

Agenda Item No. 3.1

Manchester Health and Care Commissioning Board Meeting

Agenda Item	3.1	Date	27 January 2021
Report Title	Finance Committee, Audit Committee, Strategy Committee, Health and Care Professional, Performance, Quality and Improvement Committee and Governance Committee updates		
Report Author	Izhar Chaudry, Ed Dyson, Denis Colligan, Justin Vernie, Chris Gaffey		
Summary	This report updates the Board with the business conducted at the Finance, Strategy, Health & Care Professional and Performance, Quality & Improvement Committees.		
Strategic Objectives considered in this report	Improve the health and wellbeing of people in Manchester Strengthen the social determinants of health and promote healthy lifestyles Ensure services are safe, equitable and of a high standard with less variation Enable people and communities to be active partners in their health and wellbeing Achieve a sustainable system		
Risks considered in this report	748 MHCC workforce capacity and capability 749 Local Care Organisation 750 Single Hospital Service 752 Service capacity 753 Care Pathways 754 Inequity 755 Community resources 756 Finance 757 Provider Service Delivery 758 Strategic Partnerships		
Confirmation that equality analysis has been fully considered in the preparation and design of the reported policy, plan or strategy.	No policy, plan or strategy is presented in this report.		
Financial Implications	N/A		
Public Engagement	N/A		

Agenda Item No. 3.1

Recommendations	The Board is recommended to: Note the reports and receive assurance that the Finance, Audit, Strategy, Health and Care Professional, Performance, Quality and Improvement and Governance Committees are discharging their responsibilities
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KEY ISSUES AND ASSURANCE REPORT
Finance Committee
December 2020

The Committee draws the following matters to the Board's attention:

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
MHCC November 2020 Finance Position	<p>The Health finance position at M8 was reported showing an overall deficit of £5m.</p> <p>The MLCO finance position at M7 was showing a forecast overspend of £6.7m.</p> <p>CY informed the Committee that NHS EI have not yet approved the forecasts which were resubmitted as part of the 20/21 financial plans. CY advised that this is important for audit purposes.</p> <p><u>Discussion/ Comments</u></p> <p>The Committee endorsed the finance position reported for M8 for Health and M7 for the MLCO.</p>	Yes	None	N/A

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
	<p>GP clarified the timing of funds in respect of Test and Trace, and Infection Control. It was confirmed that some of the funding was also for 21/22.</p> <p>CJ asked a question around the number of LD placements and the capacity of the service.</p>			
Financial Planning Update 2020/21	<p>CY informed the Committee that the planning submission has not yet been approved by NHS EI.</p> <p><u>Discussion/ Comments</u></p> <p>The Committee noted the update provided and awaited a further update.</p>	Yes	None	N/A
Independent Contract Update	<p>The Committee were informed that the latest guidance on independent providers had been issued, the national team are going to withdraw their notice on the independent sector contract, which gives some breathing space until March 2021.</p>	Yes	None	N/A

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
	<p><u>Discussion/ Comments</u></p> <p>The Finance Committee noted the update provided.</p>			
<p>Primary Care Resilience and COVID Vaccination</p>	<p>CY informed the Committee that the paper tries to bring together funding for the vaccination programme and primary care.</p> <p><u>Discussion/ Comments</u></p> <p>The Finance Committee approved the distribution of the £1.7m allocation for the GP COVID Capacity Expansion Fund (GP CCEF). £718k for New Primary Care Capacity to be distributed directly to practices, £343k for PCNs and the balancing amount will be incurred by MHCC as outlined in the paper.</p> <p>GP queried if any value for money/ benchmarking had been undertaken around costs associated with properties/ premises used for this programme. CY added a comparison of costs against comparable buildings on an individual site basis was undertaken.</p> <p>GP raised a query around the capitation payment proposed for the scheme. CY advised that each PCN needs to have an agreement in place to deal with</p>	<p>Yes</p>	<p>None</p>	<p>N/A</p>

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
	<p>reimbursements for practices depending on the level of costs they are incurring.</p> <p>CJ raised a query on the £2.6m handed out in relation to vaccinations for 2020/21, do we know how many vaccinations this will get us. CY advised that the £2.6m is not directly correlated to the number of vaccinations. CJ asked if we have a plan on how many patients we will vaccinate. CY advised that the number is not yet known.</p>			
Wellbeing Hub OBC Update	<p>CY informed the Committee that work was on going with establishing the financial implications by MFT, as soon as this is complete a further update will be provided.</p> <p><u>Discussion/ Comments</u></p> <p>The Committee noted the update provided in respect of the Wellbeing Hub OBC.</p>	Yes	None	N/A
Risk Register	<p>The Committee were presented with an updated financial risk register for 2020/21. There were no material changes.</p> <p><u>Discussion/ Comments</u></p> <p>The Committee endorsed the risk register.</p>	Yes	Risk register to be reviewed in light of any potential new risks.	21/01/21

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
	<p>GP noted the incredible pressure everyone has been under during the year due to the pandemic and now with the implications of establishing an ICS; GP asked if there are concerns about staff wellbeing and are there any areas we need to be giving thought to in January 2021 onwards. CY felt that the risk register needed to be reviewed to reflect any new risks.</p>			

KEY ISSUES AND ASSURANCE REPORT
Finance Committee
November 2020

The Committee draws the following matters to the Board's attention:

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
MHCC October 2020 Finance Position	<p>The Health finance position at M7 was reported showing an overall deficit of £5m.</p> <p>The MLCO finance position at M6 was showing a forecast overspend of £6.8m.</p> <p><u>Discussion/ Comments</u></p> <p>The Committee endorsed the finance position reported for M7 for Health and M6 for the MLCO.</p> <p>Detailed questions were not raised regarding the finance position reported as this information had been discussed the day before on the 25/11/20 at the MHCC Board meeting.</p>	Yes	None	N/A
Financial Planning Update 2020/21	The Committee were provided with an update on the financial plans for 2020/21.	Yes	A further update to be provided on the 2020/21 financial plans at the December meeting.	17/12/20

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
	<p>CY informed the Committee that the financial plans submitted for 2020/21 had not been accepted and further work was required on providing a revised expenditure forecast. The revised submission was required on a Greater Manchester level.</p> <p><u>Discussion/ Comments</u></p> <p>The Committee noted the update provided and awaited a further update at the December meeting.</p> <p>Detailed questions were not raised regarding the finance plans as this paper had been discussed the day before on the 25/11/20 at the MHCC Board meeting.</p>			
COVID Vaccination Programme Update	<p>CY informed the Committee that Manisha Kumar and David Regan had provided a good update on this at MHCC Board on the 25 November 2020.</p> <p>CY advised the Committee that there is £28m for the vaccination programme up to the end of December 2020 – this looks to be the allocation for the DES. CY added that the issue we have in Manchester is that 6 of the 13 sites submitted are non-health premises; which means they are an additional cost to the system and there are queries around how these will be funded.</p>	Yes	None	N/A

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
	<p><u>Discussion/ Comments</u></p> <p>The Finance Committee noted the update provided.</p>			
CHC Update	<p>The Committee were informed on the key issues in respect of CHC. These are outlined below:</p> <ul style="list-style-type: none"> ▪ Discharge to assess model – some progress within Winter planning arrangements of late which links into the hospitals discharge programme. ▪ New provider to assist with the discharge from hospital. ▪ Moston Grange has been reopened to assist with medically fit patients who have tested positive with COVID. It was noted that there are only a couple of these sites in the UK. ▪ CHS Healthcare contract has now mobilised and weekly meetings are in diaries to look at progress. <p><u>Discussion/ Comments</u></p> <p>The Committee noted the CHC update provided.</p>	Yes	None	N/A

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
	<p>A question was raised around the source of funding in respect of the workforce allocation. It was highlighted that this was a separate allocation provided NHS EI back in September.</p> <p>CJ asked a question around the issue of 'choice' and if this was a material issue. It was indicated that this could be a material issue and that discussions were on going regarding this matter.</p> <p>CJ also asked about the contractor which had been appointed to clear the backlog and if the decision-making process was clear to the contractor. It was confirmed that the final decision is made by the CHC team and not the contractor.</p>			
Contracts Update	<p>The Committee were informed of the following key issues:</p> <ul style="list-style-type: none"> ▪ IS Framework, more information is required around the providers on the IS framework. ▪ National Guidance which accompanied the finance update. ▪ One thing to note in terms of pressures, is delivery pressures from providers such as PPE, loss of income, redistribution. 	Yes	The mega waiver to be recirculated for information.	31/01/21

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
	<ul style="list-style-type: none"> ▪ Primary Care Estates issues with operational providers with whom we hold contracts. <p><u>Discussion/ Comments</u></p> <p>The Committee noted the Contracts update.</p> <p>A question was raised in relation to the mega waiver in that would it be useful to have this made clear. It was agreed that the mega waiver would be recirculated for information.</p>			
Primary Care Digital Business Case	<p>The Primary Care Digital business case was presented to the Committee which outlined the work to be carried out in respect of online triage and online video consultations.</p> <p><u>Discussion/ Comments</u></p> <p>The Committee approved the business case and recommended it for approval by the MHCC Board.</p> <p>The following points were made in respect of the business case:</p>	Yes	None	N/A

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
	<ul style="list-style-type: none"> • Risks associated with delivering the project and the various interdependencies associated with the project. • Recurrent funding implications. • Equity in accessing the digital solutions by the wider community (Digital inclusion). 			
Wellbeing Hub OBC Update	<p>CY informed the Committee that there is nothing to present at the moment, due to MFT financial information not yet being available. CY added that MFT have not yet fully worked through the leasing options.</p> <p><u>Discussion/ Comments</u></p> <p>The Committee noted the update provided in respect of the Wellbeing Hub OBC.</p>	Yes	None	N/A
Internal Audit Procurement	The Committee were informed that this paper was for information as the paper was distributed in July 2020 to the Audit Committee.	Yes	None	N/A

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
	<p><u>Discussion/ Comments</u></p> <p>The Committee noted the Internal Audit Procurement update.</p> <p>GP raised a question about ensuring any future contract allowed to take into consideration potential organisational mergers. It was highlighted that we would need to wait until further guidance was issued by NHS EI in respect of future mergers etc.</p>			
Risk Register	<p>The Committee were presented with an updated financial risk register for 2020/21. There were no material changes.</p> <p><u>Discussion/ Comments</u></p> <p>The Committee endorsed the risk register.</p> <p>It was highlighted that the risk register would need to be updated in light of any new financial planning guidance issued for 2020/21.</p>	Yes	A deep dive discussion in respect of the risk register to take place at the January meeting.	21/01/21

KEY ISSUES AND ASSURANCE REPORT
Audit Committee
October 2020

The Committee draws the following matters to the Board's attention-

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
4.1 Key Risks – Finance Regime	<p>Paper presented to Audit Committee on the finance regime operated on for Month 1 – 6 and the regime for month 7 – 12. The paper updated the Committee on the key differences and the submitted plan, which for Manchester was a £5m deficit, after a £2m savings target.</p> <p>Caveats noted that the plan had not been agreed nationally, still significant financial pressures for GM, impact of a Covid second wave and planning guidance for 2021/22 outstanding.</p>	Yes	<p>Risk acknowledged that MHCC may not be able to deliver its strategic plan and as a result patient care is impacted.</p> <p>Further updates to be Committee as and when guidance, allocations and implications are known.</p>	January meeting

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
	External Audit raised issues and additional assurances required if the CCG is posting a deficit		Meeting to be arranged to brief external audit.	November 2020
5.0 External Audit	No update until January 2021	N/a	N/a	N/a
6.1 Internal Audit Progress Report	Report presented on current assignments, assurances and any issues associated with the delivery of the 2020/21 plan and any impact on Head of Internal Audit opinion for 2020/21. Update concentrated on the End User IT Lifecycle Report	Yes	The financial impact of any asset write off was queried and if it was MHCC or GMSS responsibility. CY/KA to give thought to question.	January 2021.
6.2 Internal Audit Follow Up Report	The report was presented, which highlighted that of 29 recommendations, 5 implemented; 16 partially implemented; 6 no update was received for the report; and 2 not implemented.	Yes	Report was noted. Discussion around CHC and an acknowledgement that the staff had been heavily involved in the Covid pandemic response. Action was for responses to be followed up by	January 2021

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
			<p>Joanne Downs when appropriate.</p> <p>Query on Conflicts of Interest and the hosted staff, which had been discussed at Governance Committee. It was agreed the staff covered by the requirement were MHCC staff plus those deployed to MLCO, but not the GMH&SCP hosted staff.</p>	
7.1 Anti-Fraud Progress Report	<p>The report presented covered the work undertaken in August – October 2020.</p> <p>Key messages outlined were:</p> <p>Strategic Governance</p> <p>1) New return to be submitted in April 2021, which is released in January</p>	Yes	<p>Report was noted.</p> <p>Query was raised whether the Committee would see the reasons / risks identified within the investigations? It was confirmed that these would be highlighted. Assurance given that the</p>	Not applicable

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
	<p>2021. There is a risk on being compliant with the requirements by April 2021.</p> <p>The following activity was also highlighted as being undertaken during the period:</p> <ul style="list-style-type: none"> - Joint working protocols - Alerts and briefings circulated - National Fraud Initiative has commenced, and privacy notices issued - Work on Code of Conduct policy amendments - 2 investigations and 1 enquiry on-going 		current investigations do not impact on the CCG.	
8.1 Debtors Update	<p>Report presented highlighting total debts of £1.9m, of which £0.6m over 90 days. £0.6m relating to NHS and £31k non-NHS.</p> <p>£0.4m of NHS debt relates to NHSE and this is being chased £45k relates to a staff secondment £91k has been raised in error by GMH&SCP</p>	Yes	<p>CCG to continue to chase settlement of debts.</p> <p>Inclusion of a graph which shows the trend of over 60 day debt over last 4 quarters was requested to be included in the next report.</p>	Update at January 2021 meeting.

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
	Credit notes raised in the period total £0.9m, which are £0.4m relating to the CCG and £0.5m relating to the hosting of GMHS&CP. No financial impact of these on the financial position.			
9 Tender and Quotation Waivers	<p>Report presented 15 waivers for review, of which only one was on the revised waiver template, which provides the additional narrative to provide assurance to Audit Committee.</p> <p>The current waiver template was included as an appendix to the report for the Committee to comment on.</p>	Yes	<p>Current Waiver template needs to be updated with a free text field under Section 4a points 1 and 2 – where the specific reasoning on timing and sole supplier needs to be articulated. This field must be mandatory for completion.</p> <p>Query raised on Tender 173F to understand the single supplier rationale.</p>	Immediate.
11 Audit Committee work plan	The work plan was reviewed and the fluidity and impact of the current pandemic was acknowledged. Member of the Committee	Yes	Chair to contact Committee members in November / December to agree.	December 2020

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
	asked to review key risks which inform the work plan.			
Private – extension of the MIAA Internal Audit Contract	Minutes of the private meeting were reviewed and agreed	Yes	Not applicable.	Not applicable

Assurance gained includes the Committee receiving evidence that:

- i. The extent of the issue has been quantified;
- ii. The impact is included in all internal and external reporting
- iii. There are processes in place to learn from the occurrence, and measures have been put into place to prevent them happening again

KEY ISSUES AND ASSURANCE REPORT
Strategy Committee
January 2021

The Committee draws the following matters to the Board's attention-

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
2.1	Committee received a presentation from MFT which updated on the NMGH site development Outline Business Case. This formed a general update and to aid us in providing letter of support when the OBC is submitted.	Yes	Committee were supportive of the proposal. Board will be asked to approve a letter of support following further review from Executive Team and the Co-Chairs of this Committee	January '21
2.2	Committee received a proposal to secure additional provision to reduce waiting times for ASD diagnosis and support. Committee made some recommendations to support implementation and recognised the urgent need to improve access.	Yes	Committee approved funding and sought periodic updates to Committee and Board with progress.	January '21

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
2.3	<p>Committee received a proposal to secure additional provision to reduce waiting times for ADHD diagnosis and support.</p> <p>Committee made some recommendations to support implementation and recognised the urgent need to improve access.</p>	Yes	Committee approved funding and sought periodic updates to Committee and Board with progress	January '21
4	<p>The following items were received for information and will be reviewed at a future Committee meeting.</p> <ul style="list-style-type: none"> • North Manchester service model • Policy briefing • Inclusion and social value update 	N/A	N/A	

Assurance gained includes the Committee receiving evidence that:

- iv. The extent of the issue has been quantified;
- v. The impact is included in all internal and external reporting
- vi. There are processes in place to learn from the occurrence, and measures have been put into place to prevent them happening again

KEY ISSUES AND ASSURANCE REPORT
Health Care Professional Committee
January 2021

The Committee draws the following matters to the Board's attention:

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
Learning disability and primary care standards	Health check carried out on 41% of cohort, 52% achievement of flu vaccination On-going work to improve uptake	Y	Continue to monitor Progress notes	On-going
Covid home oximetry monitoring service (CHOMS)	Service is up and running and expanding quickly	Y	Future updates will be received noted	current
Integration of cardiac services at MFT (central and south sites)	Progress is being made Aiming for centralised management of service and full integration of services	Y	Monitor progress Current situation noted	On-going
Clinical update-children's services	A number of initiatives are on-going but are progressing slowly or have paused due to Covid	Y	Clinical lead will provide future updates	On-going

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
Covid vaccination update/approval of SOPs for both vaccines	City-wide situation with vaccination, including care homes and housebound Review of SOPs for Pfizer and AZ vaccines	Y	Progress noted SOPs approved (had been previously by chair's action, given timescales)	current

Assurance gained includes the Committee receiving evidence that:

- i. The extent of the issue has been quantified;
- ii. The impact is included in all internal and external reporting
- iii. There are processes in place to learn from the occurrence, and measures have been put into place to prevent them happening again

KEY ISSUES AND ASSURANCE REPORT
Health and Care Professional Committee
December 2020

The Committee draws the following matters to the Board's attention

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
Children's safeguarding update	Lessons from recent serious case reviews were presented and discussed. Planned training for GPs highlighted	Y	Noted	Current/on-going
Haematology GP pathway guide	Guide for GPs on managing haematology problems and abnormal blood results presented Developed by local clinicians	Y	Noted (2 minor amendments suggested and later made)	6 month review planned
Clinical lead update-mental health	Including training in mental health for GPs and a directory of services provided by the voluntary sector, which primary care can refer patients to	Y	noted	Current/on-going
Covid update Covid policies and SOPs	Early plans for vaccination at Wythenshawe and the Etihad noted and discussed SOPs discussed re Pfizer vaccine	Y	Noted/SOPs approved	Current/on-going

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale

Assurance gained includes the Committee receiving evidence that:

- i. The extent of the issue has been quantified;
- ii. The impact is included in all internal and external reporting
- iii. There are processes in place to learn from the occurrence, and measures have been put into place to prevent them happening again

KEY ISSUES AND ASSURANCE REPORT
Performance & Quality Improvement Committee (Microsoft Teams)
December 2020

The Committee draws the following matters to the Board's attention-

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
PFD response- Reg 28	Provider talked the Committee through a presentation in relation to an unwitnessed patient fall, which led them being issued a Reg 28 by the Coroner and the investigation management of the incident.	Y		
LeDeR	The Committee were taken through a presentation from Manchester LeDeR Steering Group which outlined key patterns and themes collected from mortality reviews of people with learning disabilities.	Y		
COVID-19	Members were taken through a presentation on the current Covid 19 position.	Y	Standing agenda item for the committee until further notice.	
Approach to tackle	This report summarises the Medicine Optimisation Teams approach to addressing	Y		

inappropriate opioids prescribing	inappropriate opioid prescribing and outlines outcomes of the opioid clinic pilot that took place in the Ladybarn Practice between October and November 2020.			
Maternity	This paper and presentation provided a high-level overview of maternity services within the city of Manchester. It also provided detail of the GM perinatal mental health service	Y		
Risk Register	This report contained an update on the MHCC Q&P Committee Risk Register.	Y		
PQI Exceptions Report and System Pressures	The Committee were provided with a presentation on performance against constitutional standards and updated members on pressures within the Acute sector.	Partial	It was noted that performance due to the pressure on the system this year, will mean that Manchester will compare poorly Nationally and across GM next year.	

KEY ISSUES AND ASSURANCE REPORT
Performance & Quality Improvement Committee (Microsoft Teams)
November 2020

The Committee draws the following matters to the Board's attention-

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
Review of Terms of Reference	This report summarises proposed changes to the terms of reference.	Y		
COVID-19	Members were taken through a presentation on the current Covid 19 position.	Y	Standing agenda item for the committee until further notice.	
Greater Manchester Safeguarding Assurance Report – Quarter 2	The report was a standard template, provided by NHS England, the report is completed and submitted to NHS England (GMHSCP) on a quarterly basis and provides a comprehensive update and assurance of the work undertaken by the Safeguarding Designated Team within the MHCC.	Partial	It was noted that a recurring theme within the report was the lack of joint working in the system, given the complexity and chaotic lifestyles of these patients this needs to be more closely look at.	

<p>Serious Incidents & Never Events</p>	<p>This report provided an update on serious incidents within commissioned providers and the serious incident process. It also provides in depth updates on the programmes of work within commissioned providers to improve patient safety.</p>	<p>Y</p>		
<p>Care Quality Commission's State of Care 2019/20</p>	<p>This report provided a summary of the CQC annual report</p>	<p>Y</p>		
<p>PQI Small Provider Deep Dive</p>	<p>The report gave an overview of the outcome of meetings held between PQI&R and providers to support their return to service delivery or normal delivery as a result of the phase 2 letter.</p>	<p>Y</p>		
<p>PQI Exceptions Report and System Pressures</p>	<p>The Committee were provided with a presentation on performance against constitutional standards and updated members on pressures within the Acute sector.</p>	<p>Partial</p>	<p>It was noted that there is continued pressures on elective work, cancer performance & diagnostics (although evidence of improvement in September data). In addition, concerns were raised in relation to growing mental health delayed discharges and increasing out of area placements.</p>	

KEY ISSUES AND ASSURANCE REPORT
Governance Committee
7 December 2020

The Committee draws the following matters to the Board's attention-

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
Workforce and OD Report and HR Policies	The Committee noted a report presented by the Director of Workforce and OD, which included: <ul style="list-style-type: none"> • An update on Workforce considerations and risks in light of COVID-19 • An overview of HR&OD Working Well Programme and Health & Wellbeing, • A summary of the changes that have been implemented as a consequence of HR Policy reviews • A summary of Mandatory Training and the Staff Survey • An update on HR&OD risks The Committee:	Y	N/A	N/A

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
	<ul style="list-style-type: none"> Agreed the new and updated policies presented for approval, in line with the implemented changes as set out in the report. 			
Patient Group Direction (PGD) Policy	<p>The Committee noted a report by MHCC's Lead Pharmacist & Deputy Director of Medicines Optimisation.</p> <p>The Committee:</p> <ul style="list-style-type: none"> Approved the PGD Policy and endorsed the proposed next steps as set out within the report, including issuance of contract variations where relevant Requested an update to the March 2021 meeting Made the following recommendations: <ul style="list-style-type: none"> Policy to be seen at PQI Committee (for information) and Patient and Public Advisory Committee (PPAC) for assurance and awareness Appropriate communication of policy to relevant MHCC teams 	Y	N/A	N/A

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
<p>Review of Declarations of Interest (DoI) and Management of Conflicts including:</p> <ul style="list-style-type: none"> • MHCC Register of Interests (for publication) • MHCC Gifts & Hospitality (G&H) Register (for publication) 	<p>The Committee noted a report by the Head of Corporate Governance which included the draft registers of interest and hospitality for publication, and an update around the ongoing work around conflicts of interest and the annual refresh of declarations, which had been delayed earlier in the year in light of the current COVID-19 emergency and changes to priorities.</p> <p>The Committee also noted an update around the Procurement Register, which would be published as part of the annual refresh of declarations of interest following amendments.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • Endorsed the publication of the registers of interests and gifts and hospitality within the discussed timeframe, with further publications to follow as declarations continue to be received 	<p>Y</p>	<ul style="list-style-type: none"> • Lay Member for Governance's declaration of interest to be updated on the published register as per discussion - COMPLETE • Col Policy to be reviewed, updated and presented to the Governance Committee at the March 2021 meeting. Review to ensure: <ul style="list-style-type: none"> ○ Consideration is given to the areas of potential improvement identified following the completion of the MIAA COVID-19 G&H Checklist, set out in section 4.9 of the report. ○ A clear process is in place to ensure that 	<p>December 2020</p> <p>March 2021</p>

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
			<p>any onward donations to the VCSE (or any other) sector are appropriately managed and captured.</p> <ul style="list-style-type: none"> ○ Further clarity to be provided on the decision-making processes around the corporate donations already received and how these were managed. 	January 2021
Board & Committees Activity, Attendance & Decision Making	The Committee noted a report by the Head of Corporate Governance providing a view of potential attendance issues.	Y	<ul style="list-style-type: none"> • Liaise with relevant committee chairs to discuss non-attendance and membership 	June 2021
Review of Internal Control Processes - Internal / External Audit Reports	The Committee noted a report by the Head of Corporate Governance for information around the findings following stage one of MIAA's review of MHCC's Assurance Framework. The findings had	Y	N/A	N/A

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
	<p>already been presented to Audit committee as part of MIAA's regular reporting.</p> <p>MIAA's review at this stage concluded that the processes in place to update the AF were robust, the AF was visibly reviewed by the Board, and the AF clearly reflects the impact of COVID-19 on the organisation. The report also provided further information around elements to be included within stages 2 and 3 of the MIAA review.</p>			
<p>Review of Risk Management Across MHCC</p>	<p>In discharging its responsibility to promote good risk management and ensure that robust controls are in place, the Committee noted a report on Risk Management across MHCC, including:</p> <ul style="list-style-type: none"> • Review of PQI High Level Risks (15+) – Focus • Governance Committee and MHCC High Level Risks (15+) – including COVID-19 High Level Risks <p>The Committee:</p>	<p>Y</p>	<ul style="list-style-type: none"> • MHCC's existing risks to be reviewed in the context of the proposed legislative changes to Integrated Care Systems • Consider the inclusion of a specific risk on the BRAF relating to the proposed legislative changes to Integrated Care systems. • Before inclusion on the BRAF, EU Exit – End of 	<p>March 2021</p> <p>January 2021</p>

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
	<ul style="list-style-type: none"> • Noted the current position on the Governance Committee risks on the register • Noted the current position on other Corporate Risks with a score of 15 or above, including PQI and COVID-19 risks • Ensured that the mitigating actions in place are appropriate to manage the risks • Considered whether any additional Governance risks should be included in this Committee's Risk Register – none identified • Agreed that the EU Exit – End of Transition Period risk should be escalated to the Board's Risk Assurance Framework (BRAAF) 		<p>Transition Period risk to be reviewed and updated in light of recent developments. Relevant mitigating actions to be recorded</p> <ul style="list-style-type: none"> • Ongoing review and updating of lapsed target achievement dates, and risk scores. 	Ongoing
Review of EPRR - EPRR Core Standards	<p>The Committee noted a report from NHS Greater Manchester Shared Services' Senior Resilience Manager around the Emergency Preparedness, Resilience and Response (EPRR) Core Standards.</p> <p>The Committee:</p>	Y	N/A	N/A

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
	<ul style="list-style-type: none"> Noted the CCG's EPRR assurance position of full compliance for 2020-21 Noted the 2020-21 EPRR assurance positions for NHS providers within the Manchester health economy, including full and partial compliance ratings, with action plans in place to address partial compliance 			
Horizon Scanning (Including Strategy Committee Briefing for Information)	<p>The Director of Corporate Affairs discussed with Committee members the upcoming changes to Integrated Care Systems and the future of CCGs, referring to the NHS England and NHS Improvement (NHSE&I) consultation document released 26th November.</p> <p>The Committee:</p> <ul style="list-style-type: none"> Noted the Strategy Committee briefing and the further information provided by the Director of Corporate Affairs. 	Y	<ul style="list-style-type: none"> March 2021 meeting to include a Deep Dive into proposed changes to Integrated Care Systems and the future of CCGs, considering the potential national, regional and local implications. 	March 2021

Issue/Agenda Item	Committee Update/Resolution	Assurance received [Y/N]	Action	Timescale
Any Other Business - Health & Safety Sub-Committee Terms of Reference (ToRs)	<p>The Committee members noted a report by the Head of Corporate Governance which included proposed amendments to the Health and Safety Sub-Committee ToRs, to provide clarity around the definition of employees and the legal obligations of each employer.</p> <p>The Committee:</p> <ul style="list-style-type: none"> Approved the amended Health & Safety Sub-Committee ToRs 	Y	<ul style="list-style-type: none"> H&S Sub-Committee ToR to be submitted to Board for approval (see appendix one of this report) 	January 2021

Appendix One

Manchester Health and Care Commissioning

Health and Safety Sub-Committee

Terms of Reference

1.0 Introduction

The Governance Committee forms a key element of the governance structure for Manchester Health and Care Commissioning (MHCC) – the partnership between NHS Manchester Clinical Commissioning Group (CCG) and Manchester City Council (MCC) which leads the commissioning of health, social care and public health services in the city of Manchester.

The Health and Safety Sub-Committee is a sub-committee of the Governance Committee.

2.0 Name

The Sub-Committee will be known as the Health and Safety Sub-Committee.

3.0 Overview

The Sub-Committee has those executive powers delegated to it by the Board within the CCG's Scheme of Reservation and Delegation and in these terms of reference, which will be reviewed on an annual basis.

As employers, it is the responsibility of the CCG and MCC to ensure that duties under Health and Safety legislation are discharged for their respective employees.

4.0 Purpose

The Health and Safety Sub-Committee has been established to provide assurance to the Board and its Committees on MHCC matters relating to health, safety, security and wellbeing of those who may be affected by its activities insofar as they relate to CCG legalities, duties and services commissioned via MHCC.

The Sub-Committee's objective is also to promote the effective management of such matters and compliance with regulations, policies and procedures relevant to health, safety, security and wellbeing.

The Sub-Committee will make decisions and/or make recommendations to the Board on the areas that are defined as its responsibilities and within the delegation allowed for the Sub-Committee in the CCG's Scheme of Reservation and Delegation.

An MCC non-voting representative will attend MHCC Health and Safety Sub-Committee meetings to link back to the Health and Safety governance arrangements within MCC.

5.0 Responsibilities

The Sub-Committee will:

- Deliver any activity within its terms of reference and produce an annual work programme to discharge its responsibilities;
- To support the maintenance of standards of Health and Safety that, as a minimum, comply with legal requirements and with MHCC policy;
- To ensure proactive approaches to the management of Health, Safety and Security at MHCC;
- To oversee Health, Safety and Security arrangements at MHCC and the development and implementation of appropriate policies;
- To provide Health and Safety advice to the Governance Committee;
- To examine Health and Safety reports, incident reports, risk assessments and accident/ill health statistics and to monitor the remedial actions taken;
- To support the development and appraisal of safety training, Health and Safety communications and publicity in the workplace;
- To receive and advise on issues that have not been resolved at an operational level or which have a wider application throughout the organisation;
- To provide a platform for the consideration and, if necessary, the escalation of matters relating to health, safety, and security, and matters raised by specialist advisors, union and staff representatives;

6.0 Lead Officer

The lead officer for the Sub-Committee is the Head of Corporate Governance.

7.0 Membership

The Sub-Committee will consist of the following voting members:

- Lay Member for Governance (Chair)
- Director of Corporate Affairs
- Head of Corporate Governance
- Head of Estates
- Head of Workforce and Organisational Development

The following will attend as non-voting members:

- Trades Union Representative
- Inclusion Staff Network Representative
- MCC Health & Safety Nomination

If the Chair is unable to attend, another MHCC Lay Member will Chair the meeting in their absence (to be agreed in advance of the meeting).

Nominated deputies will attend for voting members not in attendance by agreement with the Chair.

Additional members may be co-opted onto the Sub-Committee at the discretion of the Sub-Committee or its Chair. Representatives may be asked to attend the meeting for ad-hoc requirements.

8.0 Quoracy

The quorum will be 3 members, including the Chair or Deputy Chair and the Lead Officer (or nominated deputy).

9.0 Voting

Decisions will be made by consensus, but if a vote is necessary, a decision will be carried by a simple majority of votes.

As the membership consists of only one Lay Member, to ensure propriety in the decision-making process officers seeking decisions on their own proposals will be excluded from voting on these items.

10.0 Frequency of Meetings

The Sub-Committee will meet a minimum of 2 times per year. Additional meetings may be called at the discretion of the Chair if appropriate.

11.0 Attendance at Meetings

Members are expected to attend 100% of meetings or, if this is not achievable, provide their apologies to the Chair in advance of the meeting.

Failure to attend for two consecutive meetings with or without providing an apology will lead to a discussion between the Chair and the absent Member and actions agreed to improve attendance or enroll a replacement.

12.0 Reporting

The Health and Safety Sub-Committee's minutes will be formally recorded and they, or a summary note of business undertaken at the Sub-Committee, will be submitted to the Governance Committee.

Any sub-groups of the Health and Safety Sub-Committee will report on its activities and decisions to its parent Committee at the next parent Committee meeting.

13.0 Conflicts of Interest

Members are required to adhere to the Conflicts of Interest Policy. The Sub-Committee will ensure that CCG and NHS England requirements and statutory guidance on management of conflicts of interest is adhered to. In particular, the Committee will

- Maintain appropriate registers of interests and a register of decisions;
- Publish, or make arrangements for the public to access, those registers;
- Make arrangements requiring the prompt declaration of interests by the persons specified (members and employees) and ensure that these interests are entered into the relevant register;
- Make arrangements for managing conflicts and potential conflicts of interest (e.g. developing appropriate policies and procedures); and
- Have regard to guidance published by NHS England in relation to conflicts of interest.

14.0 Code of Conduct

The Sub-Committee will conduct its business in accordance with the Code of Conduct and good governance practice in the Constitution.

15.0 Risk Management

The Sub-Committee will adhere to the Risk Management Framework, review those risks on the risk register which have been assigned to it and ensure that appropriate mitigating actions are in place to manage risks. The Chair and Lead Officer are responsible for risk management on behalf of the Sub-Committee.

The Sub-Committee is required to give assurance to the Board that robust governance and management processes are in place to manage risk.

16.0 Recording of Meetings

MHCC and the CCG are committed to being open and transparent in the way they conduct decision making. Recording of discussions is permitted and expected at many meetings, some of which are either open to the public, or with members of the public.

Generally, minutes of meetings are taken and then typed up for ratification as a 'true and accurate record' of discussions. Where audio recordings are made, to aid the minutes or notes of the meetings, then whether or not the typed-up version is 'word for word', or a 'précis', will depend on the audience and its agreed expectations.

For further details and examples of when exemptions may apply, refer to 'Procedure for Audio Recording Meetings'.

17.0 Amendments to the Terms of Reference

The Head of Corporate Governance will consider any proposals to amend their ToR, to ensure compliance with the Scheme of Delegation and avoid duplication of purpose, responsibility or accountability. Amendments to the ToR will be presented to the Sub-Committee, considered and approved by the Sub-Committee.

The agreed amendments will then be reported to the Governance Committee, and the ToR, as amended, published appropriately.

18.0 Date of Review

The Terms of Reference will be reviewed on an annual basis to ensure that the Sub-Committee is achieving its functions effectively.

Version: 2.0

Date approved by the Committee: 7 December 2020

Date approved by the Board: