

Agenda Item: 8
Report Number: GB152-16 (i – iii)
Venue: NWS CCG HQ 59 Church St, Weybridge, Surrey, KT13 8DP
Date: Monday 28 November 2016
Meeting: North West Surrey CCG Governing Body Part One

Title of Report	Governing Body's Committees' Minutes (Part One)		
Purpose of the report	This report is on the agenda for the Governing Body to Note the approved minutes from its Committees and to Receive verbal updates on current business.		
Reason for presentation to the Governing Body	For Information	✓	
	For Discussion		
	For Decision		
	Describe To ensure proper governance processes are followed and the Governing Body receives the Minutes of its Committees.		

Prepared and Presented by:	Prepared for Anthony Shipley, Director of Corporate Development & Assurance, by the Secretariat. Presented by the Chair of each Governing Body Committee.			
Relative Legislation & Source Documents:	N/A			
Freedom of Information:	Restricted	X	Open	

This report has previously been presented to the following Committee/Group/s <i>(please state date)</i>	Clinical Executive		Quality Committee	
	Operational Leadership Team		Contracts and Finance Committee	
	Audit and Risk Committee		Remuneration and Nominations Committee	

The outcome of previous presentation/s or reviews	N/A
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Executive Summary

Minutes from the following Governing Body Committees' (Part One) are presented for noting:

To Receive and Note:

- (a) Authorised Minutes of the Governing Body's committees (as listed below):
- (b) Verbal updates from each Committee Chair or Representative on current business:
 - (i) Clinical Executive : (*Dr Jags Rai*)
 - o 14/09/2016.
 - (ii) Strategic Finance Committee : (*William McKee*)
 - o 22/08/2016.
 - (iii) Audit & Risk Committee : (*Paul Hopper*)
 - o 12/09/2016.

For : Information

Recommendations:

To receive and note the Minutes presented by the clinical Executive to the Governing Body and to note the verbal update on current business.

North West Surrey CCG
Authorised Minutes of the Clinical Executive Part One

Held on : 14 September 2016 at 1.10pm

At : NWS CCG, 58 Church St, Weybridge, Surrey, KT13 8DP.

Present:

Job Title	Name	Attended / Apology
Clinical Executive Chair	Dr Jags Rai (JRa)	✓
NW Surrey Clinical Chair	Dr Charlotte Canniff (CC)	✓
Chief Executive	Julia Ross (JR)	✓
Clinical Chief of Leadership & Development	-	-
Clinical Chief of Quality & Innovation	Dr Richard Barnett (RB)	A
Woking Locality Lead & Clinical Chief of Contracts & Performance	Dr Deborah Shiel (DS)	✓
Woking Locality Lead	Dr Chrissie Clayton (CCI)	✓
Woking Locality Lead	Dr Alex Henderson (AH)	✓
SASSE Locality Lead	Dr Diljit Bhatia (DB)	A
SASSE Locality Lead	Dr Arrthy Ramachandran (AR)	✓
Thames Medical Locality Lead	Dr Asha Pillai (AP)	✓
Thames Medical Locality Lead	Dr Layth Delaimy LD)	✓
Thames Medical Locality Lead	-	-
Planned Care Programme Lead	Dr Beth Coward (BC)	A
Director of Finance	Mark Baker (MB)	✓
Interim Director of Strategic Commissioning	Sumona Chatterjee (SCh)	✓
Director of Quality & System Redesign	Karen Thorburn (KT)	✓
Chief Nurse	Clare Stone (CSt)	✓
Head of Medicines Management	Linda Honey (LH)	✓
Programme Lead Dementia & Carers, & Mental Health	Dr Yvonne Collins	✓
In Attendance:		
Governing Body & Committees Administrator	Elizabeth Ure (EU)	✓
Governing Body Secretary	Ian Pocock (IP)	✓
Head of Collaborative Programmes and Partnership	Sue Robertson (SR)	✓
Head of Urgent & Emergency Care and STP Support	Hilary Walker (HW)	✓
Surrey County Council Deputy Director of Public Health	Ruth Hutchinson (RH)	✓
Surrey County Council Area Director : Adult Social Care – NW Surrey	Shelley Head (SH)	✓
Senior Mental Health Placement Commissioning Manager for the Surrey CCGs	Christopher Bould	✓

Assistant Director of Operations, Ashford & St Peter's Hospitals Foundation Trust	Tom Smerdon	✓
Service Manager, Ashford & St Peter's Hospitals Foundation Trust	Marian Winsall	✓
Lead Nurse for Acute Stroke Care and Cedar Ward Manager, Ashford & St Peter's Hospitals Foundation Trust	Claire Conlan	✓

No.	Item Description	Action (a) & Matters Arising (ma)
1	Welcome, Apologies & Proxies - Chair	
	<p>The Chair, Dr Jags Rai (JRa) welcomed attendees and declared the Clinical Executive Part One meeting open at 1.10 pm.</p> <p>Apologies were received from:</p> <ul style="list-style-type: none"> • Dr Diljit Bhatia. • Dr Beth Coward. • Dr Richard Barnett. 	
2	Declaration of Conflict of Interest – Chair	
	<p>Clinical Executive Members confirmed that :</p> <ul style="list-style-type: none"> • Their entry in the 2016-17 Register of Interests was up to date, accurate and complete. • There were no other Declarations of Interest pertinent to the Agenda. • Their entry in the 2016-17 Hospitality, Gifts and Sponsorship Register was up-to-date, accurate and complete. 	
3	Minutes from the Last Meeting of Clinical Executive Part One held on 10 August 2016	
	<p>The Part One Minutes from the 10 August 2016 meeting were approved with the following amendments.</p> <p>Item 4 p.2, Secretariat to include a Matters Arising Log.</p> <p>Item 7 p.4, LH to provide a revised minute for this item.</p>	<p>Secretariat (ma)</p> <p>LH (ma)</p>
4	Actions from the last meeting of 10 August 2016	
	<p>The Clinical Executive noted that there were no current actions listed on the Action Log.</p>	

5	Guidance on Process for managing patients who attend A&E and require Onward Referral or additional Diagnostic Tests	
<p>Dr Layth Delaimy (LD) introduced the guidance and requested the Clinical Executive to receive and approve the revised, updated guidance for managing patients who attend Accident & Emergency and require onward referral or additional diagnostic tests.</p> <p>LD advised that the refreshed guidance was developed by NWS CCG and Ashford & St Peter’s Hospitals Foundation Trust (ASHFT) and has been commented on by GPs and hospital clinicians.</p> <p>LD said that this topic had been previously discussed at Clinical Executive and asked for questions on the latest version (3).</p> <p>Dr Deborah Shiel (DS) took the Chair while Dr Jags Rai (JRa) was out of the room.</p> <p>Dr Charlotte Canniff (CC) inquired about item 4, Diagnostic Tests, and whether requests for imaging should come from GPs and not through other routes. Dr Asha Pillai (AP) followed this concern querying about patients at Accident and Emergency (A&E) who are given, for example, an MRI, and the involvement of the GP with the clinical investigation. In answer to both queries, LD advised that the GP does not have control over investigations that occur before a patient goes to their GP.</p> <p>JRa returned to the meeting room and resumed the Chair.</p> <p>In answer to the query from Dr Yvonne Collins regarding unnecessary bureaucratic demands, DS suggested that this could be resolved by deleting the sentence in brackets in point 2, lines 3, 4, to avoid confusion and LD noted this suggestion.</p> <p>Hilary Walker (HW) assured the Clinical Executive that the guidance presented was a final version that had been well received by ASPHFT, consultants and GPs who were involved in the development of the guidance.</p> <p>JRa asked the Clinical Executive if they would approve the Guidance and this was approved.</p>		
6	Surrey Section 117 Mental Health Aftercare Partnership Policy	
<p>The Chair, Dr Jags Rai (JRa) requested Sue Robertson (SR) to invite Christopher Bould, Senior Mental Health Placement Commissioning Manager for the Surrey CCGs to join the meeting.</p>		

Christopher Bould asked the Clinical Executive to :
(i) approve the 50:50 funding proposal; and,
(ii) discuss and approve the changes of policy proposal for the management of the Section 117 (s117) Agreement, for mental health aftercare for Surrey CCGs and Surrey County Council.

Christopher Bould advised that this s117 policy was an update from the previous 2008 policy and that the main change from the 2008 policy is a simplification in funding apportionment and the setting out of robust assurance procedures.

Christopher Bould spoke to a slide presentation and advised that the current 50:50 financial arrangement for s117 between Health and Social Care will have no material financial impact to the CCG or the local authority agencies that are party to the policy, however this needs to be included in the s117 policy.

In answer to questions from the Clinical Executive, Christopher Bould said that there are around 600 people eligible for s117 and this was a mix of people requiring residential payment and those who are being cared for in their own home.

Christopher Bould advised that the s117 Assurance Panel works to ensure that the providers are providing what was needed for each person and to ensure that value for money from a health perspective is received.

SR asked if there was a robust review process in place with local authorities and Christopher Bould advised that everyone in s117 should be in the Care Programme Approach (CPA) and that as part of their review there is an expectation by the commissioning management that this review takes place and if it is determined that there is no requirement for a s117 then the relevant agencies and CCGs are informed.

Julia Ross inquired about the process within the policy in relation to discharge from aftercare and Christopher Bould said this would follow CPA processes. SR inquired about the scrutiny of the processes and procedures around the policy and also the management of any challenges. Christopher Bould advised that the care co-ordinator manages the pathway for each person.

At this point in the discussion of s117 JRa asked Clinical Executive members if they would approve the 50:50 funding proposal and this was **approved**, with a caveat added about the management of funding so that it is constrained within a budget.

The s117 policy proposal was discussed and JR commented that the budget needed to be kept under review and how to achieve best value.

Dr Yvonne Collins (YC) asked if the operational process related

SR (ma)

<p>to the policy might need more scrutiny and SR agreed that she would take this back to North East Hampshire and Farnham CCG.</p>	<p>SR (ma)</p>
<p>Sumona Chatterjee commented that the Assurance Panel does not provide enough detail around governance and accountability (item 11, page 30) and this would be something that needed to be considered further and the Clinical Executive supported the view that, as Commissioners, the CCG would need to ensure standards; that funding was spent in the most appropriate way; that the best value for money was being provided; and how decisions can be challenged.</p>	
<p>Christopher Bould advised that s117 was predicated on individual needs and consideration of the restrictions of what Surrey was able to provide.</p>	
<p>Shelley Head (SH) advised that funding decisions and value for money considerations for older people are made by Surrey County Council's Adult Social Care Teams under SH's directorship. SH said she would follow up outside of the meeting with Surrey & Borders regarding appendix 1 (page 24) in respect of the scrutiny of expenditure for Self Directed Support (SDS).</p>	<p>SH</p>
<p>JR suggested that information be brought back to the Clinical Executive about (i) operational protocols and scrutiny, including clear discharge protocols; (ii) accountability and assurance, and the reporting mechanisms to NWS CCG as a funding organisation; (iii) given the significance of this care, the CCG would need to be assured about the level of training, education and adherence to policy and best value possible to meet people's needs within a cost effective envelope; (iv) the Terms of Reference to reflect more clearly NWS CCGs involvement in decision making [through the governance protocols] of s117.</p>	
<p>JR suggested that SR write to the Commissioners to advise them of the discussion with Christopher Bould and points of clarification requested, as above, and that SR to report back to the Clinical Executive via 'matters arising'.</p>	<p>SR (ma)</p>
<p>Following an extensive discussion JRa asked the Clinical Executive for their decision on approving the s117 revised Policy and it was agreed that it was approved, subject to the additional work on the operational protocols and processes and be brought back to a future Clinical Executive meeting following clarifications as requested as above.</p>	<p>SR (a)</p>

7	Perinatal Mental Health - Briefing	
<p>The Clinical Chair, Dr Jags Rai (JRa) invited Sue Robertson (SR) to provide a briefing to the Clinical Executive on Perinatal Mental Health.</p> <p>SR requested the Clinical Executive to discuss the briefing and the planned proposal to bid for funding from NHS England's (NHSE) newly released development fund for perinatal community mental health services. SR noted that at present the nearest mother and baby units for NW Surrey were in London or Winchester. The Surrey & NE Hampshire Perinatal Mental Health Network was established in March 2016.</p> <p>SR advised that a business case was being developed for the bid proposal, with Surrey & Borders Partnership NHS Foundation Trust (S&B) as provider and based on the Surrey & Borders footprint.</p> <p>JRa thanked SR and the Clinical Executive noted the briefing.</p>		
8	Annual 2015/16 Public Health Report for Surrey	
<p>The Chair, Dr Jags Rai (JRa) invited Ruth Hutchinson (RH) to present the 2015/16 Annual Public Health Report (APHR) for Surrey.</p> <p>RH requested the Clinical Executive to receive and note the APHR. RH provided copies of the report to members.</p> <p>RH gave a slide presentation and explained that each year the Director of Public Health is required to write a report on the health and well-being status of the local population. This year's report focuses on Children and Young People and takes a life course approach that reflects the importance of universal service provision as well as the need for more targeted interventions.</p> <p>The report concentrates on the factors that contribute to inequalities in outcomes starting before birth right through to young people. The report illustrates that while the majority of Surrey's children and young people experience good health, achieve a high level of educational attainment and experience positive relationships, for some the opposite is true and can feel more marked.</p> <p>RH described key data for pre and post maternity, early years, 0-5 years and for young people. For each section of the report a 'call to action' is made for commissioners and providers.</p>		

<p>Dr Charlotte Canniff inquired about the number of women conceiving over the age of 35 in NW Surrey and RH advised that she would bring this information back to Clinical Executive. RH advised clinical executive that Public Health have just re commissioned an Integrated Sexual Health Service (Central and North West London NHS Trust). This contract sees an amalgamation of three existing services into one and will provide contraception and Sexual Transmitted Infections testing and treatment with a focus on young people.</p> <p>Dr Yvonne Collins commented that the high level data such as that presented does not always pick up all deprivations as some are hidden. RH acknowledged this and said, where meaningful, data for smaller geographical areas is available in the JSNA and in Surrey.</p>	<p>RH (ma)</p>
<p>RH advised that within NW Surrey the rate of 0-4 y.o. children attending A& E was 578 per 1000 and deep dive work around this was yet to be done.</p> <p>Dr Layth Delaimy (LD) inquired about childhood vaccinations and the payment to general practices for providing these services. LD said that general practices do not have any control over this and asked who was responsible when the uptake for immunisation was low. RH advised that NHS England was the lead Commissioner for immunisation but it was acknowledged that we all have a responsibility and a role to play in increasing childhood immunisation uptake. JR advised that the CCG was keen to have a voice on this and RH said she would take up this inquiry as public health meeting with the immunisation team at NHS England quarterly.</p>	<p>RH (ma)</p>
<p>The topic of using social media to inform people about childhood immunisation was discussed and recognised as a medium for informing populations about the value of immunisation against childhood diseases. The meeting was informed that the NWS CCGs Comms Team was working with social media on this and other topics.</p> <p>Childhood obesity was also discussed and RH advised that there was a national strategy was launched on August 18th place and a local strategy was being developed building on the current activity.</p>	
<p>Sue Robertson (SR) inquired if clinicians were interested in having 'Alive and Kicking' (weight management service for 5-19 year olds) referral forms. DS asked if this could be sent out to all NWS general practices. RH advised that public health input with the Sustainability & Transformation Plan regarding women, children, mental health and maternity, was ongoing.</p>	<p>SR (ma)</p>

	<p>JRa thanked RH for the comprehensive overview of the key points within the SCC Public Health Annual Report, which was noted by Clinical Executive.</p>	
9	Quality Surveillance Paper – August 2016	
	<p>Clare Stone (CSt) requested the Clinical Executive to note the August 2016 Quality Surveillance Paper, comprising a set of reports and actions being taken by NWS CCG where required.</p> <p>CSt advised that relevant reports would also be taken to the Operational Management Group (for primary commissioning) (OMG) and Primary Care Commissioning Committee (PCCC) meetings.</p> <p>Dr Deborah Shiel commended the excellent quality of the document and thanked CSt and her team for producing it.</p> <p>DS inquired about the results of the General Medical Council's (GMC) survey which showed that St Peter's Hospital was listed in the bottom quartile in the country for training young people. CSt advised that this topic was on the Clinical Quality Review Meeting (CQRM) agenda for discussion and at the STP Workforce workstream. Dr Charlotte Canniff confirmed that the hospital was working hard to improve the quality of training and CSt said the CCG would investigate this further with Ashford & St Peter's Hospital Foundation Trust (ASPHFT).</p> <p>Julia Ross asked DS if she would be involved with this engagement with ASPHFT and DS agreed to do this. CSt said she would provide DS with details of the next meeting.</p> <p>The paper was noted by Clinical Executive.</p>	DS / CSt (ma)
10	Feedback in preparation for Annual Review of Clinical Executive's Terms of Reference (ToR) and Annual Self-Assessment	
	<p>In the absence of Anthony Shipley, Director of Corporate Development & Assurance, the Chair, Dr Jags Rai (JRa) requested Clinical Executive to consider the two options provided for conducting an annual review of the Clinical Executive's Terms of Reference and a self assessment of the Clinical Executive's performance.</p> <p>JRa suggested that the Clinical Executive note the paper, consider the two options and feedback directly to Anthony Shipley so that the ToR and Annual Self-Assessment paper can be considered at the next Clinical Executive meeting, and this was agreed.</p>	Clinical Executive members & AS (a)

11	Process of developing a NWS CCG 'Ethics Committee'	
<p>Clare Stone (CSt) introduced the paper and advised that the Clinical Executive had agreed that the CCG would develop an ethical framework and from that a local ethics committee (currently a work in progress) would be developed. CSt advised that this would also fit into wider Surrey work led by the Surrey Priorities Committee and their Terms of Reference.</p> <p>Linda Honey (LH) commented that the IVF Review paper coming to Clinical Executive later in the agenda included a wide ranging discussion around the nine principles listed in the framework paper from the Surrey Priorities Committee, were used and these principles will also inform future work.</p> <p>CSt advised that the next stage would be to take the framework to Governing Body for their approval</p> <p>The paper was noted by the Clinical Executive.</p>		
12	Update on Stroke Services performance at Ashford & St Peter's Hospitals Foundation Trust	
<p>The Chair, Dr Jags Rai (JRa) welcomed members of the Ashford & St Peter's Hospitals Foundation Trust (ASPHFT) to the meeting and invited them to give a presentation on Stroke Services.</p> <p>Tom Smerdon, Claire Conlan and Marion Winsall provided an update on the work of the Stroke Team at ASPHFT showing the work done to improve stroke services to its current level of quality service, and the action plan for current services.</p> <p>In respect of stroke patients being treated within the four hour target Marian Winsall advised that improvements are needed and the team was looking at what time patients present themselves to ASPHFT and what service levels are available at the hospital after 4pm. She advised that the Stroke Team had identified three areas for focus:</p> <ul style="list-style-type: none"> i. New neurological pathway (NRP) ii. The stroke pathway iii. Patients' medical needs. <p>Tom Smerdon advised that while Cedar Ward had dedicated beds for Stroke there was overflow pressure for these however the Stroke Team was achieving over 60% of beds used for stroke compared to 45% previously.</p> <p>Tom Smerdon advised that it was not possible to get patients to stroke beds immediately at all times. Marion Winsall advised that there were sometimes more stroke patients than beds available in</p>		

	<p>Cedar Ward, for example, one night six patients presented with stroke symptoms.</p> <p>Claire Conlan advised that there is a stroke nurse on duty from 8am to 8pm and one sister who was a trained in stroke can perform a dual role which has been valuable in expediting the pathways for stroke patients. She said this is something ASPHFT want to replicate with other sisters so can achieve one team with dual responsibility. Marion Winsall commented that the Stroke Team have weekly meetings to review in detail each stroke patient.</p> <p>Clare Conlan advised that actions taken included: a stroke nurse available from 8am – 8pm; every breach is checked; training of nurses to be stroke champions and have a stroke nurse in the Emergency Department and this link nurse attends the weekly review meetings; working to achieve the direct access to Cedar Ward by incoming stroke patients without them going to the Emergency Department; and new recruitment will allow a Stroke Registrar to be available 24/7.</p> <p>Claire Conlan commented that patients who have ventilation in A&E and ICU are sometimes reported as stroke patient breeches but are in fact ‘stroke-mimics’. There is internal guidance around this however more work needs to be done on this and the Stroke Team was considering collating stroke data themselves.</p> <p>In answer to a query about effectiveness, resources and capacity, Claire Conlan said that the Stroke Team wanted a specialised approach to beds and retention of the specialised team in place and stroke patients in one unit within ASPFHT and this is being discussed as is a bed capacity model.</p> <p>JRa thanked the members of the ASPHFT Stroke Team for their attendance and the presentation was noted.</p>	
<p>13</p>	<p>A Review of the ‘Procedures with Restrictions & Thresholds Policy’</p>	
	<p>Linda Honey (LH) requested the Clinical Executive to consider the options that have been explored in the paper in relation to interventions included within the Procedures of Limited Clinical Effectiveness Policy, and with consideration given to the current financial challenges being experienced by NWS CCG.</p> <p>LH asked the Clinical Executive to:</p> <ul style="list-style-type: none"> (i) provide recommendations in relation to the six (6) interventions reviewed in detail; (ii) advise if additional interventions included within the 	

<p>Basildon & Brentwood CCG should be added to the process;</p> <p>(iii) advise on next steps to be taken.</p> <p>LH said that the CCG had convened a working group to consider all of the interventions included within the Procedures of Limited Effectiveness Policy and the working group together with input from relevant clinicians at ASPH had selected six interventions to review in detail taking into account NICE recommendations and the policies of other CCGs.</p> <p>The working group, in consultation with specialists, have prioritised the following interventions:</p> <p>(i) Varicose Veins : The Clinical Executive approved the recommendation that the CCG implement tighter threshold criteria based on costs and capacity based on the old Surrey PCT criteria. It was noted that the Clinical Executive confirmed that it was not necessary to take this recommendation to consultation as it was an amendment to the current threshold and in line with the previous threshold implemented. All referrals to be triaged through RSS</p> <p>(ii) Grommets : The Clinical Executive approved the incorporation of the NWS CCG Glue Ear referral pathway into the grommets threshold. All referrals will be triaged through RSS</p> <p>(iii) Rhinoplasty / Septorhinoplasty : The Clinical Executive approved the addition of criteria in relation to:</p> <ul style="list-style-type: none"> - having trialled and failed medical treatment for three (3) months - LH to work with Consultant ENT at ASPH NHS Trust to add in criteria about subjective measurement of nasal blockage. <p>All referrals to be triaged through RSS</p> <p>(iv) Hernias : The Clinical Executive approved some tightening of criteria to include increase in size / BMI. LH to make these amendments to the threshold criteria. All referrals to be triaged through RSS.</p> <p>(v) Tonsillectomy : The Clinical Executive noted that NWS CCG do a higher than anticipated number of tonsillectomies when compared to other CCGs. Clarification around the current threshold (10 in 2 years) was requested, with removal of 3 episodes a year in 3 years and the recommendation as submitted, with the amendments, was approved. All</p>	<p>LH (ma)</p> <p>LH (ma)</p> <p>LH (ma)</p>
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	<p>referrals to be triaged through RSS.</p> <p>(vi) Hysterectomy : LH advised that the recommendation was for no change while the CCG considers a new pathway, and the Clinical Executive approved that recommendation. All referrals to be triaged through RSS.</p> <p>Dr Arrthy Ramachandran & Dr Deborah Shiel requested that all decisions and changes as above be fed back to the Localities and LH advised the process to do this was in hand.</p> <p>The Clinical Executive also considered other interventions included in Basildon & Brentwood CCG policy that are currently being reviewed, including cataracts and cholecystectomy for gall stones. The Clinical Executive agreed that the current threshold for cataracts within NWS CCG was appropriate and that cholecystectomy, although not currently include within the policy is not a priority. LH thanked the Clinical Executive for their feedback and considerations with this paper.</p>	<p>LH (ma)</p>
<p>14</p>	<p>Safeguarding Adults in Surrey Annual Report – (March 2016)</p>	
	<p>Clare Stone (CSt) requested the Clinical Executive to receive and note the Safeguarding Adults in Surrey Annual Report (March 2016).</p> <p>CSt advised that the NWS CCG Quality Committee had recommended that this summary report, with its assurance that the CCG and its providers are compliant with statutory requirements for safeguarding adults, be received and noted the Clinical Executive, prior to the report being received by Governing Body.</p> <p>CSt gave a brief overview of the summary report and explained that the relationship with the safeguarding team was important and learning from serious case reviews continued to be embedded in the system.</p> <p>The Clinical Executive noted the report.</p>	
<p>15</p>	<p>Safeguarding Children Annual Report 2015/2016</p>	
	<p>Clare Stone (CSt) requested the Clinical Executive to receive and note the Safeguarding Children Annual Report 2015/16 for NW Surrey CCG (May 2016).</p> <p>There were no questions and the Chair, Dr Jags Rai, asked that the Clinical Executive note the report.</p>	

16	<p align="center">NWS CCG Improvement and Assurance Framework (IAF) Outcomes Summary Report</p>	
<p><i>(Note: this paper was withdrawn from the part two agenda (Item 8) and was discussed as a part one paper.)</i></p> <p>Sumona Chatterjee (SCh) invited Julia Jones (JJ) to present the Improvement and Assurance Framework (IAF) Outcomes Summary Report. JJ requested the Clinical Executive to receive and note the report.</p> <p>JJ explained that an earlier report had been presented to Clinical Executive in July 2016 and this the report provided further, contextual narrative on the CCG's performance against the latest IAF data with 42 out of 60 indicators for comparison and benchmarking and that they are split into four domains – Better health, Better Care, Sustainability and Well Led.</p> <p>JJ explained the RAG rating methodology applied to the metrics within the framework and advised that the CCG had also <i>estimated</i> composite RAG ratings to each of the six clinical priorities: cancer, diabetes Types 1 & 2, Learning disabilities, maternity, dementia, and mental health (as shown on page 2 in the Overall Performance Position section).</p> <p>JJ gave an overview of the report and answered a number of queries from the Clinical Executive. It was agreed that key areas of concern included Diabetes, Maternity, Patient Experience, Workforce, and Early diagnosis of cancer. It was agreed that a further paper would be presented next month which will summarise actions underway (e.g. improvement plans) to provide assurance / demonstrate recovery.</p> <p>The Chair, Dr Jags Rai, thanked JJ and her team for the work being done and the Clinical Executive noted the paper.</p>		
17	<p align="center">Other Business</p>	
<p>The Chair, Dr Jags Rai (JRa) invited Dr Layth Delaimy (LD) to provide an update on his attendance at the Kent, Surrey & Sussex Patient Safety Collaborative (KSS PSC): Acute Kidney Injury (AKI) Clinical Reference Group (CRG) meeting held on 8th September 2016.</p> <p>LD advised of key points, including the request to establish a system where GP medical records on AKI can be collected as this is not yet universal. Statistics provided to LD to support this, showed that of 368 AKI patients, 90% were managed by hospitals and 10% by GPs.</p> <p>LD advised these meetings would be held quarterly and inquired</p>		

SCh/JJ (ma)

	<p>if the CCG wanted to be represented.</p> <p>JRa advised that the CCG should be involved and asked about education on medication given to GPs. Linda Honey advised that an education session was done during the last six months and further education should be provided to assist GPs to know what to do with AKI.</p> <p>Following discussion on the most appropriate person to attend the meetings LH offered for her contact details and that of the Medicines Management Team to be provided to the KSS PSC and they would arrange CCG attendance.</p> <p>JRa thanked LD and the update was noted.</p>	LH (ma)
18	Dates of Next Meetings	
	<p>All meetings of the Clinical Executive will be held at the NWS CCG HQ, 58 Church St, Weybridge, Surrey, KT13 8DP.</p> <ul style="list-style-type: none"> • Wednesday 12 October 2016 • Wednesday 9 November 2016 • Wednesday 14 December 2016 • Wednesday 11 January 2017 • Wednesday 8 February 2017. 	
19	Closure	
	<p>The Chair, Dr Jags Rai, declared the Part One meeting of the Clinical Executive closed at 4pm</p>	

Action Log:

Agenda No	Action	Lead
6	<p>Agenda item 6: Surrey Section 117 Mental Health Aftercare Partnership Policy:</p> <p>The Clinical Executive approved Section 117 revised Policy subject to the additional work on the operational protocols and processes which are to be brought back to a future Clinical Executive meeting following clarifications as requested as above.</p>	SR
6	<p>Agenda item 6: Surrey Section 117 Mental Health Aftercare Partnership Policy:</p> <p>SH to follow up with Surrey & Borders regarding appendix 1 (page 24) in respect of the scrutiny of expenditure for Self Directed Support (SDS).</p>	SH

Matters Arising Log:

Agenda No	Matter Arising	Lead
1	Agenda Item 3: Draft Minutes from 10 August 2016: Item 4 p.2, Secretariat to include a Matters Arising Log.	Secretariat
2	Agenda Item 3: Draft Minutes from 10 August 2016 Item 7 p.4, LH to provide a revised minute for this item.	LH
3	Agenda item 6: Surrey Section 117 Mental Health Aftercare Partnership Policy: SR to advise Clinical Executive that their request for a caveat to be added about the management of funding so that it is constrained within a budget with the Section 117 50:50 funding proposal.	SR
4	Agenda item 6: Surrey Section 117 Mental Health Aftercare Partnership Policy: The operational process of the s117 policy processes might need more scrutiny and SR advised that she would take this inquiry back to North East Hampshire and Farnham CCG and provide this information back to Clinical Executive at a later date.	SR
5	Agenda item 6: Surrey Section 117 Mental Health Aftercare Partnership Policy: SR to write to the Commissioners to advise them of the discussion with Christopher Bould and points of clarification requested, as above, and that SR to report back to the Clinical Executive via 'matters arising'.	SR
6	Agenda item 8: Annual 2015/16 Public Health Report for Surrey: RH to bring back information about the number of women conceiving over the age of 35 in NW Surrey.	RH
7	Agenda item 8: Annual 2015/16 Public Health Report for Surrey: RH to advise the immunisation team at NHS England that NW Surrey CCG was keen to have a voice on childhood immunisation at the public health meeting with the immunisation team at NHS England quarterly.	RH
8	Agenda item 8: Annual 2015/16 Public Health Report for Surrey: SR to send out 'Alive and Kicking' (weight management service for 5-19 year olds) referral form to all NWS general practices.	SR
9	Item 9 : Quality Surveillance Paper CSt to provide DS with details of the next engagement meeting with ASPHFT about the quality of training.	CSt
10	Item 10 : Feedback in preparation for Annual Review of Clinical Executive's Terms of Reference (ToR) and Annual	Clinical Executive

	Self-Assessment: Clinical Executive to consider the two options in the paper, and feedback directly to Anthony Shipley so that the ToR and Annual Self-Assessment paper can be considered at the next Clinical Executive meeting.	members / AS
11	Item 13 : A Review of the 'Procedures with Restrictions & Thresholds Policy' : Re: Rhinoplasty / Septorhinoplasty - LH to work with consultant ENT at ASPHFT to add criteria about subjective measurement of nasal blockage.	LH
12	Item 13 : A Review of the 'Procedures with Restrictions & Thresholds Policy' : Hernias : LH to make some tightening of criteria to include increase in size / BMI to the threshold criteria.	LH
13	Item 13 : A Review of the 'Procedures with Restrictions & Thresholds Policy' : Tonsillectomy : Clarification around the current threshold (10 in 2 years) was requested, with removal of 3 episodes a year in 3 years.	LH
14	Item 13 : A Review of the 'Procedures with Restrictions & Thresholds Policy' : LH to ensure that all decisions and changes were fed back to the Localities.	LH
16	Item 16 : NWS CCG Improvement and Assurance Framework (IAF) Outcomes Summary Report : A further paper to be presented at the October Clinical Executive, which will summarise actions underway (e.g. improvement plans) to provide assurance / demonstrate recovery.	SCh/JJ
17	Item 17 : Other Business : The Medicines Management Team to provide contact details for the KSS PSC to enable NWS CCG attendance at the KTT PCS.	LH/SB

Decision Log:

<u>Item</u>	<u>Decision</u>	<u>Decision / Noted</u>
3	Minutes from the last meeting held on 10 August 2016	Approved
4	Matters Arising from the last meeting held on 10 August 2016	Noted
5	Guidance on Process for managing patients who attend A&E and require Onward Referral or additional Diagnostic Tests	Approved
6	Surrey Section 117 Mental Health Aftercare Partnership	

	<p>Policy :</p> <ul style="list-style-type: none"> (i) 50/50 funding proposal (ii) the changes of policy proposal for the management of the Section 117 	<p>Approved</p> <p>Approved (with amends to come back)</p>
7	Perinatal Mental Health - Briefing	Noted
8	Annual 2015/16 Public Health Report for Surrey	Noted
9	Quality Surveillance paper – August 2016	Noted
10	Feedback in preparation for Annual Review for Clinical Executive's Terms of Reference (ToR) AND Annual Self Assessment	Noted
11	Process of Developing a NWS CCG 'Ethics Committee'	Noted
12	Update on Stroke Services performance at Ashford & St Peter's Hospitals Foundation Trust	Noted
13	<p>A Review of the 'Procedures with Restrictions & Thresholds Policy'</p> <ul style="list-style-type: none"> i. (Varicose Veins) Approved ii. (Grommets) Approved iii. (Rhinoplasty / Septorhinoplasty) Approved iv. (Hernias) Approved v. (Tonsillectomy) Approved vi. Hysterectomy Approved. 	(i) to (vi) Approved
14	Safeguarding Adults in Surrey Annual Report – (March 2016)	Noted
15	NWS CCG Improvement and Assurance Framework (IAF) Outcomes Summary Report	Noted
16	NWS CCG Improvement and Assurance Framework (IAF) Outcomes Summary Report	Noted
17	<p>Other Business:</p> <p>Kent, Surrey & Sussex Patient Safety Collaborative (KSS PSC): Acute Kidney Injury (AKI) Clinical Reference Group (CRG)</p>	Noted

Minutes

NAME	Strategic Finance Committee		
DATE:	Monday 22 August 2016	TIME:	10.00-12.00
VENUE	Room 1, CCG Offices, 58 Church Street, Weybridge, Surrey, KT13 8DP		

Attendees:			
Will McKee (WM)(Chair) - Lay Member Patient and Public Involvement	√	Paul Hopper (PH) – Lay Member	√
Julia Ross (JR) – Chief Executive, NW Surrey CCG	√	Julia Jones (JJ) – Associate Director: Planning, Performance and Delivery	√
Mark Baker Director of Finance	√	Sumona Chatterjee (SC) - Acting Director of Strategic Commissioning	√
Deborah Shiel (DS) - Woking Locality Lead & Clinical Chief of Contracts & Performance	A	Claire Fuller (CF) - Deputy Director of Finance	A
In attendance:			
Anne Gayle- PA (Minutes)	√	Jack Wagstaff (JW)	√
Tony Shipley (TS) – Director of Corporate Development and Assurance	√	Martin Sheldon (MS)	√

	Item	Lead	Action/ Decision
1.	Welcome & Introductions Apologies	WM	
	WM welcomed everyone to the meeting. JR introduced Martin Sheldon who has been appointed as Delivery Director across NW Surrey CCG and ASPH. Apologies from Claire Fuller		
2.	Declaration of Conflict of Interests	WM	
	All members confirmed that their entries in the Register of Interests were complete and accurate and they have no interests to declare in the matters to be considered by the Committee at this meeting.		
3.	Minutes of the Strategic Finance Committee meeting held on 25/07/2017	WM	
	The minutes were agreed.		

4.	Action log from the meeting of 23/05/2016	WM	
	<p>5. Financial Plan 2016/17 JR suggested a meeting next week to discuss and report back to WM at the next SFC meeting. CLOSED AOB –CSU reprourement. – On agenda CLOSED</p> <p><i>PH joined the meeting</i></p>		
5.	Financial Plan 2016/17:	JM/CF	
	<p>Month 4 Finance Report. MB introduced the paper. This was MB’s first meeting as Director of Finance and he was developing a simpler format for the report. He welcomed suggestions and comments on any further changes that would be beneficial.</p> <p>The first page highlighted the key issues. The financial position at the end of month 4 is surplus £1.4m and the forecast position for 2016/17 is a surplus of £4.3 m, in line with the CCG’s plan, but dependent on delivery of QIPP plans in the remainder of the year- more on QIPP on the agenda.</p> <p>There are fixed assumptions; In order to achieve forecast reserves and contingencies have been released in part (month 4) and assumed to be released in full by year end.</p> <p>JR stated that there were two challenges: to return to long term sustainability by looking at the 5 year trajectory, and control in-year activity in the short to midterm. WM stated that he would like to see clarity of the two pathways. JR agreed it may be helpful to revisit this.</p> <p>A workshop had been held last week and new QIPP schemes had been identified. MS would be looking at the viability of delivery of these programmes and how quickly they could be delivered.</p> <p>Over activity and inconsistencies in coding were still being investigated. SC stated that this was a complex subject with different issues for each specialty. The CCG were actively raising challenges and after Hard Close on 7th September there would be a more delineated view which would be brought to the next meeting.</p> <p>ACTION: SC to arrange a meeting to discuss reporting focus for SFC</p>		JJ/SC

6.	ASPH Finance and activity report Month 3	JJ/CF	
	<p>JJ introduced the report. The key message is over performance at month 3 in O/P, Adult Critical Care, Maternity Care, A & E, Ambulatory Care and PbR excluded drugs. The detailed analysis of the issues were discussed.</p> <p>An independent Data Quality Review had taken place and the final report would be ratified at the next Joint Partnership Board.</p> <p><i>JW and TS joined the meeting</i></p>		
7.	QIPP	JJ/MS	
	<p><i>Review of Current QIPP plans</i></p> <p>MS presented an overview of current QIPP plans, initial issues to be addressed and an assessment of new targets.</p> <p>There are currently approximately 40 projects. The responsibility for projects will broaden and each project will have an Executive sponsor. There would be a weekly review with each project lead on a Monday. If a project was not on track the Executive sponsor would become involved.</p> <p>The remedial action plan was being refined this week and will be presented to the Joint Delivery Group at the next meeting, to be in place by 1st October.</p> <p>The expectation was to deliver this year and plan for next year.</p>		
8.	CSU Reprocurement	TS	
	<p>TS introduced the item. The paper had been produced in conjunction with Claire Fuller. JR stated that the reprocurement paper should have come to the Strategic Finance Committee before the process had started but due to management changes the paper was coming to Committee at a later stage.</p> <p>The contract with SECSU effectively terminated in April 2016 and a transition SLA is in place as part of the contract until January 2017 with potential to extend to March 2017.</p> <p>The reprocurement had already been to the market with a lack of bidders. Although the new proposal was a lower financial envelope other changes had been made which may influence potential bidders.</p>		

	ACTION: Proposal to be revised and due to the time restraint a telephone conference be arranged to discuss and approve.		TS/WM/ PH/JR
9.	AOB	WM	
	None		
10.	Date of Next Meeting		
	Monday 26 th September 2016 9.30 a.m. Room 2		

Note: Conflicts of interest are not always obvious. A conflict of interest is any situation that might cause an impartial observer to reasonably question whether your actions are influenced by considerations of private interest. "Private interest" can include financial interests, interests related to your personal relationships, or interests related to your other outside activities.

Agenda Item: 3
Report Number: AR59-16
Venue: NWS CCG HQ, 58 Church Street, Weybridge, Surrey, meeting Room 4
Date: Monday 14 November 2016
Meeting: North West Surrey CCG Audit and Risk Committee

**Unconfirmed minutes of a meeting of the Audit and Risk Committee
held on 12 September 2016 at 2.00pm,
NWSCCG HQ, 58 Church Street, Weybridge KT13 8DP**

PRESENT

Voting Members		Present
Chair - Lay Member Governance	Paul Hopper (PH)	√
Lay Member-Patient and Public Engagement Representative (PPE)	William McKee (WM)	A
Independent Registered Nurse	Julia Dutchman-Bailey (JDB)	√
Independent Secondary Care Doctor	Naila Kamal (NK)	A
IN ATTENDANCE		
Director of Finance	Mark Baker(JM)	√
Director of Corporate Development and Assurance	Anthony Shipley (AS)	A
Deputy Director of Finance	Claire Fuller (CF)	√
Head of Corporate Services and Risk	Elaine Stevens (ES)	√
External Auditor - Grant Thornton	Iain Murray (IM)	√
External Auditor - Grant Thornton	Richard Lawson (RL)	√
Lead Local Counter Fraud Specialist (LCFS) Mazars LLP	Mike Clarkson (MC)	A
LCFS Representative-Mazars LLP	Katie Miles	√
Internal Audit Representative-KPMG	Neil Hewitson (NH)	√
Internal Audit Representative-KPMG	Joe Farnell	√
TIAA – Security Management Specialist	Jim Rust (JR)	A
Governing Body Secretary	Ian Pocock (IP)	√

No.	Item Description	Notes	Action/ Decision
1	Welcome and Apologies – Chair		
	1.1 The chair welcomed Julia Dutchman-Bailey (newly appointed independent nurse member of the governing body) to her first meeting of the audit and risk committee. Apologies were noted as above.		
	1.2 The chair confirmed that the committee was quorate with Julia Dutchman-Bailey and himself as voting members.		

2	Declarations of Conflict of Interest – Chair	
<p>2.1 The chair noted the declarations of interest of individual members of the committee that were included with the papers. The declaration from Julia Dutchman-Bailey as a recently appointed member was not included. Therefore, she noted one interest as a specialist adviser to the Care Quality Commission, although this work was not related to CCGs.</p> <p>2.2 Members otherwise confirmed that their entries in the register of interests and gifts and hospitality register were up to date, and that there were no additional interests pertinent to items on the agenda.</p>		
3	Minutes from the Last Meeting	
<p>3.1 The minutes of the meeting held on 18 May 2016 were approved as a correct record, subject to the following amendments:</p> <p>Page 4 Para 9.9 £5.36 to be corrected to £5.36m</p> <p>Page 6 Para 11.4 <i>KPMG</i> to be corrected to <i>Grant Thornton</i></p> <p>Page 6 Para 11.4 <i>Ian</i> Murray to be corrected to <i>Iain</i> Murray</p>		
4	Matters Arising and Actions Log:	
<p>Action Log</p> <p>4.4 The committee noted progress on the matters detailed in the action log. In particular, the following items were noted:</p> <p>Action 30: Committee self-assessment and Terms of Reference was a separate item on the agenda.</p> <p>Action 16: The audit committee/executive team workshop on risk would now take place on 21 November 2016.</p> <p>Action 19: Neil Hewitson, KPMG, confirmed that an update of the assurance map was included in the audit programme for the year.</p> <p>Action 20: This item related to an internal audit review of core financial systems. The deputy director of finance confirmed that special payments identified in the review had been confirmed as appropriate, apart from one which was an error on the audit programme which had been run. This action was agreed to be closed.</p> <p>Action 26: This item referred to attendance by external representatives at the committee. The chair confirmed that this was intended to avoid unnecessary attendance. Attendance would be kept under review for each meeting. The action item could be closed.</p>		

5	Chair's Update	
<p>5.1 The chair reported that he had recently had a liaison meeting with KPMG. Items for discussion had included progress on the internal audit plan.</p> <p>5.2 Neil Hewitson, KPMG had also raised the forthcoming appointment of external auditors by NW Surrey and neighbouring CCGs. KPMG had expressed in interest in bidding, but this would mean that they would have to relinquish their role as internal auditors. KPMG had asked whether there were any objections to the company making a bid, and the chair had confirmed that this was not the case.</p> <p>5.3 The committee noted that the KPMG internal audit contract was due to finish in May 2017, and the external audit contract would commence November 2017. Therefore the timing would work if KPMG were successful, although it was not ideal to change both external and internal auditors at the same time. The committee agreed that there would be a need to proceed with internal audit procurement in the immediate future. There was a possibility of linking with other CCGs for this exercise.</p> <p>5.4 The chair separately updated the committee on the re-procurement exercise for external audit. This had perhaps become a little overcomplicated. A timetable and selection process was however in place and the exercise would shortly be concluded.</p> <p>5.5 The chair also reported that the governing body had had an interesting seminar on the management of conflicts of interest in the light of the new statutory guidance for CCGs. Subject to confirmation by the governing body, as chair of audit and risk he would be appointed as the CCG's conflicts of interest guardian.</p>		MB
6	Operational Scheme of Delegation	
<p>6.1 The chair of audit noted that the scheme of delegation had been considered and approved by the governing body subject to a final check by him as chair of the audit and risk committee.</p> <p>6.2 Following a review some comments had been incorporated. In general his comments had been about controls around invoices. There had been a concern that the chief executive could authorise an invoice up to £1.5m on her own. Now the terminology 'in consultation with' had been introduced, although normally dual authorisation would mean two signatures.</p> <p>6.3 The director and deputy director of finance explained that there was a problem with the finance SBS system in that approval of invoices was based on one sign off. Following the discussion the committee agreed that where the scheme of delegation specified 'in consultation', that there should be some auditable record that discussion had taken place and joint approval provided.</p> <p>6.4 Julia Dutchman-Bailey asked whether the scheme of delegation provided for appropriate controls over Individual Funding Requests (IFRs). It was confirmed that a Surrey wide policy did specify upper limits, and that individual requests were subject to clinical review and approval.</p>		MB/CF

	<p>6.5 The chair questioned item b on page 16, which included under <i>Financial Limits and approvals regarding NHS England approval</i> an item b) <i>Any matter in relation to the Delegated Function which is novel, contentious or repercussive</i>. He asked whether these items should be reported to the committee? It was noted that under the list of delegations all actions for delegated commissioning requiring NHS England approval should be reported to the Primary Care Commissioning Committee. Following discussion the Committee agreed that this was appropriate as fulfilling a governance requirement for such items to be reported.</p> <p>6.6 With the above actions the chair noted that the request for his review by governing body had been completed and this would be reported back to governing body.</p>	
7	Conflicts of Interest and Gifts and Hospitality Audit and Proactive Report	
	<p>7.1 Katie Miles, Mazars, introduced this item summarising the results of Local Counter Fraud Specialist (LCFS) testing in relation to declarations of interest and gifts and hospitality. Systems had been found to be generally satisfactory, with no evidence of fraud.</p> <p>7.2 In an update on recommendations due for completion, the governing body secretary reported that:</p> <p>Recommendation 3: A register had been established recording nil returns where applicable.</p> <p>Recommendation 5: That all forms were now stored together electronically.</p> <p>Recommendation 6: That a date was set for the return of the annual declarations of interest.</p>	
8	Local Counter Fraud Service Investigations Update – September 2016	
	<p>8.1 The committee received the LCFS Update. In respect of current investigations:</p> <p>Article in the Telegraph newspaper: It was agreed that this item should remain open in the event that any further action was taken nationally, but the committee noted that local action had been concluded.</p> <p>Fraudulent prescriptions presented at ACE Pharmacy in Chessington, following theft of prescriptions from Shepperton Medical Practice. The LCFS were continuing to monitor the situation and to work with the police to recover the stolen prescriptions.</p>	
9.	Local Counter Fraud Progress Report –September 2016	
	<p>9.1 The committee received the LCFS progress report, noting that of the planned 20 days, 6 days had been delivered. One new referral had been received which had been noted in the update report. This related to an anomaly in the pricing of Co-Proximal tablets.</p>	

	<p>9.2 In terms of actions the committee noted that a fraud awareness event would be held in October 2016. The LCFS had also advised on the merged Anti-Fraud and Bribery Policy for the CCG.</p> <p>9.3 The head of corporate services and risk asked about the position on reporting against Standards for Commissioners. Katie Miles agreed to check this point.</p> <p>9.4 Julia Dutchman-Bailey asked about how outcomes for the proactive counter work were assessed, and how this could more effectively be measured, for example, were staff really changing their behaviours. Katie Miles agreed to consider this point.</p>	<p>KM</p> <p>KM</p>
10	Internal Audit Progress Report and Technical Update	
	<p>10.1 Neil Hewitson, KPMG, introduced this item. He noted that the progress report provided an update for the committee on work since the last meeting, and on the next steps in the programme. He noted page 2 of the report which provided an update on the 2016-17 internal audit programme and also included some changes to the timetabling of work. These had been agreed with the director of finance and then the chair of the committee. The programme provided a good distribution of work and reports through the year.</p> <p>10.2 In response to a question from the deputy director of finance, Joe Farnell confirmed that the audit of Core Financial Services was due to commence during the week commencing 10 October 2016.</p> <p>10.3 The chair noted that with the director of finance now in post he would continue to liaise with him regarding the planning and the delivery of the internal audit programme, and would also seek input from the other independent members.</p>	
11	Internal Audit Governance and Risk Management Review Report	
	<p>11.1 Joe Farnell, KPMG, introduced the internal audit report on governance and risk management. This had resulted in a finding of significant assurance in line with the management prediction. There were three low priority recommendations to support best practice. The previous year's recommendations had been implemented.</p> <p>11.2 The report also gave some benchmarking information for comparison with other CCGs. Information provided on page 14 of the report was designed to support the CCG in further developing its risk management systems through a forward looking system that would aim to reduce its target risk in future years. In conclusion the report was very positive and there had been very helpful engagement from staff.</p> <p>11.3 In respect of risk 3, the committee considered how the CCG assessed risks in the context of innovation and project management. It was agreed that the head of corporate services and risk would check that the project initiation documentation contained an appropriate section on risk management.</p> <p>11.4. The committee discussed and agreed the value of the table on page 14 which set out the risks most often identified by CCGs. It was agreed that this would be useful background information for the audit committee/executive team seminar</p>	<p>ES</p> <p>Chair/IP</p>

	on risk.	
12	External Auditor's Annual Audit Letter 2015-16	
	12.1 Iain Murray, Grant Thornton, noted that it was a requirement of the national Audit Office's Code of Auditor practice that the annual audit letter was issued. It contained no new information following the approval of the annual accounts in May 2016. The committee noted the letter and the external audit process that had been undertaken.	
13	Implementing <i>Managing Conflicts of Interest: Revised Statutory Guidance for CCGs</i>	
	<p>13.1 The governing body secretary introduced a report on the implementation of new statutory guidance in respect of conflicts of interest.</p> <p>13.2 The committee noted the approach to implementation, including collaboration with neighbouring CCGs to ensure consistency of approach across the 'Surrey Heartlands' area.</p> <p>13.3 The committee considered the approach to publishing staff names on the register of interests, and the conflicting advice between the statutory guidance and local advice provided by the CCG's data protection and freedom of information advisers. The committee agreed that it was reasonable to restrict publication of staff names to those in decision making roles at Band 8a and above.</p> <p>13.4 The committee also noted the extension of the need to make declarations and publication of information to all practice partners and practice managers. The governing body secretary noted that the advice of the Local Medical Committee (LMC) on implementation. The LMC recognised the need to implement the requirements, and had offered advice on simplifying the process to support practices in responding.</p> <p>13.5 The chair noted that he would be fulfilling the role of conflicts of interest guardian. There were some unanswered questions in terms of how the guardian could be defined as a 'safe place' for discussion and advice if, as was the case, that person also had statutory responsibilities.</p>	
14	Feedback in preparation for Annual Review of Audit and Risk Committee's Terms of Reference (ToR)	
	14.1 The committee considered how best to carry out its annual self-assessment and review of terms of reference. On balance it was felt better to do this by discussion rather than by questionnaire. The committee members would therefore meet for an hour before the next meeting of the committee, at 1.00pm on 14 November 2016.	
15	Risk Register and Board Assurance Report	
	15.1 The head of corporate services and risk introduced the risk register and board assurance report. She noted the two new risks had been added to the register, both relating to over performance on the acute contract at Ashford and St Peter's. Neither was a high scoring risk and it was hoped these risks would be	

<p>resolved. Scoring was carried out by the executive team</p> <p>15.2. A number of closures were also highlighted in the report. These were also a decision of the executive team. Some risks had been merged, and some areas were classified as issues rather than risks where they had already materialised.</p> <p>15.3 In response to a question from Julia Dutchman-Bailey, the head of corporate development confirmed that each programme had its own risk register rather than each directorate.</p> <p>15.4 The committee received the report.</p>	
<p>16 Any other business</p>	
<p>16.1 There were no items of any other business</p>	
<p>17 Date of next meeting</p>	
<p>17.1 Monday 14 November 2016 at 14.00, preceded by a meeting to carry out a review of the committee's terms of reference and self-assessment at 13.00.</p>	