NHS
Bury Clinical Commissioning Group

Annual Report 2015-16

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Foreword

Welcome to our third Annual Report which relates to the financial year 2015-16. It is three years now since we were established as the main commissioner of NHS services for the people of Bury.

In the last year, we have made some key steps to improve local services for our patients, and we talk about some of these areas within this year's report, as well as some other achievements, along with challenges and future priorities.

During the year, our financial position, whilst still challenging, was an improved position compared to previous years. Our historic underfunded position reduced our ability to invest to improve health services for local people. We are pleased that this gap has started to close putting us in a stronger position to provide the best possible services for local people.

Much of the focus of the past year has been in the run up to Greater Manchester taking on Devolved responsibility for its £6 billion health and social care budget. Our Locality Plan, which has been developed jointly with Bury Council, describes how we fit into the Greater Manchester Devolution picture. Our plan aims to ensure local people are healthy, happy and as independent as possible. It outlines our vision for the future of health and social care services in Bury. In addition, we are aiming to move towards a 'one commissioner' approach with the Council, to ensure quality and value is gained from the 'Bury Health and Social Care pound'.

A lot of work got underway during the year as we prepared to take on delegated commissioning responsibilities from NHS England for GP services. This new responsibility (from April 2016) means that at a local level, we now have more say about how money is spent to improve these services for local people. We are working with our GP Practices to implement some Quality Standards. The standards originate from Greater Manchester and we are implementing them in a phased approach. The standards show a commitment to improving and expanding GP services in areas such as improving access to services for our patients; improving cancer survival rates and earlier diagnosis and improving outcomes for children who have asthma.

During the year we received the good news that we were to receive a cash boost for children and young peoples' services. The money would help us to transform emotional health and wellbeing services for children and young people in Bury. A plan of action for the next 5 years has been developed with the help of local children, young people and their families, to transform these services in Bury.

Self care has been another key theme throughout the year. Since September 2015, Bury GP Practices have no longer routinely prescribed items for minor ailments such as diarrhoea, cold sores and dry skin. Through our *Be Self Care Aware* campaign, patients have been encouraged to treat minor illnesses and injuries such as upset tummies, minor cuts and burns and coughs and colds at home with over the counter items if appropriate.

One of the other priority areas we have been working on during the year is to review end of life care and services to ensure these are meeting the needs of local people. This has involved holding some patient and public engagement events to help us to plan what services might look like in the future. We have also been reviewing cancer service provision and this has included reviewing services and

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the experiences of patients to ensure the right support is available for people living with and beyond cancer.

Another area we have been reviewing relates to urgent care services. In the future we want services to work more closely together. The current range of urgent care services is complicated and fragmented and we want to make sure that we have the right services in the right place, and that it is clear for patients where they should go to receive the most appropriate care to meet their needs.

Work will continue in these and other priority areas in the year ahead.

We hope you enjoy reading this annual report and if you have any comments on it, or the information contained within it, please do let us know using the contact information at the back of the report. We would be pleased to hear from you.

Dr. Kiran Patel	**Stuart North**
Chair and Clinical Lead	**Chief Officer and Accountable Officer**

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Performance Report

Introduction from the Chief Officer

This report aims to provide a fair and balanced review of NHS Bury CCG's business, development, activity and performance during the year. It cross-references other sections of the Annual Report for further details where relevant.

NHS Bury CCG was established under the legislative framework of the Health and Social Care Act 2012. We certify that we have complied with the statutory duties laid down in the National Health Service Act 2006 (as amended). The accounts have been prepared under a Direction issued by the NHS Commissioning Board under the Act (as amended). There is no doubt in relation to the going concern principle.

Within this performance report we provide information to give readers an understanding of the role of the CCG and the population we commission services on behalf of, we also talk about Greater Manchester Devolution and the opportunities this will bring to Bury and beyond, provide details of our business and planning strategies, our finances and our performance against objectives, risks and challenges.

Stuart North Chief Officer and Accountable Officer
[27th] May 2016

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Overview Performance

Our organisation

We are an ambitious and forward thinking organisation. We were fully authorised by the NHS Commissioning Board with no conditions from April 2013 and this report marks our third year of operation.

We are committed to working with other NHS organisations, and partners including Bury Council, those within the third sector such as voluntary organisations and local people in relation to the delivery of our agenda, working in collaboration to ensure that the services that we plan and purchase are high quality, meet peoples' needs and offer good value for money.

Joined up working is a commitment which was symbolised in an announcement made jointly with Bury Council during the year. The commitment from both organisations was to work towards operating as if there was one single body commissioning health and social care for the people of Bury. Historically budgets to buy health and social care services have been separate, with the CCG planning and purchasing a range of health care services and Bury Council planning and purchasing a range of social care and public health services, which can cause unnecessary delays whilst it is determined which organisation is responsible for commissioning care. By working in a more co-ordinated way to jointly plan and pay for services we can ensure quality and value from the 'Bury pound' and both the CCG and Bury Council committed to ensuring services are seamless, personalised, high quality, responsive and that avoidable delays are eliminated through this new approach which commenced in April 2016.

By working in partnership we can improve services, patient experience and health outcomes for patients and overcome barriers which can exist by working in a fragmented way.

Bury's vision for joined up health and social care is outlined in its Locality Plan. The plan outlines the town's vision for the future of health and social care services which will involve closer working between these services so that they are more co-ordinated and people only have to tell their story once, whilst making services more convenient and accessible for people. Preventing poor health and intervening quickly with care and support when it is needed is a key theme in Bury's plan, as is making sure people have the support and information they need to take an active part in their health and wellbeing.

The last 12 months have seen us grow and develop into an organisation that is confident to face the challenges ahead and have the experience to make potentially major decisions about healthcare in the local area.

We have been on a journey of discovery and exploration our clinical leaders and Membership have played a vital role in continuing to shape our organisation, forging new partnerships and building upon existing relationships.

All 31 GP practices in Bury are known as our 'Member Practices', and together we are working to achieve a healthier Bury by commissioning services that meet local needs. CCGs have clinicians taking the lead on making decisions about local health services and we are committed to giving local health professionals the freedom to respond, innovate and develop services in a way that best meets the needs local people.

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In addition, a key part of this process to plan and purchase a range of services is that we listen to patient feedback. We want to hear and learn from patient experience and in turn ensure that this influences the way that services are designed.

Our aspirations are far reaching and include delivering improved outcomes, providing quality services so that patients receive the care that is right for them every time, ensuring better access, reducing health inequalities and ensuring services are locally focussed and more joined up.

During the year we received a budget of just over £240 million to plan and purchase a range of health services including those provided in hospitals and out in the community, for our population of around 190,000 patients.

At the end of the financial year in relation to the Governing Body (Board) members, there were 10 male and 7 female members. In relation all other CCG employees (i.e. excluding Governing Body members) there were 27 male and 53 female members of staff, 80 in total.

GP commissioning

From April 2015 we took on an enhanced role and greater delegated responsibility to jointly commission GP services with NHS England. Known as primary care co-commissioning arrangements, these were part of a series of changes set out in the NHS Five Year Forward View to deliver a new deal for primary care and symbolised another next step towards plans set out by NHS England to give patients, communities and clinicians more involvement in deciding local health services. Whilst co-commissioning became a reality during the year, we were making further plans to take on full delegated responsibility to commission GP primary care services, a role we embraced from April 2016. This means that at a local level, from April 2016, the CCG will have more say about how money is spent to improve services for the people of Bury. Our Primary Care Commissioning Committee will continue to meet in public (previously known as the Primary Care Co-Commissioning Committee) to consider key issues relating to primary care.

Our vision, values and strategic ambitions

Our vision is *to continually improve Bury's Health and Wellbeing by listening to you and working together across boundaries.*

Our values are:

- To be inclusive and transparent about the decisions we make.
- To challenge inequalities through partnership working.
- To be bold, inclusive and supportive.
- To value everyone.
- To listen and learn.
- To secure people centred, clinically effective, efficient and sustainable care.

Our strategic ambitions as highlighted in our Strategic Plan 2014-19, are:

- To secure additional years of life for people living with treatable mental and physical health conditions.
- To improve the quality of life for people living with long term conditions, including mental health conditions.
- To reduce the amount of time people spend avoidably in hospital.

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- To increase the proportion of older people living independently at home following discharge from hospital.
- To increase the number of people having a positive experience of hospital care and care outside of hospital.
- To make significant progress towards eliminating avoidable deaths.

Our population

The most recent census is from 2011 and this tells us that the population of Bury was estimated to be just over 185,000. We anticipate this will rise to over 199,000 by 2021. 10.9% of Bury's population are from black and minority ethnic (BME) communities.

We need to consider population changes in terms of our objectives in the long term. Like many areas, Bury has an ageing population and it is expected there will be 6,700 (or 23%) more people aged over 65 by the year 2021. This means Bury's total 65 and over population will be in the region of 36,200, equating to over 18% of the estimated overall 2021 population. It is also anticipated that the proportion of people aged 85 and over will increase by 36%, to around 4,900.

An ageing population brings with it an increased burden of poor health in later years and a significant increase in demand for health and social care services; this strengthens the need for health and social care to work more closely moving forward. You can read more about our plans to join up health and social care, later in this report.

As the population ages, the level of late onset dementia is expected to rise by around 5% over the next 10 years, which will result in a higher dependency on services, specialist care services and indeed carers.

Services need to be shaped according to these anticipated population changes and our focus needs to be on supporting people to remain safe and independent for as long as possible.

Life expectancy in the borough remains below the England average and the gap is widening. Life expectancy for males in Bury is around 77.5 years, just over 1 year less than the England average (78.6 years). For women, life expectancy in Bury is 81.2 years, which is 1.4 years less than the England average (82.6 years). Within Bury there are significant differences in life expectancy. For men there is a gap of 10.8 years and 12 years for women, between the most and least deprived areas of the town.

In Bury there are around 1,800 deaths a year with the main causes being due to cancer and circulatory disease (for example heart disease and stroke), with respiratory disease (for example chronic obstructive pulmonary disease or asthma) also being a main contributor. Early death rates from heart disease and stroke have fallen, but are still higher than the England average, and deaths from liver disease are increasing.

Greater Manchester Health and Social Care Devolution

From 1 April 2016, Greater Manchester has taken responsibility for Health and Social Care spending in excess of £6 billion. Health and social care partners are working closely with other public service providers to deliver a vision, designed to:

- Improve the health and wellbeing of all of the residents of Greater Manchester, moving from having some of the worst health outcomes to having some of the best;

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- Close the health inequalities gap within Greater Manchester and between Greater Manchester and the rest of the UK faster;
- Deliver effective integrated health and social care across Greater Manchester;
- continue to redress the balance of care to move it closer to home where possible;
- Strengthen the focus on wellbeing, including greater focus on prevention and public health;
- Contribute to growth and to connect people to growth, e.g. supporting employment and early years services; and
- Forge a partnership between the NHS, social care, universities and science and knowledge industries for the benefit of the population.

A Strategic Plan for Greater Manchester has been developed, setting out a framework for long-term health and social care reform. The plan has been endorsed by all 37 organisations involved in the devolution partnership, together with other partners, such as primary care providers. It provides a framework to direct the application of the £450 million Greater Manchester transformation fund. This fund provides Greater Manchester with the ability to make strategic investments to support the creation of a sustainable and successful health and social care system by 2021.

The Greater Manchester Strategic Plan is underpinned by 10 Locality Plans, one for each of the Greater Manchester Districts. These plans are a critical aspect of the process as they describe the specific work which will take place in each area to make Greater Manchester's vision for transformed health and care a reality.

To support the delivery of the programme, an Accountability Agreement with NHS England has been agreed. This agreement describes how Greater Manchester will be assured once, as a place, for delivery of the NHS Constitution and mandate, financial control and quality.

Business information

During the year we continued to work towards the ambitions outlined within our 5 year Strategic Plan. This plan focusses on how services need to look in the future to meet local needs and health challenges. Our Strategic Plan is supported by an Operational Plan. The Operational Plan was updated during the year, building upon the successes during the year and to reflect the changing context, environment and challenges we face. The Strategic and Operational Plans are instrumental in setting out how we aim to achieve our objectives and aspirations over the coming years and progress against them is closely monitored.

The high level business of the CCG can be summarised into our duties and our commissioning responsibilities. Duties include delivery of the NHS Constitution which brings together in one place details of what staff, patients and members of the public can expect from the NHS. Our commissioning responsibilities include the planning and purchasing of a range of services to meet local needs, such as community services, hospital services, emergency and urgent care, mental health and learning disability services and continuing health care.

The organisations which provide care for local people on our behalf are known as our providers. Services are offered to patients across a range of settings including hospitals such as Fairfield General Hospital in Bury and North Manchester General Hospital; to community settings including health centres, and where safe and appropriate, care is provided to a patient in their own home.

The Pennine Acute Hospitals NHS Trust (PAHT) is our main provider of hospital services, of which Fairfield General Hospital in Bury is one site. Pennine Care NHS Foundation Trust (PCFT) is our

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main provider of mental health and community services. We also commission a small number of independent and third sector providers across a wide range of services.

Performance analysis

There are a range of areas and indicators that we monitor on a monthly basis, looking at the performance of services and also patient outcomes which include:

- The **NHS Outcomes Framework** – a set of fundamental outcomes that the NHS should deliver in relation to five domains for improvement.
- The **NHS Constitution** – which sets out what patients have a right to expect from their local health and care services, but also what their responsibilities are to look after themselves.
- **Local Performance targets** – the areas that reflect our local priorities.
- **NHS England Assessment** – where the Local Area Team gains assurance on our performance and capabilities as an organisation.
- **Quality Premium** – Quality initiatives set nationally and locally designed to improve the patient experience.
- **Legislative Requirements** – As set out in the Health and Social Care Act 2006 (as amended).

We have provided a more detailed update on some of these areas later in the report.

The Governing Body receives a performance report and quality report on a bi-monthly basis which outlines the performance achieved in the reporting period along with corrective actions where performance is below the required levels.

We are also held to account by NHS England for delivery of a number of measures and are assessed on a regular basis against the Assurance Framework for CCGs, which looks at the following:

- Well lead Organisation;
- Performance : delivery of commitments and improved outcomes;
- Financial Management;
- Planning; and
- Delegated Functions.

The Quality Premium requires CCGs to achieve national standards against key targets and also to identify an outcome for which local indicators are set and approved by NHS England. Achievement of the target is linked to a financial payment, which if achieved, will support the CCG in further improving the quality of services across the borough.

If we fail to achieve the outcome measures, the award is reduced. Additionally if the national patient rights and pledges are not delivered, the available monies are further reduced by 25 per cent for each target not achieved.

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Our performance During 2015-16

NHS Constitution

The NHS Constitution outlines the values, guiding principles, rights and pledges that patients have a right to expect and we recognise our obligations to patients as set out within the Constitution. Our performance against the measures outlined in the NHS Constitution is published on the CCG's website within the Governing Body papers. Performance in a number of key areas is summarised below:

A & E Targets

There are two main measures which help us to understand the experience of patients when attending accident and emergency. The first is the 4 hour A&E wait measure, and the second in the 12 hour trolley wait measure.

- 4 hour waits

There has been significant pressure on the delivery of this target both locally, but also nationally, and performance has been below the required levels for the whole year.

The CCG, along with its neighbouring CCGs within the North East Sector (NES) of Greater Manchester, have implemented a number of urgent care and seasonal resilience programmes to support delivery of this measure. We have also work collaboratively with colleagues at PAHT to develop action plans to deliver improvements. These are monitored through the NES Systems Resilience Group (SRG) on a monthly basis.

- 12 hour waits

Towards the end of the year, as the pressures across the wider urgent care system have increased, we have also experienced an increase, once the decision to admit a patient to hospital has been made, in the number of patients waiting longer than we would like.

We will continue to work with our colleagues within PAHT to ensure hospital beds are available in a timely manner through the appropriate discharge of patients who are medically optimised and can be cared for in a more appropriate setting, whether at home or in one of the step down facilities which have been commissioned.

18 weeks referral to treatment times

In October 2015 a minor change was announced to the reporting of the 18 week referral to treatment target, with a shift of focus to only the 'incomplete' element of the performance measure. This has been achieved consistently all year.

Diagnostics

Delivery of the 6 week diagnostic measures has been a particular challenge during 2015-16 due to capacity and resource issues with our local provider. The NES SRG has overseen performance of the provider through monitoring improvement trajectories and action plans, and whilst the issue were addressed in year, the impact on delivery will not be experienced until early 2016-17.

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Cancer Targets

Cancer prevalence within Bury is higher than the England average and demand for services continue to rise year-on-year. Performance across the range of cancer targets and measures for the reporting period has been mixed, with only the 31 day measures being achieved consistently for the whole year.

Performance against the 62 days measures has been variable, and as the numbers of patients on the pathways are low, and patient cancellations or instances where a patient 'does not attend' an appointment have a significant impact on achievement.

We review each performance indicator on a monthly basis to understand the reasons for non-delivery and are working with our GPs and patients to improve the understanding and importance of appointments, particularly those which are on a 2 week pathway.

Ambulance Measures

NHS Blackpool CCG is the lead commissioner for North West Ambulance Services (NWAS) and works on behalf of and in collaboration with all other CCGs within the North West. NWAS performance against the main response indicators was achieved for the first 6 months of the year, however deteriorated from this point.

At the same time, the number of delayed handovers of patients from the ambulance to A&E also increased, adversely impacting upon the availability of resources to respond to calls.

The CCG has implemented more community-based schemes to try to reduce demand on NWAS.

Improving access to Psychological Therapies

The CCG commissions PCFT to deliver psychological therapies for patients needing low to moderate mental health support services and treatments. Whilst there is a positive track record of achieving prevalence, with recovery falling slightly below the required target, these have not been achieved on a consistent basis.

Two new measures for delivery from April 2016 have been introduced during 2015-16 in order that both the commissioner and provider can ensure all necessary arrangements are in place. These have been monitored on a monthly basis, with poor performance against the 6 week waiting measure, and better but sporadic performance against the 18 week wait measure.

We will continue to work with our provider to ensure action plans are robust and monitored to deliver continuous improvement in this area.

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NHS England Assessment

We were authorised by the NHS Commissioning Board (NHS England) in February 2013 (Wave 3) without conditions.

During 2015-16, the CCG has undergone regular assurance reviews and have also been assessed against the CCG Assurance Framework by NHS England as follows:

	2014-15	2015-16*
Well Lead	Good	Good
Performance	Limited	Limited
Financial Management	Limited	Good
Planning	Limited	Good
Delegated Functions	Good	Good

* Provisional subject to confirmation from NHS England.

NHS England recognised the significant progress we have made in refining and delivering improvements to its processes during the last 12 months.

Quality Premium

During 2015-16, the CCG received £142,000 investment in relation to the achievements against Quality Premium Indicators for the previous year performance. We have used this additional funding to support the delivery quality initiatives that will drive improvements in outcomes and experience for patients.

Whilst the achievements against the Quality Premium indicators for 2015-16 are not yet confirmed, our confidence levels in delivery of the indicators is much higher than the previous year and anticipate that between £190,000 and £500,000 will be awarded for further investment in quality initiatives.

Financial Performance

Our financial reports are provided in more detail from page 69. Ensuring delivery of the business rules and achieving financial duties was a significant priority for the CCG during 2015-16.

With a history of financial challenge and underfunding, our financial allocation for 2015-16 was £22.8 million less than what we expected to receive, meaning that in order to deliver our commitments to our population, we needed to identify Quality, Innovation, Productivity and Prevention (QIPP) schemes and a programme of work totalling £9 million.

Revised monitoring arrangements have been implemented both operationally through QIPP reporting and strategically through the establishment of a Project Management Office. Performance has been scrutinised on a monthly basis through the Finance Committee and reported to the Governing Body bi-monthly.

We achieved £3.5 million against the £9 million QIPP target, and although we originally expected to achieve only a 0.5% surplus, which was lower than the business rules requirements, we are pleased to report that the full 1% was achieved.

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Performance against legislative requirements

As stated in our Governance Statement under the section discharge of statutory functions, we certify that we have complied with the statutory duties laid down in the National Health Service Act 2006 (as amended). Examples of how we discharged our duties in some areas are highlighted here.

Duty as to the improvement in quality of services

Our vision and commitment for commissioning and ensuring the delivery of quality health care is embedded in our Constitution, governance arrangements and our day to day work. One of our strengths is our clinical leadership which puts safety, clinical effectiveness and patient experience at the centre of commissioning decisions. Our Governing Body has four members with responsibility for quality; an Executive Nurse who leads the quality and safeguarding team, a Lay Nurse, a Clinical Director and a lay member who also chairs the Quality and Risk Committee.

Quality snapshot update

Reducing the number of healthcare acquired infections is a key priority for us. During 2015/16 the CCG had one case above trajectory for Clostridium Difficile (C Diff). There have also been three cases of MRSA against a challenging target of zero.

Whilst the figures for the year were higher than we would like, the numbers remain low and this is a reflection of the effective infection control measures our local hospital Trust has in place, and of our GP practices' efforts to ensure antibiotics are only prescribed when absolutely essential and when they are required only the most appropriate antibiotic for an infection is given. The more often we use antibiotics, particularly those with a wide spectrum of action, the more likely it is that bacteria will become resistant to them which can lead to serious life threatening infections such as MRSA and C Diff. The CCG continues to work collaboratively with the Infection Control Team at Bury Council on infection control and prevention and outbreak planning.

During the year we worked closely with our GP practices to improve end of life care, including increasing the number of patients registered as nearing the end of life. By increasing this proportion of patients on the end of life register ensures that many more people will receive the most appropriate care at the right time and in the right place, avoiding unnecessary hospital admissions. The CCG will strive to improve the recording of end of life in care records further, ensuring that patients are given choice about the place in which they receive care and the place in which they choose to die.

We are striving to empower patients to explore psychological aspects of long term conditions (LTC) and medically unexplained symptoms (MUS). Most MUS have a psychological basis, and there is evidence that using a psychological approach reduces the use of medication and supports patients to manage their own condition. Recognising this important area, the CCG targeted a substantial increase in the number of patients with physical health long term conditions and/or MUS referred to Improving Access to Psychological Therapy (IAPT) services, known in Bury as Healthy Minds. As a result in 2015/16 more than 1,000 patients were referred against the target of 540, meaning many more patients will be empowered to address the underlying causes of their MUS and manage their LTC.

Child and Adolescent Mental Health Services (CAMHS) have changed their name to Healthy Young Minds, and new models are being explored to ensure good transition from child to Adult services.

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During the year, the CCG has strengthened the quality assurance processes for nursing and residential homes by work in partnership with Bury Council. Improved communication, joint inspections and visits and education events have supported care homes to provide improved standards of care. This joint framework will provide assurance across a range of areas of care provided to Bury residents, including safeguarding.

The CCG has been involved in a range of improvement work with PAHT throughout the year. The Trust along with many Trusts nationally, has had increasing challenges around Accident and Emergency and admissions of acutely unwell people. Along with a national shortage of doctors, nurses and other front line staff and the junior doctors contract negotiation strikes, the CCG has supported PAHT with a range of internal processes for example discharges, improving safety, incident management and patient experience.

Quality deep dives have been undertaken into wide range of services provided in both hospital and community locations. These have included, amongst others, maternity services, Accident and Emergency, complaints handling, diagnostics, Rapid Assessment, Interface and Discharge (RAID) mental health services, empowering patient programmes, and District Nursing Services. Quality Leads at the CCG along with members from the Patient Cabinet value visiting services and talking to front line staff and patients in receipt of services to ensure we have an accurate account of the services the CCG commissions.

Duties as to reducing inequalities – including the Health inequalities Duty and Public Sector Equality Duty

Whilst carrying out our functions, we have a regard to the need to reduce inequalities between patients with respect to their ability to access health services, and the outcomes achieved for them. In line with the Equality Act 2010 we aspire to eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act, advance equality of opportunity between people who share a protected characteristic and people who do not share them and foster good relations between groups and individuals who share protected characteristics. Addressing these two distinct Duties presents issues that contribute to health inequalities which are complex and longstanding. It is our role to help every local person to improve their chances of living longer and healthier lives and this will involve engaging with local people, partners and providers in the planning of local services.

- Human rights

Human rights are a set of basic rights and freedoms that apply to everyone, although they can sometimes be limited or restricted, they cannot be taken away. The Human Rights Act 1998 provides important protections for people, giving legal force to 16 fundamental rights and freedoms and duties to uphold them. It means that health organisations like NHS Bury CCG recognises that human rights, including the rights of the most vulnerable individuals in society, is integral to health and social care. The CCG has an obligation to ensure that peoples' rights are respected in all that they do. We aspire to work with members of the public, patients, carers and partner organisations to build a culture in which we treat patients, members of the public and staff with fairness, respect, equality and dignity, and respect their autonomy – these are known as the FREDA principles. We are committed to treating all employees with dignity, respect and consideration; to protect their human rights and help them to reach their full potential at work.

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We ensure that our human resources policies including recruitment policies, exit interviews and restructures are fair and transparent. We also regularly review patient complaints and enquiries, patient stories and any serious untoward incidents to ensure that human rights and protected, characteristics have been respected and that we have procedures in place to record and report any discrimination through our quality governance structures.

We recognise that as a public body existing laws that apply to us must be interpreted and applied robustly in a way that fits with the rights in the Human Rights Act 1998.

More information can be found via the Human Rights in Healthcare website.

- Equality

We are committed to making every possible effort to ensure that in the present and the future no one receives less favourable treatment on the grounds of their age, disability, ethnicity, race, gender, religion, belief, sexual orientation, gender identity, pregnancy, maternity or marital status.

We will also avoid discrimination on the basis of caring responsibilities, social class, trade union membership (or non-membership) or irrelevant criminal convictions. This commitment includes (but is not limited to) meeting the requirements of the Equalities Act (2010), the UK's discrimination law. This act legally protects people from discrimination and unfair treatment, both in the workplace and in wider society.

Our commitment also includes meeting the requirements of the Public Sector Equality Duty (PSED), which protects people from discrimination, harassment and victimisation in work, education and when accessing services including healthcare.

The PSED requires us to publish relevant, proportionate information showing compliance with the Equality Duty each year. Our reports demonstrate our commitment to commissioning for equal access to health care and improving health outcomes for vulnerable groups and to equal access to employment opportunities for our staff. It also demonstrates our compliance with the requirements of the Public Sector Equality general and specific duties as well as providing data with respect to our commissioning, engagement and workforce activities. It shows how we have made our decisions, and what needs to be undertaken in the next year to continue commissioning for diversity.

The information in the publication includes an overview of our role and aims, and of our diverse population and the health challenges it faces. It sets out our legal responsibilities in demonstrating 'due regard' to the public sector equality duty's three aims, and will provide evidence for meeting the specific equality duty. It sets out the way in which we strive to commission for inclusion and promote inclusive leadership and an inclusive workplace. It shows our four equality objectives and explains how we monitor the equalities performance of our commissioned providers.

The report gives examples of work we have undertaken to take account of the needs of our vulnerable communities and staff, and looks at the plans that we are making to improve the way we commission services and make provision for our staff. It also sets out our Equality Objectives and our commitment to the NHS Equality Deliver System 2 (EDS2).

For more information you can read our equality and diversity page on our website.

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Duty as to public involvement and consultation

We have co-existent legal duties based on the National Health Service Act 2006 and amended in the Local Government and Public Involvement in Health Act 2007 and the Health and Social Care Act 2012. These set out our responsibilities and duties for engaging local people and other stakeholders.

Broadly speaking, we have a duty to engage local people and stakeholders about the planning of services and the development and consideration of proposals for changes in service provision. The National Health Service Act 2006 (amended) places a requirement on CCGs to ensure public involvement and consultation in commissioning processes and decisions.

Specifically Section 14Z2 of the Act applies to any health services which are, or are to be, provided pursuant to arrangements made by a CCG in the exercise of its functions (‘commissioning arrangements’).

We must make arrangements to ensure that individuals to whom services are being or may be provided are involved, whether by being consulted or provided with information or in other appropriate ways.

Over the year, the CCG has expanded the breadth and depth of its engagement activities.
We continue to work closely with Bury Council and other partners including Healthwatch Bury and the local voluntary sector in pursuing a joint strategy for community engagement in relation to health and social care.

The CCG’s Patient Cabinet has continued to play an important role in ensuring that the voice of local people is influential in the CCG’s decision making. The Patient Cabinet has performed a key role in ensuring meaningful involvement and engagement with local people and communities by gathering views and feedback and making sure that people have a chance to feed into and actively participate in the CCG’s planning and decision making.

As a formal sub-committee of the CCG’s Governing Body, the Patient Cabinet meets on a monthly basis, and issues raised through the Patient Cabinet have a direct route into the Clinical Cabinet and the Governing Body via its Chair who is a lay member.

The Patient Cabinet has fulfilled the role of ensuring that the patient and public voice is integral to the work of the CCG by:

- Regularly receiving and commenting on CCG plans;
- Working with clinical and service redesign leads on service redesign programmes;
- Involvement in the procurement process for community health services and the Mental Health Innovation Fund;
- Gathering and feeding in views from the local community via attendance at local Township Forums, practice-based Patient Participation Groups and forging links with local voluntary and community groups, and
- Having representation on key committees and groups including: the Governing Body, Clinical Cabinet and Sector (GP practice) meetings.

Over the past year, the CCG has sought to extend the reach of its communications and engagement activities to ensure that local people and patients are not just informed but have the opportunity to voice their views and experience. We have engaged with patients to inform service redesign plans relating to urgent care, cancer and palliative care by running public workshops around each of these commissioning programmes. A programme of engagement with voluntary sector organisations and patient groups around palliative care and cancer services also commenced in 2015 and this work will continue into 2016.

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In 2015, the CCG also undertook a public consultation exercise on the future of NHS prescribing of gluten free food products for adults. Patients and carers were able to share their experience and views through an online survey and facilitated focus groups and in total over 150 patients took part.

In addition, CCG commissioners worked with a military veterans' charity to gain their input into the development of the service specification for procurement of a new veterans' health service. Veterans were involved in shaping the service specification and in the process of selecting a provider as part of the procurement process.

Challenges and Risks

The healthcare system is facing the challenge of significant and enduring financial pressure. Need for services grows faster than funding and as we continue to plan to meet the demands of our local population, we recognise the need to work differently, using new and innovative methods, through partnership with all our stakeholders, including the local population and at an increased pace.

Through 2015-16, the principal risk and uncertainties were:

- Delivery of the QIPP target to support finance business rules; and
- Delivery of the schemes within the Better Care Fund.

We have made significant progress in our internal risk management and assurance processes, including introducing an integrated Governing Body Assurance Framework during 2015-16, which has been used, alongside the corporate risk register to assure the Governing Body on the effective management of risks to delivery of the strategic objectives. This provides evidence that the CCG is systematically identifying strategic risks to achieving objectives.

Regular reporting has taken place throughout 2015-16, with significant challenge and scrutiny being provided by the Audit Committee.

We have also refreshed our Risk Management Strategy and set out our commitment to ensuring that we identify, assess, and take appropriate action to minimise risk to patients, stakeholders and the CCG through a comprehensive system of internal assurance and control, whilst providing maximum potential for flexibility and innovation. Embedding these new tools will be a key priority as we move into 2016-17.

I believe this performance report gives a fair and balanced review of our business, development, activity and performance during the year. Whilst there have been some performance challenges, we have made substantial progress in a number of key areas, including strengthening our management capacity, refreshing our internal operating arrangements and delivering improved outcomes for our population, all of which will help us as we move forward into 2016-17.

Looking ahead, we will be working more closely with Bury Council and other partners to provide more joined up care for local people, ensuring that services are personalised, responsive and that delays are minimised. We will also be embracing the opportunities that the devolution of health and social care will bring to Bury.

Stuart North Chief Officer and Accountable Officer
[27th] May 2016

Draft

Sustainability Report

Sustainable development is about balancing social, economic and environmental considerations, ensuring future generations are not adversely affected by the way we live today.

We recognise that good maintenance and care of the environment contributes to the long term health of people, their social wellbeing and economic prosperity. We are committed to promoting environmental sustainability and to continually improve the quality of services and their environmental performance. This is documented within our Sustainable Development Management Plan (SDMP) together with a nominated executive leading on sustainability for the organisation.

As a relatively small commissioning organisation, we do not own premises. We are committed to embedding good corporate behaviours within our organisation, concentrating on the reduction of paper, increased recycling and energy and carbon reduction.

As part of the 2013 authorisation process, CCGs have self-certified compliance to the following statement:

"We declare that at the point of authorisation our CCG will demonstrate commitment to promoting environmental and social sustainability through our actions as a corporate body as well as a commissioner."

Modelled Carbon Footprint

The majority of the environmental and social impacts are through the services we commission. Therefore, the following information uses a scaled model based on work performed by the Sustainable Development Unit (SDU) in 2014-15. More information is available here.

Resulting in an estimated total carbon footprint of 57,845 tonnes of carbon dioxide equivalent emissions (tCO_2e).

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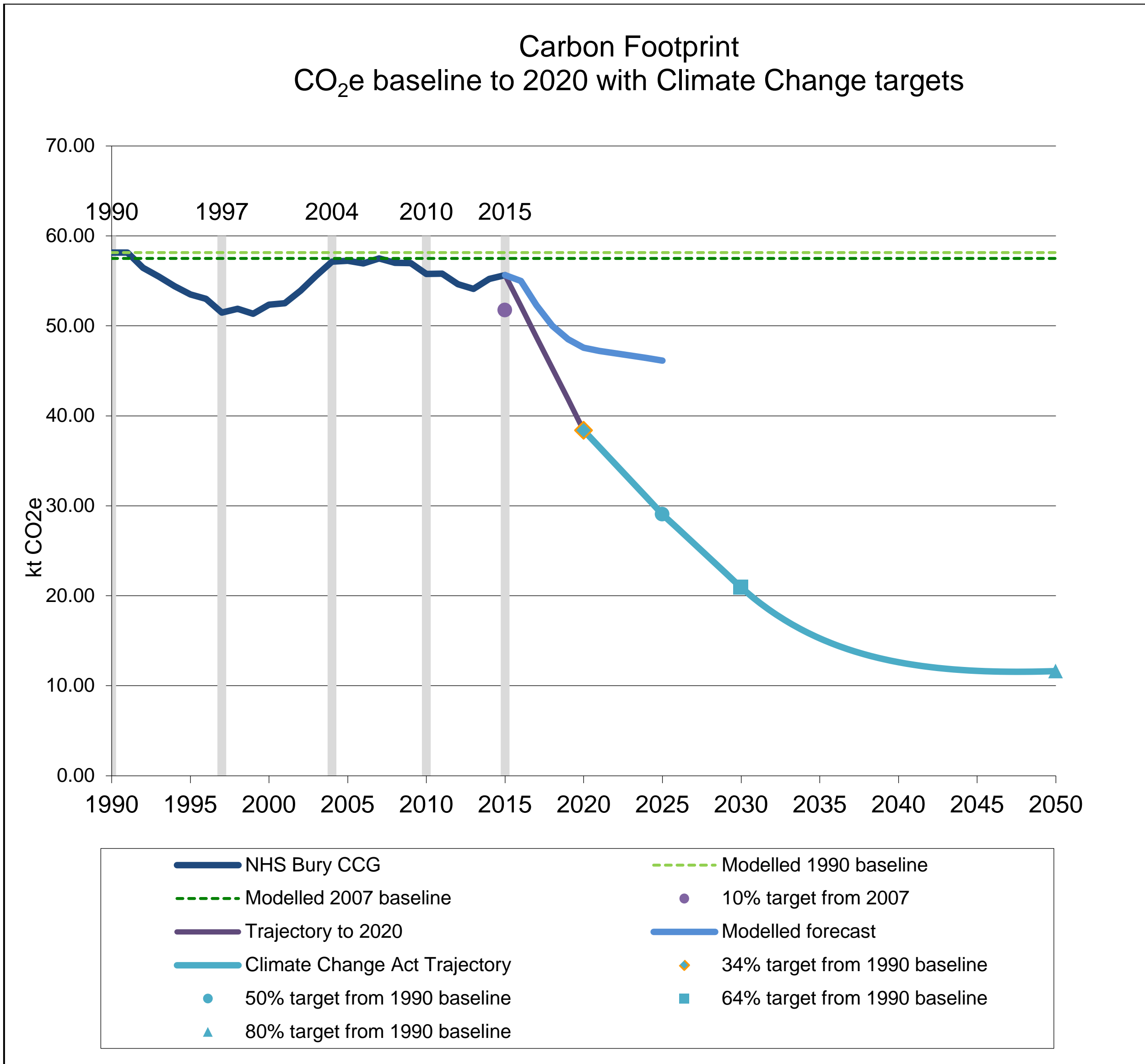

Policies

In order to embed sustainability within our business it is important to explain where in our process and procedures sustainability features.

Area	Is sustainability considered?
Commissioning (environmental)	Yes
Commissioning (social impact)	Yes
Suppliers' impact	Yes
Travel	No

One of the ways in which an organisation can embed sustainability is through the use of an SDMP. An update to our SDMP is required because it has not been approved by the Board in the last 12 months.

As an organisation that acknowledges its responsibility towards creating a sustainable future, we help achieve that goal by raising awareness of the benefits of sustainability to our staff.

Climate change brings new challenges to our business both in direct effects to the healthcare estates, but also to patient health. Examples of recent years include the effects of heatwaves, extreme temperatures and prolonged periods of cold, floods, droughts etc. The organisation has identified the need for the development of a board approved plan for future climate change risks affecting our area.

Partnerships

As a commissioning and contracting organisation, we will need effective contract mechanisms to deliver our ambitions for sustainable healthcare delivery. The NHS policy framework already sets the scene for commissioners and providers to operate in a sustainable manner. Crucially for us as a CCG, evidence of this commitment will need to be provided in part through contracting mechanisms.

We have not currently established any strategic partnerships. For commissioned services here is the sustainability comparator for our providers:

Organisation Name	SDMP	On track for 34% reduction	GCC	Healthy travel plan	Adaptation	SD Reporting score
Pennine Acute Hospitals NHS Trust	Yes	No	No	No	Yes	Data not available
Pennine Care NHS Foundation Trust	Yes	No	Yes	Yes	No	Good

Performance

Organisation

As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. It is our aim to meet this target by reducing our carbon emissions 10% by 2015 using 2007 as the baseline year.

Travel

We can improve local air quality and improve the health of our community by promoting active travel to our staff, through our providers and to the patients and public that use the services we commission.

Every action counts and we are a lean organisation trying to realise efficiencies across the board for cost and carbon (CO2e) reductions. We support a culture for active travel to improve staff wellbeing and reduce sickness.

Category	Mode	2013-14	2014-15	2015-16
Business Travel	km	Not available	39285.7	26414
	tCO_2e	507	514	550
Staff commute	km	55,153	57987.59	87020.94
	tCO_2e	13	13.23915	19.55448

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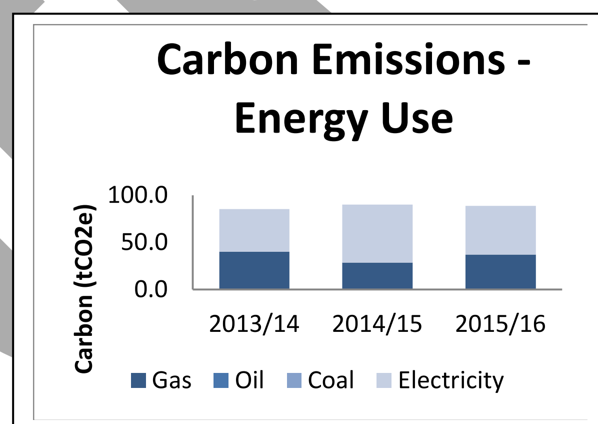
Energy

The CCG spent £16,860 on energy in 2015-16, which is a 4.4% increase on energy spend from last year.

Performance and commentary

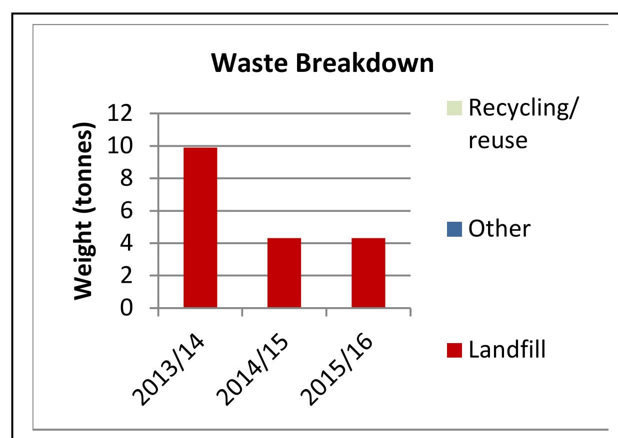
The CCG is a tenant in an NHS Property Services building, which also accommodates staff and services not directly employed or managed by the CCG. These figures relate to the CCG's estimated proportion of energy use from the building. Not all information sources were available to the CCG from NHS Property Services, for example, recycling data and waste. NHS Property Services Sustainability Team who kindly provided this information can be contacted at sustainability@property.nhs.uk

Resource		2013-14	2014-15	2015-16
Gas	Use (kWh)	189,829	136,842	177,396
	tCO_2e	40.3	28.7	37.2
Oil	Use (kWh)	0	0	0
	tCO_2e	0	0	0
Coal	Use (kWh)	0	0	0
	tCO_2e	0	0	0
Electricity	Use (kWh)	80,385	98,863	89,624
	tCO_2e	45.0	61.2	51.5
Total Energy CO_2e		85.3	89.9	88.7
Total Energy Spend		£ 15,063	£ 16,112	£ 16,860



Waste

Waste		2013-14	2014-15	2015-16
Recycling/ reuse	(tonnes)	0	0	0
	tCO_2e	0	0	0
Other	(tonnes)	0	0	0
	tCO_2e	0	0	0
Landfill	(tonnes)	10	4	4
	tCO_2e	2.419736	1.053441	1.053441
Total Waste (tonnes)		9.9	4.31	*4.31
% Recycled or Re-used		0	0	0
Total Waste tCO_2e		2.419736	1.053441	1.053441



*Waste figures for 2015-16 were not available and an assumption has been made that this would have been similar to the previous year.

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Finite resource use - water

Water		2013-14	2014-15	2015-16
Mains	m^3	381	409	395
	tCO_2e	0	0	0
Water & Sewage Spend		£973	£1,046	£1,010

Draft

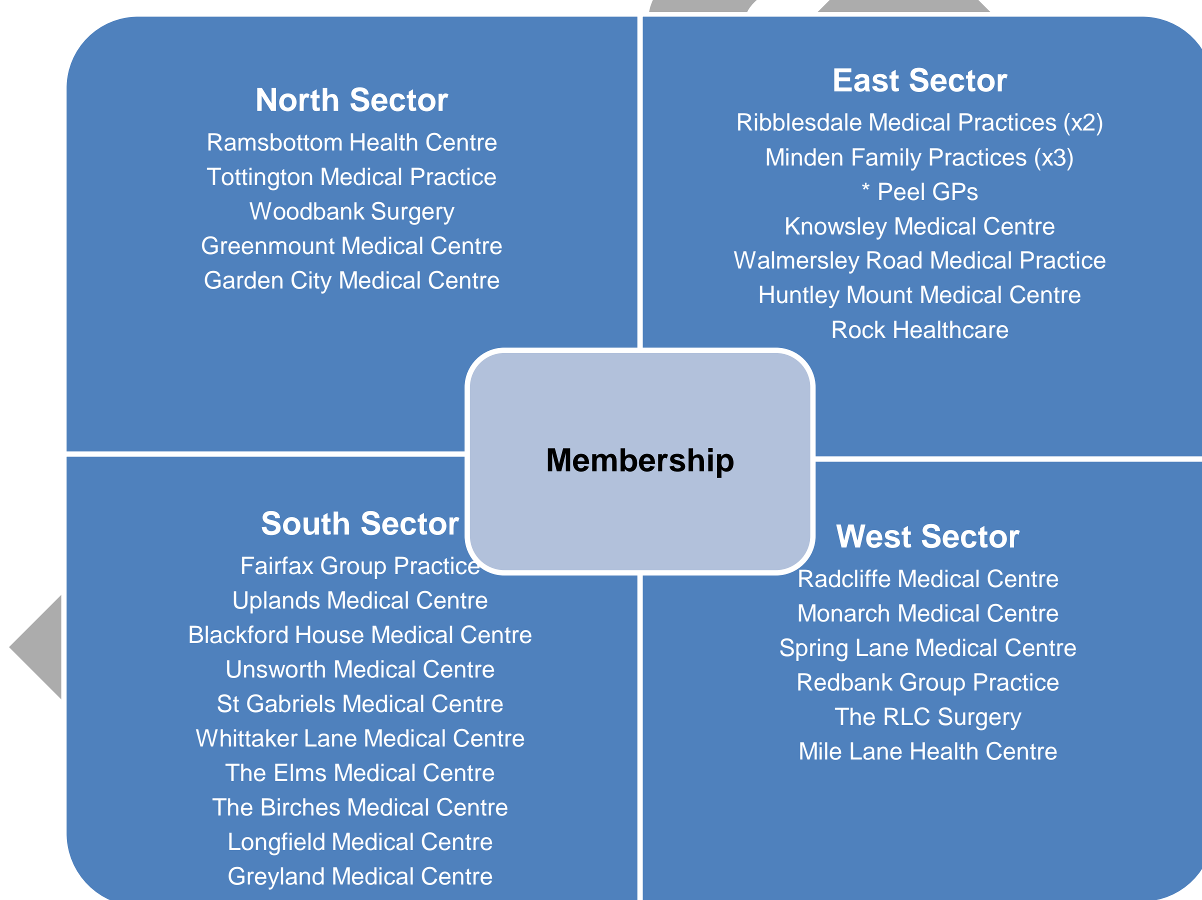
Accountability Report

Corporate Governance Report

1. Members' Report

NHS Bury CCG is a Member organisation, made up of the 31* GP Practices in the borough of Bury, which are segmented into four sectors. Together our Member Practices make up NHS Bury CCG and they are highlighted in the table below. Each Sector is chaired by a GP, known as Sector Chairs. The Sector Chairs attend the Governing Body and Clinical Cabinet meetings to influence and shape the decision making of the Governing Body on key issues.

Our Member Practices are segmented into these four Sectors as indicated in the diagram below:



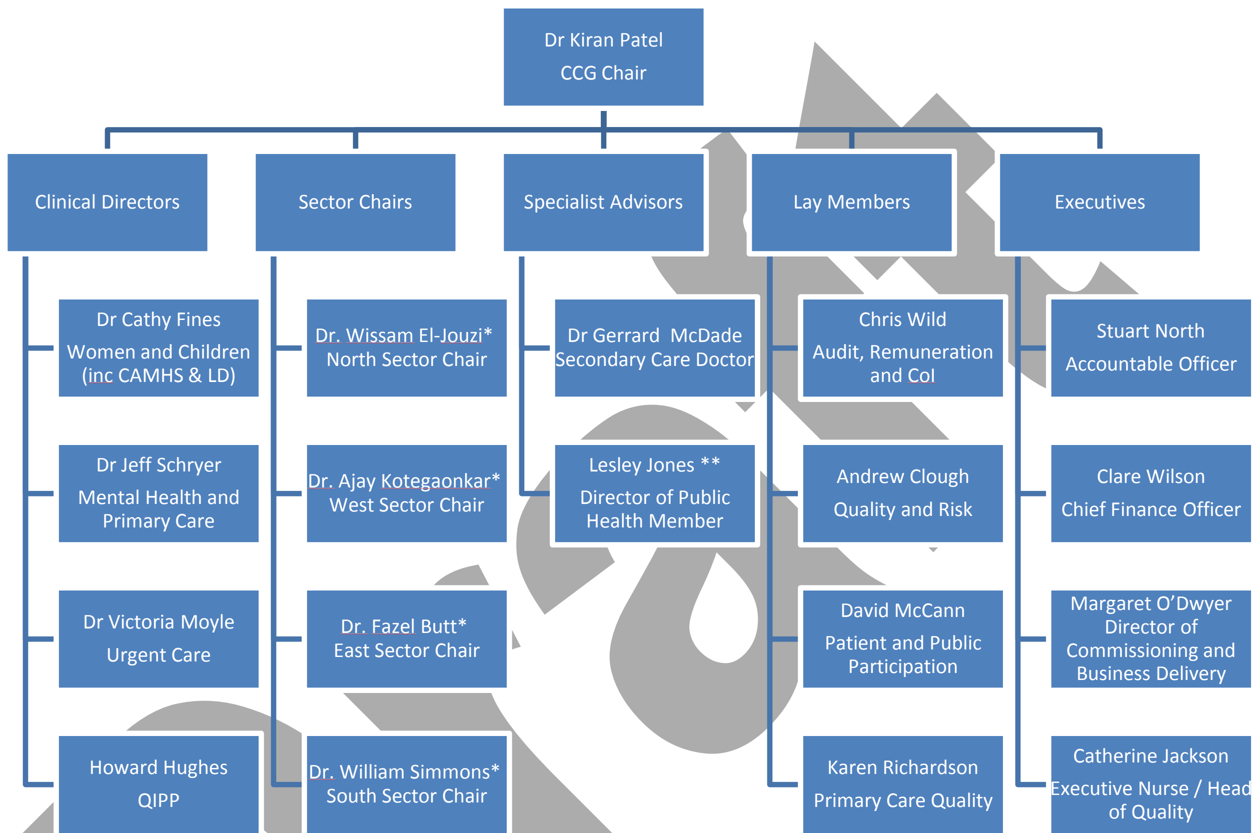
* During the year, Peel GPs moved from being three individual GP practices, to being one (merged) practice.

The Members hold the Governing Body to account and have delegated authority for decision making, as set out in the schedule of reservation and delegation to the Governing Body.

The CCG website features more information, and this is where the CCG Constitution has been published.

Governing Body

The Governing Body holds a number of meetings in public during the year. The voting membership of the Governing Body includes a Chair, an Accountable Officer, six clinical representatives - the majority from Member Practices, four Lay Members, a secondary care specialist advisor, three Executive Directors including an Executive Governing Body Nurse, Director of Commissioning and Business Delivery, Chief Finance Officer and the Local Authority (Bury Council) Director of Public Health.



* Only two sector chairs are eligible to vote during Governing Body meetings

** Not employed by the CCG

As at 31st March 2016, NHS Bury CCG had 7 female voting members and 10 male voting members on its Governing Body.

Details of members of the Governing Body (Board)

During the year our Chair and Clinical Lead was Dr. Kiran Patel and our Chief Officer and Accountable Officer was Stuart North.

The composition of the Management Board during the year is highlighted in the table below.

Dr. Kiran Patel, Chair and Clinical Lead	Dr. Kiran Patel is the Chair and Clinical Lead of the CCG. Dr. Patel is a Principal GP at Greenmount Medical Centre. Graduating in 1988 from the University of Manchester, he worked in a number of hospitals across Greater Manchester prior to commencing work in Bury in 1993. Dr. Patel first became a partner at Greenmount Medical Centre in 1996. The practice concentrates on providing integrated high quality care to its patients and it was recognised in 2011 with the prestigious Quality Practice Award from the Royal College of General Practitioners. Dr. Patel has been a GP trainer since 1999, investing time to train both GPs and medical students in their professional development.
Stuart North, Chief Officer and Accountable Officer	Stuart North is the Chief Officer and Accountable Officer of the CCG. Stuart was previously the Director of Finance and Contracts for NHS Bury, a role which he fulfilled from August 2010 until the CCG took over leadership of the NHS in Bury. Stuart is committed to health services having worked in the NHS for over 30 years. An accountant by profession, Stuart has a wealth of experience, having previously been Director of Finance at East Cheshire NHS Trust and Associate Director of Finance at Central Manchester and Manchester Children's Hospitals NHS Trust.
Margaret O'Dwyer Director of Commissioning and Business Delivery / Deputy Chief Officer	Margaret O'Dwyer is the CCG's Deputy Chief Officer and Director of Commissioning and Business Delivery. Margaret joined the CCG in May 2015. She has worked within the NHS for over 30 years and is firmly committed to the values the NHS stands for. Margaret has held various commissioning roles during her career, and has broad experience in many areas including contracting and specialised commissioning, primary care commissioning, independent funding requests, continuing health care and other primary care areas including dental and pharmacy contracts. During her time working in Salford she worked across commissioning and public health and was involved in the transfer of public health functions to the Local Authority, and in transforming community services. Margaret joined NHS England in 2013 as Deputy Director of Assurance and Delivery and became the Director in April 2014, here she developed the arrangements for CCG assurance at a time when these new organisations were forming.

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Claire Wilson **Chief Finance Officer**	Claire Wilson is the Chief Finance Officer of the CCG. Claire brings a wealth of public sector experience, having worked in NHS finance for 18 years. Following graduating from the University of Durham she secured a place on the National Financial Management Training Scheme in 1996. Claire has held a number of senior roles within the NHS at local, regional and national level. She has spent most of her career working within the North West in a number of NHS provider organisations and at the Strategic Health Authority. Prior to commencing this role, Claire was the Chief of Staff to the Chief Finance Officer for the NHS England national team.
Dr. Cathy Fines **Clinical Lead**	Dr. Cathy Fines is a Clinical Lead on the Governing Body. Dr. Fines is a GP Partner at the Uplands Medical Practice in Whitefield. She has worked at the practice since 2003 having trained there and at Fairfield General Hospital. On the CCG Governing Body, Dr. Fines has a lead for Safeguarding. In addition to her role as local GP, Dr. Fines has previously worked in the Contraception and Sexual Health Service and the Young Persons Advisory Service, and has a special interest in paediatrics and child protection, representing the CCG on the Bury Children Safeguarding Board.
Howard Hughes **Clinical Lead**	Howard Hughes is a Clinical Lead on the CCG Governing Body. His role for the CCG focuses on quality and infrastructure and he has recently taken on responsibility as clinical lead for QIPP. Howard is a community pharmacist, qualifying in 1984, he has worked in a number of pharmacy roles over the years from pharmacy manager through to being the owner of a chain of pharmacies. Since 1987 he has worked in Prestwich, currently fulfilling the role of Director and Chair of Prestwich Pharmacy Limited, and since 2006 he has been the Managing Director of another pharmacy in Burnley. In addition to his pharmaceutical interests, Howard has an interest in drug misuse and sexual health. He sat on the former Professional Executive Committee of NHS Bury until 2011 and has been Chairman of the Bury and Rochdale Local Pharmaceutical Committee for a number of years. Howard is a qualified Pharmacist Pre-Registration tutor and exam question writer.

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Dr. Victoria Moyle **Clinical Lead**	Dr. Victoria Moyle is a Clinical Lead on the Governing Body, with a focus on urgent care services. Dr. Moyle is a GP Partner at Spring Lane Surgery in Radcliffe, a role she has fulfilled since 2007. Graduating from Manchester Medical School in 1996, having already attained a BSc from St. Andrews University in Scotland three years earlier. Dr. Moyle initially entered her medical career into the fields of surgery and anaesthetics, before taking up the role of GP at Spring Lane Surgery. Dr. Moyle has a special interest in orthopaedics, dermatology and gynaecology.
Catherine Jackson **Executive Board Nurse**	Catherine Jackson is the Executive Board Nurse on the Governing Body. Board Nurse positions on CCG Governing Body's are filled by Nurses who come from out of the area. Catherine's full time role is as a Nurse Clinician working in a general practice in Stockport. Catherine qualified as a nurse in 1989, and before joining general practice, she worked in a number of areas including intensive care and specialist renal (kidney) care. Since 1996 Catherine has worked in general practice, joining a GP practice in Cheshire initially. She studied for her MSc in 1999 at Liverpool University, and since graduating has fulfilled the role of Nurse Clinician in primary care. She currently practices at a GP practice in Marple near Stockport. She has a special interest in long term conditions and prescribing. Catherine has a solid track record of advising and influencing the planning and delivery of health services, being closely involved with NHS Stockport at Board level looking at clinical policy, standards and prescribing.
Dr. Jeffrey Schryer **Clinical Lead**	Dr. Jeffrey Schryer is a Clinical Lead for the CCG, taking a lead role on mental health and primary care on the CCG's Governing Body. Dr. Schryer has been a GP for over 20 years and is a partner at Whittaker Lane Medical Centre in Prestwich. He has had a long history of interest in medical education including training fulfilling the role of undergraduate medical tutor, and more recently Associate Community Dean for Undergraduate Medicine at Salford University. Dr. Schryer has an interest in mental health and medicines management, he is also a trustee for a Children's Centre in Salford.

Dr. Gerrard McDade Secondary Care Specialist Doctor	During the year, Dr Gerard McDade was the Secondary Care Doctor on the Governing Body. Dr McDade qualified as a GP in 1980 and over the years has worked in a number of fields including general medicine, chest medicine, psychiatry, neuropsychiatry and substance abuse. Dr. McDade's special interests include Mental Health, particularly severe enduring illness and Bipolar Affective Disorder. Dr. McDade resigned from his role on the Governing Body as at 31st March 2016.

Lay Members

The role of lay members is to bring specific expertise and experience to the work of the Governing Body. Their focus is strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation.

Andrew Clough Quality and Risk lead - Lay Member	Andrew Joined the Governing Body in April 2013 and has been a Registered Nurse for over 30 years. He trained at Birch Hill Hospital in Rochdale and has held numerous senior nursing posts in the North West region, including positions in critical care, nurse education, project management and the NHS regional offices. Until June 2012, Andrew was the Executive Nurse and Director of Clinical Leadership at NHS Salford, a role he held for nine years. Prior to this, he was the Assistant Director of Nursing at Stockport NHS Foundation Trust and is currently an independent health services consultant. This involves working with NHS organisations to improve patient care through robust governance and risk management systems.
David McCann Patient and Public Involvement - Lay Member	David is the Lay Member for patient and public involvement on the Governing Body. He leads on patient and public participation matters. David's role is to Chair the Patients' Cabinet which is made up of a number of patient representatives from across the borough, representing the views of local people. David is the Senior Partner at Woodcock, Haworth and Nuttall Solicitors in Bury, he has worked from the Bury office since 1991. He has a keen interest in patient and public involvement, a role he has experience in as Non Executive Director for Rock Healthcare (a GP Led Health Centre) in Bury.

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Karen Richardson Primary Care Quality - Lay Member	Karen Richardson is a Lay Member on the Governing Body with responsibility around primary care quality. Karen brings with her a wealth of experience and expertise from her time working within the NHS. Qualifying as a nurse in 1985, Karen brings with her over 25 years' experience both on the front line as a clinician, strategic planner and as a commissioner to the CCG. Karen has spent much of her career working in a hospital setting. In addition, she has experience of working as a Macmillan Specialist Nurse covering both community and hospital care. More recently, Karen has worked in a number of strategic and commissioning roles across Greater Manchester. Projects have included specialist areas such as end of life care and cancer. Most recently she held the Head of Commissioning role at NHS Salford. Karen has a passion for older people and strongly believes in giving them the respect and dignity that they deserve. She is also interested in patient and carer experience and how this feedback can influence commissioning to ensure that services are appropriate to the needs of patients and their carers.
Chris Wild Lay Member – Audit, Remuneration and Conflicts of Interest	Chris is a Lay Member on the Governing Body. He leads on audit, remuneration and conflict of interest matters. Chris was previously the Audit Chair for NHS Bury, a role which he fulfilled from January 2011 until the CCG took over leadership of the NHS in Bury. Chris has a career in financial services, being a Chartered Accountant and presently holding the post of Head of Structured Finance and Specialist Sectors at the Co-operative Bank. Chris brings with him significant insight and knowledge that supports the CCG Governing Body and hopes to make a significant contribution towards Bury becoming a healthier Borough with the first class health services that it deserves.

Local Authority (Bury Council) representation

Lesley Jones Director of Public Health – Bury Council	Lesley Jones is the Director of Public Health for Bury, employed by Bury Council. As part of this role, Lesley is also a full member of the NHS Bury CCG Governing Body. Lesley's career in health promotion started with East Dyfed Health Authority, moving onto East Berkshire and then Bolton in 1993. Lesley dedicated the next 20 years of her career to public health in Bolton, leading to her taking on the role of Deputy Director of Public Health for Bolton. She came to work in Bury as Director of Public Health, initially on a 12 month secondment, leading to a substantive appointment in October

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	2014. Lesley has an interest in all aspects of improving health and reducing inequalities.

Sector Chairs to the Governing Body

The Sector Chairs attend the Governing Body meeting and influence the decision making of the Governing Body on key issues. Whilst all Sector Leads attend the Governing Body, only two of the four are voting members.

Dr. Wissam El-Jouzi **North Sector Chair**	Dr. Wissam El-Jouzi is a Clinical Lead on the Governing Body; he is also the Chair of the North Sector Group which represents the GP practices within the North of Bury. Dr. El-Jouzi has been a GP Partner at Tottington Health Centre in Bury since 2005. He qualified in 1999 and for the first part of his career worked in East Surrey Hospital in Redhill as a Surgeon. He undertook several placements covering colorectal, breast, vascular, orthopaedics and urology. He later, also gained experience working in the Intensive Care Unit at St Georges Hospital in London. In addition to primary care, he has a special interest in minor surgery, and has been an established GP trainer for the past four years. He was also one of the GP leads on the Bury CCG Development Team and currently sits on the CCG's Medicines Management Reference Group.
Dr. Ajay Kotegaonkar **West Sector Chair**	Dr. Ajay Kotegaonkar is the West Sector GP Lead on the Governing Body; this sector group represents the GP practices within the West of Bury. Dr. Kotegaonkar qualified as a GP in 2002 and has been a GP Partner at Spring Lane Surgery in Radcliffe since 2003. He has a special interest in palliative care and diabetes and prior to his involvement with the CCG, he was involved in the work of NHS Bury as the Practice Based Commissioning Sector Lead and Palliative Care Lead. In addition to his primary care and commissioning roles, Dr. Kotegaonkar is a Hospice Doctor and the Local Medical Committee representative for Radcliffe.
Dr. Fazel Butt **East Sector Chair**	Dr. Fazel Butt is the East Sector GP Lead on the Governing Body; this sector group represents the GP practices within the East of Bury. Dr. Butt qualified as a GP in 2001, and before taking up his role as a GP in Bury, worked extensively in the North West as a locum and out-of-hours GP. He has experience of working in North West hospitals and began his current role as GP principal at Huntley Mount Medical Centre in July 2013.

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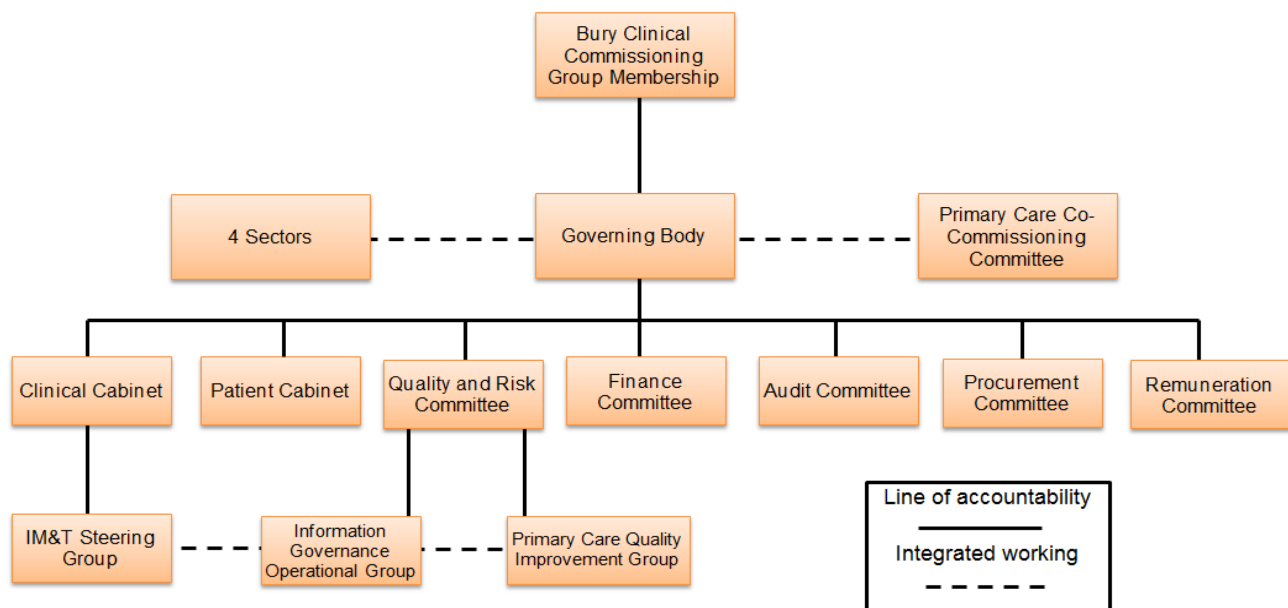
Dr. William Simmons South Sector Chair	Dr. William Simmons is the South Sector Clinical Chair for the CCG; this sector group represents the GP practices within the South of Bury. He completed his medical training in Aberdeen in 2007 and worked in various hospitals in Northern Ireland before moving to Manchester to commence GP training in 2009. He qualified as a GP in 2012 and subsequently worked as a salaried GP. He has been a GP at the Elms Medical Centre in Whitefield since Spring 2014, and became a partner in November of that year. He has a special interest in pharmacology and this has led him to the role of Practice Medicines Management Lead. He is qualified in minor surgery and provides joint and soft tissue injections for the practice. Dr. Simmons is the practice's lead GP tutor for Manchester University and teaches third year medical students on their Heart, Lungs and Blood module. He is particularly interested in the medical management of heart disease, cardiac failure and metabolic disorders. This is alongside a passion for dermatology, especially preventative skin care and aesthetic medicine. In his role within the CCG, he hopes to contribute to widening access to high quality evidence-based health care.

Declarations of interest

To ensure the integrity of the decision making delegated to all of our Governing Body members, all members are required to declare any actual or potential conflicts of interest, which may actually or be perceived to impact upon their judgement when making decisions and the management responsibilities under which they work. The up-to-date declarations of interest can be viewed on our website.

The Governing Body is supported in discharging its duties through a number of committees and sub-committees, which are outlined in the organisational governance chart below.



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The following table shows the where our Governing Body members are also aligned to the sub-committees of the Governing Body. It should be noted that this table does not depict the full membership of each of the committees, which is outlined in more detail in the Annual Governance statement at page 34.

		Governing Body	Audit Committee	Remuneration Committee	Qulaity and Risk Committee	Procurement Committee	Finance Committee	Clinical Cabinet	Patient Cabinet	Primary Care Co-Commissioning Committee	
		12	5	2	12	12	12	12	12	12	TOTAL
Chair											
Dr Kiran Patel	CCG Chair	✓		✓			✓*	✓		✓**	50
Clinical Directors											
Dr Cathy Fines	Clinical Director	✓			✓			✓			36
Dr Jeff Schryer	Clinical Director	✓						✓		✓**	36
Dr Victoria Moyle	Clinical Director	✓						✓			24
Mr Howard Hughes	Clinical Director	✓			✓	✓	✓	✓			60
Sector Chairs											
Dr Ajay Kotegaonkar	West Sector Chair	✓									12
Dr Fazel Butt	East Sector Chair							✓			12
Dr William Simmons	South Sector Chair	✓									12
Dr Wissam El-Jouzi	North Sector Chair							✓			12
Lay Members											
Mr Chris Wild	Audit, Remuneration and Conflicts of Interest	✓	✓	✓			✓				31
Mr Andrew Clough	Quality and Risk	✓	✓	✓	✓					✓	43
Mr David McCann	Patient and Public Involvement	✓	✓	✓		✓	✓	✓	✓	✓	79
Mrs Karen Richardson	Primary Care Quality	✓									12
Specialist Advisors											
Dr Gerrard McDade	Governing Body Secondary Care Consultant	✓									12
Ms Lesley Jones	Director of Public Health	✓								✓**	24
Very Senior Managers											
Mr Stuart North	Chief Officer	✓		✓***	✓		✓*	✓**		✓	n/a
Ms Margaret O'Dwyer	Director of Commissioning and Business Delivery	✓			✓		✓	✓		✓	n/a
Mrs Claire Wilson	Chief Finance Officer	✓	✓***				✓	✓		✓	n/a
Mrs Catherine Jackson	Executive Nurse	✓			✓						n/a

* as Governing Body Members

** non voting member

*** required to attend but not a member of the committee

Key Disclosures

<u>Statement as to disclosure to auditors</u>

All Directors and/or member of the Governing Body having authority or responsibility for directing or controlling the major activities of the entity during the financial year 2015-16 confirm that they know of no information which would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and have taken all the steps that they ought to have taken to make themselves aware of any such information and to establish that the auditors are aware of it.

Reportable information breaches incidents

The CCG recognises that the information it holds is one of its key assets. During the reporting period risks to data security have been managed through the implementation and achievement of the relevant requirements within the NHS Information Governance Toolkit.

NHS Bury CCG has had no personal and confidential details (PCD) incidents to report to the Information Commissioner for the reporting period 2015-16.

2. Statement of Accountable Officer's Responsibilities

The National Health Service Act 2006 (as amended) states that each CCG shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed the Chief Officer to be the Accountable Officer of the CCG.

The responsibilities of an Accountable Officer, including responsibilities for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the CCG and enable them to ensure that the accounts comply with the requirements of the Accounts Direction) and for safeguarding the CCG's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the CCG Accountable Officer Appointment Letter.

Under the National Health Service Act 2006 (as amended), NHS England has directed each CCG to prepare for each financial year financial statements in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must give a true and fair view of the state of affairs of the CCG and of its net expenditure, changes in taxpayers' equity and cash flows for the financial year.

In preparing the financial statements, the Accountable Officer is required to comply with the requirements of the Manual for Accounts issued by the Department of Health and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Manual for Accounts issued by the Department of Health have been followed, and disclose and explain any material departures in the financial statements; and,
- Prepare the financial statements on a going concern basis.

I can confirm, to the best of my knowledge, that there is no relevant audit information of which the CCG's auditors are unaware and that I have taken all steps necessary to make myself aware of any relevant audit information and to establish that the CCG's auditors are aware of that information.

I also confirm that the annual report and accounts as a whole are fair, balanced and understandable, and I take personable responsibility for the annual report and accounts and the judgements required for determining that it is fair, balanced and understandable.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my CCG Accountable Officer Appointment Letter.

Stuart North Chief Officer and Accountable Officer
[27th] May 2016

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3. Annual Governance Statement

Introduction and context

NHS Bury Clinical Commissioning Group (CCG) was licenced from 1 April 2013 under provisions enacted in the Health and Social Care Act 2012, which amended the National Health Service Act 2006.

As at 1 April 2015, the CCG was licensed without conditions.

NHS Bury CCG is a Membership organisation, made up of 31 General Practices across the metropolitan borough of Bury (during the year the Membership changed from a total of 33 to 31, due to the merger of three practices into one – Peel GPs), with statutory responsibility for planning and commissioning healthcare services for the local population.

Decisions are made by our Governing Body, which is led by an elected Chair, who is a GP from one of our Member Practices, the Chief Officer and a team of clinical and managerial leaders, alongside lay members and partner representatives.

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the CCG's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in *Managing Public Money*. I also acknowledge my responsibilities as set out in my CCG Accountable Officer Appointment Letter.

I am responsible for ensuring that the CCG is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity.

Compliance with the UK Corporate Governance Code

We are not required to comply with the UK Corporate Governance Code. However, we have reported on our corporate governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the CCG and best practice.

The Clinical Commissioning Group Governance Framework

The National Health Service Act 2006 (as amended), at paragraph 14L (2) (b) states:

The main function of the governing body is to ensure that the group has made appropriate arrangements for ensuring that it complies with such generally accepted principles of good governance as are relevant to it.

During the reporting period covered by this Governance Statement, NHS Bury CCG has had arrangements in place to enable it to properly discharge its statutory functions. These arrangements, as set out in the CCG's Constitution as updated at the start of the financial year to reflect the

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changing responsibilities of the CCG, specifically in respect of the joint commissioning of Primary [medical] care services with NHS England.

The CCG's Constitution sets out the arrangements made by the CCG to meet its responsibilities for commissioning care for local people. It describes the governing principles, rules and procedures that the CCG will follow to ensure probity and accountability in its day to day running; to ensure that decisions are taken in an open and transparent way and that the interests of patients and the public remain central to its vision.

The CCG's Constitution is supported by a number of other key documents, including an Inter-Practice Agreement which sets out the relationship between the CCG and its Member Practices and the Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies which provide a procedural framework within which the CCG discharges its duties.

Membership

As a Membership organisation, the CCG's Members mandate the CCG's Governing Body to provide commissioning functions, performance monitoring, financial management and engagement with stakeholders on their behalf. The Members in turn commit to engaging with the CCG and abide by its Constitution and other key constitutional documents. The arrangement between its Membership and the CCG is detailed in its Inter Practice Agreement (Agreement). This Agreement explains how the Members, as individual GP Practices, will contribute to the design, development and business of the CCG. The Agreement also details how the Members will work together in sector groups.

The CCG's four sector Groups are:

- North
- South
- East
- West

Each Sector meets monthly and works to meet the needs of their geographical population, whilst supporting each other across the borough with schemes, as appropriate. Each Sector has a Chair GP who manages the governance arrangements of each Sector and provides representative responsibilities on the CCG's Governing Body or Clinical Cabinet

Governing Body

The Governing Body is, in the main, responsible for discharging the statutory duties and functions of the CCG.

The CCG's Governing Body has operated effectively during the reporting period, with the required level of attendance of all members to facilitate and enable effective decision making. Seven meetings have been held in public to conduct formal business; however Governing Body members have also met on five other occasions throughout the year for the purposes of development, education and training.

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There have been no changes in the constitution of the Governing Body, however it should be noted that there has been a minor change in personnel with the appointment and commencement in post of a new Director of Commissioning and Business Delivery / Deputy Chief Officer.

The Governing Body is quorate with at least 9 members in attendance, of which 5 will be practicing clinicians and has been quorate on each occasion, with an average attendance of 80.39%.

The main purpose of the CCG's Governing body is to ensure that the CCG has appropriate arrangements in place to effectively, efficiently and economically discharge its duties, in accordance with the principles of good governance.

In discharging its duties, the CCG Governing Body is responsible and accountable for delivering its financial duties, managing risk and for achieving national and local quality, productivity and service delivery targets.

The CCG Governing Body has been supported through the internal governance structure and the work of a range of committees and sub-committees which hold delegated responsibility for a range of functions, including the Audit Committee, Remuneration and Terms of Service Committee, Clinical Cabinet, Finance Committee, Quality and Risk Committee, Patient Cabinet, Primary Care Co-Commissioning Committee and Procurement Committee. The functions of each committee are set out in the respective Terms of Reference and the CCG's Standing Orders and Scheme of Reservation and Delegation.

Minutes of the established committees of the Governing body are provided to each public meeting in accordance with the CCG's Constitution.

There is a shared commitment between the Governing Body members to support an effective performance culture and promote good governance across the organisation. This is evidenced through the Governing Body's commitment to achieving the organisation's vision and values, and the successful implementation of a range of strategic objectives. These have been monitored through the performance management arrangements of the CCG and the regular review of the Governing Body Assurance Framework. The effective use of information and good communication has also supported the Governing Body alongside the rolling programme of Governing Body development sessions and the specific assessment and development review which was undertaken in December 2015.

The Governing Body is compliant with the Corporate Governance Code and has met formally on seven occasions during the year ended 31 March 2016.

It is my view, that even with the transition and changes that have occurred, the Governing Body has operated effectively throughout the reporting period with the required attendance from members to facilitate decision making.

Audit Committee

The Audit Committee, which is a non-executive committee of the Governing Body, has operated throughout the financial year and has been accountable to the Governing Body for providing the organisation with an independent and objective review of their financial systems, financial information and compliance with laws, guidance, regulations and direction governing the CCG. It is also

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responsible for providing oversight of the effective governance across all committees and sub-committees of the Governing Body.

In line with the requirements of the NHS Audit Committee Handbook and NHS Codes of Conduct and Accountability, the Committee reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities.

The Committee is chaired by the Lay Member with responsibility for Audit, Remuneration and Conflicts of Interest and following a review of its effectiveness during 2015/16 has implemented some changes in year to support its business planning and achieving quoracy, including refreshing its membership to explicitly include additional Lay Members of the Governing Body and also implementing a quarterly, rather than bi-monthly, meeting schedule.

The voting members of the Audit Committee are:

- Lay Member with responsibility for Audit, Remuneration and Conflicts of Interest;
- Lay Member with responsibility for Quality and Risk; and
- Lay Member with responsibility for Patient and Public involvement (since September 2015).

Other regular attendees who support the Audit Committee are:

- Chief Finance Officer;
- Deputy Director of Business Delivery;
- Representatives from the CCG's Internal Auditor;
- Local Anti-Fraud Specialist; and
- Representatives from the CCG's External Auditor.

Since implementing these changes in September 2015, the Audit Committee has met on 3 occasions and has been quorate at each meeting. For the period 1st April 2015 – 30th August 2015, the Audit Committee had met on three occasions, however only achieved quoracy for the meeting to formally approve the Annual Accounts 2014-15.

Particular focus this year has been given to overseeing the development and review of the new integrated Governing Body Assurance Framework, refreshing the Risk Management Strategy, refreshing the Conflicts of Interest Policy and updating the CCG's Registers of Interest in respect of conflicts, gifts and hospitality, waivers, losses and special payments and procurements.

During the reporting period no material issues or internal control concerns have been raised by either the Internal or External Auditors and no fraudulent incidents have been reported to the committee.

Remuneration and Terms of Service Committee

The Committee is established to advise/recommend to the Governing Body the appropriate remuneration and terms of service for the Chief Officer and other staff paid through the Very Senior Manager Pay Framework. The Committee also advises/recommends to the Governing Body remuneration for the role of Chair, remuneration and terms of service of Clinical members and leads and reviews any business cases for early retirement and redundancy.

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The Remuneration and Terms of Service Committee conducts its business in accordance with legal requirements, applies the Nolan Principles of public life, good staff management practice and the requirements of good corporate governance.

The committee comprises of the following voting members, who are all members of the Governing Body and has achieved 100% attendance during the reporting period:

- Lay Member with responsibility for Audit, Remuneration and Conflicts of Interest;
- Lay Member with responsibility for Quality and Risk;
- Lay Member with responsibility for Patient and Public involvement; and
- CCG Chair.

The Chief Officer is also required to attend meetings, however is not a member of the Committee, and is supported by specialist advisors and subject matter experts where appropriate.

Since April 2015, the committee has met on two occasions and operated effectively within its authority to consider the following areas:

- appropriate remuneration in respect of the Chief Finance Officer;
- the arrangements that should be followed in respect of the re-election process for the CCG Chair;
- the principles that should be applied in determining the pay award to Governing Body Members and Clinical Leads; and
- approving potential redundancy payments following an internal restructure.

Clinical Cabinet

The Clinical Cabinet is responsible for ensuring that clinical leadership is at the heart of all decisions about patient care and services. Its members are active leaders of change, who are focused on ensuring that the CCG commissions high quality integrated services. Work stream leads have been appointed for priority areas and they work alongside commissioning colleagues in both the CCG and Bury Council to inform and influence the clinical strategy of the CCG.

Each Clinical Work stream lead has established a clinical work stream group (either virtually or through a meeting) who are responsible for cross organisational engagement to deliver service redesign, quality improvement, Health and Wellbeing, QIPP, Performance Improvement and integration across organisations.

The Clinical Cabinet comprises of the following members:

- Clinical Work stream Lead - QIPP (Chair);
- Clinical Work stream Lead - Mental Health;
- Clinical Work stream Lead - IM&T;
- Clinical Work stream Lead - Women and Children;
- Clinical Work stream Lead - Urgent Care;
- Clinical Work stream Lead - Long Term Conditions;
- Clinical Work stream Lead - Medicines Management;
- Clinical Work stream Lead - Cancer and Palliative Care;
- Clinical Work stream Lead - Learning Disabilities;

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- Clinical Work stream Lead - Elective Care;
- Practice Nurse Representative;
- Practice Manager Representative;
- Local Authority (Bury Council) Representative;
- Public Health Representative;
- CCG Chief Finance Officer or nominated representative;
- CCG Sector Leads x2;
- CCG Head of Commissioning or nominated representative; and
- Patient Cabinet Chair or nominated deputy.

The Clinical Cabinet is also supported by clinical advisors from provider organisations, including PAHT, PCFT and the Bury GP Federation.

Quoracy of the Clinical Cabinet is achieved where seven members are present, four of whom are clinical members of the committee, and this was demonstrated in all 11 meetings which were convened during the reported period. The average attendance for 2015-16 is 66.16%.

The Clinical Cabinet has a robust programme of work and has documented its key achievements during the reporting period as:

- reviewed and approved business cases relating to the prescribing quality scheme and Prostate Cancer UK project;
- given due consideration to and approval of the Greater Manchester Effective Use of Resources policies;
- reviewed and approved contract or pilot extensions in respect of the minor eye conditions service and stroke pilot;
- approved recommended pathway proposals, for example the Learning Disability action plan;
- reviewed and approved service redesigns for Dementia Services, Child and Adolescent Mental Health Services (CAMHS) and Continuing Health Care;
- monitored progress of previously approved schemes including receiving updates on the impact of a Stoma and Continence Prescribing project and the Care Home local enhanced service;
- provided clinical guidance to the Governing Body and other committees in a number of priority areas of work, including the procurement of direct access diagnostics, QIPP proposals and identification and development of commissioning intentions;
- supported the CCG's Primary Care Quality Scheme;
- provided recommendations to the Joint Health and Social Care Board with regard to the Better Care Fund; and
- overseen the work of the clinical work streams through the receipt of updates on a regular basis and supported on-going development through the provision of clinical advice to clinical leads and managers.

Finance Committee

The Finance Committee has been established to provide assurance to the Governing Body with regard to the financial position of the organisation and its QIPP programme.

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The committee comprises of the following members and has achieved 83.25% attendance during the reporting period with each meeting achieving quoracy:

- Lay Member with responsibility for Audit, Remuneration and Conflicts of Interest (Chair);
- Lay Member with responsibility for Patient and Public Involvement;
- Chief Finance Officer;
- Director of Commissioning and Business Delivery;
- Clinical Director;
- At least two Governing Body Members.

During this year, the Finance Committee have provided a significant level of scrutiny and challenge to the CCG's financial position, to ensure the management of financial risk and achievement of statutory financial duties. This has also included oversight of the QIPP programme, through regular reporting and review in order to provide assurance to the Governing Body on its delivery.

Quality and Risk Committee

The committee is accountable to the CCG's Governing Body for monitoring the quality and performance of commissioned services and initiating performance interventions, where necessary. In accordance with the responsibilities delegated to it by the Governing Body the remit of the Committee is to:

- monitor the quality and performance of all commissioned providers;
- undertake routine monitoring and oversight of Children's and Vulnerable Adult protection policies;
- instigate performance intervention in line with the Quality strategy and contract clauses;
- identify major quality improvement requirements and escalate; and
- develop policies and strategies related to its area of responsibility.

The Quality and Risk Committee is chaired by the Lay Member with responsibility for Quality and Risk and comprises the following members:

- CCG Lay Member (x2);
- Executive Nurse;
- Chief Officer;
- Director of Commissioning and Business Delivery;
- Head of Safeguarding;
- Clinical Director;
- Caldicott Guardian;
- Board Secretary; and
- Commissioning Representatives (x2).

It should be noted however that operationally, the membership has changed during the year with only one lay member required to attend the meeting, 2 Clinical Directors attending and the Caldicott Guardian and commissioning representatives attending as required and requested by the Chair of the Committee.

The Committee has met on 11 occasions during the reporting period, with a 70% attendance rate. Its quoracy requirement is one third of its membership in attendance, which must include 2 Governing Body members, and this has been achieved at each meeting.

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During the year, the committee has continuously reviewed and developed itself to ensure appropriate scrutiny and challenge of its areas of work and provides assurance to the Governing Body.

Throughout the year, the Committee has been focussed on ensuring continued improvements in the quality and safety of services provided to the local population, which has been evidenced through the development of both quality and performance dashboards and reports and refreshing the risk report to focus on quality and performance specific risks. The committee feels it has made significant progress in year, through the improved reports which have brought additional clarity to some complex assurance processes.

The wider work programme of the Committee has also included consideration of quality within nursing homes, serious incident oversight, outcomes of quality visits at local provider organisations, patient experience reports, receiving updates on the safeguarding agenda, including regular review of highlight reports and the annual safeguarding and Looked After Children reports.

Patient Cabinet

The CCG has sought to bring the local patient voice to the heart of its work through the establishment of a Patient Cabinet, a group of local people from a range of backgrounds who themselves use local health services. The Cabinet has representatives from all parts of the Borough and members bring a breadth of experience and interest in health issues including cancer support, palliative care, long term conditions, mental health, the BME community and primary care.

The Patient Cabinet is a formal sub-committee of the Governing Body and has delegated authority stated in its Terms of Reference and the CCG Scheme of delegation and reservation to:

- contribute to the identification and appraisal of opportunities to effect change across the health and social care economy;
- contribute to CCG discussions about prioritising resources to meet the needs of local people;
- identify and review the potential implications for Bury people of CCG plans;
- communicate the strategic direction and vision of the CCG throughout the members' networks;
- receive and advise on issues regarding public engagement raised by the CCG Governing Body or other decision making bodies; and
- receive, appraise and comment on reports detailing the patient experience of commissioned services.

The Patient Cabinet, which is chaired by the Lay Member for Patient and Public Involvement, meets on a monthly basis and is constituted through the recruitment and appointment of up to 20 local people who live within the Bury Metropolitan area and / or are registered patients with one of the CCG's Member Practices. Members of the Patient Cabinet are also representatives on the Co-commissioning Committee, Clinical Cabinet, Procurement Committee, IFR Process Review Panel and the Sector Groups.

Externally, the Patient Cabinet has developed relationships with Bury Healthwatch; local voluntary sector organisations; Bury Council; patient participation groups, carers groups and BME community groups. The Patient Cabinet does not have a quoracy requirement.

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The Patient Cabinet has met on 9 occasions and has been involved in and supported a number of key areas of work during the year and has fulfilled its role to ensure that the patient and public voice is integral to the work of the CCG by:

- Regularly receiving and commenting on CCG strategies and plans;
- working with clinical and service redesign leads and contributing to service redesign programmes including urgent care, cancer and palliative and End of Life Care;
- hosting wider public and patient engagement workshops on urgent care, cancer and end of life care;
- being involved in evaluating provider bids in the re-procurement process for some community health services and the CCG's Mental Health Innovation Fund;
- involvement of Patient Cabinet Members in the recruitment and selection of CCG commissioning staff;
- taking an active role in engagement activities linked to NHS providers including patient involvement within the Manchester Cancer Programme, patient representation on the North East Sector Cancer Board and involvement in the Quality Improvement Programme at PAHT;
- gathering and feeding in views from the local community via attendance at local practice-based patient participation groups and forging links with local voluntary and community groups; and
- assisting lead clinician's and senior managers in conducting walk arounds of provider services and thereby contributing to the quality assurance processes.

Primary Care Co-Commissioning Committee

In April 2015, NHS Bury CCG assumed responsibility for the joint commissioning of Primary [medical] Care Services with NHS England. To support the effective discharge of its duties under this new arrangement, this new committee was established jointly with NHS England.

The role of the committee is to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management, which were reserved to NHS England and includes the following activities:

- oversight of GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach and / or remedial notices, and removing a contract);
- authorisation of implementation of new enhanced services ("Local Enhanced Services");
- oversight of "Directed Enhanced Services"
- applications design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- decision making on whether to establish new GP practices in an area;
- decision making on approving practice mergers, retirements, resignations etc.; and
- making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

The Committee, which is chaired by the Lay Member for Quality and Risk, comprises of the following membership and is considered quorate where there are a minimum of five members present, which must include an appropriate non-primary care majority:

- CCG Lay Member with responsibility for Quality and Risk (Chair) (voting);
- CCG Lay Member (vice chair) (voting);
- CCG Chief Officer (voting);
- CCG Chief Finance Officer (voting);

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- CCG Director of Commissioning and Business Delivery (voting);
- NHS England Director of Commissioning or representation (voting);
- CCG Chair (non-voting);
- CCG Clinical Director responsible for leading on Primary Care (non-voting);
- NHS England operational representative(non-voting);
- LMC Representative (non-voting);
- Director of Public Health (non-voting);
- Patient Cabinet Representation (non-voting);
- A representative from Healthwatch (non-voting); and
- A representative from the Health and Wellbeing Board (non-voting).

Since its establishment, the Committee has refined its Terms of Reference to ensure the membership and duties outline and appropriately reflect the needs of the CCG whilst also meeting the requirements as set out by NHS England, and has overseen the joint review of Alternative Provider Medical Services (APMS) contracts within Bury. Towards the later end of the reporting period, the Committee has also focussed on the application and preparation for assuming full delegated authority from NHS England from 1st April 2016.

Although only in operation for a short period of time, the Committee which has met on 8 occasions, with average attendance of 69% and each meeting being quorate, has been effective in discharging its duties.

Procurement Committee

The Procurement Committee is accountable to the Governing Body for implementation of the CCG Procurement Strategy ensuring that the CCG follows agreed principles and methods in:

- procurement planning - using information on population, priorities and providers to ensure good local procurement decision making;
- procurement process - following an agreed local process in undertaking a procurement; and
- publishing procurement information – ensuring that the CCG meets its obligation to be a transparent commissioner.

This Committee establishes and implements the processes the CCG will follow in procuring clinical services. It sets out the principles that underpin all of the CCG's procurements and also details how decisions on the procurement route will be made including open tenders, 'any qualified provider' and contract management.

Following on from the previous year and the procurement of community services, due to the financial pressures within the CCG, a number of procurements were put on hold. This has resulted in the Procurement Committee being used on an ad hoc basis as and when required rather than on a monthly basis as originally intended.

During the year, the Procurement Committee which is chaired by the Lay member with responsibility for Patient and Public Involvement has only met on two occasions, although the original intention was for the Committee to meet monthly. The financial challenge of the CCG has resulted in a lower number of procurements during the year.

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The Committee, which is constituted as detailed below, was quorate on both occasions that it met and achieved 67% attendance levels enabling the discharge of duties in relation to procurements decisions and recommendations to the Governing Body:

- Lay Member (Chair);
- Clinical Director (Deputy Chair);
- Commissioning / Executive Lead;
- Finance Lead;
- Quality Lead; and
- IM&T Lead.

The main work overseen during 2015-16 was the procurement of the Military Veterans Mental Health Service on behalf of the North West of England (excluding Liverpool and Cumbria) and direct access to diagnostic services for MRI and endoscopy.

Joint Working Arrangements

The CCG has established joint and collaborative working arrangements through a number of groups and committees to support it in discharging its statutory duties, including, but not limited to:

- Bury Health and Wellbeing Board;
- Bury Overview and Scrutiny Committee;
- Association of Greater Manchester Authorities;
- Local Safeguarding Board; and
- North East Sector Systems Resilience Group.

The Clinical Commissioning Group Risk Management Framework

The Risk Management Strategy and Policy has been refreshed in year to ensure it meets the needs of the CCG, whilst also taking into account current guidance on risk management best practice as provided by ISO 31000:2009 (formerly AZ/NZ Standard 4360:2004). The Strategy, which provides a three year plan in relation to the implementation and delivery of risk management across the CCG, outlines the arrangements agreed by the Audit Committee and approved by the Governing Body for the identification, evaluation, management, monitoring and mitigation of risk.

The Strategy and Policy sets out the CCG's risk appetite and tolerance levels, detailing that the risk appetite will be determined on a risk-by-risk basis, with a clear focus on reducing risks to levels as low as reasonably practicable but will tolerate risks where mitigation actions are not cost effective. The CCG is also explicit in that it has zero tolerance for regulatory breaches and fraud.

Roles and responsibilities at both an individual and committee level are clearly defined through the strategy and policy, including arrangements for review and escalation of risks. The Governing Body Assurance Framework (GBAF) captures risks with the potential to impact upon the delivery of the CCG's strategic objectives, and is supported by the Corporate Risk Register which captures all organisational risks of a level 15 or above.

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The practice and principles of risk management are routinely embedded within the day-to-day operation of the CCG through:

- compliance with legislative and regulatory requirements;
- adherence to Prime Financial Policies and the Scheme of Reservation and Delegation;
- effective administration and operation of Committees and sub-committees of the Governing Body;
- collation, review and monitoring of the Governing Body Assurance Framework;
- regular scrutiny and reporting of the Corporate Risk Register;
- routine challenge of poor performance through internal performance management processes;
- completion of Quality, Privacy and Equality Impact assessments for all service re-design activity as part of the refreshed Project Management Office; and
- implementation of policies and procedures.

The CCG employs a number of mechanisms to actively prevent and deter risks from arising, including the active promotion of risk prevention through incident reporting and risk assessment.

The CCG also commissions internal audits of its work areas to identify gaps in systems and processes and also receives updates in relation to both reactive and pro-active work carried out by the Local Anti-Fraud Specialist in accordance with the agreed plan and national guidance or trends. During the year there have been no instances of fraud identified.

The CCG is committed to ensuring that all stakeholders are engaged and involved as appropriate in the management of risks that may impact upon them. This is achieved through our effective communications and engagement strategy and involves providing updates on specific areas of work including the risks, holding engagement events and utilising our patients and stakeholder networks. We have undertaken a number of engagement exercises during the year, including in relation to proposed changes in relation to the prescribing of Gluten Free products to adults, demonstrating this working in practice.

Risk Assessment

As part of the Risk Management Strategy refresh, the CCG has also refined its risk management reports in year and has further rolled out its risk management software system to capture information relating to controls, assurances and associated gaps for each identified risk and to support the production of the Governing Body Assurance Framework and Risk Registers.

Risks are assessed in accordance with the organisational Risk Management Strategy and Policy and reported to the respective committee on a regular basis. Once a risk has been identified a risk assessment is undertaken and a risk rating assigned according to the severity and likelihood (using a 5 x 5 risk assessment matrix), recognising any existing controls in place. A decision is then made by the risk owner as to the most appropriate course of action for treating the risk. Risks are added to the risk register and where the risk is not appropriately controlled and the level of risk is not accepted, an action plan to treat the risk is developed.

The Governing Body Assurance Framework captures the principal risks to delivery of the Strategic Objectives and is reported to the Governing Body at every formal meeting, following review and scrutiny by the Audit Committee. It contains 19 risks, each of which has been managed during the course of the year through increasing controls and sources of assurance with each being considered as adequately managed with an overall level of significant assurance.

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One of the significant risks identified at the start of the year, was delivery of financial business rules, however the likelihood of this risk materialising has reduced during the reporting period and the CCG can positively report delivery of financial statutory duties.

During the year, each risk on the risk register and GBAF has been reviewed. These reviews have challenged the appropriateness of each risk, including the risk description, assessment, controls and sources of assurance where necessary and required mitigations.

Risks identified in-year are assessed in three stages:

- Original position – the level of risk presented based on no controls or assurances being in place;
- Current 'as at' position – the current level of risk presented (as at 31 March 2016) after considering existing controls and known assurances; and
- Target Risk – the level of risk presented based on completion of mitigation action plans, additional controls and increased sources of assurance.

At the start of the reporting period, nineteen principal risks were identified under the five strategic objectives and were assessed in relation to the current level of risk taking into account existing controls. Fifteen were assessed as high risks with a risk rating of between 10 and 12. At the point of initial assessment no significant risks were identified, although retrospectively the original risk score, specifically in relation to financial duties and delivery of QIPP should have been assessed as significant.

Actions were identified for each risk on the Governing Body Assurance Framework, irrespective of the assessed risk score, to further increase controls, reduce gaps in assurance, and progress each risk towards its target level.

All risks have been managed in-year and there are no risks on the Governing Body Assurance Framework with a residual risk of 15 or above.

The Risk Management Strategy and Policy outlines specific roles and responsibilities in relation to the overarching management of risk, however it clearly articulates that delivery and adherence to risk management arrangements is the responsibility of everyone within the CCG and every individual staff member has the responsibility to identify any potential or actual risk for service users, staff and the organisation.

In all instances where a risk is not tolerable at the current level, an action plan is drawn up to set out the steps to be taken to manage that risk, with a nominated responsible Lead Officer and a deadline for completion of each action.

Reporting arrangements have also been enhanced throughout the reporting period to provide more detailed qualitative information and analysis to accompany the risk registers.

There have been no risks to compliance with the CCG's licence to operate.

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The Clinical Commissioning Group Internal Control Framework

A system of internal control is the set of processes and procedures in place in the CCG to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The System of Internal Control has been in place in the CCG for the year ended 31 March 2016 and up to the date of approval of the Annual Report and Accounts and has included:

- the CCG Constitution;
- the Risk management Strategy and Policy and wider arrangements;
- the anti-fraud annual Plan;
- the Internal Audit Annual Plan;
- the External Audit Annual Plan;
- performance monitoring of CCG providers and the CCG itself;
- IG Toolkit submission;
- incident reporting and serious untoward incident monitoring;
- quality reporting;
- financial reporting;
- contract monitoring arrangements;
- policies and procedures;
- governance framework including committee and sub-committee governance structure;
- Equality Delivery System 2; and
- Safeguarding Annual Work Plan and Report.

The CCG assures itself on the validity on the Annual Governance Statement through a process of triangulation between the information contained in it and:

- Internal Audit reports, findings and recommendations;
- the Head of Internal Audit Opinion; and
- consultation with members of the Audit Committee, including the external Auditors, on the accuracy of the contents of this statement.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the CCG, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and information governance processes and procedures in line with the information governance toolkit. We have ensured all staff undertake

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annual information governance training and have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities.

There are processes in place for incident reporting and investigation of serious incidents. We are developing information risk assessment and management procedures and a programme will be established to fully embed an information risk culture throughout the organisation against identified risks.

The CCG recognises that the information it holds is one of its key assets. During the reporting period risks to data security have been managed through the implementation and achievement of the relevant requirements within the NHS Information Governance Toolkit. Overall the CCG self-assessed 14 requirements at level 3, 11 requirements at level 2, three requirements marked as not relevant and no requirements recorded as exempt from the IG toolkit, with a cumulative score of 85%.

The Senior Information Risk Owner (SIRO) has overseen the management of data security protection via specialist support from the Greater Manchester Shared Service (previously Greater Manchester Commissioning Support Unit), and internally through the appointment of Information Asset Owners, Administrators and Managers. The CCG has completed information security risk assessments through the updating of asset registers and data flow mapping to ensure on-going pro-active risk management and the protection of all information assets and flows.

Further control measures in place during the reporting period to ensure risks to data security have been managed and controlled include:

- arrangements to ensure all employees and office holders complete Information Governance Training on appointment and refreshed annually;
- all CCG laptops and USB sticks are encrypted; and
- all mobile media are password protected.

There are processes in place for incident reporting and investigation of serious incidents and there have been no serious incidents reported in year.

The CCG received a significant assurance opinion in respect of the Internal Auditor review of the Information Governance Toolkit Submission, which commenced in December 2015 and was undertaken during January 2016.

Review of economy, efficiency and effectiveness of the use of resources

The CCG continues to develop and strengthen internal controls and has worked with the Internal and External Auditors to progress this. The CCG's QIPP target was identified through financial modelling and scoped scheme-by-scheme to support delivery.

The Project Management Office was re-launched in year, with a suite of documents to support consistent delivery and has been monitored through the CCG's governance structure. The process has remained under review to ensure lessons learnt are continually incorporated into day-to-day business.

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The CCG's financial performance continues to be monitored through monthly returns and reporting through each Governing Body meeting with scrutiny and assurance provided by the Finance Committee.

The audited accounts were reviewed in detail by the Audit Committee at their meetings 23 May 2016 before recommendation to the Governing Body which met and approved them on 25 May 2016. The accounts are signed by the Accountable Officer and Chief Finance Officer.

Feedback from delegation chains regarding business, use of resources and responses to risk

The CCG commissions services from GM Shared Services (previously known as the North West Commissioning Support Unit). Regular reviews are undertaken and the CCG receives assurance that roles and responsibilities delivered under these arrangements are economic, efficient and effective. During this reporting period we considered that greater efficiencies could be achieved by working in a different way and as a result, a number of services have been reintroduced into the organisation.

For the remaining services commissioned from GM Shared Services, achievement against KPIs is routinely monitored and concerns are escalated as required. We have a high level of assurance in delivery of services in line with our requirements.

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Review of the effectiveness of Governance, Risk Management and Internal Control

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control within the CCG.

Capacity to Handle Risk

CCG Leadership is pivotal in the management of risk. Work has been progressed in year to raise the profile of risk management at both strategic and operational levels.

Governing Body members were intrinsic in articulating the principal risks to delivery of the strategic objectives for inclusion in the GBAF. Operationally, following the refresh of the Risk Management Strategy and Policy, training sessions were delivered to each team to provide an overview on the new processes.

The Risk Management Strategy and Policy more clearly articulates the roles and responsibilities at both an individual and committee level with each Executive Director being accountable for the risks associated with their portfolio.

All staff members are required to complete annual mandatory training. This ensures staff have the capabilities and knowledge of basic risk management principles, and foreseeing potential risks. Information is also shared through regular staff communication meetings as well as guidance and support from a dedicated team within the CCG and Greater Manchester Shared Service. Additional, more specific training on risk management and risk assessment is planned for 2016-17.

Review of Effectiveness

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the executive managers and clinical leads within the CCG who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the CCG achieving its principles objectives have been reviewed.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Governing Body, the Audit Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The CCG's risk management systems and processes, including the Risk Management Strategy and Policy, the Governing Body Assurance Framework and the overall governance arrangements of the CCG have been reviewed and improved in-year.

The CCG has also undertaken a review of its governance arrangements which noted strengths in the CCG's vision, leadership, management and relationships, and recommended some areas for further development and improvement. Work has commenced on this in-year and includes refreshing the

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governance structure and reporting arrangements between all committees, including terms of reference and development of more robust work programmes.

In addition, the CCG commissioned an independent review of committee effectiveness, which provided a high degree of assurance on existing arrangements, but also identified opportunities for improvement to ensure the CCG's governance remains fit for the future.

The Governing Body has also conducted greater oversight of the CCG's Governing Body Assurance Framework and Corporate Risk Register, which have continued to be monitored and updated in line with the Risk Management Strategy and Policy supporting the CCG's systems of internal control throughout the reporting period.

In February 2016, the Internal Auditors undertook a review of the CCG's Governing Body Assurance Framework and associated risk management processes. The objective of the review in respect to the Assurance Framework was to provide assurance in respect of the method by which the CCG produces, refreshes, manages and monitors its Governing Body Assurance Framework.

The audit review determined that whilst the Governing Body has been fully engaged as the CCG has continued to develop and embed its process regarding the Governing Body Assurance Framework, this could be used more visibly at Governing Body meetings, however concluded that overall the document is structured to meet the NHS requirements and clearly reflects the risks discussed by the Governing Body.

Head of Internal Audit Opinion

Following completion of the planned audit work for the financial year for the CCG, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the CCG's system of risk management, governance and internal control. The Head of Internal Audit concluded that:

> Significant Assurance, can be given that that there is a generally sound system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weaknesses in the design or inconsistent application of controls put the achievement of a particular objective at risk.

During the year, Internal Audit issued no audit reports which identified governance, risk management and/or control issues which were significant to the organisation.

The following reports were issued during the year with a conclusion of significant assurance:

- Better Care Fund - To evaluate how the CCG has to date been working with its partners to deliver the wider integrated Better Care Fund agenda including measuring outcomes.
- Management Accounts : Technical Processes and Balance Sheet Review - To assess the robustness of CCG's key financial systems and to confirm the key controls in place are operating effectively.
- Patient Experience - To provide an opinion and offer an opportunity to consider how various activities to understand and improve patient experience are currently configured and to provide suggestions on possible future developments.

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- Primary Care Co Commissioning (Baseline Assessment) and Conflicts of Interest Review - To undertake a baseline assessment of the governance arrangements in place to ensure that NHS England standards and guidance is complied with. This also included an evaluation of the systems and processes in place to declare, record and monitor conflicts of interest throughout the CCG in line with the changes on the commissioning landscape.
- Fundamental IT Security Review - To undertake a fundamental security assessment to provide a high level picture of security configuration for each server under consideration, as well as primary data storage, the overall user network, and highlights improvements where appropriate.
- Information Governance - To provide an opinion on the adequacy of policies, systems and operational activities to complete, approve and submit the IG Toolkit scores. We also provided an opinion on the validity of the scores based on the evidence available.
- GP Engagement - To evaluate the effectiveness of the current systems and processes in place for GP Practices Engagements and the alignment with corporate objectives including delivery of QIPP schemes with GP input, GP Incentive Schemes and other Performance (KPI) measurements reported for monitoring purposes.

There were no reports issued with limited or no assurance.

All Internal Auditor recommendations have been reviewed through Audit Committee and appropriate actions put in place to address gaps in order to prevent the level of risk from increasing. Monitoring arrangements are in place, and follow-up reviews are undertaken accordingly.

Data Quality

The CCG utilises data provided by NHS England to inform its performance and business reporting. These arrangements are reviewed through the quarterly assurance checks by NHS England (Greater Manchester and Lancashire Local Area Team) and submitted to the Governing Body and other committees as appropriate as part of the performance management arrangements.

Business Critical Models

Over the course of the reporting period, the CCG has identified its business critical models and current arrangements for their quality assurance. Predominantly, these are provided by the GM Shared Service, however there are other external providers who are responsible for the administration of some Business Critical Models and other internal systems that the CCG is reliant on to deliver its core functions.

All business critical models have been identified as part of the business continuity management arrangements and included on the CCG's information asset register, with a suitably qualified information asset owner.

Where business critical models are the responsibility of an external organisation, the CCG seeks assurance on the arrangements in place for managing these. In relation to those models provided by other NHS organisations, these are subject to regular internal and external review, the outputs of which are reported to the CCG through management and service auditor reports.

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Data Security

We have submitted a satisfactory level of compliance with the information governance toolkit assessment.

As a result of high profile data breaches nationally and the CCG's commitment to embed the Information Governance agenda across the CCG, staff awareness of the importance of reporting all information security incidents and near misses has been raised.

Following the issue of national criteria in 2008, the CCG must to categorise all incidents involving personal confidential data. These are considered serious untoward incidents when involving data loss or confidentiality breaches.

There have been six information governance security incidents during the reporting period.

As an organisation registered with the Information Governance Toolkit, we are required to report incidents that are categorised at Level 2 or above through the Information Governance Incident Reporting Tool on the HSCIC Information Governance Toolkit. Incidents, where appropriate, may be escalated to organisations such as Care Quality Commission or NHS England. The HSCIC will publish all incidents reported and categorised at Level 2 or above on a quarterly basis via the Information Governance Toolkit.

The CCG is reporting no information governance incidents at a level 2 or above.

Discharge of Statutory Functions

Arrangements put in place by the CCG and explained within the corporate governance framework have been developed with extensive expert legal input, to ensure compliance with all the relevant legislation. The legal advice also informed the matters reserved for the Membership and Governing Body decision and scheme of delegation.

In light of the Harris Review, the CCG has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that the CCG is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the CCG's statutory duties.

Conclusion

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways as described above. The Head of Internal Audit has also provided 'Significant Assurance' that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently.

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My review concludes that NHS Bury CCG has a generally sound system of internal control that supports the achievement of its policies, aims and objectives and I confirm that no significant control issues have been identified in the reporting period.

Stuart North, Accountable Officer
[27th] May 2016

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Remuneration and staff report

Presumption of disclosure

Information about named individuals will be given in all circumstances and all disclosures in the Remuneration Report will be consistent with identifiable information of those individuals in the Financial Statements.

Remuneration Committee report

For the period from 1 April 2015 to 31 March 2016, details of the membership of the Remuneration Committee were as follows:

- Chris Wild – Chair
- David McCann – Lay Member
- Andrew Clough – Lay Member
- Dr. Kiran Patel – Chair (NHS Bury CCG)

The Remuneration Committee follows national guidance issued by the Department of Health to determine the remuneration and terms and conditions of senior managers using the national Very Senior Managers pay framework (VSM). Implementation of this framework took place following completion of the Fitness for Purpose assessment. The Remuneration Committee is also responsible for the remuneration of the clinical members. Remuneration is not performance related.

The policy on the duration of senior manager contracts is in line with the CCG's Approved Standing Orders.

The performance of VSMs is assessed through the CCG's Personal Development Review system in line with NHS policy. Remuneration is not performance related. Termination of contracts, and any relevant payments, would be calculated on an individual basis, taking into account circumstances of termination, notice periods, length of service and salary. All calculations would be in line with statutory and NHS terms and conditions.

For each VSM and other members of the Governing Body who have served during the financial year 2015-16, details of service contract, remuneration and pension benefits are shown in the tables below.

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Executive Governing Body members

Name	Position	Unexpired term of contract (as at 01/04/15)	Notice period
Dr. Kiran Patel	Chair	*1 year	6 months
Stuart North	Chief Officer	Employed	6 months
Claire Wilson	Chief Finance Officer	Employed	6 months
Margaret O'Dwyer	Deputy Chief Officer / Director of Commissioning and Business Delivery	Employed	6 months
Catherine Jackson	Executive Nurse Director	Employed	6 months

*Following a recruitment process, Dr. Kiran Patel was re-elected to the role of Clinical Chair of the CCG from 1st April 2016 for a period of three years.

Clinical Governing Body members

Name	Position	Unexpired term of contract (as at 01/04/15)	Notice period
Howard Hughes	Clinical Governing Body member	2 years	6 months
Dr. Catherine Fines	Clinical Governing Body member	2 years 6 months	6 months
Dr. Jeffrey Schryer	Clinical Governing Body member	4 years 6 months	6 months
Dr. Victoria Moyle	Clinical Governing Body member	4 years 11 months	6 months

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Lay Governing Body members

Name	Position	Unexpired term of contract (as at 01/04/15)	Notice period
Andrew Clough	Lay Member for Quality & Risk	1 year	3 months
Chris Wild	Lay Member for Audit, Remuneration and Conflicts of Interest	1 year	3 months
David McCann	Lay Member for Patient and Public Participation	1 year	3 months
Karen Richardson	Lay Member for Primary Care Quality	1 year	3 months
Dr. Gerard McDade	Secondary Care Specialist Doctor	1 year	3 months

As per the Standing Orders, elected Governing Body Members can be re-elected up to a maximum term of 9 years.

There were no significant payments made to past senior managers. There were no payments for Loss of Office. There were no exit packages agreed in 2015-16.

Full details of Governing Body including Lay Members, their roles, and the committees or sub-committees they were members of during the year can be found on page 32, and also in the Annual Governance Statement.

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Salaries and allowances

For Year Ended 31 March 2016

Name & Title	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension related benefits (bands of £2,500)	TOTAL (bands of £5,000)
	£000	£00	£000	£000	£000	£000
Dr. Kiran Patel, Chair	95-100	7	-	-	-	95-100
Stuart North, Chief Officer	110-115	3	-	-	2.5 - 5	115-120
Claire Wilson, Chief Finance Officer	105-110	16	-	-	30-32.5	140-145
Margaret O'Dwyer, Deputy Chief Officer / Director of Commissioning and Business Delivery	90-95*	8	-	-	32.5 - 35	120-125
Catherine Jackson, Executive Nurse Director	55-60	10	-	-	-	55-60
Howard Hughes, Clinical Governing Body member	40-45	-	-	-	-	40-45
Dr. Catherine Fines, Clinical Governing Body member	65-70	-	-	-	7.5 - 10	75-80
Dr. Jeffrey Schryer, Clinical Governing Body member	40-45	-	-	-	TBC	TBC
Dr. Victoria Moyle, Clinical Governing	50-55	-	-	-	TBC	TBC

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Body member						
Dr. Gerard McDade, Secondary Care Specialist Doctor	5-10	-	-	-	-	5-10
Andrew Clough, Lay Member for Quality & Risk	10-15	-	-	-	-	10-15
Chris Wild, Lay Member for Audit, Remuneration and Conflicts of Interest	10-15	-	-	-	-	10-15
David McCann, Lay Member for Patient and Public Participation	10-15	-	-	-	-	10-15
Karen Richardson, Lay Member for Primary Care Quality	5-10	-	-	-	-	5-10

The following list highlights the movement in Governing Body membership during 2015-16:

* Margaret O'Dwyer commenced employment with the CCG on 1st May 2015, therefore the above entitlement figure is pro-rata.

Lesley Jones, Director of Public Health is a member of the Governing Body but does not receive remuneration for her role. She is employed by Bury Metropolitan Borough Council.

Catherine Jackson also holds the role of Nurse Clinician in general practice in Stockport. The pension related benefit shown above is gross and not a proportionate share.

Expense payments include reimbursed travel expenses and other allowances.

The All Pensions Related benefits section is a calculation based on figures supplied by NHS Pensions Agency. The CCG is statutorily bound to use these figures however, a note of caution should be applied when interpreting them as:

a) The CCG has no way of interpreting or verifying the figures provided.

b) They do not take into account any period of time where the individual may not have paid into the pension scheme due to a break in service as an officer.

c) They are calculated on a notional full time basis when staff are in fact part-time.

d) They are gross of all employments and for the whole financial year.

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e) The comparator figures provided may not be on a like for like role. For example some may be based on contributions made as a junior doctor before taking up a GP role.

f) The pensions related benefits note is based on an assumption as required on the Annual Reporting Guidance that individuals will be in receipt of their pension for 20 years after they have retired.

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For Year Ended 31 March 2015

Name & Title	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension related benefits (bands of £2,500)	TOTAL (bands of £5,000)
	£000	£00	£000	£000	£000	£000
Dr. Kiran Patel, Chair	95-100	6	-	-	0	95-100
Stuart North, Chief Officer	110-115	-	-	-	0	110-115
Andy Lowe, Chief Finance Officer	10-15	4	-	-	10-12.5	25-30
Claire Wilson, Chief Finance Officer	45-50	8	-	-	90-92.5	135-140
Sharon Martin, Head of Commissioning	75-80	27	-	-	-	75-80
Catherine Jackson, Executive Nurse Director	55-60	10	-	-	497.5-500	555-560
Howard Hughes, Clinical Governing Body member	40-45	-	-	-	-	40-45
Dr. Catherine Fines, Clinical Governing Body member	40-45	2	-	-	0-2.5	40-45
Dr. Jeffrey Schryer, Clinical Governing Body member	20-25	4	-	-	-	20-25

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Dr. Audrey Gibson, Clinical Governing Body member	30-35	3	-	-	0	30-35
Dr. Victoria Moyle, Clinical Governing Body member	0-5	-	-	-	-	0-5
Dr. Gerard McDade, Secondary Care Specialist Doctor	5-10	3	-	-	-	5-10
Andrew Clough, Lay Member for Quality & Risk	10-15	-	-	-	-	10-15
Chris Wild, Lay Member for Audit, Remuneration and Conflicts of Interest	10-15	-	-	-	-	10-15
David McCann, Lay Member for Patient and Public Participation	10-15	-	-	-	-	10-15
Karen Richardson, Lay Member for Primary Care Quality	5-10	-	-	-	-	5-10

Pension benefits

For Year Ended 31 March 2016

Name and title	Real increase in person at age 60	Real increase in Lump sum	Total Accrued pension at age 60 at Salaries and Allowances	Lump sum at age 60 related to accrued pension at Salaries and Allowances	CETV at 31/03/2015 plus inflation	Real Increase in CETV	CETV at 31/3/2016	Employer funded contribution to growth in CETV
	£000	£000	£000	£000	£000	£000	£000	£000
Executive Governing Body Members								
Dr. Kiran Patel Chair	0-2.5	(2.5-5)	10-15	31-35	210	(14)	196	-
Stuart North Chief Officer	0-2.5	2.5-5	45-50	145-150	1,017	28	1,046	-
Claire Wilson Chief Finance Officer	0-2.5	(0-2.5)	25-30	65-70	298	24	322	-
Other executive senior managers								
Catherine Jackson Executive Nurse Director	0-2.5	0-2.5	35-40	110-115	604	8	612	-
Margaret O'Dwyer Director of Commissioning	0-2.5	5-7.5	35-40	125-130	801	58	864	-
Clinical Governing Body Members								
Dr. Catherine Fines Clinical Governing Body member	0-2.5	0-2.5	10-15	35-40	210	11	221	-

The following list highlights the movement in Governing Body membership during 2015-16:

Margaret O'Dwyer commenced employment with the CCG on 1st May 2015.

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As Lay Members do not receive pensionable remuneration, there are no entries in respect of pensions for Lay Members.

Howard Hughes – Clinical Governing Body Member, is a pharmacy contractor and is not part of the NHS Pensions Scheme.

Lesley Jones, Director of Public Health is employed by Bury Metropolitan Borough Council and is not part of the NHS Pension Scheme.

Catherine Jackson also holds the role of Nurse Clinician in general practice in Stockport. The figures shown above are gross pension benefits and not a proportionate share.

There were no contributions to employer stakeholder pensions.

There were no exit packages agreed in 2015-16 by the CCG.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme.

The pension figures shown relate to the benefits the individual has accrued as a consequence of their membership of the pension scheme. This may be for more than just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Pay Multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

The annualised full-time equivalent remuneration of the highest paid member of Clinical Commissioning Group in the financial year 2015-16 was £160k-£165k. (2014-15 £160k-165k).

This is 4.0 times (2014-15, 3.8x) the median remuneration of the workforce, which was £41k (2014-15 £44k.

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In 2015-16, no employees (2014-15, nil) received remuneration in excess of the highest paid member of the governing body.

Remuneration for 2015-16 ranged from £17k to £165k (2014-15, £12k - £165k).

Total remuneration includes salary, non-consolidated performance related pay and benefits in kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Note: these calculations are based on the fulltime equivalent staff of the CCG at the reporting period end date on an annualised basis and are subject to audit.

Off payroll engagements

Off-payroll engagements as of 31 March 2016, for more than £220 per day and that last longer than six months are as follows:

	Number
Number of existing engagements as of 31 March 2016	1
Of which, the number that have existed:	
for less than one year at the time of reporting	0
for between 1 and 2 years at the time of reporting	1
for between 2 and 3 years at time of reporting	0
for between 3 and 4 years at time of reporting	0
for 4 or more years at time of reporting	0

The existing off-payroll engagement outlined above, has at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2015 and 31 March 2016	1
Number of the above which include contractual clauses giving the CCG the right to request assurance in relation to Income Tax and National Insurance obligations	1
Number for whom assurance has been requested	0
Of which, the number:	

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• For whom assurance has been received	1
• For whom assurance has not been received	0
• That have been terminated as a result of assurance not being received	0

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 01 April 2015 and 31 March 2016.

	Number
Number of off-payroll engagements of Membership Body and/or Governing Body members, and/or, senior officials with significant financial responsibility, during the financial year	1
Number of individuals that have been deemed "Membership Body and/or Governing Body members, and/or, senior officials with significant financial responsibility", during the financial year (this figure includes both off-payroll and on-payroll engagements)	17

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External auditor’s remuneration

Our auditors for the financial year 2015-16 was KPMG LLP. The cost of work carried out by the external auditors for the year ended 31 March 2016 was £54,000 including VAT. This was the annual fee in respect of the 2015-16 Code of Practice external audit. All members of the audit team are independent of the Governing Body and staff members. Each year the audit team provide a statement in support of requirements for their independence and objectivity.

Cost allocation and setting of charges for information

We certify that we have complied with HM Treasury’s guidance on cost allocation and the setting of charges for information.

Sickness absence

As referenced in the Financial Statements, the sickness absence rate for the year 2015-16 was 2.43%. Sickness absence is reported at an organisational level each month to the senior management team as part of the workforce performance report. This report provides data on: the ‘in month’ and cumulative (‘year to date’) percentage sickness rates; the cost of sickness; whether the sickness is long or short term; benchmarked data from the Health and Social Care Information Centre’s data warehouse comparing the CCG to the average sickness rate for CCGs in the North West of England and the reasons for sickness. Monthly reports at individual employee level are shared with line managers and our Human Resources Advisor works closely with managers to proactively manage sickness cases in line with the Sickness Absence policy, and a new recording system for non-attendance is in place and is working well.

Employee consultation

We are committed to maintaining effective employee relations with our staff and their union representatives, and consider that good employee relations are an important factor in achieving our values and objectives. We are committed to securing and promoting staff engagement and involvement. We value the opinions and views of staff and recognise that all members of staff are able to contribute more effectively when they know their duties and responsibilities, obligations, rights and have an opportunity of making their views known on issues that affect them. Established processes are in place for staff to be engaged and consulted with on a range of issues. Monthly staff briefings are in place, along with a write up of discussions which is shared with staff, benefiting those unable to attend in person. A mechanism for involving and engaging with staff on matters affecting them including the consideration of and feedback on draft human resources policies and procedures, in advance of them being approved and implemented, is also in place. Consultation and the introduction of new policies continues is on-going to ensure that the CCG has policies and procedures that are fit for purpose.

During the year, and following feedback from a team away event, a staff and social engagement group was established. Each team is represented on the group to ensure the views of all staff from all teams are captured and represented on a range of issues affecting them.

Equal opportunities

We have legal responsibilities towards disabled employees, as defined in the Equality Act 2010, and protection against discrimination due to disability is covered by the Act. Whilst the Act aimed to streamline and harmonise all discrimination legislation, it does allow that, due to the additional

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barriers faced by disabled people, they can be treated more favourably than non-disabled colleagues. Understanding this, and the reasons for it, is crucial to removing the barriers that can deny disabled people equality of outcome in work and more broadly.

All our employee related policies adhere where possible to the social model of disability, so that reasonable adjustments to working conditions, policies and practices may be requested. This aims to ensure that disabled people have the opportunity to obtain and remain in employment with us and to support people who may acquire a disability whilst in employment.

Appropriate adjustments may be made to: the working environment (including equipment); terms and conditions of employment (such as working hours) and the duties of posts (such as re-allocating duties to other team members).

We aim to ensure that a consistent, equitable and sustainable approach to making reasonable adjustments is taken throughout the organisation. We undertake to monitor the number and proportion of CCG employees who identify themselves as disabled, and to report on this annually as part of our workforce monitoring. This will also include the experiences of individuals applying for employment with the organisation.

We actively encourage disabled employees to identify as having a disability or long term health condition, as experience shows that many people do not do so for a number of reasons. We aim to adopt and implement good practice and standards which support us to meet the aims of our Equality and Diversity policy. All staff have access to the same training opportunities and are asked if they have any specific requirements to enable them to participate.

Stuart North Chief Officer and Accountable Officer
[27th] May 2016

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Financial Performance

We are pleased to report all of our statutory financial duties in 2015-16 have been achieved.

Achievement of operational financial balance

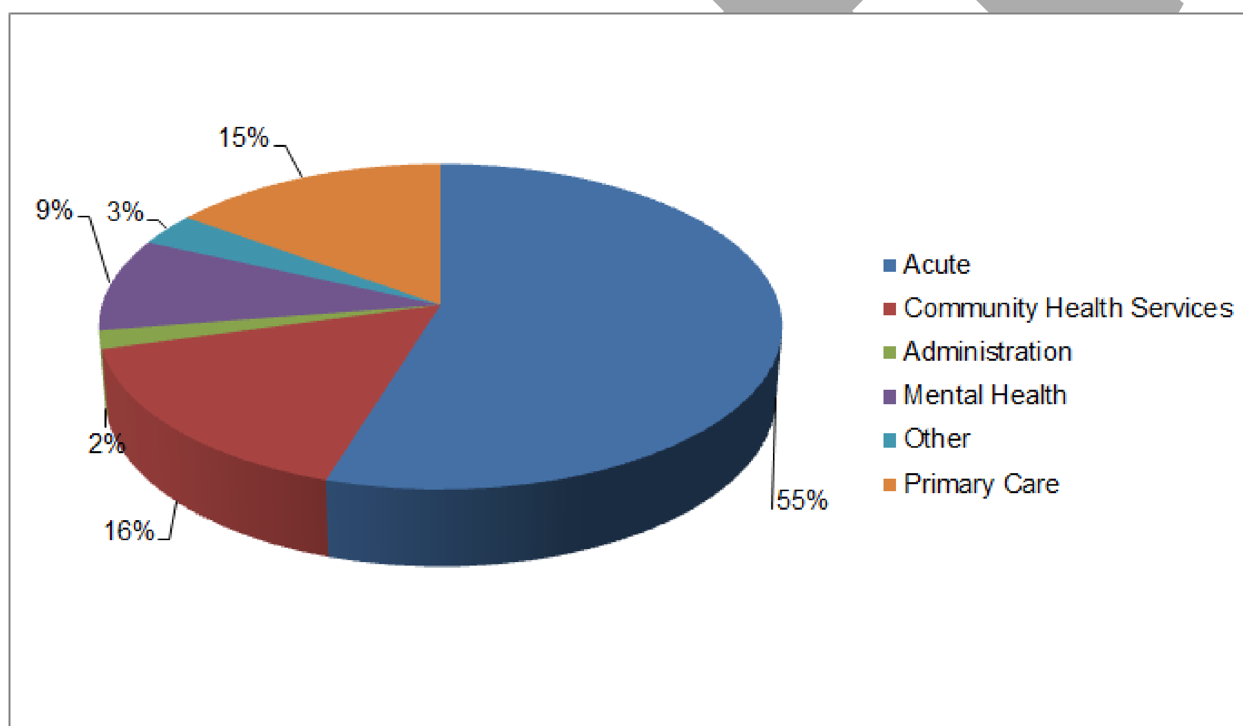
NHS Bury CCG achieved the 'operational financial balance' and reported a revenue surplus of £2,549,000.

Financing limit

The CCG should live within a defined level of cash for each year. This was achieved in 2015-16.

Analysis of our funding and expenditure

We received £243.9 million of parliamentary revenue funding in 2015-16. We carried £2.6million of this forward for future years investment in healthcare services and we spent the remaining £241.3 million as follows:



Acute Healthcare - represents the cost of contracts we have with hospitals to provide services for the residents in our community. Examples of these services are accident and emergency, maternity and general and acute (hospital) services.

Primary Care - costs mainly represent the cost of drugs prescribed by GPs (£31.3 million. They also include some other services commissioned from GPs and primary care contractors (e.g. GP out of hours services).

Mental Health – represents the cost of contracts we have with providers of mental health services.

Community Healthcare - this is the cost of the services provided in a community setting.

Examples of these services are district nursing, physiotherapy and community clinics. It also includes the cost of providing long-term packages of care for people at home and in nursing and residential homes.

Administration - represents the departments that support the process of commissioning the healthcare services described above and this includes the services commissioned from the Greater Manchester Shared Service. By understanding the needs of our community, we strive to obtain high quality and value services. We also ensure the management of those contracts throughout the lifecycle of a service is of the highest possible standard.

Other programme - mainly consists of non-acute services and healthcare estates costs.

The summary statements show the key financials for the CCG.

Financial Summary Statements

Overview

The following Summary Financial Statements are a summary of information contained in NHS Bury CCG's Annual Accounts 2015-16.

These statements do not contain sufficient information to allow as full an understanding of the results and state of affairs of the CCG, and its policies as would be provided by the full Annual Accounts.

Copies of the CCG's Annual Accounts 2015-16 can be accessed via www.buryccg.nhs.uk or requested from Claire Wilson, Chief Finance Officer, NHS Bury CCG, First Floor, 21 Silver Street, Bury, BL9 0EN.

Statement of Comprehensive Net Expenditure for the year ended 31 March 2016

		2015-16			**2014-15**	
	Programme	**Administrative**	**Total**	**Programme**	**Administrative**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
Gross employee benefits	1,621	2,074	3,695	1,675	1,147	2,822
Other Costs	237,729	2,315	240,044	220,600	3,136	223,736
Other operating revenue	(2,317)	(65)	(2,382)	(1,397)	(85)	(1,482)
Net operating costs	**237,033**	**4,324**	**241,357**	**220,878**	**4,198**	**225,076**

This statement shows our total net expenditure split between direct health care spend (programme) and administration spend.

Statement of Financial Position as at 31 March 2016

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	31 March 2016 £000	31 March 2015 £000
Current assets:		
Trade and other receivables	2,200	2,242
Cash and cash equivalents	167	204
Total current assets	**2,367**	**2,446**
Total assets	**2,367**	**2,446**
Current liabilities:		
Trade and other payables	(13,185)	(10,043)
Provisions	(169)	(204)
Total current liabilities	**(13,354)**	**(10,247)**
Total assets employed	**(10,987)**	**(7,801)**
Financed by taxpayers' equity:		
General fund	(10,987)	(7,801)
Total taxpayers' equity:	**(10,987)**	**(7,801)**

The Statement of Financial Position provides a snapshot of the CCGs assets and liabilities at 31 March 2016.

Statement of Changes in Taxpayers Equity for the year ended 31 March 2016

	Total Reserves £000
Changes in taxpayers' equity for 2015-16:	
Balance at 1 April 2015	**(7,801)**
Net operating expenditure for the financial year	(241,357)
Net Recognised CCG expenditure for the financial year	**(241,357)**
Net funding	238,171
Balance at 31 March 2016	**(10,987)**

This statement reflects any of our gains or losses that have not been reflected in the Operating Cost Statement.

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Statement of Cash Flows for the year ended 31 March 2016

	2015-16 £000	2014-15 £000
Cash Flows From Operating Activities:		
Net operating expenditure for the financial year	**(241,357)**	**(225,076)**
(Increase)/decrease in trade & other receivables	42	153
Increase/(decrease) in trade & other receivables	3,142	129
Provisions utilised	**(96)**	0
Increase/(decrease) in provisions	60	(66)
Net Cash inflow (Outflow) from Operating Activities	**(238,208)**	**(224,860)**
Cash Flows from Investing Activities	0	0
Net Cash Inflow (Outflow) before Financing	**(238,208)**	**(224,860)**
Cash Flows from Financing Activities:		
Net funding received	238,171	225,023
Net Cash Inflow (Outflow) from Financing Activities	**238,171**	**225,023**
Net Increase (Decrease) in Cash & Cash Equivalents	**(37)**	**163**
Cash & Cash Equivalents at the beginning of the Financial Year	204	41
Cash & Cash Equivalents (including bank overdraft) at the End of the Financial Year	**167**	**204**

This statement explains the movements in cash balances during the financial year.

Summary of Results of the CCG Annual Accounts for the year ended 31st March 2016

Achieving the Better Payment Practice Code Target (BPPC)

The CCG exceeded the 'Better Payment Practice Code' (BPPC) Target.

Better Payment Practice Code

The CCG is a signatory to the Better Payment Practice Code. The Better Payment Practice Code is a payment initiative developed by Government with The Institute of Credit Management (ICM) to tackle the crucial issue of late payment and help small businesses.

Measure of compliance

The Better Payment Practice code is summarised as follows:

a.**Target:** Pay all creditors, both NHS and Non-NHS, within 30 days of receipt of goods or services or a valid invoice (whichever is later), unless other payment terms have been agreed.
b. **Compliance:** authorise payable order schedules to take money from the CCG's bank account within 30 days (or date and issue cheque within that period).

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The notional target set for the CCG is to achieve 95% in each category.

	Number	£000	Number	£000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	13,277	-	13,077	29,119
Total Non-NHS Trade invoices paid within target	-	-	12,974	28,693
Percentage of Non-NHS Trade invoices paid within target	**0.00%**	**0.00%**	**99.21%**	**98.54%**
NHS Payables				
Total NHS Trade invoices paid in the Year	2,292	167,479	2,177	167,411
Total NHS Trade invoices paid within target	2,279	167,392	2,140	165,056
Percentage of NHS Trade invoices paid within target	**99.43%**	**99.95%**	**98.30%**	**98.59%**

Related Party transactions

Details of related party transactions with individuals are as follows:

	Payments to Related Party £000	Receipts from Related Party £000	Amounts owed to Related Party £000	Amounts due from Related Party £000
ABL Health Limited	**91**	-	-	-
Central Manchester University Hospitals NHS Foundation Trust	**8,392**	-	**246**	-
Greenmount Medical Centre Centre	**148**	-	-	-
Laserase Bolton Ltd	-	-	-	-
Minden Family Practices Ltd	**15**	-	-	-
NHS England	**1,570**	**(322)**	-	**(268)**
NHS Stockport CCG	**5**	**(8)**	**2**	-
Huntley Mount Medical Centre	**24**	-	-	-
Rock Healthcare	**42**	-	-	-
Uplands Medical Practice	**74**	-	-	-
Whittaker Lane Medical Centre	**97**	-	-	-
Spring Lane Surgery	**63**	-	-	-
Bury GP Practices	**1,071**	-	-	-
BARDOC	**1,589**	-	-	-
Oak Lodge Nursing Home	**237**	-	-	-
Tottington Medical Practice	**80**	-	-	-
The ELMS Medical Practice	**49**	-	-	-
Essential Communications	**12**	-	-	-
Bury Hospice	**429**	-	-	-
Prestwich Pharmacy	**4**	-	-	-

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The Department of Health is regarded as a related party. During the year the CCG has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. For example:

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£000	£000	£000	£000
Central Manchester University Hospitals NHS Foundation Trust	8,392	-	246	-
NHS England	1,570	(322)	268	-
Greater Manchester Shared Services	2,307	(9)	13	-
North West Ambulance Service NHS Trust	6,187	-	-	(43)
Pennine Acute Hospitals NHS Trust	87,083	-	-	(1,041)
Pennine Care NHS Foundation Trust	35,835	-	642	-
Royal Bolton Hospital NHS Foundation Trust	8,259	-	663	(199)
Salford Royal NHS Foundation Trust	10,265	-	521	-
University Hospital of South Manchester NHS Foundation Trust	1,657	-	16	-
Wrightington, Wigan & Leigh NHS Foundation Trust	1,401	-	-	(218)

In addition, the CCG has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Bury Metropolitan Borough Council for £2.9 million.

For all other related party interest disclosures other than the Governing Body members above, please refer to the website www.buryccg.nhs.net.

The sickness absence rate for the year 2015-16 was 2.43%. Full commentary on sickness absence can be found within the Members' Report.

Stuart North Chief Officer and Accountable Officer
[27th] May 2016

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Get in touch

We hope you have enjoyed reading our Annual Report and that it has given you some insight into our work.

If you would like this report in another format or language please contact us. If you have any comments on the report, or questions on the information contained within it, we'd really like to hear from you.

You can reach us in a number of ways:

The 'We're here to help' section of our website **www.buryccg.nhs.uk**

You can email us at **buccg.communications@nhs.net**

You can give us a call on 0161 762 3106

And you can reach us via our Twitter account **www.twitter.com/NHSBURYCCG**

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