report covers the work of the Audit Committee of NHS Harrogate and Rural District Clinical Commissioning Group (HaRD) for matters relating to the year 2016/17. The Audit Committee is a statutory requirement of the Health and Social Care Act 2012. This report provides the Governing Body with a summary of the work done and in particular how the Audit Committee has discharged its responsibilities in supporting HaRD CCGs Annual Governance Statement (AGS) and Assurance Framework. Further details are contained in the minutes of each Audit Committee meeting, which are routinely provided to the Governing Body.

<b>Committee Membership</b>	<p><b>Chair: Rachel Mann (Lay Member for Governance)</b></p> <p>Members as per Terms of Reference:</p> <ul style="list-style-type: none"> <li>• CCG Vice Chair - Lay Member for Governance (Chair)</li> <li>• Lay Member – Patient and Public Involvement</li> <li>• GP on the Governing Body</li> <li>• Independent Member</li> </ul> <p>Membership as per the Terms of Reference was achieved during 2016/2017.</p> <p>The Committee held five meetings in 2016/2017. Plus in order to conclude the business relating to the financial year 2016/2017 the Committee reviewed and considered the following items of business at meetings on 26 April 2016 and 24 May 2016:</p> <ul style="list-style-type: none"> <li>• Review of Annual Accounts and Financial Statements, Annual Governance Statement and Annual Report for 2016/2017</li> <li>• External Audit Completion Report</li> <li>• Internal Audit Head of Audit Opinion and Annual Report 2016/2017</li> </ul> <p>See Appendix A for dates of meetings held and members in attendance.</p>
<b>Numbers required for quoracy and any instances where the Committee was not quorate</b>	<p>Two members are required for quoracy with at least one being a Lay Member. This was achieved for all meetings in 2016/2017.</p>
<b>Conflicts of Interest</b>	<p>The following conflicts of interest were identified during the course of the year and were managed as follows:</p> <p>At the meeting on 26 April 2016 Rachel Mann (Chair) identified a potential conflict of interest for the item on Internal Audit reports. This report was in relation to the establishment of the Primary Care Commissioning Committee which at that time Rachel Mann chaired. It was agreed that another member of the Audit Committee would chair the discussion on this report. This was recorded in the minutes.</p>

	<p>At the meeting on 24 May 2016 Sheenagh Powell (Independent Member) declared an interest in the Single Tender Waiver (Choose and Book Service and RSS) and left the room for this item. This was recorded in the minutes.</p> <p>At the same meeting Mark Kirkham and Campbell Dearden (Mazars External Auditors) declared an interest in the item on External Audit Procurement and left the meeting. This was recorded in the minutes.</p> <p>At the meeting on 2 August 2016 Mark Kirkham and Campbell Dearden (Mazars External Auditors) declared an interest in the item on External Audit Procurement and left the meeting. This was recorded in the minutes.</p> <p>Sheenagh Powell (Independent Member) declared a general interest as she is Chair of the Audit Committee at NHS Vale of York Clinical Commissioning Group. It was confirmed in the minutes that there were no items on the agenda where this declared interest was deemed to be a conflict.</p> <p>At the meeting on 22 November 2016 Sharron Blackburn and Anne Ellis (Internal Audit – Audit Yorkshire) declared an interest in the Review of Internal Audit. The interest related to changes in workload/type and a potential pecuniary advantage. They agreed with the Chair that they would leave the room in order to avoid any conflict of interest. This was recorded in the minutes.</p> <p>At the same meeting Mark Kirkham and Campbell Dearden (Mazars External Auditors) declared an interest in the procurement of External Audit. The interest related to changes in workload/type and a potential pecuniary advantage. They agreed with the Chair that they would leave the room in order to avoid any conflict of interest. This was recorded in the minutes.</p> <p>Sheenagh Powell (Independent Member) declared a general interest as she is Chair of the Audit Committee at NHS Vale of York Clinical Commissioning Group. It was confirmed in the minutes that there were no items on the agenda where this declared interest was deemed to be a conflict.</p>
<p><b>Date of approval of terms of reference</b></p>	<p>The Audit Committee undertook the annual review of the Terms of Reference at the meeting on 26 April 2016. No changes were required to the Terms of Reference.</p> <p>A further review of the Terms of Reference was completed at the meeting on 22 November 2016 and the following amendments were made:</p> <ul style="list-style-type: none"> <li>• The inclusion of a section on managing Conflicts of Interest.</li> <li>• Removal of the section on Responsibility for Audit Contracts as it was deemed no longer applicable.</li> <li>• An update to the wording of quorum to improve clarity.</li> </ul> <p>The changes to the terms of reference were approved by the Governing Body at its meeting on 1 December 2016.</p>

<p><b>Key duties of the Committee:</b></p>	<p>The Committee's overall objectives are to ensure that :</p> <ul style="list-style-type: none"> <li>• The activities of the Harrogate and Rural District Clinical Commissioning Group are within the law and regulations governing the NHS</li> <li>• An effective system of internal control is maintained</li> <li>• An effective system of integrated governance exists within the Clinical Commissioning Group.</li> </ul> <p>The Committee used a timetable to ensure the business if conducts supports the delivery of its responsibilities. The timetable is reviewed as a standing agenda item at each meeting.</p>
<p><b>Strategic risks delegated to the Committee for scrutiny as per the Assurance Framework</b> (The strategic objectives were refreshed in February 2017 and GBAF is undergoing review)</p>	<p>No strategic risks as per the Assurance Framework have been delegated to the Committee for scrutiny.</p> <p>The role of the Committee in relation to the Assurance Framework is to:</p> <ul style="list-style-type: none"> <li>• Review the system in place for identifying and managing key risks facing the organisation, including the Risk Assurance Framework.</li> </ul>
<p><b>Main items of business considered by the Committee and the purpose.</b></p>	<p>In discharging it duties the main items of business considered by the Committee for the year were as follows:</p> <p><b>Financial Governance</b></p> <ul style="list-style-type: none"> <li>• Review of the annual accounts for 2016/2017 and External Audit Completion Report, Value for Money Conclusion and Letter of Representation. (To be undertaken at the April and May 2017 meetings).</li> <li>• Scrutiny of the processes for approving single source tenders and drug rebate schemes.</li> <li>• Review of Losses and Special Payments. No issues were reported in 2016/2017.</li> <li>• Receipt of any exceptions following consideration of the NHS England Financial Control Environment Self-Assessment in 2015/2016. No exceptions have been reported in 2016/2017.</li> <li>• Updates and assurance on key financial policies as required. The Audit Committee was advised of amendments to the Operational Scheme of Delegation</li> <li>• Updates on the financial position at the CCG which receives detailed scrutiny at the Finance, Performance and Commissioning Committee.</li> </ul> <p><b>Governance and Assurance</b></p> <ul style="list-style-type: none"> <li>• Review of the Annual Governance Statements and Annual Reports for 2016/2017. (To be undertaken at the April and May 2017 meetings).</li> <li>• Review and approval of the Audit Committee Annual Report for 2016/2017 prior to presentation to the Governing Body. (To be</li> </ul>

	<p>undertaken at the April and May 2017 meetings).</p> <ul style="list-style-type: none"> <li>• Confirmation of Level 2 achievement for the Information Governance Toolkit for 2015/2016 (outcome for 2016/2017 to be confirmed at the April 2017 meeting).</li> <li>• Approval of Information Governance Policies, receipt of minutes from the Information Governance Steering Group and approval of the Information Governance Workplan.</li> <li>• An update on the review process for the Risk Management Strategy.</li> <li>• Consideration of the assurance process that would need to be put in place with Embed, the new providers of commissioning support services to the CCG. The Audit Committee was advised that discussions were underway with Embed and the work was being led by a local CCG on behalf of all members of the contract.</li> <li>• Review of the process for maintaining and updating the CCG's register of interests. The Audit Committee also reviewed the revised Conflicts of Interest Policy before presentation to the Governing Body for approval.</li> <li>• Receipt of reports monitoring the level of compliance with statutory and mandatory training.</li> <li>• Corporate and governance updates as required. The items discussed in 2016/2017 included the revised guidance on Conflicts of Interest.</li> </ul> <p><b>Internal Audit</b></p> <ul style="list-style-type: none"> <li>• Receipt of the Head of Internal Audit Opinion and Annual Report for 2016/2017. (To be undertaken at the April and May 2017 meetings).</li> <li>• Approval of the Internal Audit Operational Audit Plan for 2017/2018.</li> <li>• Completion of a review of Internal Audit effectiveness. No significant issues were noted.</li> <li>• Updates on progress against the Internal Audit Plan and consideration of the assurances provided by the Internal Audit Reports. The assurances received were reported back to the Governing Body as part of the Chair's key messages.</li> <li>• Updates on progress in implementing the agreed internal audit recommendations. The Audit Committee sought further assurances on the process for extending deadlines for recommendations.</li> <li>• Update on the progress of the merger between North Yorkshire Audit Services and West Yorkshire Audit Services to form Audit Yorkshire.</li> <li>• Receipt and approval of the updated Internal Audit Charter following the merger of the two internal audit teams.</li> </ul> <p><b>External Audit</b></p> <ul style="list-style-type: none"> <li>• Approval of the External Audit Strategy Memorandum and fees for the audit of the financial statements for the year ending 31 March 2017.</li> <li>• Updates on progress and national developments from the External Auditors.</li> <li>• Consideration of the procurement process for External Audit services. The appointment process for External Auditors was completed in the required timescale (31 December 2016). The current External Auditors, Mazars, were reappointed.</li> </ul>
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	<ul style="list-style-type: none"> <li>Assurance on the services provided by the External Auditors via the outcome of the Regulatory Compliance Report. Mazars received a green rating.</li> </ul> <p><b>Counter Fraud and Security Management</b></p> <ul style="list-style-type: none"> <li>Counter Fraud Annual Report for 2016/2017. (To be undertaken at the April and May 2017 meetings).</li> <li>Approval of the Counter Fraud Plan for 2016/2017.</li> <li>Approval of the appointment of Audit Yorkshire as the provider of the mandated Security Management Service. The Audit Committee approved the work programme for Security Management which was funded by a transfer of internal audit days.</li> <li>Consideration of the NHS Protect Standards for Commissioners for Counter Fraud and Security Management</li> <li>Assurance on the Counter Fraud arrangements via the Counter Fraud Self-Assessment for 2015/2016. The overall level for the CCG was Green with 17 standards deemed as fully met, six partially met and a neutral response against two. Non-compliance against two standards was due to the lack of processes in place at national level to support compliance. This was an improvement on the position for 2014/2015 which was Amber.</li> <li>Regular updates on counter fraud and security management issues.</li> </ul> <p><b>Audit Committee Self-Assessment</b></p> <p>The Committee has previously completed a self-assessment exercise via a survey of its members and attendees. The Audit Committee agreed that this full process would now be completed every two years. In the intervening year a review would be undertaken in discussion with Governing Body.</p>
<p><b>Summary of the key outcomes of the work of the Committee and the assurances provided to the Governing Body.</b></p>	<p>The work of the Audit Committee is a central part of the CCG's governance and assurance arrangements. As a result of the activity undertaken by the Audit Committee improvements have been made to the CCG's control framework and assurances have been obtained and communicated to the Governing Body as follows:</p> <ul style="list-style-type: none"> <li>The CCG is operating within the law and regulations covering the NHS with the exception of the statutory financial regulations.</li> <li>An effective system of control is maintained</li> <li>Arrangements are in place to protect the CCG's assets</li> <li>Effective financial reporting and monitoring mechanisms are in place</li> <li>An effective system of governance exists in the CCG</li> <li>An effective system of risk management has been established and is kept under review</li> <li>The CCG has an effective Internal Audit service in place</li> <li>The external auditors have operated independently and were able to issue opinions on the accounts and value for money for 2016/2017. (To be undertaken at the April and May 2017 meetings).</li> <li>The CCG has in place arrangements for managing fraud and security which will be kept under review subject to anticipated regulations and commissioning standards.</li> </ul>

# Remuneration Committee Annual Report 2016/17

## Introduction

This report covers the work of the Remuneration Committee of NHS Harrogate and Rural District Clinical Commissioning Group (HaRD) for matters relating to the year 2016/17. The Remuneration Committee is a statutory requirement of the Health and Social Care Act 2012. This report provides the Governing Body with a summary of the work done by the Remuneration Committee in supporting the CCG to discharge its duties in relation to remuneration of its officers. A summary report of the Remuneration Committee is received by the Governing Body whenever the occur.

<p><b>Committee Membership</b></p>	<p><b>Chair: David Hall (Lay Member for Patient and Public Involvement)</b></p> <p>Members as per Terms of Reference:</p> <ul style="list-style-type: none"> <li>• Lay Member for Patient and Public Involvement (Chair)</li> <li>• CCG Vice Chair and Lay Member for Governance</li> <li>• Clinical Chair</li> <li>• Co-opted GP Member of the Governing Body when a Lay Member cannot be present.</li> </ul> <p>The Remuneration Committee held one meeting in 2016/2017.</p> <p>See Appendix A for dates of meetings held and members in attendance.</p>
<p><b>Numbers required for quoracy and any instances where the Committee was not quorate</b></p>	<p>Two members are required for quoracy. The meeting held in 2016/2017 was quorate.</p>
<p><b>Conflicts of Interest</b></p>	<p>The following conflicts of interest were identified during the course of the year and were managed as follows:</p> <p>At the meeting on 23 June 2016 the following interests were declared:</p> <ul style="list-style-type: none"> <li>• Dr Alistair Ingram declared an interest in relation to the item on GP Members' remuneration and left the meeting for this item.</li> <li>• Rachel Mann and David Hall declared an interest in relation to an item on Lay Members remuneration. They both left the meeting for this item. Dr Ingram chaired the meeting for this item and Dr Rick Sweeney as a GP member of the Governing Body joined the meeting for this item only.</li> <li>• Amanda Bloor declared an interest in relation to the item on Chief Officer remuneration and left the room for this item.</li> </ul>
<p><b>Date of approval of terms of reference</b></p>	<p>The terms of reference was reviewed by the Committee at the meeting on 23 June 2016 and was approved by the Governing Body on 1 December 2016.</p> <p>The review of the terms of reference resulted in the inclusion of a section on Conflict of Interest to provide more transparency in how this area is managed and the inclusion on a section on Reporting</p>

	Arrangements also to provide more transparency in this area of governance.
<b>Key duties of the Committee:</b>	<p>The role of the Committee is to approve the terms and conditions, remuneration and travelling or other allowances for Governing Body Members and other people who provide services to the CCG where local decisions are required. This may also include allowances under any pension scheme the CCG might establish as an alternative to the NHS pension scheme. This includes:</p> <ul style="list-style-type: none"> <li>• All aspects of salary (including any performance-related elements/bonuses)</li> <li>• Provisions for other benefits, including allowances, pensions and cars</li> <li>• Arrangements for termination of employment and other contractual arrangements.</li> </ul>
<b>Strategic risks delegated to the Committee for scrutiny as per the Assurance Framework.</b> (The strategic objectives were refreshed in February 2017 and GBAF is undergoing review)	No strategic risks as per the Assurance Framework have been delegated to the Committee for scrutiny.
<b>Main items of business considered by the Committee and the purpose.</b>	<p>The key items of business considered by the Committee in 2016/2017 were:</p> <ul style="list-style-type: none"> <li>• The Committee agreed for the CCG to adopt the principles of the 'Living Wage' for employees directly employed by the CCG.</li> <li>• The Committee considered and approved the remuneration of the: <ul style="list-style-type: none"> <li>• Chief Officer</li> <li>• Chief Finance Officer</li> <li>• Director of Quality / Executive Nurse</li> <li>• The Director of Transformation and Delivery</li> <li>• Lay Members of the Governing Body</li> <li>• GP Members of the Governing Body</li> </ul> </li> </ul>
<b>Summary of the key outcomes of the work of the Committee and the assurances provided to the Governing Body.</b>	<p>The work of the Remuneration Committee during 2016/2017 ensured the CCG met its statutory duties under the Health and Social Care Act 2012.</p> <p>It has considered remuneration matters and approved them in line with the CCG's constitution and scheme of delegation. Where required it has sought assurance from executive officers on the level of remuneration via benchmarking with other similar organisations.</p>

# Quality & Clinical Governance Committee

## Annual Report 2016/17

### Introduction

This report demonstrates to Harrogate and District Clinical Commissioning Group that the Quality and Clinical Governance Committee (QCGC):

- Has met its Terms of Reference for matters relating to the year 2016/17.
- Can provide assurance that there are effective systems in place to address strategic and operational issues relating to Quality and Clinical Governance.
- Can provide assurance that the Governing Body is made aware of all relevant matters.

The Quality and Clinical Governance Committee is a non-executive committee of the Governing Body.

The Committee is authorised by the Governing Body to investigate any activity within its Terms of Reference and is authorised to seek any information it requires as it considers necessary.

The Committee meets ten times a year and maintains a current Annual Work Plan which informs the setting of each meeting agenda.

The Minutes of the Quality and Clinical Governance Committee inform the key messages of the business, discussions and decisions of the Committee to the Governing Body.

<b>Committee Membership</b>	<p><b>Chair: Dr Sarah Hay, GP Member of the Governing Body</b></p> <p>Membership of the Quality and Clinical Governance Committee is appointed by the Governing Body and includes:</p> <ul style="list-style-type: none"> <li>• GP Member of the Governing Body – Chair</li> <li>• Independent Lay Member, Governing Body</li> <li>• CCG Governing Body GP Safeguarding Lead</li> <li>• Two GPs (registered on the primary performance list and working predominantly within Harrogate and Rural District)</li> <li>• CCG Director of Quality and Governance / Executive Nurse</li> <li>• CCG Quality and Safety Lead Manager</li> </ul> <p>The membership of the Committee was strengthened in year to include the Quality and Safety Manager to give greater focus on quality issues and also provide additional clinical member presence.</p> <p>Co-opted Members include:</p> <ul style="list-style-type: none"> <li>• Designated professional for Children's Safeguarding</li> <li>• Designated professional for Adult Safeguarding</li> <li>• Clinical representative from Secondary Care</li> </ul>
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<p><b>Numbers required for quoracy and any instances where the Committee was not quorate</b></p>	<p>The Quality and Clinical Governance Committee held ten meetings in 2016/2017.</p> <p>Three members are required for quoracy (to include at least two clinical members of whom at least one is a GP). All meetings in 2016/2017 were quorate.</p> <p>See Appendix A for dates of meetings held and members in attendance.</p>
<p><b>Conflicts of Interest</b></p>	<p>The following conflicts of interest were identified during the course of the year and were managed as follows:</p> <p>At 13 September 2016 meeting the following was recorded in the Minutes:</p> <ul style="list-style-type: none"> <li>• Declarations of interest in relation to the business of the meeting were received as follows: Joanne Crewe advised she has resigned from her role with North Kirklees CCG and noted she is on their Governing Body and is currently working out her notice up until 30 September 2016.</li> </ul> <p>At 13 December 2016 meeting the following was recorded in the Minutes:</p> <ul style="list-style-type: none"> <li>• No declarations of interest in relation to the business of the meeting were received at the start of the meeting. Under Item 12.2 North Yorkshire County Council (NYCC) Quality Issues Update by Quality Assurance Manager, Quality &amp; Engagement, NYCC Dr Rick Sweeney declared a retrospective conflict of interest as his wife is a specialist social care pharmacist and trainer and has provided medical training for Continued Care which had been mentioned in the update as the only domiciliary care provider in the Domiciliary Care Framework. The Chair noted this item was purely to note and there would be no decisions made under this item and Dr Rick Sweeney could remain in the meeting for this item.</li> </ul>
<p><b>Date of approval of terms of reference</b></p>	<p>The Terms of Reference were reviewed by the Committee at the meeting on 8 November 2016 and were approved by the Governing Body on 1 December 2016.</p> <p>It was agreed that the Secondary Care member be a co-opted member rather than a full member of the Committee.</p>
<p><b>Key duties of the Committee:</b></p>	<p>The overall objective of the Quality and Clinical Governance Committee is to ensure that quality sits at the heart of everything the Clinical Commissioning Group does and to provide assurance to the Governing Body on the quality of services commissioned and promote a culture of continuous improvement and innovation with respect to the safety of services, clinical effectiveness and patient experience.</p>

<p><b>Strategic risks delegated to the Committee for scrutiny as per the Assurance Framework.</b> (The strategic objectives were refreshed in February 2017 and GBAF is undergoing review)</p>	<p><b>Strategic Objective 1: Engage and enable local people to be involved in decisions made about the healthcare we commission</b></p> <p>Strategic Risk:</p> <ul style="list-style-type: none"> <li>The CCG fails to engage sufficiently with local people and patients on service redesign and to take into account their views when decision making. Including proposals for reconfiguration as the New Care Models develops, paying particular regard to 'Hard to Reach Groups'.</li> </ul> <p><b>Strategic Objective 2: Commission services to ensure and improve quality and safety of services and improve outcomes</b></p> <p>Strategic Risk:</p> <ul style="list-style-type: none"> <li>Lack of timely response to Needs for End of Life Care due to lack of available Fast Track providers.</li> </ul>
<p><b>Main items of business considered by the Committee and the purpose.</b></p>	<p>The key items of business considered by the Committee in 2016/2017 were:</p> <p><b>1. Quality</b> By scrutinising quality intelligence, quality information and quality governance mechanisms the Committee has been able to assure the Governing Body that effective arrangements are in place and which underpin all services commissioned on behalf of the CCG. This has enabled the Governing Body to make decisions and judgements as to whether it is assured that regulatory requirements are complied with and furthermore to ensure that patient safety is continually improved and sustained to provide a high quality service with a better patient experience and outcomes. The Committee has fulfilled this purpose by actively overseeing:</p> <ul style="list-style-type: none"> <li>Monthly Quality and Safety reports and any subsequent actions/outcomes.</li> <li>Local responses to national and external regulator reports on quality.</li> <li>The escalation of significant quality concerns linked to providers and the provision of assurance of progress on specific quality issues.</li> <li>The delivery of the Harrogate and Rural District responsibilities in relation to Adults and Childrens Safeguarding.</li> <li>Delivery of all aspects of the Committee's work plan.</li> <li>The Committee received quarterly updates relating to the CQUIN achievements for commissioned providers and detailed and robust evidence to mitigate areas of underperformance.</li> </ul> <p><b>2. Patient Safety – The aim to prevent all avoidable harm or risk to a patient's safety</b></p> <ul style="list-style-type: none"> <li>The Committee receives monthly updates from commissioned providers: Harrogate and District NHS Foundation Trust (HDFT); Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and Yorkshire Ambulance Service (YAS) relating to: Serious Incidents and Never Events; Care Quality Commission inspections and the Safety Thermometer and Health Care Associated Infections (HCAI) which include Clostridium Difficile and MRSA cases, themes and trends and the root cause analyses from the post infection reviews.</li> </ul>

	<ul style="list-style-type: none"> <li>• Scrutiny and challenge regarding provider quality concerns is crucial to ensure that the Committee is assured that concerns are being addressed with supporting evidence identified or requested and presented when required.</li> <li>• Over the last year, commissioners have held providers to account on Serious Incident (SI) and Never Event reporting. Monthly reports have been received by the Committee that have detailed the numbers of incidents, action plans and follow up assurance.</li> <li>• Following the closure of the Commissioning Support Unit, Hull CCG took over lead responsibility for the management of SIs and new reporting processes are being developed. East Riding CCG are supporting the clinical specialist review of HCAI and post infection review (PIR) processes.</li> <li>• Monthly CQC inspection reports for Care Homes, GP practices, TEWV and/or HDFT identified any areas of concern relating to the quality of care provided. The Committee has been provided with a highlight report and any outline actions to ensure the needs of patients continue to be met.</li> <li>• Safeguarding reports in relation to both adults and children were presented to the Committee on a bi monthly basis by the Designated Professionals for Adult and Childrens Safeguarding. These served to provide assurance to the Committee that as a CCG, we are engaged with all our statutory duties including working with local Safeguarding Boards.</li> <li>• The reports provide assurance that robust arrangements were in place within Harrogate and Rural District to safeguard and protect adults, children and young people.</li> <li>• The Safeguarding reports provided further detail relating to the multi-agency partnership working and the wider sharing of intelligence across the local health economy.</li> </ul> <p><b>3. Patient Experience – Care which gives an individual as positive an experience as possible – including being treated with compassion, dignity and respect</b></p> <ul style="list-style-type: none"> <li>• The Committee received patient experience monthly data relating to Eliminating Mixed Sex Accommodation (EMSA), formal and informal complaints of providers, and outcomes from staff surveys.</li> <li>• Friends and Family Test data continues to be reported to the Committee.</li> <li>• Complaints and Patient Relations functions transferred into the CCG in 2015 and systems have evolved and developed.</li> <li>• The Patient Relations report is provided monthly to the Committee and reports on complaints advising of the number of issues reported in the CCG and the Partnership Commissioning Unit (PCU) is presented. One of the key principles should be the lessons learned from complaints and how these lessons can inform our internal systems or wider commissioning intentions.</li> <li>• The soft intelligence data has been presented monthly but the format is under review and plans are in place to make more effective use of the data.</li> <li>• Details of Freedom of Information requests is shared on a monthly basis that incorporates achievement within timescales.</li> </ul>
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	<p><b>4. Effectiveness – Care according to the best evidence of effectiveness that improves an individual’s health outcome</b></p> <ul style="list-style-type: none"> <li>National and Local Audit reports were shared with summaries, detailing findings and recommendations, with discussion regarding implications, actions and the wider learning.</li> </ul> <p><b>5. Performance</b></p> <ul style="list-style-type: none"> <li>The Committee provides assurance to the Governing Body that the CCG has plans in place to deliver its national quality targets and local objectives as included in the Operational Plan; ensuring the effective and efficient use of resources and assuring the Governing Body that providers commissioned to deliver care are held to account for delivering against contracted quality performance outcomes and measures.</li> <li>The Committee has fulfilled this purpose by actively overseeing: <ul style="list-style-type: none"> <li>The development of the Operational Plan.</li> <li>Monthly performance dashboard exception reports and subsequent actions.</li> </ul> </li> <li>Escalation of issues into formal governance processes when there are significant concerns about quality.</li> <li>There has been a focus on performance indicators that may impact on patient care: <ul style="list-style-type: none"> <li>For Mental Health, the CCG focus for 2016/17 has been on the Improved Access to Psychological Therapies access and waiting times standards and Dementia Diagnosis.</li> <li>For Learning Disabilities, the CCG focus has been on the new Transforming Care outcomes/ measures.</li> </ul> </li> </ul> <p><b>6. Learning Disabilities Mortality Review</b></p> <ul style="list-style-type: none"> <li>Mazars review has been discussed by the Committee including the key points for commissioners, and learning from, and implications of the Independent Review of deaths of people with a Learning Disability or Mental Health problem in contact with Southern Health NHS Foundation Trust 2011 to March 2015, published in December 2015. A number of areas of best practice were recognised that could be considered by commissioners.</li> </ul> <p><b>7. Equality and Diversity</b></p> <p>Workforce Related Equality Standard (WRES) was presented to the Committee.</p> <ul style="list-style-type: none"> <li>QCGC reviewed the Equality &amp; Diversity Action Plan for 2016-17 and received updates on what had been achieved to date.</li> <li>The CCG is working with the Acute Trust as well as the local regional group to incorporate shared objectives into any work plans.</li> </ul> <p><b>8. Commissioning Strategy</b></p> <p>QCGC received assurances and updates as follows:</p> <ul style="list-style-type: none"> <li>A screening tool and detailed Quality and Equality Impact Assessment has been devised and was brought to QCGC for approval.</li> <li>Quality and Equality Impact Assessments for all commissioned services and those under consideration for change are now presented to QCGC for assurance.</li> </ul>
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	<p><b>9. Internal Audit Reports</b> The Committee also received Internal Audit reports as follows:</p> <ul style="list-style-type: none"> <li>• Continuing Healthcare Benchmarking Survey Results - September 2016.</li> <li>• PCU Quality, Innovation, Productivity and Prevention (QIPP) – November 2016.</li> </ul> <p><b>10. Approval of Policies</b> In line with the duties outlined in the Scheme of Delegation, the Committee has approved a number of policies throughout 2016/17. Which can be found published on the CCGs website.</p>
<p><b>Summary of the key outcomes of the work of the Committee and the assurances provided to the Governing Body.</b></p>	<p>The work of the QCGC is a central part of the CCG's governance and assurance arrangements. As a result of the activity undertaken by the QCGC assurances have been obtained and communicated to the Governing Body as follows:</p> <ul style="list-style-type: none"> <li>• Maintenance and development of the system of control for quality governance through the approval and successful implementation of policies.</li> <li>• Assurance that the QIPP plan for the CCG does not impact on the quality of services.</li> <li>• Services provided to patients are safe with further assurances sought where required.</li> <li>• Services are delivered in line with the required performance targets.</li> <li>• The CCG is fulfilling its statutory duties for: <ul style="list-style-type: none"> <li>• Safeguarding and the Annual Safeguarding reports have been received,</li> <li>• Equality and Diversity, particularly the Equality Act 2010 and the action plan has been approved.</li> </ul> </li> <li>• Approval of revised clinical pathways and actions to respond to national reports that impact on the CCG's commissioning responsibilities.</li> </ul> <p><b>Conclusion</b> On the basis of the foregoing, it is the view of the Quality and Clinical Governance Committee that the Committee has delivered its Terms of Reference and Annual Work Plan and that the Governing Body may be assured that there are effective systems in place to address strategic and operational issues relating to Quality.</p> <p><b>Next Steps</b> During 2017/2018 the Quality Committee will review its Terms of Reference and Annual Work Plan to continue to ensure that commissioned services improve the quality of care for our patients and service users.</p> <p><b>Acknowledgements</b> The Quality and Clinical Governance Committee has been supported throughout the year by the Senior Management and Governance Team and wishes to acknowledge their efforts.</p>

# Finance, Performance and Commissioning Committee Annual Report 2016/17

## Introduction

This report covers the work of the Finance, Performance and Commissioning Committee (FPCC) of NHS Harrogate and Rural District Clinical Commissioning Group (HaRD) for matters relating to the year 2016/17. This report provides the Governing Body with a summary of the work done and in particular how the FPCC has discharged its responsibilities in supporting HaRD CCGs Annual Governance Statement (AGS) and Assurance Framework.

The Minutes of the Finance, Performance and Commissioning Committee inform the key messages of the business, discussions and decisions of the Committee to the Governing Body.

<b>Committee Membership</b>	<p><b>Chair: Rick Sweeney (GP Governing Body member)</b></p> <p>Members as per Terms of Reference:</p> <ul style="list-style-type: none"> <li>• Clinical Governing Body member – Chair</li> <li>• Clinical Chair – Deputy Chair</li> <li>• Chief Officer</li> <li>• Chief Finance Officer</li> <li>• Additional GP Governing Body member</li> <li>• Director of Transformation &amp; Delivery</li> <li>• Head of Finance</li> <li>• Head of Contracting</li> <li>• Head of Commissioning</li> </ul> <p>The Finance, Performance and Commissioning Committee (FPCC) held 12 meetings in 2016/2017.</p> <p>See Appendix A for dates of meetings held and members in attendance.</p>
<b>Numbers required for quoracy and any instances where the Committee was not quorate</b>	<p>The Committee is quorate when either the Chair OR the Clinical Chair are present AND either the Chief Officer or the Chief Finance Officer / Head of Finance are present.</p> <p>There was one issue of quoracy in 2016/17 on 25 October 2016. The meeting went ahead and it was agreed that any items requiring a decision would be reviewed at the following Committee meeting.</p>
<b>Conflicts of Interest</b>	<p>The following conflicts of interest were identified during the course of the year and were managed as follows:</p> <p>At 26 April 2016 meeting the following was recorded in the Minutes:</p> <ul style="list-style-type: none"> <li>• Dr Alistair Ingram declared an interest in relation to 24 hr ECG.</li> </ul>

	<p>At 24 May 2016 meeting the following was recorded in the Minutes:</p> <ul style="list-style-type: none"> <li>• Dr Alistair Ingram and Dr Bruce Willoughby declared an interest in relation to Out of Hospital Services. It was decided that they should be included in the discussion but excluded from the decision making.</li> <li>• Dr Alistair Ingram and Dr Bruce Willoughby declared an interest in the PMS reinvestment proposals. The committee was informed that further work was required on this proposal and no decision was made at this meeting.</li> <li>• Dr Alistair Ingram declared an interest in relation to Travel Vaccines. He was included in the discussion but excluded from the decision making.</li> </ul> <p>At 28 June 2016 meeting the following was recorded in the Minutes:</p> <ul style="list-style-type: none"> <li>• Prescribing Incentive Scheme – Dr Alistair Ingram, Dr Bruce Willoughby and Dr Rick Sweeney declared an interest. They remained for the discussion but were excluded from the decision making.</li> <li>• ETTF proposals - Dr Alistair Ingram and Dr Bruce Willoughby declared an interest but were included in the discussion and decision making.</li> <li>• Better Care Fund Schemes – Dr Alistair Ingram and Dr Bruce Willoughby declared an interest. This item was not discussed and was deferred to the next meeting.</li> <li>• Revision of Costs 24hr ECG – Dr Alistair Ingram and Dr Bruce Willoughby declared an interest but not excluded from discussion about technical aspects of the contract.</li> </ul> <p>At 26 July 2016 meeting the following was recorded in the Minutes:</p> <p>Decommissioning and Disinvestment review – Dr Alistair Ingram, Dr Bruce Willoughby and Dr Rick Sweeney declared an interest. They were included in the discussion but excluded from decision making</p> <p>Continuation of RSS options – Dr Alistair Ingram, Dr Bruce Willoughby and Dr Richard Sweeney declared an interest. They were included in the discussion but excluded from decision making.</p>
<p><b>Date of approval of terms of reference</b></p>	<p>The terms of reference were reviewed by the FPCC on 22 November 2016 and approved at the Governing Body on 1 December 2016.</p> <p>Following a review the following changes were made to the terms of reference:</p> <ul style="list-style-type: none"> <li>• Key relationships were updated</li> <li>• Membership was updated</li> <li>• Quoracy was clarified</li> <li>• Monitoring and reporting was updated</li> </ul>

<p><b>Key duties of the Committee:</b></p>	<p>To provide assurance to the Governing Body on the CCG's financial position, flagging concerns and issues for further discussion as and when deemed necessary. This is achieved by:</p> <ul style="list-style-type: none"> <li>• Reviewing the financial position of the CCG, incorporating activity levels, provider contract positions and issues, deliverability of QIPP, and risks in achieving its forecast out-turn at the end of the year.</li> <li>• Agreeing and reviewing Financial Policies and Procedures.</li> <li>• It also receives investment opportunities and business cases to approve in line with the CCG's scheme of delegation. Where the business case is above the approval limit the committee makes recommendations to the Governing Body to assist them to make a decision.</li> </ul> <p>To provide assurance to the Governing Body on the CCGs performance against existing contracts, agreeing service performance actions and timescales to mitigate and recover performance problems and flagging concerns and issues as deemed necessary. This is achieved by:</p> <ul style="list-style-type: none"> <li>• Reviewing performance data for all the CCG's major contractors.</li> <li>• Reviewing the Core Performance Dashboard.</li> <li>• Approving Commissioning Policies and Procedures.</li> <li>• Noting the minutes and key messages from HDFT CMB, PCU meetings, HHTB, SRG.</li> </ul>
<p><b>Strategic risks delegated to the Committee for scrutiny as per the Assurance Framework.</b> (The strategic objectives were refreshed in February 2017 and GBAF is undergoing review)</p>	<p><b>Strategic Objective 3: Achieve a sustainable health economy</b> Strategic Risks:</p> <ul style="list-style-type: none"> <li>• Failure to deliver effective commissioning within available resources, including the delivery of the Better Care Fund.</li> <li>• Quality, innovation, productivity and prevention (QIPP) plans not fully delivered.</li> <li>• Failure to reduce and maintain reduction in GP referral levels.</li> </ul> <p><b>Strategic Objective 4: Deliver our 2 year operational and 5 year strategic plan to transform services.</b> Strategic Risk:</p> <ul style="list-style-type: none"> <li>• The delivery of the Better Care Fund projects.</li> <li>• Lack of provider engagement in the development of a sustainable and deliverable model of integrated Health &amp; Social Care.</li> <li>• Partners making decisions that have a negative impact on the CCG.</li> <li>• Failure to reduce and maintain reduction in GP referral levels.</li> </ul> <p><b>Strategic Objective 5: Strengthen and develop partnerships to collectively deliver shared strategic objectives</b> Strategic Risks: Interruption to 'business as usual' during the transition from YHCS to Lead Provider Framework and alternative commissioning support arrangements.</p>

**Main items of business considered by the Committee and the purpose.**

The key items of business considered by the Committee in 2016/2017 were:

**Financial Position and Planning:**

FPCC received assurances and updates as follows:

Based on information to the end of February 2017, building in the latest assumptions on the deliverability of the QIPP schemes throughout the remainder of this year and current expectations of acute contracts, the CCG is forecasting an in year deficit of £5.8M for 2016/17. The CCG will not be able to meet the statutory financial duty of ensuring expenditure does not exceed income in 2016/17. Financial Plans for 2017/18 and 2018/19 have been developed to demonstrate at least a 1% improvement in year deficit in accordance with NHSE business rules.

**QIPP Plan:**

FPCC received assurances and updates as follows:

- the development of the 2017/2018 QIPP plan. The Committee requested a three year delivery plan to be produced and agreed to assign unallocated QIPP at budget setting to the correct budget areas.
- ongoing reporting of performance via the QIPP performance dashboard. FPCC was advised that the CCG had re-assessed the QIPP plan and had revised trajectories. FPCC was advised of action being taken to review all CCG expenditure and to seek improvements in overall ownership and accountability for the QIPP plan.

**Performance Dashboard:**

The Committee routinely received and reviewed the dashboard and discussed the performance against the indicators. Key points of discussion were:

- The A&E position is to be discussed through System Resilience Group (SRG) and Contract Management Board (CMB).
- A&E Performance, Harrogate: The target of 95% was not achieved, performing at 94.4%. Action plans are being implemented and discussed through SRG and CMB. Latest position for this month is that it is being achieved.

**Financial Control:**

The Operational Scheme of Delegation has been updated twice during 2016/17 to reflect the following recent changes to the way the CCG operates:

- On-Call Arrangements
- GP Rent Reviews
- Prescribing rebate schemes
- Primary Care Co-Commissioning
- Head of Contracting post
- Adjusted the delegated responsibility for approval of FOIs to the Director of Quality and Governance
- Included a section on procurement thresholds
- Included a section on budget holder areas of responsibility.

	<p>The following Financial Policies and Procedures were approved:</p> <ul style="list-style-type: none"> <li>• Decommissioning and Disinvestment Policy</li> </ul> <p><b>Investments and Business Cases:</b></p> <ul style="list-style-type: none"> <li>• The FPCC approved 13 business cases and did not approve a further 1 business cases.</li> <li>• FPCC approved the single tender waiver Vanguard Evaluation.</li> <li>• Updates on existing investments were received during the year including Autism, ONPOS and the Referral Support Service.</li> <li>• The Committee received proposals for New Drugs &amp; NICE Guidance as recommended by the Area Prescribing Committee Summary and approved usage where agreed. Where the Committee considered the cost of new drugs should be funded from QIPP savings this was referred back to the Medicines Management Team.</li> <li>• The Prescribing Rebate schemes for Mezolar, GSK Seretide, Travel Vaccines, Options for Management of Gluten Free Prescribing, Repeat prescriptions, Cavilon rebate proposal, Spiolto Respimat, Edoxaban (Lixiana), Degarelix were approved.</li> </ul> <p><b>Yorkshire and the Humber Commissioning Support Unit:</b> The Committee received a monthly report from the Commissioning Support Unit for assurance.</p> <p><b>Risk Register:</b> The Committee regularly reviewed the FPCC Risk Register</p> <p><b>Minutes from Other Groups:</b> The following minutes were received by the Committee:</p> <ul style="list-style-type: none"> <li>• HDFT Contract Management Board</li> <li>• PCU Management Board</li> <li>• New Models of Care Group Meeting</li> <li>• A&amp;E Delivery Board</li> <li>• Health Transformation Board</li> <li>• QIPP Delivery Group</li> </ul>
<p><b>Summary of the key outcomes of the work of the Committee and the assurances provided to the Governing Body.</b></p>	<p>The work of the FPCC is a central part of the CCG's governance and assurance arrangements. As a result of the activity undertaken by the FPCC scrutiny has been maintained and assurances sought on:</p> <ul style="list-style-type: none"> <li>• Performance in relation to finance, contracting, QIPP, commissioning and performance. FPCC has been advised of financial risks in relation to the outturn for 2017/2018 and for the next financial year, with specific reference to the financial plan and QIPP. The Committee received ongoing assurances on the actions being taken to address the risks.</li> <li>• Monitoring and challenging the CCGs financial and performance management to ensure that the CCG can effectively mitigate against the continued challenges of operating within its Standing Financial Instructions and statutory requirements.</li> <li>• Challenging the financial position of the CCG and ensuring financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources.</li> </ul>

# Primary Care Commissioning Committee Annual Report 2016/17

## Introduction

This report covers the work of the Primary Care Commissioning Committee (PCCC) of NHS Harrogate and Rural District Clinical Commissioning Group (HaRD) for matters relating to the year 2016/17. This report provides the Governing Body with a summary of the work done and in particular how the PCCC has discharged its responsibilities in supporting HaRD CCGs Annual Governance Statement (AGS) and Assurance Framework. Further details are contained in the minutes of each PCCC meeting which are published on the CCGs website.

<p><b>Committee Membership</b></p>	<p><b>Chair: Jane Metcalf</b></p> <p>Members as per <i>Terms of Reference</i>:</p> <p><i>Voting Members:</i></p> <ul style="list-style-type: none"> <li>• Lay Member Governance HaRD CCG</li> <li>• Lay Member Patient and Public Engagement HaRD CCG</li> <li>• Secondary Care Doctor HaRD CCG</li> <li>• Chief Officer HaRD CCG*</li> <li>• Chief Financial Officer HaRD CCG*</li> <li>• Director of Strategy and Delivery HaRD CCG*</li> <li>• Director of Quality/Executive Nurse HaRD CCG*</li> <li>• 3 GP representatives from the HaRD CCG Governing Body</li> <li>• NHS England Representative</li> </ul> <p>*nominated deputies are permitted but only with prior agreement of the Chair</p> <p><i>Non Voting Members</i></p> <ul style="list-style-type: none"> <li>• Health Watch representative</li> <li>• North Yorkshire and York Health &amp; Wellbeing Board</li> </ul> <p>Membership of the Committee as per the terms of reference did not change during the year and the required membership was achieved.</p> <p>In 2016/17 PCCC has held 4 meetings in public.</p> <p>See Appendix A for dates of meetings held and members in attendance.</p>
<p><b>Numbers required for quoracy and any instances where the Committee was not quorate</b></p>	<p>Where the GP committee members are not excluded from voting by a conflict, the committee shall be quorate as follows:</p> <ul style="list-style-type: none"> <li>• 2 Lay Members / Secondary Care Doctor</li> <li>• 2 Executive Officers</li> <li>• GP Member</li> <li>• NHS England representative</li> </ul> <p>Where the GP members ARE excluded from voting by a conflict, the</p>

	<p>committee shall be quorate as follows:</p> <ul style="list-style-type: none"> <li>• 2 Lay members / Secondary Care Doctor</li> <li>• 3 Executive Officers (nominated deputies are permitted but only with prior agreement of the Chair).</li> <li>• NHS England representative</li> </ul> <p>Quoracy was achieved for 3 of the 4 meetings held, with the meeting on 1 September 2016 not quorate but as no decisions were to be made the meeting went ahead.</p> <p>On 5 May 2016 the Committee received apologies from Amanda Bloor, Dr Alistair Ingram, Dilani Gamble, Anthony Fitzgerald, Rachael Richards and a Healthwatch representative. It was also noted that the CCG currently did not have a Director of Quality / Executive Nurse in post. The Chair noted that due to a year end assurance meeting at NHS England that Executive Officers are required to attend, the PCCC would not have been quorate. The Terms of Reference state that Reference state that the Chair can permit nominated deputies to attend on behalf of Executive Officers but only with prior agreement. The Chair therefore agreed prior to the meeting that to ensure quorum of the meeting that Kirsty Kitching, Head of Contracting and Jane Baxter, Head of Commissioning would attend as nominated deputies to the two Executive Officers required.</p>
<p><b>Conflicts of Interest</b></p>	<p>The following conflicts of interest were identified during the course of the year and were managed as follows:</p> <p>At the meeting on 1 September 2016 Dr Alistair Ingram declared an interest due to the GMS uplift and that if money received back it will benefit the GP Practice. The Committee however agreed that as this is a national contract issue and relates equally to all GP Practices then no action was required in relation to the declaration.</p> <p>No other declarations of interest were noted during 2016/17.</p>
<p><b>Date of approval of terms of reference</b></p>	<p>The terms of reference was agreed by the Committee at the meeting on 3 November 2016 and was approved by the Governing Body on 1 December 2016.</p>
<p><b>Key duties of the Committee:</b></p>	<p>Key duties as per terms of reference are:</p> <p>The role of the Committee is to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act. This includes the following:</p> <ul style="list-style-type: none"> <li>• GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);</li> <li>• Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);</li> <li>• Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);</li> </ul>

	<ul style="list-style-type: none"> <li>• Decision making on whether to establish new GP practices in an area;</li> <li>• Approving practice mergers</li> <li>• Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).</li> </ul>
<p><b>Strategic risks delegated to the Committee for scrutiny as per the Assurance Framework.</b> (The strategic objectives were refreshed in February 2017 and GBAF is undergoing review)</p>	<p>No strategic risks as per the Assurance Framework have been delegated to the Committee for scrutiny.</p>
<p><b>Main items of business considered by the Committee and the purpose.</b></p>	<p>This was the second year of operation of the PCCC. The primary area of business considered were:</p> <p><b>Strategy</b></p> <ul style="list-style-type: none"> <li>• The PCCC received regular updates on the development of a Primary Care Strategy which was approved in March 2017.</li> </ul> <p><b>Primary Care Updates</b></p> <ul style="list-style-type: none"> <li>• The PCCC noted that the APMS uplift has been agreed by the Doctors and Dentists Review Body (DDRB). Guidance has been sent to CCGs that they should be applied equitably across the contract. This was then presented to the Finance, Performance and Commissioning Committee (FPCC) for final approval.</li> <li>• In relation to the Estates and Technology Transformation Fund (ETTF) CCGs submitted their proposals, including prioritised recommendations.</li> <li>• NHS England clarified current guidance in relation to failure to carry out the Friends and Family Test in GP practices. It was noted that Heads of Primary Care at NHS England agreed that no breach notice should be issued unless it is part of a holistic view, relating to other issues being investigated with a practice.</li> <li>• In relation to the GP Forward View, it was noted that NHS England are to work with key partners. Concern was expressed by colleagues that STP work has not involved much consultation with patients or public. NHS England confirmed that this is about working with practices on their sustainability and therefore until a point is reached that significant change to services are to be made would we then look at formal consultation with patients and public.</li> <li>• NHS England provided an update on the submitted bid for the Estates and Technology Transformation Fund (ETTF).</li> <li>• The PCCC received the NHS England North (Yorkshire and the</li> </ul>

	<p>Humber) Annual Assurance Report on Revalidation and the Responsible Officer Regulations 2015/16, which detailed the process for revalidation and the Responsible Officer Regulations 2015/16.</p> <ul style="list-style-type: none"> <li>• NHS England provided bi-monthly updates on Capita Services for Primary Care.</li> </ul> <p><b>PMS Contracts</b></p> <ul style="list-style-type: none"> <li>• The PCCC was advised of the process for the PMS contract review and the latest position regarding local practices.</li> </ul> <p><b>Other Areas of Business:</b></p> <ul style="list-style-type: none"> <li>• The PCCC received and considered the risk register for the risks relevant to its work.</li> <li>• The approved the PCCC Steering Group Terms of Reference and Scheme of Delegation.</li> <li>• The PCCC approved the Policy for Change in Practice Area.</li> <li>• The PCCC received regular updates from the PCCC Steering Group throughout 2016/17.</li> <li>• The PCCC also received the draft terms of reference and scheme of delegation for the Steering Group.</li> <li>• The Committee noted the revised statutory guidance for CCGs on managing conflicts of interest and a paper is was presented to the Governing Body in October 2016.</li> </ul>
<p><b>Summary of the key outcomes of the work of the Committee and the assurances provided to the Governing Body.</b></p>	<p>This was the second year of operation for the PCCC and as such continues to develop to ensure it supports the CCG in the delivery of its key statutory functions that have been delegated for primary care.</p> <p>During 2016/2017 the PCCC has provided oversight of:</p> <ul style="list-style-type: none"> <li>• The development of a strategy for Primary Care for the CCG</li> <li>• Work to develop a process for the consideration of bids for practice premises redevelopment whilst also seeking assurance that this would align with the CCG’s overall strategy</li> <li>• The outcome of the review of PMS contracts.</li> <li>• NHS England provided bi-monthly updates on Capita Services for Primary Care.</li> </ul> <p>The Chair of the PCCC has provided verbal updates to the Governing Body during 2016/2017.</p>

## Attendance Records for Governing Body Committees 2016/17

### Audit Committee

Quoracy: 2 members. All meetings in 2016/2017 were quorate.

	26/4/16	24/5/16	2/8/16	22/11/16	21/2/17	Number of meetings attended
<b>Rachel Mann (Chair)</b>	✓	✓	✓	✓	✓	5
<b>David Hall</b>	✓	✓	✓	✓	✓	5
<b>Sheenagh Powell</b>	✓	✓	✓	✓	✓	5
<b>Dr Rick Sweeney</b>	✓	✓	A	✓	✓	4
<b>Total number of members in attendance</b>	4	4	3	4	4	

A Apologies received.

## Attendance Records for Governing Body Committees 2016/17

### Remuneration Committee

Quoracy: 2 members. All meetings in 2016/2017 were quorate.

\*A GP Governing Body member attended part of the meeting in June 2016 as the Lay Members were excluded due to declared conflicts of interest.

	23/6/16	Number of meetings attended
David Hall (Chair)	✓	1
Rachel Mann	✓	1
Dr Alistair Ingram	✓	1
GP Governing Body Member (when required for quoracy) Dr Rick Sweeney	✓	1
<b>Total number of members in attendance</b>	4*	

## Attendance Records for Governing Body Committees 2016/17

### Quality and Clinical Governance Committee

Quoracy: 3 members (to include at least two clinical members of whom at least one is a GP).

All meetings in 2016/2017 were quorate.

Name	Position	Number of attendances out of 10 meetings
<b>MEMBERS</b>		
Dr Sarah Hay	GP Member of the Governing Body – Chair	8
Rachel Mann	Independent Lay Member, Governing Body	8
Dr Rick Sweeney	CCG Governing Body GP Safeguarding Lead	9
Dr Peter Johnson	GP	7
Dr Mary-Jane Prowse	GP	8
John Pattinson / Liz Hodgkinson	Director of Quality (John Pattinson left the CCG in April 2016 and was represented by Liz Hodgkinson, CCG Deputy Executive Nurse to the 13 August 2016 meeting)	2
Joanne Crewe	Director of Quality and Governance / Executive Nurse (joined the CCG and became a member from 13 September 2016 meeting)	5
Jill Foster	Clinical Representative from Secondary Care (member until 8 November 2016 meeting and then became a co-opted member from 13 December 2016 meeting)	3
Liz Hodgkinson	CCG Quality and Safety Lead Manager (member from 13 December 2016 meeting)	3
<b>CO-OPTED MEMBERS</b>		
Elaine Wyllie	Designated professional for Childrens Safeguarding	8
Christine Pearson	Designated professional for Adult Safeguarding	9
Jill Foster	Clinical Representative from Secondary Care (co-opted member from 13 December 2016 meeting)	0
Liz Hodgkinson	CCG Deputy Executive Nurse (co-opted member from 13 September 2016 meeting to 8 November 2016 meeting)	3

## Attendance Records for Governing Body Committees 2016/17

### Finance, Performance and Commissioning Committee

Quoracy: The Committee is quorate when either the Chair OR the Clinical Chair are present AND either the Chief Officer or the Chief Finance Officer / Head of Finance are present. All meetings in 2016/2017 were quorate with the exception of 25 October 2016.

	26/4/16	24/5/16	28/6/16	26/7/16	23/8/16	27/9/16	25/10/16 Not quorate	22/11/16	20/12/16	24/1/17	28/2/17	28/3/17	No of meetings attended
<b>Dr Rick Sweeney (Chair)</b>	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	A	10
<b>Amanda Bloor</b>	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	11
<b>Dilani Gamble</b>	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	11
<b>Anthony Fitzgerald</b>	✓	✓	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3
<b>Dr Alistair Ingram</b>	✓	✓	✓	✓	A	✓	A	✓	A	✓	A	✓	8
<b>Dr Bruce Willoughby</b>	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	11
<b>Wendy Balmain</b>	N/A	✓	✓	✓	✓	✓	5						
<b>Joanne Crewe</b>	N/A	N/A	A	✓	✓	A	2						
<b>Alec Cowell</b>	✓	✓	X	✓	A	✓	✓	✓	A	✓	✓	✓	9
<b>Jane Baxter</b>	✓	✓	A	✓	A	✓	A	✓	✓	A	N/A	N/A	6
<b>Kirsty Kitching</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12
<b>Liz Hodgkinson</b>	N/A	N/A	N/A	N/A	A	✓	1						
<b>Total No of Members in Attendance</b>	9	9	7	7	3	8	5	9	7	9	8	8	

A Apologies received

N/A Do not normally attend/no longer employed/Not employed yet

## Primary Care Commissioning Committee

Quoracy: Where the GP committee members are not excluded from voting by a conflict, the committee shall be quorate as follows:

- 2 Lay Members / Secondary Care Doctor
- GP Member
- 2 Executive Officers
- NHS England representative

Where the GP members ARE excluded from voting by a conflict, the committee shall be quorate as follows:

- 2 Lay members / Secondary Care Doctor
- 3 Executive Officers (nominated deputies are permitted but only with prior agreement of the Chair).
- NHS England representative

	5/5/16	7/7/16	1/9/16 Not quorate	5/11/16	2/3/17	Number of meetings attended
Jane Metcalf (Chair from October 2016)	✓		A	✓	✓	3
Rachel Mann (Chair until October 2016)	✓	Meeting Cancelled	✓	A	✓	3
David Hall	✓		✓	✓	✓	4
Amanda Bloor	A		A	✓	A	1
Dilani Gamble	A		A	A	A	0
Anthony Fitzgerald	A		N/A	N/A	N/A	0
Dr Alistair Ingram	A		✓	✓	A	2
Dr Sarah Hay	✓		A	✓	✓	3
Dr Bruce Willoughby	✓		A	✓	N/A	2
Dr Rick Sweeney	✓		✓	✓	✓	4
Dr Angela O'Donoghue	✓		A	✓	N/A	2
Heather Marsh (NHSE)	✓		✓	✓	✓	4
Rachel Richards (NYCC)	A		A	✓	A	1
Nigel Ayre (Healthwatch)	N/A		✓	✓	A	2
Kallum Taylor (Healthwatch)	N/A		✓	N/A	N/A	1
Kirsty Kitching (nominated deputy)	✓		N/A	N/A	N/A	1
Jane Baxter (nominated deputy)	✓		N/A	N/A	N/A	1
<b>Total number of members in attendance</b>	10 (Quorate due to deputy attendance)		7 (Not quorate – meeting went ahead as no decision were to be made)	11	6	

A Apologies received

N/A Do not normally attend/no longer employed/Not employed yet