

NHS Commissioning Board CCG Authorisation

CCG Authorisation Report

CCG name: Harrogate and Rural District CCG

Wave: 3

Date report generated:	14/02/2013
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Domain dashboard

Threshold for Authorisation	Evidence for authorisation	14C matter	Threshold
1.1 Ethos of the CCG is about improving quality and it is clearly an organisation driven by clinical perspectives.	A. CCG has clearly articulated its shared mission, values and aims for improving quality.	A, E	●
	B. Governance, decision-making and planning arrangements where quality is a priority and clinical views are foremost.	A, E	●
	C. Examples of CCG delivering measurable improvements in quality and productivity under delegated arrangements.	E	●
	D. CCG members recognise local quality priority areas identified in CCG plans.	E	●
1.2 Member practices supportive of proposed configuration, structure and governance arrangements.	A. All members specified in the constitution will be providers of primary medical services on the date the CCG is established.	B	●
	B. Configuration is appropriate.	C	●
	C. CCG proposed constitution has been signed off by member practices.	A	●
	D. Member practices are involved in decision-making processes and, where appropriate, there are clear arrangements for delegation of functions.	A	●
	E. CCG has safeguards and agreed ways to manage potential conflicts of interest including register of interests.	A	●
	F. Examples of member practice involvement in decision-making.	A	●
1.3 Clear arrangements in place to enable a wider local multi-professional clinical community to inform the work of the CCG through the provision of advice.	A. Arrangements in place for CCG to involve and seek advice from healthcare professionals from secondary, community, mental health, learning disabilities and social care.	E, F	●
	B. CCG governing body includes nurse and secondary care doctor.	F	●
	C. Arrangements in place between LA and CCG specifying how public health advice to CCGs will be delivered.	E	●
1.4.1 A clear clinically-led and delivered vision and priorities for improving quality, access and health outcomes to the communities it serves.	A. CCG can demonstrate that it has taken steps to communicate its vision and priorities to partners, via its clinical leadership, through the local health and wellbeing board.	E	●
	B. CCG can demonstrate it has taken steps to communicate its vision and priorities to stakeholders, patients and the public.	E	●
1.4.2 CCG has credibility with patients and the public as a clinically-led organisation	A. Clinicians have taken steps to engage with LINKs/local HealthWatch and other patient groups.	E	●
	B. Positive feedback from LINKs/local HealthWatch and other patient groups.	E	●

Threshold for Authorisation	Evidence for authorisation	14C matter	Threshold
2.1.1 Constituent communities and groups within the population served by the CCG identified.	A. CCG has mapped and analysed constituent communities and groups.	E	●
	B. Analysis of the health needs of constituent communities and groups is reflected in CCG integrated plan.	E	●
	C. CCG has outline plans in place to communicate and engage with strategic partners and diverse groups and communities.	E	●
2.1.2 Engaged in health and wellbeing boards, the refresh of JSNAs and the development of the JHWS	A. CCG has engaged local authority/ties in establishing its geographic area	C, E	●
	B. CCG is engaged in shadow health and wellbeing board, is participating in refresh of JSNAs and in development of the JHWS	E	●
	C. CCG integrated plan aligns with JHWS and enables integrated commissioning, depending on local time frames	E	●
2.2 Plans, processes and resources are in place to measure and use insight from patients, carers, partners and stakeholders to improve services.	A. Arrangements in place to ensure appropriate on-going patient and public involvement in CCG decision-making.	A, E	●
	B. Systems and processes for monitoring and acting on patient feedback, and particularly in identifying quality including safety issues	A, E	●
2.3 Arrangements in place for patient views to be sought at practice level to inform and receive feedback from CCG priority setting.	A. Accountability between CCG and member practices is reflected in its constitution and in any broader governance arrangements.	A	●
	B. Examples of CCG engaging different groups and communities through a range of communications channels in the development of its vision, plan, or in broader CCG decision-making processes	E	●
2.4.1 Arrangements in place to promote the involvement of patients and carers in decisions about their own care and treatment, including exercising choice.	A. CCG understands its statutory duties in relation to enabling patients to make choices and to promote the involvement of patients, carers and relatives in decisions about their care and treatment.	E	●
	B. Systems in place to convert insights about patient choice/s in practice consultations into plans and decision-making	E	●
2.4.2 Plans in place to manage and respond to concerns raised about its own operations or the services it commissions, to monitor patient/ public perceptions of its responsiveness as a NHS organisation, and to learn from concerns raised to improve its per	A. Arrangements for handling complaints raised with the CCG are compliant with the statutory framework for complaints handling. Arrangements for handling concerns raised with the CCG deliver equivalent outcomes	A, E	●
	B. Arrangements for handling concerns and complaints raised with the CCG, and actions taken as a result, are clearly communicated to the public	E	●
	C. Clear line of accountability for patient safety including regular reporting to the National Reporting and Learning System	A, E	●

Threshold for Authorisation	Evidence for authorisation	14C matter	Threshold
3.1.1 Clear and credible plans that set out how CCGs will take responsibility for service transformation that will improve quality within available resources.	A. Commitment to have regard to and promote the NHS Constitution, including performance aspects.	E	●
	B. CCG has a clear and credible integrated plan, which includes an operating plan for 2012-13, draft commissioning intentions for 2013-14 and a high-level strategic plan until 2014-15.	E	●
	C. CCG has detailed financial plan that delivers financial balance, sets out how it will manage within its management allowance, and any other requirements set by the NHSCB and is integrated with the commissioning plan.	E	●
	D. QIPP is integrated within all plans. Clear explanation of any changes to existing QIPP plans.	E	●
	E. CCG plan supports delivery of JHWS and integrated commissioning, depending on local timeframe.	E	●
	F. CCG plan sets out how it aligns with national frameworks and strategies, including the NHS Outcomes Framework.	E	●
3.1.2 Plan is understood by CCGs, members, and other key stakeholders.	A. CCG can demonstrate that the process for developing its plans and priorities was inclusive and transparent.	E	●
	B. Plans clearly demonstrate where and how the CCG is working with other CCGs to meet QIPP, and can demonstrate that stakeholders are aware of and understand CCG priorities	A, E	●
	C. Member practices understand at least at a high level their local plan and priorities.	E	●
	D. Member practices receive timely information to inform their involvement in CCG planning and monitoring delivery of those plans.	A, E	●
3.1.3 Plan is evidence-based and rooted in the needs of its population.	A. Plans reflect JSNA, stakeholder engagement, and evidence/data analysis.	E	●
3.1.4 The CCG can articulate the likely inherited issues, and operating environment within the local health economy and can set out a clear and credible plan for their resolution	A. Declaration that likely inheritance from PCT is quantified, identified, understood and robust transition arrangements in place.	E	●
	B. Where the area covered by the CCG is not on track to meet the plan for 2012-13, there is a clear and time-limited resolution path to recover.	E	●
3.2 Delivery of a local priority area for improvement of quality, productivity and prevention. Budget delegation and successful track record of managing devolved budget	A. Examples of CCG successfully taking devolved responsibility for commissioning budgets and delivering improvements.	E	●

Threshold for Authorisation	Evidence for authorisation	14C matter	Threshold
3.3 Systems and processes established to translate commissioning plan into contracts and delivery. Aware of current procurement requirements, with systems in place to handle those requirements. Systems in place to track and manage performance and provider	A. 2012-13 contracts with main providers agreed and signed off, via PCT clusters.	E	●
	B. CCG involved, under delegated arrangements, in 2012-13 contracting round, including in monitoring delivery of 2012-13 contract through regular liaison with main providers, and benchmarking providers	E	●
	C. Examples of CCG involvement, under delegated arrangements, in 2012-13 contracting round	E	●
	D. Self-certification regarding understanding of requirements and legislation on procurement.	E	●
	E. CCG has arrangements in place to manage all contracts that will be transferred from PCTs on/ by 31 March 2013, or new contracts from 1 April 2013.	E	●
	F. CCG has systems in place to track performance of main providers.	E	●
	G. CCG has arrangements in place to collaborate with neighbouring CCGs in areas such as lead commissioning where there is more than one CCG contracting with a provider.	A, E	●
	H. On-going discussion between the CCG and provider organisations about long-term strategy and plans.	E	●
4.1 Constitution is appropriate and complies with legislative requirements. CCG has a viable organisational size and has an appropriate geographical area.	A. Constitution complies with requirements of Part 1 of Schedule 1A of Health and Social Care Act.	A	●
	B. Constitution is 'otherwise appropriate', i.e. complies with regulations and takes account of guidance and the model constitution.	A	●
	C. CCG governance meets the requirements of legislation and takes account of guidance and the model constitution.	A, F	●
	D. CCG has an appropriate geographical area.	C	●

Threshold for Authorisation	Evidence for authorisation	14C matter	Threshold
4.2.1 Effective system of internal controls to ensure CCG can maintain strategic oversight, including: Clinical risk management and patient safety.	A. Governance arrangements in place to identify and manage different types of risk, including key risks to delivery of QIPP.	A, E	●
	B. Systems and processes for monitoring and acting on patient feedback, and particularly identifying early quality issues including safety.	E	●
	C. Arrangements in place to monitor quality issues including safety in an on-going way.	E	●
	D. Quality issues are discussed regularly by CCG governing body.	E	●
	E. CCG has arrangements in place to proactively identify early warnings of a failing service.	E	●
	F. Arrangements in place to deal with and learn from serious untoward incidents and never events.	E	●
	G. CCG has the following standard financial management arrangements in place: - Internal and external audit - Financial reporting through financial spine - Audit committee - Standing orders/standing financial instructions - Scheme/s of delegation - Arrangements for management of any charitable funds - Committee structure including management and audit - Counter fraud arrangements - Accounts payable and receivable, cash, fixed assets - Payroll and banking facilities - Appropriate risk-sharing arrangements with other CCGs in place and clearly understood by all parties.	E	●
	H. Clear governance structures and programme management capacity and capabilities in place to support the delivery of QIPP	A, E	●
	I. CCG can demonstrate compliance with the public sector Equality Duty, and is using the EDS or an equivalent to help attain compliance and ensure good equality performance	E	●
	J. CCG understands responsibility to champion innovation and adoption of innovation	E	●
	K. Examples of CCG innovation	E	●

Threshold for Authorisation	Evidence for authorisation	14C matter	Threshold
4.2.2 Systems and processes in place to ensure CCG complies with its statutory duties and other requirements, including: Commitment to promoting patients' recruitment to and participation in research, commitment to promoting the education and training of	A. Commitment to promoting research and the use of research evidence	E	●
	B. Commitment to promoting education and training given	E	●
	C. CCG can demonstrate commitment to promoting environmental and social sustainability through their actions as a corporate body as well as a commissioner	E	●
4.2.3 CCG has systems and processes in place to fulfil its specific duties of cooperation and partnership, including: Reducing inequalities in access and to outcomes from healthcare and CCG can demonstrate that it meets best practice in relation to safegu	A. At least one identified individual or committee is formally responsible for ensuring the CCG has regard to the need to reduce health inequalities in access to, and the outcomes from healthcare.	A, E	●
	B. Through involvement in JSNA and in the development of the JHWS, the CCG has identified opportunities to reduce inequalities.	E	●
	C. Health inequalities issues identified and addressed in integrated plan.	E	●
	D. CCG has established appropriate systems for safeguarding.	E	●
	E. CCG plans to train staff in recognising and reporting safeguarding issues.	E	●

Threshold for Authorisation	Evidence for authorisation	14C matter	Threshold
4.3.1 Capacity and capability to commission key areas of care for which they are responsible.	A. To commission improvements in quality, as described in the NHS Outcomes Framework: - Preventing people from dying early - Enhancing quality of life for people with long-term conditions - Helping people recover from episodes of ill health or following injury - Ensuring that people have a positive experience of care; treating and caring for people in safe environments and protecting them from avoidable harm. The CCG has the capacity and capability to commission improved outcomes for the people it serves, including: - Mothers and newborns - People who need support for mental health - People with learning disabilities - People who need emergency and urgent care - People who need routine operations - People with long-term conditions - People with continuing healthcare needs - People at the end of life.	E	●
	B. CCG choice of case studies illustrates their approach and the impact they have had to date in at least one of the above patient groups.	E	●
	C. CCG can demonstrate how its proposed staff resource and any contracted commissioning support will provide capacity and capability to deliver its full range of responsibilities.	A, E	●
	D. CCG demonstrates clear understanding of lines of accountability between it and its support provider/s	E	●
	E. Agreement with support provider/s that has been assured through BDU business review process, or by the CCG through a procurement process.	E	●
	F. For CCGs developing significant internal capacity and/or shared services, these arrangements have been quality assured through an analogous process to BDU business review process.	E	●
4.3.2 Appropriate and affordable plans to maintain communications support that enable CCG to discharge its statutory and operational functions and operate in a clear and transparent way	A. CCG has assessed its communications capacity/capability requirements.	E	●
	B. CCG has plans in place to build or secure appropriate capacity and capability for internal and external communications required to deliver its commissioning plan	E	●
4.3.3 Sufficient capacity and capability to develop the intelligence requirements to support commissioning	A. CCG has assessed its information requirements and planned capacity/ capability to deliver those requirements. CCG has used NHS Information Governance toolkit to assess its capability to meet information governance requirements	A, E	●

Threshold for Authorisation	Evidence for authorisation	14C matter	Threshold
5.1 Collaborative arrangements in place with other CCGs, with clear lines of accountability. Collaborative arrangements to ensure effective and efficient use of resources/running cost allowance.	A. CCG has written agreements in place detailing the scope of the collaboration with other CCGs, with clear lines of accountability and decision-making processes.	A, E	●
	B. Mechanisms in place for CCG to collaborate with others where patient flow or provider configuration necessitates this.	A, E	●
	C. Examples of CCG collaboration with other CCGs and a multi-disciplinary range of clinicians.	E	●
	D. CCG can demonstrate collaboration with other CCGs sharing employed staff/teams where appropriate.	E	●
5.2 CCG is fully engaged in the shadow health and wellbeing boards. CCG plans reflect JSNAs and CCG aligns priorities with those identified by the health and wellbeing board, and in the JHWS.	A. CCG has collaborated in the development of a shadow health and wellbeing board.	E	●
	B. CCG has collaborated in the refresh of JSNAs and in the development of the JHWS, depending on local timeframe.	E	●
	C. CCG can demonstrate understanding of accountability and decision-making processes in health and wellbeing board.	E	●
5.3 CCG collaborates with local partners to shape local commissioning plans to enable integration of services/ pathways.	A. Where the need for integrated commissioning has been identified by the health and wellbeing board and in the JHWS, CCGs are collaborating with the local authority to develop shared plans.	E	●
	B. Clear line of accountability for safeguarding is reflected in CCG governance arrangements, and CCG has arrangements in place to co-operate with the local authority in the operation of the Local Safeguarding Children Board and the Safeguarding Adults Board.	A, E	●
	C. CCG has secured the expertise of a designated doctor and nurse for safeguarding children and for looked after children, and a designated paediatrician for unexpected deaths in childhood.	E	●
	D. CCG has a safeguarding adults lead and a lead for the Mental Capacity Act, supported by the relevant policies and training.	E	●
5.4 CCG involvement as customers in BDU business planning process.	A. CCG can demonstrate how they have identified their commissioning support intentions.	A, E	●
	B. SLA agreed with support provider assured through BDU business planning process.	E	●
	C. For CCGs developing significant internal capacity/capability or shared services, the CCG has ensured the quality of those services. CCG has arrangements in place to fulfil its commissioning support intentions post-April 2013.	A, E	●
	D. CCG has plans in place for formally procuring any commissioning support services, to ensure that between 2013-16 it puts in place the arrangements to go through a compliant procurement process.	E	●

Threshold for Authorisation	Evidence for authorisation	14C matter	Threshold
5.5 Active discussions within the CCG relating to improving the quality of primary care and specialised services.	A. Mechanism for working in partnership with NHSCB to improve quality of primary medical care, and particularly to take account of need and unexpressed demand.	A, E	●
	B. Mechanism for working in partnership with NHSCB to improve quality of specialised services.	A, E	●
6.1 Assessment by CCG of organisational development challenges, and leadership development resulting from that assessment.	A. CCG has completed OD diagnostic/self-assessment tool or equivalent.	E	●
	B. CCG has plans in place informed by the outcomes of a diagnostic self-assessment tool.	E	●
	C. Assessment of leadership potential and competency was included in selection process for CCG clinical leads, and there are high-level arrangements for succession planning.	E	●
	D. Examples of CCG leadership development.	E	●
6.2 Two-way accountability between CCG and member practices. CCG clinicians involved in commissioning.	A. Systems in place to sustain two-way accountability between members.	A, E	●
	B. Examples where the CCG has enhanced clinical involvement in service redesign and improvement.	E	●
	C. Lead clinicians selected from member practices for CCG commissioning priority areas	E	●
6.3 Suitable proposed Accountable Officer who fits requirements for role.	A. Proposed Accountable Officer selected in line with national role outline, attributes and competencies.	D	●
6.4 Governing body fulfils national requirements regarding composition and characteristics. Lay members identified who would meet the statutory requirements. CCG staffing structures give confidence it has sufficient in-house resource to maintain strategic	A. CCG reflects Nolan principles of good governance.	A, F	●
	B. Appointment process and composition of governing body reflects nationally determined role outlines, attributes and competencies and draws on good practice.	A, F	●
	C. Documented support of members for Chair of governing body.	A, F	●
	D. CCG recommends appointment of governing body members.	A, F	●
	E. CCG can demonstrate that it has assessed the skills possessed by governing body members and has a plan to build governing body competencies/skills where required.	F	●
	F. Chief Finance Officer and Chair of governing body secured in line with national role outlines, attributes and competencies.	F	●
	G. Senior in-house management roles in CCG provide adequate capacity and capability to maintain strategic oversight with available resources.	F	●
	H. CCG has sufficient in-house capability to manage its commissioning support arrangements well.	E	●

Key to 14C matters (section 14C of the NHS Act 2006, as amended by the Health and Social Care Act 2012)

A	14C(2)(a)	Constitution complies with the requirements of Part 1 of Schedule 1A and is otherwise appropriate.
B	14C(2)(b)	Each member specified in the constitution will be a provider of primary medical services on the date the CCG is established.
C	14C(2)(c)	Area specified in the constitution is appropriate.
D	14C(2)(d)	Appropriate to appoint, as the Accountable Officer of the group, the person named in the application.
E	14C(2)(e)	Applicants have made appropriate arrangements to ensure that the CCG will be able to discharge its functions
F	14C(2)(f)	Applicants have made appropriate arrangements to ensure that the group will have a governing body which satisfies any requirements imposed by or under this Act and is otherwise appropriate.

Dashboard summary

Summary Domain Dashboard	Assessment threshold outcomes		Criteria changed following final review
	No. of reds	No. of greens	
1. A strong clinical and multi-professional focus which brings real added value	1	16	
2. Meaningful engagement with patients, carers and their communities	0	15	2.2 - B 2.4.1 - B
3. Clear and credible plans which continue to deliver the QIPP (quality, innovation, productivity and prevention) challenge within financial resources, in line with national requirements (including excellent outcomes) and local joint health and wellbeing strategies	2	20	
4. Proper constitutional and governance arrangements, with the capacity and capability to deliver all their duties and responsibilities including financial control, as well as effectively commissioning all the services for which they are responsible	0	32	4.2.1 - B 4.2.1 - E
5. Collaborative arrangements for commissioning with other CCGs, local authorities and the NHSCB as well as the appropriate commissioning support	0	17	5.4 - B
6. Great leaders who individually and collectively can make a real difference	1	15	
Total 119 authorisation sub-criteria	4	115	5 total

Summary Overview

Summary assessment overview

The CCG has provided a comprehensive response to the site visit report. The CCG agreed with eight of the nine outstanding issues. The CCG provided detailed commentary and set out planned or current actions against each of the criteria not yet satisfied.

It is evident that the CCG has heard and responded to the development issues identified by the panel at the site visit. The CCG has taken immediate action in all areas. There is a positive opportunity for the CCG to turn a number of the current red ratings to green relatively promptly, if all intended actions are completed within the time-scales proposed.

The CCG is a developing organisation that has quickly established strong foundations and demonstrated compliance across a broad range of the key areas in each domain. Quality is embedded across the organisation. Strong clinical leadership and a positive culture of engagement and two way accountability between member practices and the CCG is established. Collaborative arrangements with other CCG's, local authorities and main service providers are strong, and the CCG has taken positive steps to engage with wider stakeholders including patients and the public.

The CCG operates within a wider North Yorkshire health economy that is financially challenged. This context needs to be reflected in the finalisation of the CCG integrated plan, particularly the financial elements, for 2013/14 onwards.

No criteria were moderated by the 7 January 2013 moderation panel.

Overview following Regional Operations Director's Summary

Excluding criteria 3.1.1B and 3.1.1C (regarding the clear and credible plan) which were not eligible for review. Seven red-rated criteria and associated proposed conditions were considered during the 10-day window additional evidence review stage of assessment, five criteria are recommended to become green-rated, with two remaining red-rated. The two red-rated criteria relate to the appointment of a secondary care doctor to the governing body and the appointment of the chief financial officer (CFO). In both cases offers have been made subject to satisfactory references, consequently they are both considered red-rated at this stage of the process although it is acknowledged that these are likely to be resolved in the very near future.

Areas of strength

The CCG demonstrated a number of areas of strength across the broad range of authorisation criteria, as reflected in each of the domain summaries. In particular:

- Stakeholder engagement is strong;
- Clinical leadership;
- Taking ownership of the financial challenges;
- Quality is embedded across the organisation, illustrated by innovative case studies;
- Well established collaborative working relationships with a broad range of stakeholders;
- A culture of organisational development.

Remaining evidence gaps (overview) and related risks identified

Prior to the 10-day window additional evidence review the remaining evidence gaps included:

1. The CCG needs to complete the appointment processes for a substantive chief financial officer and the secondary care doctor, as key members of the governing body.
2. The CCG needs to complete the preparation of an integrated plan for 2013/14 onwards, with a particular focus on the financial and QIPP elements of the plan. These planning processes need to address the specific opportunities and risks associated with the challenging financial context across the wider North Yorkshire health system.
3. The CCG needs to formalise and embed key processes for capturing patient & stakeholder feedback, and wider quality monitoring and improvement systems across commissioned services.

Following the 10-day additional further review and evidence is required around items 1 and 2.

Areas for development beyond authorisation requirements

Moving forward, the CCG should continue to address a number of areas, including:

- Ensuring that it continues to involve GP members in decision making;
- Regularly reviewing the portfolios and workloads of governing body members, senior management and the wider staff team, to ensure they remain fit for purpose in terms of capacity and capability;
- Continuing to contribute to the wider North Yorkshire strategic review programme and ensure that planned service and financial initiatives address the legacy deficit issues;
- Continuing to build collaborative working arrangements with local authorities and the broad range of local service providers.

Criteria assessed post-conditions panel

Threshold for authorisation	14C matter	Evidence source	Proposed condition	Support (intervention)	Review date	Regional Operations Director's comments and outcome
(1.3 - B) Clear arrangements in place to enable a wider local multi-professional clinical community to info... <i>CCG governing body includes nurse and secondary care doctor.</i>	F	CCG Organisational structure	Governing body must include nurse and secondary care doctor	I (guidance on governing body roles)	31/03/2013	 The ROD recommendation is that this criterion should remain red.
(2.2 - B) Plans, processes and resources are in place to measure and use insight from patients, carers, par... <i>Systems and processes for monitoring and acting on patient feedback, and particularly in identify...</i>	A, E	Constitution and any other documents detailing governance arrangements	Demonstrate that there are systems and processes in place for monitoring and acting on patient feedback, and particularly in identifying quality including safety issues.	II	01/02/2013	 The ROD recommendation is that this criterion can be changed to green.
(2.4.1 - B) Arrangements in place to promote the involvement of patients and carers in decisions about their ... <i>Systems in place to convert insights about patient choice/s in practice consultations into plans ...</i>	E	2012-13 integrated plan and draft commissioning intentions for 2013-14 Communications and engagement strategy	Provide evidence that there are systems in place to convert insights about patient choice/s in practice consultations into plans and decision-making	II	01/02/2013	 The ROD recommendation is that this criterion can be changed to green.

Threshold for authorisation	14C matter	Evidence source	Proposed condition	Support (intervention)	Review date	Regional Operations Director's comments and outcome
(3.1.1 - B) Clear and credible plans that set out how CCGs will take responsibility for service transformatio... <i>CCG has a clear and credible integrated plan, which includes an operating plan for 2012-13, draft...</i>	E	2012-13 integrated plan and draft commissioning intentions for 2013-14	CCG must have a clear and credible integrated plan that meets authorisation requirements	III	31/03/2013	 The ROD has not reviewed any evidence on this criterion.
(3.1.1 - C) Clear and credible plans that set out how CCGs will take responsibility for service transformatio... <i>CCG has detailed financial plan that delivers financial balance, sets out how it will manage with...</i>	E	2012-13 integrated plan and draft commissioning intentions for 2013-14	CCG must have detailed financial plan that delivers financial balance, sets out how it will manage within its management allowance, and is integrated with the commissioning plan	III	31/03/2013	 The ROD has not reviewed any evidence on this criterion.
(4.2.1 - B) Effective system of internal controls to ensure CCG can maintain strategic oversight, including: ... <i>Systems and processes for monitoring and acting on patient feedback, and particularly identifying...</i>	E	Relevant Minutes of Governing Body and CCG committees Constitution and any other documents detailing governance arrangements	Provide evidence that systems and processes are in place for monitoring and acting on patient feedback, and particularly identifying early quality issues including safety	II	01/02/2013	 The ROD recommendation is that this criterion can be changed to green.
(4.2.1 - E) Effective system of internal controls to ensure CCG can maintain strategic oversight, including: ... <i>CCG has arrangements in place to proactively identify early warnings of a failing service.</i>	E	Relevant Minutes of Governing Body and CCG committees Constitution and any other documents detailing governance arrangements	Provide evidence that CCG has arrangements in place to proactively identify early warnings of a failing service	II	01/02/2013	 The ROD recommendation is that this criterion can be changed to green.

Threshold for authorisation	14C matter	Evidence source	Proposed condition	Support (intervention)	Review date	Regional Operations Director's comments and outcome
(5.4 - B) CCG involvement as customers in BDU business planning process. <i>SLA agreed with support provider assured through BDU business planning process.</i>	E	SLA with assured support provider	Provide evidence that SLA agreed with support provider has been assured through BDU business planning process	II	01/02/2013	 The ROD recommendation is that this criterion can be changed to green.
(6.4 - F) Governing body fulfils national requirements regarding composition and characteristics. Lay membe... <i>Chief Finance Officer and Chair of governing body secured in line with national role outlines, a...</i>	F	CCG Organisational structure Positive assessment centre outcome for Chief Finance Officer and Chair of governing body	CCG must secure Chief Finance Officer and Chair of governing body in line with national role outlines, attributes and competencies	II	31/03/2013	 The ROD recommendation is that this criterion should remain red.

Legend	
Symbol	Condition
I	Model document/toolkit
II	Make advice/expertise available
III	Decision sign-off/approval by Board
IV	Insert/provide specific team/individual
V	AO not ratified/alternative AO appointed
VI	Specific functions removed (note additional legal procedure to be followed if this is done)
VII	All functions removed (as above)

Key to 14C matters (section 14C of the NHS Act 2006, as amended by the Health and Social Care Act 2012)		
A	14C(2)(a)	Constitution complies with the requirements of Part 1 of Schedule 1A and is otherwise appropriate.

B	14C(2)(b)	Each member specified in the constitution will be a provider of primary medical services on the date the CCG is established.
C	14C(2)(c)	Area specified in the constitution is appropriate.
D	14C(2)(d)	Appropriate to appoint, as the Accountable Officer of the group, the person named in the application.
E	14C(2)(e)	Applicants have made appropriate arrangements to ensure that the CCG will be able to discharge its functions
F	14C(2)(f)	Applicants have made appropriate arrangements to ensure that the group will have a governing body which satisfies any requirements imposed by or under this Act and is otherwise appropriate.

Attachments

Harrogate and Rural District CCG.pdf 