

NHS Harrogate and Rural District Clinical Commissioning Group

Governing Body Committees Annual Report 2017/18

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 2017/18

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 2017/18. 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.

Committee Membership	<p>Chair:</p> <p>Sheenagh Powell, Vice-Chair and Lay Member for Governance (from January 2018)</p> <p>Rachel Mann, Vice-Chair and Lay Member for Governance (until December 2017)</p> <p>Members as per Terms of Reference:</p> <ul style="list-style-type: none">• CCG Vice Chair – Lay Member for Governance (Chair)• Lay Member – Patient and Public Involvement• GP on the Governing Body• Independent Member <p>Membership as per the Terms of Reference was achieved during 2017/2018.</p> <p>The Committee held five meetings in 2017/2018. Plus in order to conclude the business relating to the financial year 2017/2018 the Committee reviewed and considered the following items of business at meetings on 24 April 2018 and 22 May 2018:</p> <ul style="list-style-type: none">• Review of Annual Accounts and Financial Statements, Annual Governance Statement and Annual Report for 2017/2018• External Audit Completion Report• Internal Audit Head of Audit Opinion and Annual Report 2017/2018
Numbers Required for Quoracy and any Instances where the Committee was Not Quorate	<p>Two members are required for quoracy with at least one being a Lay Member. This was achieved for all meetings in 2017/2018.</p> <p>See Appendix A for dates of meetings held and members in attendance.</p>
Conflicts of Interest	<p>The following conflicts of interest were identified during the course of the year and were managed as follows:</p> <p>Through 2017-18, Sheenagh Powell (Independent Member) declared a general interest at all meetings as she is Chair of the Audit Committee at NHS Vale of York Clinical Commissioning Group. It was agreed at all meetings that there were no items on the agenda where this declared interest was deemed to be a conflict.</p>

Date of Approval of Terms of Reference	<p>The Audit Committee undertook the annual review of the Terms of Reference at the meeting on 28 November 2017. Minor changes to the membership were made, which included adding some additional attendees that are present on a regular basis.</p> <p>The changes to the terms of reference were ratified by the Governing Body at its meeting on 7 December 2017.</p>
Key Duties of the Committee	<p>The Committee's overall objectives are to ensure that :</p> <p>The activities of the Harrogate and Rural District Clinical Commissioning Group are within the law and regulations governing the NHS An effective system of internal control is maintained An effective system of integrated governance exists within the Clinical Commissioning Group.</p> <p>The Committee used a timetable to ensure the business of conducts supports the delivery of its responsibilities. The timetable is reviewed as a standing agenda item at each meeting.</p>
Strategic Risks Delegated to the Committee for Scrutiny as per the Assurance Framework	<p>The role of the Committee in relation to the Assurance Framework is to:</p> <ul style="list-style-type: none"> Review the system in place for identifying and managing key risks facing the organisation, including the Risk Assurance Framework. <p>No strategic risks as per the Assurance Framework have been delegated to the Committee for scrutiny.</p>
Main Items of Business Considered by the Committee and the Purpose	<p>In discharging its duties the main items of business considered by the Committee for the year were as follows:</p> <p>Financial Governance</p> <ul style="list-style-type: none"> Review of the annual accounts for 2017/2018 and External Audit Completion Report, Value for Money Conclusion and Letter of Representation. (To be undertaken at the April and May 2018 meetings). Scrutiny of the processes for approving single tender waiver and drug rebate schemes. Review of Losses and Special Payments. The Audit Committee was notified of a special payment relating to an Employment Tribunal remedy finding (April 2017). The Audit Committee was asked to note that a small outstanding debt has been written off as the company in question had gone into receivership (February 2018). Receipt of any exceptions following consideration of the NHS England Financial Control Environment Self-Assessment in 2017/2018. Updates and assurance on key financial policies as required. The Audit Committee was advised of amendments to the Operational Scheme of Delegation Updates on the financial position at the CCG which receives detailed scrutiny at the Finance, Performance and Commissioning Committee. <p>Governance and Assurance</p> <ul style="list-style-type: none"> Review of the Annual Governance Statements and Annual Reports for 2017/2018. (To be undertaken at the April and May 2018 meetings). Review and approval of the Audit Committee Annual Report for 2017/2018 prior to presentation to the Governing Body. (To be undertaken at the April and May 2018 meetings).

Main Items of Business Considered by the Committee and the Purpose

- Confirmation of Level 2 achievement for the Information Governance Toolkit for 2017/2018 (outcome for 2017/2018 to be confirmed at the April 2018 meeting).
- Approval of Information Governance Policies, receipt of minutes from the Information Governance Steering Group and approval of the Information Governance Workplan.
- Risk Management Strategy. The Audit Committee reviewed the revised Risk Management Strategy before presentation to the Governing Body for approval.
- The General Data Protection Regulation (GDPR) has been discussed and the CCG is aware that it needs to be compliant by 25 May 2018.
- 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.
- Receipt of reports monitoring the level of compliance with statutory and mandatory training.
- Corporate and governance updates as required. The items discussed in 2017/2018 included the further updated guidance on Conflicts of Interest.
- Review and Assurance of PCU Functions.
- The Annual Committee Effectiveness Review Process has been discussed and presented to the Committee.
- Reviewed the Qualitative Questionnaire and outcomes.

Internal Audit

- Receipt of the Head of Internal Audit Opinion and Annual Report for 2017/2018. (To be undertaken at the April and May 2018 meetings).
- Approval of the Internal Audit Operational Audit Plan for 2018/2019.
- Completion of a review of Internal Audit effectiveness. No significant issues were noted (February 2018).
- 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.
- Updates on progress in implementing the agreed internal audit recommendations.
- Receipt and approval of the updated Internal Audit Charter.
- At the request of the Audit Committee Internal Audit has undertaken benchmarking of Harrogate and Rural District CCG (HaRD) continuing healthcare expenditure and activity against available data sources for Yorkshire and Humber CCGs.
- Update on the PCU Transition Audit Plans.

External Audit

- Updates on progress and national developments from the External Auditors.
- Assurance on the services provided by the External Auditors via the outcome of the Regulatory Compliance Report.
- Updates regarding the Annual Completion Report.

Audit Committee Self-Assessment

In 2017-2018, the Committee has undertaken an assessment of its own effectiveness via a survey of its members and attendees and a self-assessment utilising the principles set out in the Healthcare Financial Management Association (HFMA) Audit Committee Handbook.

Main Items of Business Considered by the Committee and the Purpose

Counter Fraud and Security Management

- Counter Fraud Annual Report for 2017/2018.
- Approval of the Counter Fraud Plan for 2017/2018.
- Consideration of the NHS Protect Standards for Commissioners for Counter Fraud and Security Management
- Regular updates on counter fraud and security management issues including regular updates regarding cyber security.

Summary of the Key Outcomes of the Work of the Committee and the Assurances Provided to the Governing Body

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:

- The CCG is operating within the law and regulations covering the NHS with the exception of the statutory financial regulations.
- An effective system of control is maintained
- Arrangements are in place to protect the CCG's assets
- Effective financial reporting and monitoring mechanisms are in place
- An effective system of governance exists in the CCG
- An effective system of risk management has been established and is kept under review
- The CCG has an effective Internal Audit service in place
- The external auditors have operated independently and were able to issue opinions on the accounts and value for money for 2017/2018. (To be undertaken at the April and May 2018 meetings).
- The CCG has in place arrangements for managing fraud and security which will be kept under review subject to anticipated regulations and commissioning standards.

Remuneration Committee Annual Report 2017/18

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 2017/18. 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 they occur.

Committee Membership	<p>Chair: David Hall (Lay Member for Patient and Public Involvement)</p> <p>Members as per Terms of Reference:</p> <ul style="list-style-type: none"> • Lay Member for Patient and Public Involvement (Chair) • CCG Vice Chair and Lay Member for Governance • Clinical Chair • Co-opted GP Member of the Governing Body when a Lay Member cannot be present. <p>The Remuneration Committee held one meeting in 2017/2018.</p>
Numbers Required for Quoracy and any Instances where the Committee was Not Quorate	<p>Two members are required for quoracy. The meeting held in 2017/2018 was quorate.</p> <p>See Appendix A for dates of meetings held and members in attendance.</p>
Conflicts of Interest	<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 13 June 2017 the following interests were declared:</p> <ul style="list-style-type: none"> • Dave Hall declared an interest in relation to Item 5.2 Lay Members' as Dave is a Governing Body Lay Member. It was agreed that Dave would be excluded from this item. • Rachel Mann declared an interest in relation to Item 5.2 Lay Members' as Rachel is a Governing Body Lay Member. It was agreed that Rachel would be excluded from this item. • Dr Alistair Ingram declared an interest in relation to Item 5.3 GP Members' as Alistair is a GP Governing Body Member. It was agreed that Alistair would be excluded from this item. • Amanda Bloor declared an interest in relation to Item 5.4 Chief Officer as Amanda the Chief Officer of HaRD CCG. It was agreed that Amanda would be excluded from this item.
Date of Approval of Terms of Reference	<p>The terms of reference were reviewed by the Committee at the meeting on 13 June 2017 and no changes were made.</p>

Key Duties of the Committee	<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"> • All aspects of salary (including any performance-related elements/bonuses) • Provisions for other benefits, including allowances, pensions and cars • Arrangements for termination of employment and other contractual arrangements.
Strategic Risks Delegated to the Committee for Scrutiny as per the Assurance Framework	<p>No strategic risks as per the Assurance Framework have been delegated to the Committee for scrutiny.</p>
Main Items of Business Considered by the Committee and the Purpose	<p>The key items of business considered by the Committee in 2017/2018 were:</p> <ul style="list-style-type: none"> • The Committee agreed for the CCG to adopt the principles of the ‘Living Wage’ for employees directly employed by the CCG. • The Committee considered and approved the remuneration of the: <ul style="list-style-type: none"> • Chief Officer • Chief Finance Officer • Director of Quality & Governance / Executive Nurse • The Director of Transformation and Delivery • Lay Members of the Governing Body • GP Members of the Governing Body • Approved for those employees, that have retired and left the NHS and then returned, to be enrolled onto a different pension scheme.
Summary of the Key Outcomes of the Work of the Committee and the Assurances Provided to the Governing Body	<p>The work of the Remuneration Committee during 2017/2018 ensured the CCG met its statutory duties under the Health and Social Care Act 2012.</p> <ul style="list-style-type: none"> • 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.

Quality & Clinical Governance Committee

Annual Report 2017/18

Introduction

This report covers the work of the Quality and Clinical Governance Committee (QCGC) of NHS Harrogate and Rural District Clinical Commissioning Group (HaRD) for matters relating to the year 2017/18. This report provides the Governing Body with a summary of the work done and in particular how the QCGC has discharged its responsibilities in supporting HaRD CCGs Annual Governance Statement (AGS) and Assurance Framework.

Committee Membership	<p>Chair: Dr Sarah Hay, GP Member of the Governing Body</p> <ul style="list-style-type: none"> • GP Member of the Governing Body – Chair • Independent Lay Member, Governing Body – Vice Chair • CCG Governing Body GP Safeguarding Lead • Two GPs (registered on the primary performance list and working predominantly within Harrogate and Rural District) • CCG Director of Quality and Governance / Executive Nurse • CCG Head of Quality and Performance • CCG Head of Nursing and Quality <p>The Committee may extend invitations to other personnel with relevant skills, experience or expertise as necessary to deal with the business on the agenda. Such personnel will be in attendance and will have no voting rights.</p>
Numbers Required for Quoracy and any Instances where the Committee was Not Quorate	<p>The Quality and Clinical Governance Committee held ten meetings in 2017/2018.</p> <p>A minimum of three members will constitute a quorum, so long as this includes at least two clinical members of whom at least one is a GP.</p> <p>All meetings in 2017/2018 were quorate.</p> <p>See Appendix A for dates of meetings held and members in attendance.</p>
Conflicts of Interest	<p>No conflicts of interest were identified during the course of the year.</p>
Date of Approval of Terms of Reference	<p>The Terms of Reference were reviewed by the Committee at the meeting on 9 May 2017 and were approved by the Governing Body on 1 June 2017.</p>
Key Duties of the Committee	<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>

Strategic Risks Delegated to the Committee for Scrutiny as per the Assurance Framework

Strategic Objective 1: Quality, Safety and Continuous Improvement

To ensure that the care we commission is of a high quality / safe and sustainable, improves health outcomes and wellbeing and provides a good patient experience.

***Principle Risk 1:** Challenges and capacity issues provided in the community may impact on the quality of assessment and provision of care for vulnerable people in their own home.*

Strategic Objective 4: Health and Wellbeing

To shift the emphasis towards optimising opportunities for maintaining health and wellbeing, promoting patient responsibility to choose well, accessing the right services at the right time and in the most appropriate place, and empowering patients to be better able to self-manage their own long term conditions.

***Principle Risk 1:** The expectation of the public, patients or other stakeholders could impact on the CCG's strategy to improve health and wellbeing, promote and implement co-production and develop the shift in culture that would support more effective self-care and self-management.*

Closed Risks

Strategic Objective 2: Better Value Healthcare

To meet the economic challenges and changes in the NHS by commissioning efficient and cost effective services and better value healthcare.

***Principle Risk 2:** Partnership Commissioning Unit (PCU) realignment could impact on quality or the ability to demonstrate effective use of resources and value for money in some of the services previously commissioned on behalf of the CCG by the PCU e.g. Continuing Healthcare, Mental Health services, Children and Young People services. * Risk Closed 22 January 2018**

Main Items of Business Considered by the Committee and the Purpose

The key items of business considered by the Committee in 2017/2018 were:

Quality

- 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 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 better patient experience and outcomes.

The Committee has fulfilled this purpose by actively overseeing:

- Monthly Quality and Safety reports
- Local responses to national and external regulator reports on quality.
- The escalation of significant quality concerns linked to providers and the provision of assurance of progress on specific quality issues.
- The delivery of the Harrogate and Rural District responsibilities in relation to Safeguarding Adults and Children
- Delivery of all aspects of the Committee's work plan.

Main Items of Business Considered by the Committee and the Purpose

- The Committee received quarterly updates relating to the CQUIN achievements for commissioned providers and detailed and robust evidence to mitigate areas of underperformance.
- Any subsequent actions/outcomes arising are recorded on an action log for monitoring and follow up at future meetings

Patient Safety

The Committee receives the minutes of monthly quality and performance meetings held with commissioned providers:

- Harrogate and District NHS Foundation Trust (HDFT);
- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
- Yorkshire Ambulance Service (YAS)
- BMI The Duchy

Quality dashboards, patient experience reports and CQUIN reports are tabled at these meetings. Any exceptions or escalation of concerns will be highlighted at Committee.

The committee also receives quarterly reports relating to:

- Serious Incidents and Never Events;
- Care Quality Commission inspections
- Health Care Associated Infections (HCAI), including any RCAs or post infection reviews.
- Provider 'deep dives' are undertaken to better understand concerns and pressures of a service.

Over the last year, HaRD CCG has held providers to account on processes surrounding effective Serious Incident (SI) and Never Event reporting, investigation and action planning. Monthly meetings are held to review incidents, their investigation, action plans and follow up assurance.

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 Children's Safeguarding. These served to provide assurance to the Committee that we comply with our statutory duties. The reports provide assurance that robust arrangements were in place within Harrogate and Rural District to safeguard and protect adults, children and young people.

The reports provided further detail relating to the multi-agency partnership working and wider sharing of intelligence across the local health economy.

Patient Experience

- The Committee received quarterly updates regarding patient feedback including formal and informal complaints of providers and services provided on behalf of the CCG.
- The Patient Relations report is provided quarterly to the Committee and reports on complaints advising of the number of issues reported in the CCG.
- 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.

Main Items of Business Considered by the Committee and the Purpose

Performance

- 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 detailed in the operational plan.
- Monthly summary report identifying any exceptions to performance which have an impact on quality or safety with any recommended actions.
- Escalation of issues into appropriate governance processes when there are significant concerns about quality.
- There has been a focus on performance indicators that may impact on patient care:
 - Eating disorder services and access for both adults and children
 - CHC and ensuring compliance with the national framework.
 - Understanding workforce challenges and their impact on quality and performance of the service provided

Equality and Diversity

QCGC reviewed the Equality & Diversity Action Plan for 2017-18 and received updates on what had been achieved to date.

Commissioning Strategy

Detailed Quality, Privacy and Equality Impact Assessments are brought to QCGC for review and approval.

Internal Audit Reports

Quality/Equality Assessments (significant assurance).

Approval of Policies

In line with the duties outlined in the Scheme of Delegation, the Committee has approved a number of policies throughout 2017/2018. These can be found published on the CCGs website.

Summary of the Key Outcomes of the Work of the Committee and the Assurances Provided to the Governing Body

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:

- Maintenance and development of the system of control for quality governance through the approval and successful implementation of policies.
- Risk assessment of the QIPP plan for the CCG and any upon the quality of services.
- Services provided to patients are safe with further assurances sought where required.
- Services are delivered in line with the required performance targets.
- The CCG is fulfilling its statutory duties for:
 - Safeguarding - The Annual Safeguarding reports have been received,
 - Equality and Diversity - The action plan has been approved.
- Approval of any actions required in in response to national reports that may impact on the CCG's commissioning responsibilities.

Conclusion

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 Governing Body may be assured that there are effective systems in place to anticipate and address any strategic and operational issues relating to Quality.

Finance, Performance & Commissioning Committee

Annual Report 2017/18

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 2017/18. 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.

Committee Membership	<p>Chair: Dr Bruce Willoughby, GP Governing Body Member (from February 2018)</p> <p>Rick Sweeney, GP Governing Body Member (until January 2018)</p> <p>Members as per Terms of Reference:</p> <ul style="list-style-type: none"> • Clinical Governing Body member – Chair • Clinical Chair – Deputy Chair • Chief Officer • Chief Finance Officer • Additional GP Governing Body member • Director of Transformation & Delivery • Head of Finance • Head of Contracting • Head of Commissioning <p>The Finance, Performance and Commissioning Committee (FPCC) held 12 meetings in 2017/2018.</p>
Numbers Required for Quoracy and any Instances where the Committee was Not Quorate	<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 2017/18 on August 2017. The meeting went ahead and it was agreed that any items requiring a decision would be reviewed at the following Committee meeting.</p> <p>See Appendix A for dates of meetings held and members in attendance.</p>
Conflicts of Interest	<p>The following conflicts of interest were identified during the course of the year and were managed as follows:</p> <p>At 23 May 2017 meeting the following was recorded in the minutes; No conflicts of interest were identified during the meeting, however, prior to the meeting, the FPCC had identified that there was a potential conflict of interest for Dr Alistair Ingram in the update to the ‘Monitoring of Drugs in Primary Care’ Local Enhanced Scheme’ as this would have a small financial impact on GPs. It was decided that he could remain at the meeting but not take part in the discussion.</p>

Conflicts of Interest

The following conflicts of interest were identified during the course of the year and were managed as follows:

At 23 May 2017 meeting the following was recorded in the minutes; No conflicts of interest were identified during the meeting, however, prior to the meeting, the FPCC had identified that there was a potential conflict of interest for Dr Alistair Ingram in the update to the 'Monitoring of Drugs in Primary Care' Local Enhanced Scheme' as this would have a small financial impact on GPs. It was decided that he could remain at the meeting but not take part in the discussion.

At 27 June 2017 meeting the following was recorded in the minutes; The FPCC identified a potential conflict of interest for Dr Bruce Willoughby regarding the 'Extended Access' paper due to a pecuniary interest and it was agreed that he would be excluded from the meeting during discussions of this paper.

At 25 July 2017 meeting the following was recorded in the minutes; The FPCC identified a potential conflict of interest for Dr Alistair Ingram regarding agenda item 12.1 Primary Care Prescribing Incentive Scheme, due to his role as a GP within his own practice. It was agreed that he would be excluded from the meeting during discussions of this paper and would not be able to vote on whether it should be approved. Dr Alistair Ingram agreed with the decision.

At 22 August 2017 meeting the following was recorded in the minutes; Dr Alistair Ingram identified that he had a pecuniary interest in Item 5, Paper 8.1 Homelessness. Dr Alistair Ingram's Practice would receive £1k. As such, it was agreed that Dr Alistair Ingram would leave the meeting and Amanda Bloor would chair this part, a decision would not be made as the meeting was not quorate, it would be approved at the meeting in September.

At 26 September 2017 meeting the following was recorded in the minutes; Dr Alistair Ingram identified that he had a pecuniary interest in Item 4.1 (Reinvestment of PMS Premium – Services for Homelessness), item 9.1 (Prescribing Incentive), item 6.4 (Extended Access), and item 8.2 (Data Quality Support in Primary Care).

As such, it was agreed that Dr Alistair Ingram would leave the meeting for items 4.1 and 9.1. Dr Bruce Willoughby identified that he had a pecuniary interest in Item 6.4 (Extended Access) and as such it was agreed that Dr Bruce Willoughby would leave the meeting for this item.

At 24 October 2017 meeting the following was recorded in the minutes; Christian Turner, Business Change Manager was in attendance at the meeting however acknowledged that he had a pecuniary interest in item 11.0 and as such it was agreed he would leave the meeting for that item.

At 19 December 2017 meeting the following was recorded in the minutes; Dr Alistair Ingram acknowledged that he had a pecuniary interest in item 8.2 and as such it was agreed he would leave the meeting for that item.

At 23 January 2018 meeting the following was recorded in the minutes: Dr Alistair Ingram identified he had a number of potential conflicts of interest in three of the agenda items (8.1d) – Community Dermatology, item (8.1c) – Reducing Medicines Waste and item (8.4) – Extended Access in Primary Care and as such, it was agreed that Dr Alistair Ingram would leave the meeting.

At 27 February 2018 meeting the following was recorded in the minutes: Dr Alistair Ingram identified he had potential conflicts of interests in items 8.1, 8.2, 8.3 and 8.4 as a GP Partner some of the items would include Alistair's practice benefitting. It was therefore agreed that Alistair would leave the meeting for all of the items. It was noted that there was no conflict of interest for item 8.7 as Alistair's Practice is not included.

<p>Conflicts of Interest</p>	<p>Sheenagh Powell identified a potential conflict of interests in item 8.1 as Sheenagh is a Lay Member for the Vale of York; it was therefore agreed that Sheenagh would leave the meeting for that item.</p> <p>A general declaration of interest was received from Sheenagh Powell. Sheenagh Powell currently is a Member on the Vale of York CCG Governing Body as the Audit Committee Chair until the end of May 2018.</p> <p>At 27 March 2018 meeting the following was recorded in the minutes: Dr Alistair Ingram identified he had potential conflicts of interests in items 6.4, 7.6, 8.1 and 8.3 and as a GP Partner some of the items would include Alistair's practice benefitting. It was agreed that Alistair would leave the meeting for all of the items.</p> <p>A general declaration of interest was received from Dr Ian Woods. Dr Ian Woods currently is a Member on the Scarborough and Ryedale CCG Governing Body as the Secondary Care Doctor.</p> <p>A general declaration of interest was received from Sheenagh Powell. Sheenagh Powell currently is a Member on the Vale of York CCG Governing Body as the Audit Committee Chair until the end of May 2018.</p>
<p>Date of Approval of Terms of Reference</p>	<p>The terms of reference were reviewed by the FPCC on 19 December 2017 and no changes were made.</p>
<p>Key Duties of the Committee</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"> • 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. • Agreeing and reviewing Financial Policies and Procedures. • 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. <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"> • Reviewing performance data for all the CCG's major contractors. • Reviewing the Core Performance Dashboard. • Approving Commissioning Policies and Procedures. • Noting the minutes and key messages from HDFT CMB, PCU meetings, HHTB, SRG.
<p>Strategic Risks Delegated to the Committee for Scrutiny as per the Assurance Framework</p>	<p>Strategic Objective 2: Better Value Healthcare</p> <p>To meet the economic challenges and changes in the NHS by commissioning efficient and cost effective services and better value healthcare.</p> <p>Principle Risk 1: The scale of QIPP required to support delivery of the Financial Recovery Plan has increased and this could impact on capacity and opportunity to develop and implement achievable service change.</p>

Strategic Risks Delegated to the Committee for Scrutiny as per the Assurance Framework

Principle Risk 3: The CCG financial plan for 2017/18 will not be delivered resulting in deterioration in the in-year financial position and longer term financial sustainability.

Main Items of Business Considered by the Committee and the Purpose

The key items of business considered by the Committee in 2017/2018 were:

Financial Position and Planning

FPCC received assurances and updates as follows:

- The CCG was no longer forecasting achievement of its financial plan for 2017/18.
- The CCG's forecast outturn remains at the revised deficit of £14m. The level of risk to the CCG in delivering this revised position has increased by £0.5m to £3.445m. This increase relates to NCSO pricing within prescribing.
- Mitigation remains at £3m, giving an unmitigated risk of £0.5m.
- Risk is mainly linked with non-delivery of the QIPP plan, overtrading on acute care, and increasing cost of CHC packages.
- The CCG's deteriorated position is still not cash-backed. The CCG continues to highlight this issue with NHS England; a cash drawdown exercise will be taking place with NHS England.

QIPP Plan

- FPCC received assurances and updates throughout the 2017/18.
- Reviewed the QIPP Plan 2018/2019 and made a recommendation for Governing Body to approve.

Performance Dashboard

- The Committee routinely received and reviewed the dashboard and discussed the performance against the indicators.

Financial Control

- NHS England Financial Control Environment Self-Assessment noted in 2017/2018.
- The Operational Scheme of Delegation was updated once in 2017/18 and approved by the Governing Body in December 2017.

Investments and Business Cases

The Committee approved Investments and Business Cases throughout the year as noted below:

- Updates on existing investments were received during the year including; Tockwith Surgery rent increase, Adult Eating Disorders Service
- Reinvestment of the PMS Premium – Services for Homeless People.
- The Committee approved the GP OOH 2017/18 Review and the engagement with the provider market via a Prior Information Notice (PIN).
- The Committee received and agreed the following proposals; Mental Health QIPP Proposal, New Care Models, Single Tender Waiver Form, 6 month trial of the new pathway for Removal of Ear Wax, Prescribing Incentive.

Main Items of Business Considered by the Committee and the Purpose

- The Committee agreed in principle the Pension Scheme changes - set up an alternative pension scheme by 01 July 2017 to be available for any employee who is not a member of the NHS pension scheme.
- The Committee approved the Extended Access delivery model through a 12-month pilot in partnership with Yorkshire Health Network. The Committee approved the pilot up to 18 months.
- The Committee approved the recommendation to join the procurement for the Medical Non-Emergency Transport Service (was PTS), to now be undertaken on North Yorkshire and York consortia basis.
- Approved the decision to extend the Adult Autism Assessments Service with the current provider for 12 months and issuing a PIN with a view to retendering was supported by the Committee.
- The Committee approved the Wi-Fi in GP Surgeries, the 5 year forward view states Wi-Fi access for patients in all GP surgeries by 31 December 2017.
- The Committee approved the funding for the Business Change Manager post.
- The Committee approved the decision for the Lymphoedema contract; 12 month contract with an option to extend for 6 months.
- The Committee received proposals for New Drugs & NICE Guidance as recommended by the Area Prescribing Committee Summary and approved usage where agreed.
- The Prescribing Rebate schemes for Gluco RX, Acridinium Bromide (Eklira Genuair), Inhaler (An Inhaler used for COPD) were agreed.
- The Committee noted decisions that were made at the HaRD area prescribing committee around the addition of 2 new items Promogran – Protease Modulating Matrix Dressing and Relvar Elipta 184mcg/22mcg inhaler.
- The Committee supported further work to be undertaken on the Uliprisal pathway.
- The Committee approved The FPCC Forward Plan Review.
- The Committee made a recommendation to PCCC not to approve 24 Hour Blood Pressure Machines.
- The Committee made a recommendation to PCCC to approve Primary Care – £3 per head.
- The Committee approved Dermatology - primary care clinics
- The Committee approved Ophthalmology – Multiple appointments secondary care (pathway)
- The Committee approved Ophthalmology - ARMD Injections (Age-related Macular Degeneration) service pathway
- The Committee approved Practice-based pharmacists
- The Committee approved repeat prescriptions process review
- The Committee approved Vitamin D prescribing changes
- The Committee approved Enteral Feed Procurement

Financial Controls Environment Assessment

The Financial Control Environmental Assessment goes to The Audit Committee for assurance. The CCG had re-assessed itself through the Financial Control Environment Assessment and were clear on the areas where further action was required to ensure good financial governance continued to be in place, and was dependent on where the CCG was in terms of their position, particularly around scrutiny.

Yorkshire and the Humber Commissioning Support Unit:

The Committee received a monthly report from the Commissioning Support Unit for assurance.

Significant Risk Review:

The Committee reviewed any significant risks (scored 12 and above) aligned to it on a quarterly basis.

Main Items of Business Considered by the Committee and the Purpose

Integrated Performance Dashboard:

The Committee routinely received and reviewed the dashboard and discussed the performance against the indicators.

Minutes from Other Groups:

The following minutes were received by the Committee:

- HDFT Contract Management Board
- PCU Management Board
- New Models of Care Group Meeting
- A&E Delivery Board
- Health Transformation Board
- QIPP Delivery Group

Summary of the Key Outcomes of the Work of the Committee and the Assurances Provided to the Governing Body

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:

- 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.
- 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.
- Challenging the financial position of the CCG and ensuring financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources.

Primary Care Commissioning Committee Annual Report 2017/18

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 2017/18. 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 CCG's Annual Governance Statement (AGS) and Assurance Framework.

<p>Committee Membership</p>	<p>Chair: Kate Kennady (from February 2018) Jane Metcalf (until December 2017)</p> <p>Members as per <i>Terms of Reference</i>:</p> <p><i>Voting Members:</i></p> <ul style="list-style-type: none"> • Lay Member Governance HaRD CCG • Lay Member Patient and Public Engagement HaRD CCG • Secondary Care Doctor HaRD CCG • Chief Officer HaRD CCG* • Chief Financial Officer HaRD CCG* • Director of Strategy and Delivery HaRD CCG* • Director of Quality/Executive Nurse HaRD CCG* • 3 GP representatives from the HaRD CCG Governing Body • NHS England Representative <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"> • Health Watch representative • North Yorkshire and York Health & Wellbeing Board <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 2017/18 PCCC has held 4 meetings (3 in public and 1 in private due to the reasons stated below).</p> <p>The meeting scheduled for 1 March 2018 was cancelled due to the inclement weather. A meeting was convened on 13 March 2018 in order to approve a number of time critical items from the agenda on 1 March 2018. All other items will be deferred to the meeting on 3 May 2018.</p>
<p>Numbers Required for Quoracy and any Instances where the Committee was Not Quorate</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"> • 2 Lay Members / Secondary Care Doctor • 2 Executive Officers • GP Member • NHS England representative <p>Where the GP members ARE excluded from voting by a conflict, the committee shall be quorate as follows:</p> <ul style="list-style-type: none"> • 2 Lay members / Secondary Care Doctor • 3 Executive Officers (nominated deputies are permitted but only with prior agreement of the Chair). • NHS England representative

Numbers required for quoracy and any instances where the Committee was not quorate

Quoracy was achieved for all meetings held in 2017/18.

On 2 November 2017, the Committee received apologies from Amanda Bloor, Dilani Gamble and Wendy Balmain. Due to two Executive Members not being present the meeting would have been deemed not quorate, however 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 Andrew Dangerfield, Interim Head of Commissioning, would attend as a nominated deputy for Wendy Balmain, Director of Transformation and Delivery.

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

Conflicts of Interest

The following conflicts of interest were identified during the course of the year and were managed as follows:

At the meeting on 7 September 2017, Rachel Richards declared an interest under Item 8.0 NHS England Primary Care Update as North Yorkshire Council is involved in the commissioning of NHS Health Checks. The Chair noted the declaration and advised that if this subject matter was discussed then appropriate action to manage this conflict of interest would be undertaken.

At the meeting on 7 September 2017, Dr Alistair Ingram declared an interest under Item 8.0 NHS England Primary Care Update as Dr Ingram and Partners are involved in the provision of NHS Health Checks. The Chair noted the declaration and advised that if this subject matter was discussed then appropriate action would be undertaken.

At the meeting on 2 November 2017, Dr Alistair Ingram declared an interest under Item 7.1 Reinvestment of PMS Premium – Services for Homeless People. A further interest was declared under Item 7.2 Wi-Fi in GP Surgeries for Patients; however this is an NHS Directive.

At the meeting on 2 November 2017, Dr Sarah Hay declared an interest under Item 7.1 Reinvestment of PMS Premium – Services for Homeless People as the Practice would benefit from having a 'homeless champion'. A further interest was declared under Item 7.2 Wi-Fi in GP Surgeries for Patients; however this is an NHS Directive which must be done.

At the meeting on 2 November 2017, Dr Jim Woods declared an interest under Item 7.1 Reinvestment of PMS Premium – Services for Homeless People as the Practice would benefit from having a 'homeless champion'. A further interest was declared under Item 7.2 Wi-Fi in GP Surgeries for Patients; however this is an NHS Directive which must be done. Dr Jim Woods also declared an interest as he is a Director at Yorkshire Health Network.

At the meeting on 13 March 2018, Dr Alistair Ingram declared an interest under Item 8.1 Data Quality Service as his Practice would benefit from having an improved data quality service. It was agreed that Dr Alistair Ingram would leave the room when this item was being discussed and any decisions were being made.

At the meeting on 13 March 2018, Sheenagh Powell declared a general interest as she is currently still the Vice-Chair at Vale of York CCG. Sheenagh also declared a direct interest under Item 8.1 Data Quality Service as Vale of York CCG had not yet made a decision regarding this potential joint investment. It was agreed that Sheenagh should not participate in the discussion or decision.

Date of Approval of Terms of Reference	<p>The terms of reference were approved by the Committee at the meeting on 4 May 2017 and were ratified by the Governing Body on 1 June 2017.</p>
Key Duties of the Committee	<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> <p>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); Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”); Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF); Decision making on whether to establish new GP practices in an area; Approving practice mergers Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes.</p>
Strategic Risks Delegated to the Committee for Scrutiny as per the Assurance Framework	<p>No strategic risks as per the Assurance Framework have been delegated to the Committee for scrutiny.</p>
Main Items of Business Considered by the Committee and the Purpose	<p>The primary area of business considered were:</p> <p>Strategy</p> <ul style="list-style-type: none"> • The Primary Care Strategy was reviewed and updated in March 2018. <p>Primary Care Updates</p> <ul style="list-style-type: none"> • PCCC noted that GP Resilience funding of £72,000 was allocated to the West Yorkshire and Harrogate STP footprint for 2016/17. Funding has been used to support a number of schemes in Harrogate, including development on networks, supporting mentorship and, for one particular Practice, support around CQC improvement actions. • PCCC noted that GP resilience funding has been halved for 2017/18 and NHS England was meeting with CCG Primary Care leads to see how budgets could be maximised to reach their potential. • PCCC noted ongoing significant issues with Capita Services for Primary Care throughout 2017/18. Issues were escalated with NHS England and updates were provided at each meeting. • PCCC noted a new service for the Enhanced Primary Care of Homeless People in the Harrogate Town Area. • PCCC noted that funding was received from the West Yorkshire Acceleration Zone to support changes in urgent care and the move to extended GP access. This has enabled the CCG to commission increased capacity in practices in January, February and March 2017. • PCCC noted Care Quality Commission inspection reports and ratings from GP Practices. • PCCC noted that a pilot is taking place in Harrogate (Service for Adults Facing Exclusion [SAFE]) which will provide the most vulnerable homeless people with a home and then provide intensive intervention for health and social care needs. • PCCC noted that the Family and Friends Test results remain better than the national average but the response rates are low.

Main items of business considered by the Committee and the purpose

- PCCC noted that Extended Access has been delayed due to delay in receiving CQC registration, however it did commence in December 2017.

Investments

The PCCC approved the following investments in 2017/18:

- Reinvestment of PMS Premium – Services for Homeless People
- Wi-Fi in GP Surgeries for Patients
- GP IT
- Health and Social Care Network
- GP Online Consultations

Other Areas of Business

The PCCC received and considered the risk register for the risks relevant to its work.

- The reviewed the PCCC Steering Group Terms of Reference.
- The PCCC received regular updates from the PCCC Steering Group throughout 2017/18.

Summary of the Key Outcomes of the Work of the Committee and the Assurances Provided to the Governing Body

This was the third 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.

During 2017/2018 the PCCC has provided oversight of:

- The Primary Care Strategy for the CCG
- NHS England provided bi-monthly updates on Capita Services for Primary Care.

The Chair or Vice-Chair of the PCCC has provided verbal updates to the Governing Body during 2017-2018.

Audit Committee

Quorum: Two members with at least one member being a Lay Member. All meetings in 2017/2018 were quorate.

MEMBER / ATTENDEE	25/4/17	24/5/17	30/8/17	28/11/17	20/2/18	Number of meetings attended
Sheenagh Powell (Chair from 1 January 2018)	✓	✓	✓	✓	✓	5
Rachel Mann (Chair up to 31 December 2017)	✓	✓	✓	✓	N/A	4
David Hall (Member up to 31 December 2017)	✓	✓	✓	✓	N/A	4
Lance Gilroy (Member from February 2018)	N/A	N/A	N/A	N/A	✓	1
Dr Rick Sweeney	A	✓	✓	✓	✓	4
Total number of members in attendance	3	4	4	4	2	

A Apologies received

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

Remuneration Committee

Quorum: 2 members. All meetings in 2017/2018 were quorate.

★ A GP Governing Body member attended part of the meeting in June 2017 as the Lay Members were excluded due to declared conflicts of interest.

MEMBER / ATTENDEE	13 June 2017	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
Amanda Bloor (in attendance only)	✓	1
Kerry Ryan, HR Business Partner (eMBED) (in attendance only)	✓	1
Total number of members in attendance	6★	

A Apologies received

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

Quality & Clinical Governance Committee

Quorum: A minimum of three members will constitute a quorum, so long as this includes at least two clinical members of whom at least one is a GP.
All meetings in 2017/2018 were quorate.

	11/04/17	09/05/17	28/06/17	08/08/17	12/09/17	10/10/17	14/11/17	12/12/17	12/02/18	13/03/18	No of meetings attended
Dr Sarah Hay (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Rachel Mann (Vice Chair until Dec 2017)	A	✓	✓	✓	✓	✓	✓	✓	N/A	N/A	7
Dr Rick Sweeney	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Dr Peter Johnson	A	✓	✓	✓	✓	A	✓	✓	✓	A	7
Dr Mary-Jane Prowse	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	9
Joanne Crewe	✓	✓	✓	✓	✓	A	✓	✓	✓	A	8
Paula Middlebrook	N/A	N/A	✓	A	✓	✓	✓	✓	A	✓	6
Clare Hedges	N/A	N/A	N/A	✓	✓	✓	✓	A	✓	✓	6
Liz Hodgkinson	✓	✓	N/A	2							
Total No of Members in Attendance	5	7	7	7	7	6	8	8	7	6	

A Apologies received

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

Finance, Performance and Commissioning Committee

Quorum: 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 2017/2018 were quorate with the exception of August 2017 – no decisions were made at this meeting.

MEMBER / ATTENDEE	25/4/17	23/5/17	27/6/17	25/7/17	22/8/17	26/9/17	24/10/17	28/11/17	19/12/17	23/1/18	27/2/18	27/3/18	No of meetings attended
Dr Bruce Willoughby (Chair from 1 January 2018)	✓	✓	✓	A	A	✓	✓	✓	✓	✓	✓	✓	10
Dr Rick Sweeney (Chair up to 31 Dec 2017)	A	✓	✓	✓	A	✓	✓	✓	✓	✓	N/A	N/A	8
Sheenagh Powell	N/A	✓	✓	2									
Amanda Bloor	A	✓	✓	A	✓	✓	✓	✓	✓	✓	A	A	8
Dilani Gamble	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	11
Dr Alistair Ingram	✓	✓	A	✓	✓	✓	A	✓	✓	✓	✓	✓	10
Wendy Balmain	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	11
Joanne Crewe	✓	✓	A	A	✓	A	✓	A	A	✓	✓	A	6
Alec Cowell	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	11
Andrew Dangerfield	✓	A	A	A	A	A	✓	A	A	✓	A	✓	4
Kirsty Kitching	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	ü	A	10
Jane Baxter	N/A	✓	N/A	N/A	1								
Christian Turner	N/A	✓	✓	✓	3								
Clare Hedges	N/A	N/A	ü	1									
Liz Hodgkinson	✓	N/A	N/A	N/A	1								
Total No of Members in Attendance	9	9	7	6	6	8	7	8	7	12	9	8	

A Apologies received

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

Primary Care Commissioning Committee

Quorum: 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
- NHSE 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
- NHSE Representative
- 3 Executive Officers (nominated deputies are permitted but only with prior agreement from the Chair)

MEMBER / ATTENDEE	04/05/17	07/09/17	02/11/17	01/03/2018	13/03/18	Number of meetings attended
Jane Metcalf (Chair until Dec 2017)	✓	✓	✓	Cancelled due to inclement weather	N/A	3
Kate Kennady (Chair from February 2018)	N/A	N/A	N/A		✓	1
Rachel Mann (Vice-Chair until Dec 2017)	✓	A	✓		N/A	2
Sheenagh Powell (Vice-Chair from Jan 2018)	N/A	N/A	N/A		✓	1
David Hall	✓	✓	✓		N/A	3
Amanda Bloor	A	✓	A		✓	2
Dilani Gamble	A	A	A		✓	1
Dr Alistair Ingram	✓	✓	✓		✓	4
Dr Sarah Hay	✓	✓	✓		A	3
Dr Rick Sweeney	✓	✓	✓		✓	4
Joanne Crewe	✓	A	✓		A	2
Wendy Balmain	✓	✓	A		A	2
Anna Ladd (NHSE)	✓	A	ü		N/A	2
Neil Coulter (NHSE)	N/A	✓	N/A		N/A	1
Dawn Ginns (NHSE)	N/A	N/A	N/A		✓	1
Dr Jim Woods (LMC – Harrogate)	✓	A	✓		A	2
Rachel Richards (NYCC)	✓	✓	✓		A	3
Nigel Ayre (Healthwatch)	✓	✓	✓		A	3
Andrew Dangerfield (nominated deputy)	N/A	N/A	✓		✓	2
Alec Cowell (nominated deputy)	N/A	N/A	N/A		✓	1
Total number of members In attendance	12	10	12 (quorate due to nominated deputy)		9	