

<b>Title of Meeting:</b>	<b>NY CCG Governing Body</b>	<b>Agenda Item: 8.3</b>										
<b>Date of Meeting:</b>	<b>24 March 2022</b>	<table border="1"> <thead> <tr> <th colspan="2">Session (Tick)</th> </tr> </thead> <tbody> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Development Session</td> <td></td> </tr> </tbody> </table>			Session (Tick)		Public	X	Private		Development Session	
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<b>Paper Title:</b>	<b>Governing Body and Committees Annual Review of Effectiveness 2021/22</b>											
<b>Responsible Governing Body Member Lead</b> Julie Warren, Director of Corporate Services, Governance and Performance		<b>Report Author and Job Title</b> Sasha Sencier, Board Secretary And Senior Governance Manager										
<b>Purpose – this paper is for:</b>	<b>Decision</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Information</b>								
	X											
<b>Has the report (or variation of it) been presented to another Committee / Meeting?</b> <b>If yes, state the Committee / Meeting:</b> In part. Effectiveness reviews for Committees have been reviewed at individual Committees. The review of effectiveness has been considered by the Chair and the Director of Corporate Services, Governance and Performance prior to circulation.												
<b>Executive Summary</b> The purpose of the paper is to summarise the effectiveness review process for 2021/22 and to present the findings of the review of the Governing Body.  The Governing Body is committed to reviewing its own effectiveness annually and that of its statutory and non-statutory committees. An annual review of effectiveness is also a requirement of the committees' terms of reference. There are two elements to the report: <ul style="list-style-type: none"> <li>Governing Body Review of Effectiveness (Appendix A)</li> <li>Governing Body Committees Reviews of Effectiveness (Appendix B)</li> </ul>												
<b>Recommendations</b> <b>The Governing Body is being asking to:</b> <ul style="list-style-type: none"> <li>Review the self-assessment of the Governing Body and accept that the reports provide assurance that the Governing Body has operated effectively for 2021/22.</li> <li>Review effectiveness reviews of all statutory and non-statutory committees and accept that the reports provide assurance that the Committees have operated effectively for 2021/22.</li> </ul>												
<b>Monitoring</b> The Governing Body and its Committee will review their effectiveness annually at year-end.												
<b>CCG Strategic Objectives Supported by this Paper</b>												
	<b>CCG Strategic Objectives</b>			X								
1	<b>Strategic Commissioning:</b> <ul style="list-style-type: none"> <li>To take the lead in planning and commissioning care for the population of North Yorkshire by providing a whole system approach and to support the development of general practice.</li> <li>To make the best use of resources by bringing together other NHS organisations, local authorities and the third sector to work in partnership on improving health and care.</li> <li>To develop alliances of NHS providers that work together to deliver care through collaboration rather than competition.</li> </ul>											
2	<b>Acute Commissioning:</b> We will ensure access to high quality hospital-based care when needed.											
3	<b>Engagement with Patients and Stakeholders:</b> We will build strong and effective relationships with all our communities and partners.											
4	<b>Financial Sustainability:</b> We will work with partners to transform models of care to deliver affordable, quality and sustainable services.											
5	<b>Integrated / Community Care:</b> With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care.											
6	<b>Vulnerable People:</b> We will support everyone to thrive [in the community].											
7	<b>Well-Governed and Adaptable Organisation:</b> In supporting our objectives we will be a well-governed and transparent organisation that promotes a supportive learning environment.			X								

**CCG Values underpinned in this paper**

	<b>CCG Values</b>	<b>X</b>
<b>1</b>	Collaboration	<b>X</b>
<b>2</b>	Compassion	<b>X</b>
<b>3</b>	Empowerment	<b>X</b>
<b>4</b>	Inclusivity	<b>X</b>
<b>5</b>	Quality	<b>X</b>
<b>6</b>	Respect	<b>X</b>

**Does this paper provide evidence of assurance against the Governing Body Assurance Framework?**

<b>YES</b>		<b>NO</b>	<b>X</b>
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<b>Any statutory / regulatory / legal / NHS Constitution implications</b>	The Governing Body and its Committees have a duty to carry out a review of effectiveness annual and report findings within the Annual Governance Statement.
<b>Management of Conflicts of Interest</b>	No conflicts of interest have been identified prior to the meeting.
<b>Communication / Public &amp; Patient Engagement</b>	The Annual Governance Statement is published on the CCG website once approved as part of the Annual Report and Accounts.
<b>Financial / resource implications</b>	Not applicable.
<b>Outcome of Impact Assessments completed</b>	Not applicable.

**Sasha Sencier  
Board Secretary and Senior Governance Manager**

## Governing Body and Committees Reviews of Effectiveness 2021-22

### 1.0 Introduction

The purpose of the paper is to summarise the effectiveness review process and to present the findings of the review of the Governing Body for 2021-22.

The Governing Body is committed to reviewing its own effectiveness annually and that of its statutory and non-statutory committees. An annual review of effectiveness is also a requirement of the committees' terms of reference. There are two elements to the report:

- Governing Body Review of Effectiveness (Appendix A)
- Governing Body Committees Reviews of Effectiveness (Appendix B)

### 2.0 Governing Body Review of Effectiveness Review

A self-assessment was completed by the Board Secretary with input and agreement from both the Clinical Chair and the Director of Corporate Services, Performance and Governance.

The self-assessment (see Appendix A) utilises Healthcare Financial Management Association (HFMA) Audit Committee Handbook guidance and helps to determine if the Governing Body has carried out its duties effectively.

The completion of the self-assessment concluded that the Governing Body has carried out its duties effectively for 2021/22.

It should be noted that in 2020/21, NY CCG, as a newly established organisation, examined how it compared with the UK Corporate Governance Code, from the Financial Reporting Council. Although NHS Bodies are not required to comply with the UK Code of Corporate Governance, the CCG does report on its corporate governance arrangements within the Annual Governance Statement. It was determined through the assessment undertaken that the CCG can demonstrate that it draws upon good practice identified in the code, which is part of a framework of legislation, regulation, and best practice standards with an aim to deliver high quality corporate governance.

### 3.0 Committees Reviews of Effectiveness

A self-assessment was completed for each of the statutory and non-statutory committees by the Board Secretary and utilises HFMA guidance that determines if the committee has carried out its duties in accordance with the terms of reference. Each Committee Chair, Executive Director Lead, and Director of Corporate Services, Governance and Performance reviewed the self-assessments and made a recommendation to Committees to discuss and accept the outcome of the review before being presented to the Governing Body for assurance. The following Committees have been assessed:

Committee	Chair	Executive Lead
Audit Committee	Ken Readshaw	Jane Hawcard
Remuneration Committee	Kate Kennady	Julie Warren
Primary Care Commissioning Committee	Sheenagh Powell	Wendy Balmain
Quality & Clinical Governance Committee	Kate Kennady	Sue Peckitt / Julie Warren
Finance, Performance, Contracting & Commissioning Committee	Dr Ian Woods	Jane Hawcard

The completion of the self-assessments concluded that all Committees of the Governing Body have carried out their duties effectively for 2021/22.

### 4.0 Recommendations

**The Governing Body is being asking to:**

- Review the self-assessment of the Governing Body and accept that the reports provide assurance that the Governing Body has operated effectively for 2021/22.
- Review effectiveness reviews of all statutory and non-statutory committees and note that the Committees have received the reports and accepted that they have operated effectively for 2021/22.

Issue	Yes	No	Comments / Action
<b>Composition, Establishment and Duties</b>			
<p>Does Governing Body have adequate membership, authority and resources to perform its role effectively?</p>	✓		<p>The National Health Service (Clinical Commissioning Groups) Regulations 2012 set out a minimum membership requirement of the Governing Body of:</p> <ul style="list-style-type: none"> <li>• The Chair (who shall be a GP and Clinical Leader );</li> <li>• The Accountable Officer (who shall be the Chief Officer);</li> <li>• The Chief Finance Officer;</li> <li>• A Secondary Care Specialist;</li> <li>• A Registered Nurse (The CCG has determined that the role will be fulfilled by the Chief Nurse);</li> <li>• Two lay members:               <ul style="list-style-type: none"> <li>○ one who has qualifications expertise or experience to enable them to lead on finance and audit matters;</li> <li>○ and another who has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions.</li> </ul> </li> </ul> <p>The Governing Body membership is compliant with that set out in the 2012 regulations.</p> <p>The CCG has agreed the following additional members:</p> <ul style="list-style-type: none"> <li>• A third lay member who specifically advises the CCG with respect to financial quality assurance and performance;</li> <li>• Five further GP Members;</li> <li>• Three Executive Members:               <ul style="list-style-type: none"> <li>• Director of Corporate Services, Governance and Performance</li> <li>• Director of Acute Commissioning</li> <li>• Director of Strategy and Integration</li> </ul> </li> </ul>
<p>Is the Governing Body assured that its Members have sufficient knowledge to identify key risk areas and challenge management?</p>	✓		<p>Yes. As above and as identified and assurance also received in attendance levels of all Members (Appendix I).</p>
<p>Does the Governing Body receive the appropriate level of input from its Executive Members?</p>	✓		<p>There has been considerable effort by the Executive Members to present information to the GB in a consistent way. An excellent example of this the Performance report, that underwent evolution over several iterations. It is now both comprehensive and comprehensible.</p>

Does the Governing Body receive the appropriate level of challenge from its Lay Members?	✓	All the lay members of the committee actively participate in the GB discussion, asking pertinent questions that test the Executive appropriately and constructively.
Has the Governing Body met the appropriate number of times this year and have they been quorate for each meeting this year?	✓	The Constitution does not specify the number of times the Governing Body is required to meet each year. The Governing Body has been quorate at each meeting. The same quorum applies to any decision requiring a Governing Body vote that is held outside of a meeting.
Have all Members attended meetings on a regular basis and is the level of attendance satisfactory?	✓	All members have attended meetings on a regular basis and the level of attendance is satisfactory (see Appendix A).
<b>Governance, Scrutiny and Assurance</b>		
Has the Governing Body ratified all Committee terms of reference, as appropriate through the year?	✓	The Governing Body has ratified all Committee Terms of Reference as appropriate in 2021/22. The ratification of ToR is monitored by the Board Secretary and reported in the Governing Body Committee's Annual Report which forms part of the Annual Governance Statement.
Is the Governing Body assured that risks on the GBAF are being managed effectively?	✓	<p>The Governing Body has reviewed the GBAF in public and at development sessions and the Governing Body has noted assurance that risks on the GBAF are being managed effectively.</p> <p>The Governing Body has also been assured that all risks are assigned to a Committee and any significant risks are reviewed quarterly. All risks, regardless of their score, are also monitored by the Corporate Risk Review Group, led by the Director of Corporate Services, Governance and Performance.</p> <p>In 2021/22, a series of deep dives across directorate risks have taken place.</p> <p>The Governing Body also receives assurance through the Audit Committee who review all risks twice per annum.</p>
Has the Governing Body sufficient time to give appropriate consideration and scrutiny to its business and agenda?	✓	Yes. Although the agenda can often be very full, the Governing Body Chair manages each item effectively allowing for detailed discussion.
Has the Governing Body received regular progress reports from its Committees and been advised of any significant issues/risks?	✓	Yes. The Governing Body receives verbal and written updates at every meeting. The Accountable Officer report also provides detail of any new significant risks. Each report has a front sheet and there is a section that must be completed outlining any significant risks to consider.
Do the reports presented to the Governing Body provide the quality and detail required to provide a high level of assurance?	✓	Yes. Reports are also reviewed by appropriate Committees prior to going to Governing Body which provides an additional level of assurance.

<p>Has the Governing Body effectively managed Conflicts of Interest in line with the CCG's Conflict of Interest Policy and the requirements detailed within the CCG's Constitution and Scheme of Reservation and Delegation?</p>	<p>✓</p>		<p>Conflicts of Interest are managed at the time of reports being written and detail of how conflicts of interest will be managed is detailed on the front sheet of reports. The Governing Body agenda has a section at the starts asking for any declarations of interest in relation to the business of the meeting to be noted and agreed at that point how the conflict will be managed. Details are recorded in the minutes and in the CCG's decision register. The Board Secretary, Conflicts of Interest Guardian and Director of Corporate Services, Governance and Performance have met regularly throughout the year to discuss any conflicts of interest.</p>
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**Work Plan**

<p>Has the Committee established a workplan for the year and has been adhered to?</p>	<p>✓</p>		<p>Yes. The workplan is maintained by the Board Secretary and helps to inform the agenda.</p>
<p>Does the Work Plan reflect all of the duties and responsibilities set out in the Constitution and Scheme of Reservation and Delegation?</p>	<p>✓</p>		<p>Yes. The workplan has been compiled utilising the Constitution and Scheme of Reservation and Delegation but also contains operational detail.</p>

**Administrative Arrangements**

<p>Are agendas and reports circulated in good time for Members to give them due consideration?</p>	<p>✓</p>		<p>Yes. As per the constitution, papers are published 5 working days prior to the meeting.</p>
<p>Are the minutes and actions circulated in good time for Members to give them due consideration?</p>	<p>✓</p>		<p>All actions are circulated to those concerned within 5 working days of the meeting taking place. Minutes are circulated with actions and generally within 15 working days of the meeting taking place. These have been agreed with the Chair before circulation to all other members.</p>

**Any Other Comments, Areas for Improvement, or Gaps Identified**

## NHS North Yorkshire CCG Governing Body: Attendance 2021/22

\* The Governing Body meeting on 21 December 2021 was stood down due to COVID-19 priorities. All papers were published on the CCG website. Virtual decisions were made, where required, using the same quorum required for normal governing body decision making (detailed within the Constitution).

Members	22/4/21	24/06/21	07/10/21	21/12/21* VIRTUAL DECISIONS	24/3/22	Number of meetings attended
Dr Charles Parker, Clinical Chair (Chair)	✓	✓	✓	✓	TBC	TBC
Amanda Bloor, Accountable Officer	✓	✓	✓	✓	TBC	TBC
Jane Hawkard, Chief Finance Officer	✓	A	✓	✓	TBC	TBC
Julie Warren, Director of Corporate Services, Governance & Performance	✓	✓	✓	✓	TBC	TBC
Simon Cox, Director of Acute Commissioning	✓	✓	✓	✓	TBC	TBC
Sue Peckitt, Chief Nurse	✓	✓	✓	✓	TBC	TBC
Wendy Balmain, Director of Strategy and Integration	✓	✓	A	✓	TBC	TBC
Sheenagh Powell, Lay Member for Finance (Deputy Chair)	✓	✓	A	✓	TBC	TBC
Kate Kennady, Lay Member for Public & Patient Engagement (Vice-Chair)	✓	✓	✓	✓	TBC	TBC
Ken Readshaw, Lay Member for Audit & Governance	✓	✓	✓	✓	TBC	TBC
Dr Ian Woods, Secondary Care Doctor	✓	✓	✓	✓	TBC	TBC
Dr Chris Ives, GP Member	✓	✓	✓	✓	TBC	TBC
Peter Billingsley, GP Member	✓	✓	✓	✓	TBC	TBC
Mark Hodgson, GP Member	✓	✓	✓	✓	TBC	TBC
Bruce Willoughby, GP Member	✓	✓	✓	✓	TBC	TBC
Total Number of Members Present	15	14	13	-	TBC	TBC
In Attendance (Non-voting)						
Dilani Gamble, Deputy Chief Finance Officer	N/A	✓	N/A		TBC	TBC
Lisa Pope, Assistant Director of Primary Care	N/A	N/A	✓		TBC	TBC
Sasha Sencier, Board Secretary and Senior Governance Manager	✓	✓	✓		TBC	TBC
Tanja Entwistle, Corporate and Governance Support Officer (Minutes)	✓	✓	✓		TBC	TBC



**Audit Committee**  
**Review of Effectiveness Self-Assessment 2021/22**

Issue	Yes	No	Comments / Action
<b>Composition, Establishment and Duties</b>			
Does the Audit Committee have written terms of reference that adequately define the Committee's role in accordance with Department of Health/Monitor guidance?	✓		Yes. The terms of reference were reviewed by Internal Audit as part of the Governance audit which received an opinion of 'high assurance'.
Have terms of reference been adopted by the Governing Body / Council of Members?	✓		Yes. The terms of reference have been ratified by the Governing Body
Are the terms of reference reviewed annually to take into account governance developments and the remit of other committees within the organisation?	✓		Yes. Committee Terms of Reference were ratified by the Governing Body in July 2021.
Are Committee members independent of the management team?	✓		All Members are independent and include: <ul style="list-style-type: none"> <li>• Lay Member for Audit and Governance</li> <li>• Lay Member for Financial Governance</li> <li>• Secondary Care Doctor</li> <li>• GB GP Member</li> </ul>
Are the outcomes of each meeting; the actions taken and the committee's view on the organisation's systems of internal control reported to the next governing body meeting?	✓		Confirmed Minutes are presented to the Governing Body. For timeliness of reporting any key messages are provided through a Chair's report to the Governing Body.
Does the Committee prepare an annual report on its work and performance in the preceding year for consideration by the Governing Body	✓		Yes. Annual reports are presented to committees in February/March and form part of the Annual Governance Statement
Does the Committee assess its own effectiveness periodically?	✓		Review carried out annually and reported in the Annual Governance Statement.
Has the Committee established a plan of matters to be dealt with across the year?	✓		A forward plan for the year has been prepared by the Board Secretary, Chair and Executive Lead and is managed by the secretariat. The forward plan has been approved by the Committee and is regularly reviewed at each meeting.
Are Committee papers distributed in sufficient time for members to give them due consideration?	✓		Papers are distributed five working days before the committee meeting takes place.
Has the committee been quorate for each meeting this year?	✓		All meetings have been quorate this year
<b>Compliance with the Law and Regulations Governing the NHS</b>			
Does the Committee review assurance and regulatory compliance reporting processes?	✓		Internal and External Audit reports as well as assurances from other sources and internal reports, such as the GBAF.
Does the Committee have a mechanism to keep it aware of topical, legal and regulatory issues?	✓		Via Internal Audit briefings, legal bulletins etc. Audit Chair attends national forums.
<b>Internal Control and Risk Management</b>			
Has the Committee formally considered how it integrates with other committees that are reviewing risk – for example, risk management and clinical governance?	✓		The Committee has reviewed the Risk Management Strategy and made a recommendation for the Governing Body approve the strategy in 2020.



			An internal audit has been completed for governance and risk management in 2021/22 and an opinion of 'high assurance' was received. The Committee reviews all risks twice yearly. Any significant risks relating to papers are detailed on front sheets of the reports.
Has the Committee reviewed the robustness and effectiveness of the content of the organisation's Assurance Framework?	✓		The GBAF is reviewed by the Committee twice yearly.
Has the Committee reviewed the robustness and content of the draft Annual Governance Statement on Internal Control before it is presented to the Governing Body?	✓		External Auditors review the AGS statement on Internal Control prior to GB submission. AC Members also review the AGS prior to submission to be ratified at the GB meeting.
Is the Committee's role in reviewing and recommending to the Governing Body the annual report and accounts clearly defined?	✓		The audit committee terms of reference state that the committee shall review the annual report and financial statements before submission to the governing body and the clinical commissioning group.
Does the Committee consider the External Auditor's report to those charged with governance including proposed adjustments to the accounts?	✓		The audit committee reviews the external auditors report.
<b>Internal Audit</b>			
Is there a formal 'charter' or terms of reference, defining internal audit's objectives, responsibilities and reporting lines?	✓		A formal Charter exists and is presented at the Audit Committee.
Does the Committee review and approve the internal audit plan at the beginning of the financial year?	✓		The Internal Audit plan is approved by the Audit Committee.
Does the Committee approve any material changes to the plan?	✓		This is incorporated into the work plan.
Are audit plans derived from clear processes based on risk assessment with clear links to the Assurance Framework?			Yes – As confirmed by the Internal Auditors and the Senior Governance Manager
Does the Audit Committee receive periodic reports from the Head of Internal Audit?	✓		Internal Audit Progress Report and final reports are presented to each Audit Committee Meeting.
Does the Committee effectively monitor the implementation of management actions arising from audit reports?	✓		Report on the implementation of recommendations is presented at the Committee. The CFO and Senior Governance Manager monitor all recommendations.
Does the Head of Internal Audit have a right of access to the committee and its Chair at any time?	✓		Part II meeting held during the year for AC Chair to meeting separately in private with Internal and External Audit.
Is the committee confident that internal audit is free of any scope restrictions and, if not, has it considered the impact of these on the annual Head of Internal Audit opinion?	✓		Internal Audit is free of any scope restrictions. Confirmed during private meeting with Audit Committee Chair.
Is the committee confident that internal audit is free from any operational responsibilities or conflicts of interest that could impair its objectivity?	✓		Internal audit do not have any operational responsibilities. This is evidence from the contract being outsourced.
Does the committee hold periodic private discussions with the Head of Internal Audit?	✓		Private discussions held on a regular basis.
Has the committee evaluated whether internal audit complies with the Public Sector Internal Audit Standards?	✓		IA self-assessment against PSIAS is completed on an annual basis.

Has the committee agreed a range of internal audit performance measures to be reported on a routine basis?	✓		Key performance indicators agreed and included in each progress report.
Does the committee receive and review the Head of Internal Audit's annual opinion?	✓		HoIAO expected at April 2022 meeting.
<b>External Audit</b>			
Do the external auditors present their audit plans and strategy to the Committee for approval?	✓		Audit Plan / strategy presented for approval.
Does the Committee receive and monitor actions taken in respect of prior years' reviews?	✓		Decisions are recorded on a register alongside all other Committee decisions. Conflicts of Interest in relation to those decisions are monitored on the register.
Does the Committee review the External Auditor's annual audit letter?	✓		Yes.
Does the committee review the external auditor's value for money conclusion?	✓		Yes.
Does the Committee hold periodic private discussions with the external auditors?	✓		Part II meeting held during the year for AC Chair to meeting separately in private with Internal and External Audit.
Does the Committee assess the performance of external audit?	✓		External Audit reviewed as part of annual audit committee review and report to the Governing Body.
Does the Committee require assurance from external audit about the policies for ensuring independence?	✓		Yes.
Does the Committee review the nature and value of non-audit work carried out by the external auditors?		N/A	Not applicable.
<b>Counter Fraud and Security</b>			
Does the Committee review and approve the counter fraud work plan at the beginning of the financial year?	✓		Annual plan presented to and approved at Audit Committee meeting.
Does the Committee satisfy itself that the work plan adequately covers each of the seven generic areas defined in NHS counter fraud policy?	✓		Annual Plan explains the methodology by which it was established.
Does the Committee approve any material changes to the plan?	✓		Yes. Any changes must be agreed by the Committee.
Does the Audit Committee receive periodic reports from the Local Counter Fraud Specialist?	✓		Progress report from LCFS received at each Audit Committee meeting.
Does the Committee effectively monitor the implementation of management actions arising from counter fraud reports?	✓		Schedule of recommendation follow-up presented to the AC Meetings.
Do those working on counter fraud and security activity have a right of direct access to the committee and its Chair?	✓		The AC Chair is available to meeting separately Counter Fraud.
Do those working on counter fraud and security activity have the necessary technical knowledge and experience to ensure that work is carried out as it should be?	✓		Assurances provided by LCFS as part of the Annual Governance Statement
Does the Committee receive and review the Local Counter Fraud Specialist's annual report of counter fraud activity and qualitative assessment?	✓		Annual report received at Audit Committee meeting.

<b>Annual Report and Accounts and Disclosure Statements</b>			
Is the Committee's role in the approval of the annual accounts clearly defined?	✓		Detailed in the Terms of Reference.
Is a Committee meeting scheduled to discuss proposed adjustments to the accounts and issues arising from the audit?	✓		Timetable for accounts is dovetailed with Audit meetings to allow assurance processes to happen. Audit committee review final accounts before presenting to the Governing Body.
Does the Committee specifically review: <ul style="list-style-type: none"> <li>• Changes in accounting policies?</li> <li>• Changes in accounting practice due to changes in accounting standards?</li> <li>• Changes in estimation techniques?</li> <li>• Significant judgements made in preparing the accounts?</li> <li>• Significant adjustments resulting from the audit?</li> <li>• Explanations for any significant variances?</li> </ul>	✓		Explanations provided by CFO and AD for Financial Accounts as to any changes in accounting policies / practice, estimation techniques, judgements, adjustments and any significant variances.
Does the committee ensure it receives explanations for any unadjusted errors in the accounts found by the external auditors?	✓		AD for Financial Accounts takes Committee through all material issues raised pre and post audit plus External Audit reports on annual accounts.
Does the committee receive and review a draft of the organisation's annual governance statement?	✓		Initial draft presented at the April meeting; revised final presented at the May meeting. Members review outside of meeting prior to submission to NHS England.
Does the committee receive and review a draft of the organisation's annual report and accounts?	✓		Yes. As above.
Does the annual report and accounts include a description of the Committee's establishment and activities?	✓		Yes. This is included within the Committee Annual Report and included within the Annual Governance Statement.
<b>Other Issues</b>			
Has the Committee reviewed its performance in the year for consistency with its: <ul style="list-style-type: none"> <li>• Terms of reference</li> <li>• Programme for the year</li> </ul>	✓		Yes. Detail of this will be within the Committee Annual Report.

Issue	Yes	No	Comments / Action
<b>Composition, Establishment and Duties</b>			
Does the Committee have written terms of reference that adequately define the Committee's role?	X		Yes. Committee Terms of Reference have been approved in line with statutory guidance.
Have terms of reference been ratified by the Governing Body / Council of Members?	X		Yes. Committee ToR have been ratified.
Does the Committee report to the Governing Body in accordance with its ToR?	X		Confirmed Minutes are presented to the private section of the Governing Body meetings, excluding those that have declared an interest in the business of the meeting.
Does the Committee receive the appropriate level of input from its Executive Members?	X		The Director of Corporate Services, Governance and Performance is the Executive Lead. The Accountable Officer and Clinical Chair is in attendance, as required and when there are deemed to be no conflicts of interest.
Does the Committee prepare an Annual Report on its work for the Governing Body?	X		Yes. Annual reports are presented to committees in February/March and form part of the Annual Governance Statement.
Has the committee been quorate for each meeting this year?	X		All meetings have been quorate this year.
<b>Administrative Arrangements</b>			
Are agendas and reports circulated in good time for Committee Members to give them due consideration?	X		Papers are distributed one week before the committee meeting. The Board Secretary and Chairs have worked to ensure a consistent approach to this in all Committees.
Are the minutes and actions circulated in good time for Committee Members to give them due consideration?	X		Yes. The Board Secretary and Chairs have worked to ensure a consistent approach to this in all Committees.
Has the Committee met the appropriate number of times this year?	X		In line with the terms of reference, the Committee should meet no less than once per year. The Committee will have met once time in 2021-22.
Have all Committee Members attended meetings on a regular basis; is the level of attendance satisfactory and in line with the ToR's?	X		Yes. Attendance is detailed in the committee annual report.
<b>Governance, Scrutiny and Assurance</b>			
Can the Committee demonstrate that it has provided the Governing Body with assurance in respect of the Statutory Duties as per the ToRs?	X		Yes. The committee produces an annual report which provides this detail and assurance.
Can the Committee demonstrate that it has provided Governing Body with assurance in respect of the GBAF and Corporate Risks?		N/A	No risks are aligned to the Remuneration Committee.

Has the Committee sufficient time to give appropriate consideration and scrutiny to its business and agenda?	X	Yes. Time allocated is determined by the number of items on the agenda.
Does the Committee receive sufficient Reports to enable it to fulfil the ToRs?	X	Yes. HR provides reports to support recommendations.
Do the reports presented to the Committee provide the quality and detail required to enable the Committee to provide assurance and carry out the ToR?	X	Yes. A high standard of reports provided. The Board Secretary and Chairs have worked to ensure a consistent approach to this in all Committees.
Does the Committee understand the risks / issues, make decisions and provide assurance	N/A	No risks are aligned to the Remuneration Committee.
Has the Committee approved the ToR's and Work Plans to any subordinate groups?	N/A	Not applicable
Has the Committee received regular progress reports from subordinate groups and been advised of any significant issues/risks?	N/A	Not applicable
Has the Committee effectively managed Conflicts of Interest in line with the CCG's Conflict of Interest Policy and the Committee's ToR?	X	Yes. Declarations of Interest in relation to the business of the meeting are considered at the start of every meeting.

<b>Work Plan</b>		
Has the Committee established a workplan for the year and has been adhered to?	N/A	No work plan was established for 2021/22. However, this is not applicable as the Remuneration Committee does not meet regularly as a Committee.
Does the Committee review its Work Plan at least quarterly?	N/A	N/A
Has the Committee achieved its agreed Work Plan?	N/A	N/A
Does the Work Plan reflect all of the duties and responsibilities set out in the ToR?	N/A	N/A
Are there any areas of the ToR which require additional focus or a change in approach? Have any necessary changes been made to the Work Plan to achieve this?	X	Not currently.

<b>Any Other Comments, Areas for Improvement, or Gaps Identified</b>

Issue	Yes	No	Comments / Action
<b>Composition, Establishment and Duties</b>			
Does the Committee have written terms of reference that adequately define the Committee's role?	✓		Yes. Committee Terms of Reference were approved in June 2021.
Have terms of reference been ratified by the Governing Body / Council of Members?	✓		Yes. Committee Terms of Reference were ratified by the Governing Body in July 2021.
Does the Committee report to the Governing Body in accordance with its ToR?	✓		Confirmed Minutes are presented to the Governing Body. For timeliness of reporting any key messages the Chair also provides an update report to the Governing Body.
Does the Committee receive the appropriate level of input from its Executive Members?	✓		The Director of Strategy and Integration is the executive lead and other executive directors are members.
Does the Committee prepare an Annual Report on its work for the Governing Body?	✓		Yes. Annual reports are presented to committees in February/March and form part of the Annual Governance Statement.
Has the committee been quorate for each meeting this year?	✓		All meetings have been quorate this year.
<b>Administrative Arrangements</b>			
Are agendas and reports circulated in good time for Committee Members to give them due consideration?	✓		Papers are distributed one week before the committee meeting. The Board Secretary and Chairs have worked to ensure a consistent approach to this in all Committees.
Are the minutes and actions circulated in good time for Committee Members to give them due consideration?	✓		Yes. The Board Secretary and Chairs have worked to ensure a consistent approach to this in all Committees.
Has the Committee met the appropriate number of times this year?	✓		The terms of reference the Committee should meet no less than 4 times per year. The Committee will have met 4 times in 2021/22.  It should be recognised that, like 2020/21, 2021/22 has been an exceptional year due to the Covid-19 pandemic and Committees have had to work differently through use of email and virtual meetings.
Have all Committee Members attended meetings on a regular basis; is the level of attendance satisfactory and in line with the ToR's?	✓		Yes. Attendance is detailed in the committee annual report.
<b>Governance, Scrutiny and Assurance</b>			
Can the Committee demonstrate that it has provided the Governing Body with assurance in respect of the Statutory Duties as per the ToRs?	✓		Yes. The committee produces an annual report which provides this detail and assurance.
Can the Committee demonstrate that it has provided Governing Body with assurance in respect of the GBAF and Corporate Risks?	✓		The committee produces an annual report and annual governance statement that provides this detail and assurance.  Significant risk reports were received by the



			<p>Committee throughout 2021/22. This also included risks scored at 12 and above to provide additional assurance.</p> <p>The Committee also received assurance on areas of risk through the front sheets of each report which includes a section to highlight any significant risks to Committee Members.</p>
Has the Committee sufficient time to give appropriate consideration and scrutiny to its business and agenda?	✓		There is a very full agenda but we have reviewed the frequency of some reports within the forward plan to try and ensure we have sufficient time for each item.
Does the Committee receive sufficient Reports to enable it to fulfil the ToRs?	✓		Yes. A wide range of areas covered through the course of the year.
Do the reports presented to the Committee provide the quality and detail required to enable the Committee to provide assurance and carry out the ToR?	✓		Yes. A high standard of reports provided. The Board Secretary and Chairs have worked to ensure a consistent approach to this in all Committees.
Does the Committee understand the risks / issues, make decisions and provide assurance	✓		Yes. Significant risks aligned to the Committee are reviewed quarterly.
Has the Committee approved the ToR and Work Plans to any subordinate groups?	-		Not applicable
Has the Committee received regular progress reports from subordinate groups and been advised of any significant issues/risks?	-		Not applicable
Has the Committee effectively managed Conflicts of Interest in line with the CCG's Conflict of Interest Policy and the Committee's ToR?	✓		Yes. Declarations of Interest in relation to the business of the meeting are considered at the start of every meeting.
<b>Work Plan</b>			
Has the Committee established a workplan for the year and has been adhered to?	✓		A work plan has been prepared by the Chair, Executive Lead and the Board Secretary and approved by the Committee.
Does the Committee review its Work Plan at least quarterly?	✓		Yes. This is on the forward plan to review at every meeting.
Has the Committee achieved its agreed Work Plan?	✓		Yes. Detail of this is within the Committee Annual Report.
Does the Work Plan reflect all of the duties and responsibilities set out in the ToR?	✓		Yes.
Are there any areas of the ToR which require additional focus or a change in approach? Have any necessary changes been made to the Work Plan to achieve this?	✓		Not currently.

<b>Any Other Comments, Areas for Improvement, or Gaps Identified</b>

Issue	Yes	No	Comments / Action
<b>Composition, Establishment and Duties</b>			
Does the Committee have written terms of reference that adequately define the Committee's role?	X		Yes. Committee Terms of Reference were approved in April 2021. Several discussions were held with the Governing Body regarding Committees throughout 2021/22 due to the impending transition to the ICS. As such, ToR were not ratified until October 2021.
Have terms of reference been ratified by the Governing Body?	X		The terms of reference were ratified by the Governing Body in October 2021.
Does the Committee report to the Governing Body in accordance with its ToR?	X		Yes. The Committee provides key messages from its meetings at every Governing Body meeting.
Does the Committee receive the appropriate level of input from its Executive Members?	X		The Chief Nurse and the Director of Corporate Services, Governance and Performance are members and executive leads of the Committee.
Does the Committee prepare an Annual Report on its work for the Governing Body?	X		Yes. Annual reports are presented to committees in February/March and form part of the Annual Governance Statement.
Has the committee been quorate for each meeting this year?	X		All meetings have been quorate this year.
<b>Administrative Arrangements</b>			
Are agendas and reports circulated in good time for Committee Members to give them due consideration?	X		Papers are distributed one week before the meeting. The Board Secretary and Chairs have worked to ensure a consistent approach to this in all Committees.
Are the minutes and actions circulated in good time for Committee Members to give them due consideration?	X		Yes. The Board Secretary and Chairs have worked to ensure a consistent approach to this in all Committees.
Has the Committee met the appropriate number of times this year?	X		The terms of reference the Committee should meet bi-monthly and no less than 5 times per year. The Committee will have met 6 times in 2021/22.  It should be recognised that, like 2020/21, 2021/22 has been an exceptional year due to the Covid-19 pandemic and Committees have had to work differently through use of email and virtual meetings.
Have all Committee Members attended meetings on a regular basis; is the level of attendance satisfactory and in line with the ToR's?	X		Yes. Attendance is detailed in the committee annual report.
<b>Governance, Scrutiny and Assurance</b>			
Can the Committee demonstrate that it has provided the Governing Body with assurance in respect of the Statutory Duties as per the ToRs?	X		Yes. The committee produces an annual report which provides this detail and assurance.
Can the Committee demonstrate that it has provided Governing Body with assurance in respect of the GBAF and Corporate Risks?	X		Yes. The committee produces an annual report and annual governance statement that provides this detail and assurance.

			<p>Significant risk reports were received by the Committee throughout 2021/22. This also included risks scored at 12 and above to provide additional assurance.</p> <p>The Committee also received assurance on areas of risk through the front sheets of each report which includes a section to highlight any significant risks to Members.</p>
Has the Committee sufficient time to give appropriate consideration and scrutiny to its business and agenda?	X		There is a very full agenda but we have reviewed the frequency of some reports to try and ensure we have sufficient time for each item. This was mitigated in 2020/21 by agreeing to hold bi-monthly meetings with an extended time to ensure all reports have adequate coverage. The new frequency and extended time has been sufficient to ensure business is carried out for 2021/22.
Does the Committee receive sufficient Reports to enable it to fulfil the ToRs?	X		Yes, a wide range of areas covered through the course of the year.
Do the reports presented to the Committee provide the quality and detail required to enable the Committee to provide assurance and carry out the ToR?	X		Yes. A high standard of reports provided. The Board Secretary and Chairs have worked to ensure a consistent approach to this in all Committees.
Does the Committee understand the risks / issues, make decisions and provide assurance	X		Yes. Significant risks aligned to the Committee are reviewed quarterly.
Has the Committee approved the ToR's and Work Plans to any subordinate groups?	-		Not applicable
Has the Committee received regular progress reports from subordinate groups and been advised of any significant issues/risks?	-		Not applicable
Has the Committee effectively managed Conflicts of Interest in line with the CCG's Conflict of Interest Policy and the Committee's ToR?	X		Yes. Declarations of Interest in relation to the business of the meeting are considered at the start of every meeting.
<b>Work Plan</b>			
Has the Committee established a workplan for the year and has been adhered to?	X		A work plan has been prepared by the Chair, Executive Leads and the Senior Board Secretary and approved by the Committee.
Does the Committee review its Work Plan at least quarterly?	X		Yes. This is on the forward plan to review at every meeting.
Has the Committee achieved its agreed Work Plan?	X		Yes. Detail of this is within the Committee Annual Report.
Does the Work Plan reflect all of the duties and responsibilities set out in the ToR?	X		Yes.
Are there any areas of the ToR which require additional focus or a change in approach? Have any necessary changes been made to the Work Plan to achieve this?	X		Not currently.

<b>Any Other Comments, Areas for Improvement, or Gaps Identified</b>

Issue	Yes	No	Comments / Action
<b>Composition, Establishment and Duties</b>			
Does the Committee have written terms of reference that adequately define the Committee's role?	X		Committee Terms of Reference were approved in December 2021. Several discussions were held with the Governing Body regarding Committees throughout 2021/22 due to the transition to the ICB. As such, ToR were ratified in December 2021.
Have terms of reference been ratified by the Governing Body?	X		The terms of reference were ratified by the Governing Body in December 2021.
Does the Committee report to the Governing Body in accordance with its ToR?	X		The Committee provides key messages at every Governing Body meeting.
Does the Committee receive the appropriate level of input from its Executive Members?	X		The Chief Finance Officer (CFO) is the executive lead, and the Accountable Officer (AO) and other executive directors are members.
Does the Committee prepare an Annual Report on its work for the Governing Body?	X		Annual reports are presented to committees in February/March and form part of the Annual Governance Statement.
Has the committee been quorate for each meeting this year?	X		All meetings have been quorate this year. FPCCC became a virtual meeting in November 2021. All virtual decisions made were quorate.
<b>Administrative Arrangements</b>			
Are agendas and reports circulated in good time for Committee Members to give them due consideration?	X		Papers are distributed one week before the committee meeting. The Board Secretary and Chairs have worked to ensure a consistent approach to this in all Committees.
Are the minutes and actions circulated in good time for Committee Members to give them due consideration?	X		Yes. The Board Secretary and Chairs have worked to ensure a consistent approach to this in all Committees.
Has the Committee met the appropriate number of times this year?	X		<p>Before the terms of reference were updated in December 2021, FPCCC were required to meet no less than 6 times per year. The Committee met 4 times in 2021-22 before the terms of reference were changed. FPCCC then met virtually to make decisions, as required, following the change of ToR.</p> <p>2021-22 has been an exceptional year due to the Covid-19 pandemic and Committees have had to work differently through use of email and virtual meetings.</p>
Have all Committee Members attended meetings on a regular basis; is the level of attendance satisfactory and in line with the ToR's?	X		Yes. Attendance is detailed in the committee annual report.
<b>Governance, Scrutiny and Assurance</b>			
Can the Committee demonstrate that it has provided the Governing Body with assurance in respect of the Statutory Duties as per the ToRs?	X		Yes. The committee produces an annual report which provides this detail and assurance.

Can the Committee demonstrate that it has provided Governing Body with assurance in respect of the GBAF and Corporate Risks?	X		Yes. The committee produces an annual report which provides this detail and assurance. The Committee also produces key messages which include detail of risk management reporting taken to committee meetings.
Has the Committee sufficient time to give appropriate consideration and scrutiny to its business and agenda?	X		Meeting pre-November 2021 had very full agenda's but the frequency of some reports within the forward plan were reviewed to try and ensure sufficient time for each item.
Does the Committee receive sufficient Reports to enable it to fulfil the ToRs?	X		Yes, a wide range of areas covered through the course of the year.
Do the reports presented to the Committee provide the quality and detail required to enable the Committee to provide assurance and carry out the ToR?	X		Yes. A high standard of reports provided. The Board Secretary and Chairs have worked to ensure a consistent approach to this in all Committees.
Does the Committee understand the risks / issues, make decisions and provide assurance	X		Yes. Significant risks aligned to the Committee are reviewed quarterly with leads through deep dives and monthly through the Corporate Risk Review Group. Pre-November 2021, significant risk reports were received by the Committee.
Has the Committee approved the ToR's and Work Plans to any subordinate groups?	-		Not applicable
Has the Committee received regular progress reports from subordinate groups and been advised of any significant issues/risks?	-		Not applicable
Has the Committee effectively managed Conflicts of Interest in line with the CCG's Conflict of Interest Policy and the Committee's ToR?	X		Yes. Declarations of Interest in relation to the business of the meeting are considered at the start of every meeting.
<b>Work Plan</b>			
Has the Committee established a workplan for the year and has been adhered to?	X		A work plan has been prepared by the Chair, Executive Lead and the Board Secretary and approved by the Committee.
Does the Committee review its Work Plan at least quarterly?	X		Yes. Pre-November 2021, the forward plan was reviewed at every meeting.
Has the Committee achieved its agreed Work Plan?	X		Yes. Detail of this is within the Committee Annual Report.
Does the Work Plan reflect all of the duties and responsibilities set out in the ToR?	X		Yes.
Are there any areas of the ToR which require additional focus or a change in approach? Have any necessary changes been made to the Work Plan to achieve this?	X		Not currently.

<b>Any Other Comments, Areas for Improvement, or Gaps Identified</b>