NHS

South Kent Coast
Clinical Commissioning Group

Annual Report and Accounts

2015/16

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Annual Report for South Kent Coast CCG 2015/2016

NHS South Kent Coast Clinical Commissioning Group (CCG) is responsible for commissioning services to meet the health needs of the population of South Kent Coast. The report is published in accordance with the National Health Service Act 2006 (as amended) which requires CCGs to prepare their Annual Report and Accounts in accordance with Directions issued by NHS England. It is in three parts:

- A Performance Report
- An Accountability Report
  - Members' Report
  - Statement by the Accountable Officer
  - Annual Governance Statement
  - Remuneration and Staff Report
- The Annual Accounts

FOREWORD from the Clinical Chair

This is the third Annual Report from NHS South Kent Coast CCG. The South Kent Coast CCG Annual Report and Accounts 2015/16 cover the period from 1st April 2015 to 31st March 2016. It tells a story of significant achievements as well as some considerable challenges, particularly around the performance of our key providers.

The CCG's strategy remains to enable people to be treated and managed as close to home as possible; to close any gaps in services by improving the integration between health and social care; to build the capacity of primary care to deliver high quality services; and to ensure that if people do have to go to hospital, they will receive the best possible care, irrespective of their age. Our strategy for developing an Integrated Accountable Care Organisation is in line with the NHS's Five Year Forward View. We believe this model of care will best meet the needs of the local population, will improve quality and health outcomes and make the best use of resources.
See more on page 8.

We have made good progress in developing hubs which will form the basis from which services in the community will be delivered. There is more about the hubs on pages 8 and 10.

We have evaluated the work piloted in Folkestone and Dover to develop improved access to primary care services 7 days a week. This was a pilot funded by the Prime Minister's Challenge Fund. In the coming year we will roll out the most successful aspects, including the paramedic practitioner, to other parts of the South Kent Coast areas.

The CCG also has responsibility for ensuring that the services it has commissioned are delivered safely and effectively. The past year has continued to be very challenging especially for the local acute trust which has not met the key constitutional targets regarding waiting times at Accident and Emergency, the 18 week target for referral to treatment and the 62 day cancer treatment target. Mental health and children's services remain key priorities because the needs of our communities are not being met to the standard we require. The local providers continue to have challenges in recruiting and retaining a sufficient workforce to deliver our plans. Without a competent and well-trained workforce committed to the local area, we will not achieve our plans.

Financial constraints have become an even greater pressure during the year. The CCG has delivered a balanced budget and met its statutory targets for the third year; but the challenge of keeping control over costs, will only increase next year. Several of our providers find themselves in significant financial deficit at the end of the financial year, making the task of achieving financial balance very difficult. We must work together to find ways of meeting the health needs of local people while not spending more public money than we have. We are working with our partners in the public sector to agree a Sustainability and Transformation Plan which will do that.

Dr Darren Cocker
Clinical Chair (until 31 March 2016) on behalf of 30 GP practices of Dover, Deal and Shepway
May 2016

I. PERFORMANCE REPORT

Overview

This section of the Annual Report sets out information about the CCG's purpose, what it has done to deliver its purpose and an assessment of how well it has done.

The responsibilities of the CCG

The South Kent Coast CCG was established in April 2013 under the Health and Social Care Act 2012 as a body corporate. The CCG has responsibilities for commissioning services to meet the healthcare needs of the local population in Dover, Deal and Shepway:

- Community health services (except where part of the public health service)
- Maternity services
- Urgent and emergency care including Accident and Emergency, ambulance and out- of-hours services
- Elective hospital care
- Older people's healthcare services
- Healthcare services for children including those with complex healthcare needs
- Rehabilitation services
- Wheelchair services
- Healthcare services for people with mental health conditions
- Healthcare services for people with learning disabilities
- NHS continuing healthcare.

Although the CCG does not commission pharmaceutical services, we are responsible for the costs of prescriptions written by local GPs. We do not commission dental services or sight tests. Specialist health services, such as secure psychiatric services, continue to be commissioned by NHS England.

At the moment the CCG does not commission GP services, which are commissioned by NHS England. However, the CCG does have a major part to play in improving the quality of primary care and our Membership Development team, led by several Clinical Leads, work with all the GP practices to help them improve. During 2015/16 NHS England asked all CCGs to re-consider whether they were willing to take on commissioning primary care services, either jointly with NHS England or on their own. While the members of the CCG agree that local

commissioning of services works best, we considered the options carefully but decided to continue with the current arrangements for a further 12 months. The Membership will consider this issue again in November 2016.

Commissioning the health care needs of local people

Our strategy to enable us to meet our responsibilities takes account of the health needs of the population and has been developed in consultation with local people.

- ### Health challenges facing South Kent Coast

The CCG considers the national context against our local health needs when defining our long term ambitions. Joint Strategic Needs Assessments (JSNAs) for the area are available on South Kent Coast CCG website (www.southkentcoastccg.nhs.uk). These assessments are used to inform us and our local authority partners about the health needs of our local population.

	SUMMARY – SKC POPULATION HEALTH CHALLENGES
Population	• The proportion of SKC population aged 65+ is 21%, this is the highest proportion of over 65+ within Kent and Medway. 3% of the local population are over 85+. • Life expectancy from birth in the SKC area is estimated to be 80.5 years, marginally better than the East Kent average of 80 years. • However, the range between ward with the highest life expectancy – River (86) – and the lowest – Folkestone Harvey Central (73) – is 13 years.
Inequalities	• 53% of people in Dover, and 60% of people in Shepway are in the bottom 2 deprivation quartiles • SKC has statistically significant correlations between life expectancy and deprivation • Folkestone Harvey, Folkestone Harbour and Castle have over 25% unemployment • The biggest issue for the gap in life expectancy is Heart Disease
Causes of Death	• Circulatory Disease is now the main cause of death, followed by Respiratory Disease and Cancer.
Lifestyles	• Smoking rate - Shepway 21.1% Dover 27.4% • Obesity - Shepway 25.9% Dover 26.8% • SKC is high in Chlamydia prevalence and both Shepway and Dover have increasing teenage conception rates
Long Term Conditions	• SKC: Higher than Kent average for premature deaths (<75 years) from Coronary Heart Disease (CHD) • Only 7 out of 30 GP practices come within 75% of the expected prevalence for patients registered with CHD • 15 of the 30 GP practices reach over 60% of the expected

	prevalence of Chronic Obstructive Pulmonary Disease (COPD) • 8% of GP practices reach 60% of expected prevalence for hypertension, only 1 reaches 70%
Dementia	• While 1,599 people in SKC have a confirmed diagnosis of Dementia, estimates suggest that actually there are approximately 3,250 people with dementia in the SKC area. . • The numbers of people with Dementia is set to increase by 2026

- **Developing our Five Year Strategy in consultation with local people**

The CCG's vision is

"To ensure the best health and care for our community".

We established our vision in consultation with all our GP colleagues and with the public. Our long-term strategic goals are:

- We will do all that we can to improve the health and outcomes of the people who live in our area, prioritising and tackling mental health and cancer.
- We will address the variation in quality of local healthcare services and the inequality of health outcomes that this can cause
- We will ensure that local health and social care services are integrated and that patients experience 'joined-up' care.
- We will ensure that services are provided locally wherever possible.
- We will work with partners to help prevent ill health.

We must work towards five outcomes agreed by the NHS:

- Preventing people from dying prematurely.
- Enhancing quality of life for people with long-term conditions.
- Helping people to recover from episodes of ill health or following injury.
- Ensuring people have a positive experience of care.
- Treating and caring for patients in a safe environment and protecting them from avoidable harm.

We also support the delivery of the targets of the Kent Health and Wellbeing Board:

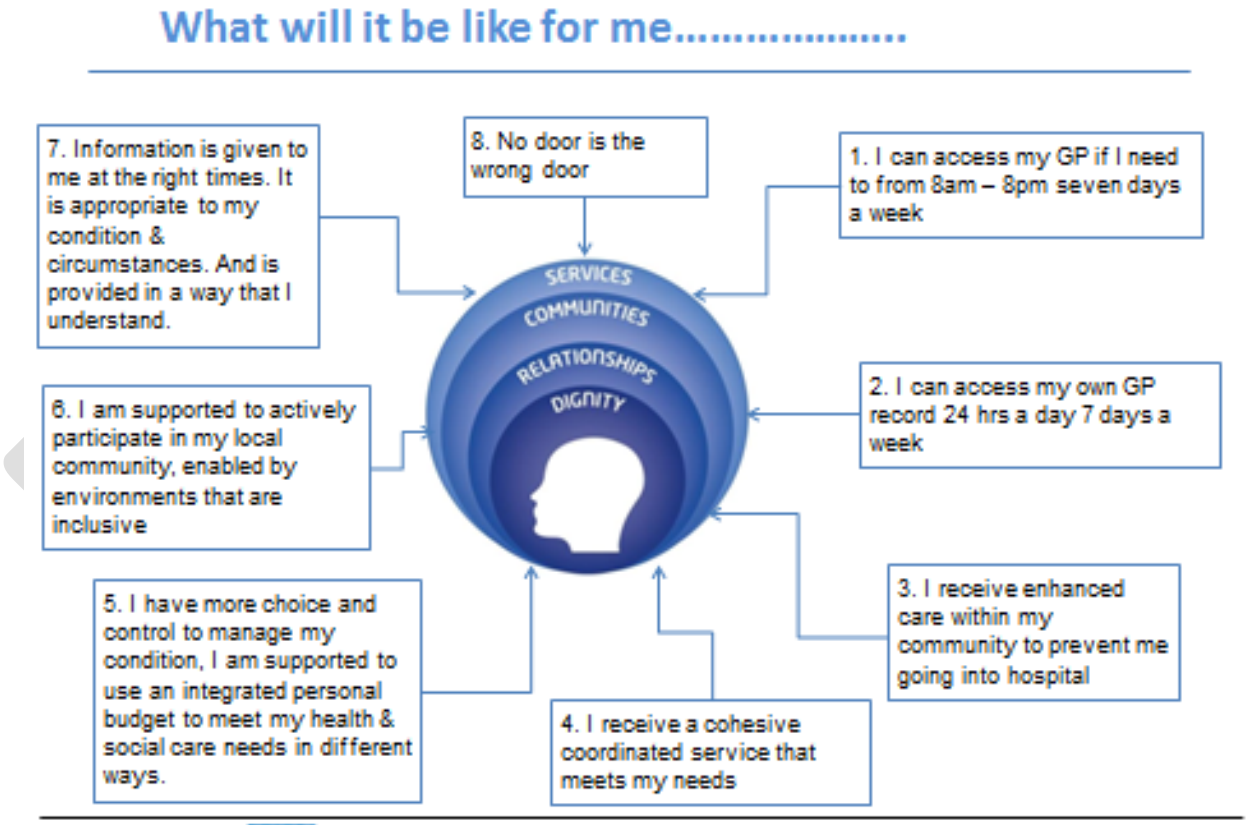
- Every child has the best start in life.
- Reduce ill-health by encouraging people to take greater responsibility for their own health

and wellbeing.

- Better quality of life for people with long-term conditions by improving access to quality care and support.
- Helping people with mental ill health to live well.
- Diagnose and treat dementia earlier.

Integrated care

A key element of delivering our strategy is by integrating care. At the moment the health care system does not put enough emphasis on wellbeing, it is too complex for many patients to negotiate successfully, can be patchy in its coverage and is not sustainable into the future. We have consulted with local people to get their views about what a truly integrated health and care system would be like for them in terms of their experience:



We have taken these "I" statements to develop a vision for integrated health and community care through an Integrated Accountable Care Organisation (IACO) which has the patient always at the centre of their care and support. The IACO will deliver co-ordinated services that are easy to access 24/7, which are of high quality and maximise the opportunities for patients to live independently in the community and in their own homes where possible. The IACO has developed around four hubs in South Kent Coast area: Deal, Dover, Folkestone and Romney Marsh. Each hub intends to provide community and primary care services using an integrated

health and social care approach. We are working with our partners to change the way services are configured, building more capacity in the community, including the workforce, while reducing capacity in acute hospitals.

In summary, our strategy for care delivered in hospital and out of hospital is as follows:

Hospital Care	Out-of-Hospital Care
Acute care requiring specialist facilities, whether for physical or mental health needs, will be highly expert to ensure high quality.	For services to integrate, wrapping around the most vulnerable to enable them to remain in their own home for as long as possible.
Hospitals will act as a hub for clinicians to work out from and utilise their skills as part of broader teams as close to the patient as possible.	Patients will be supported by a package of care focussed on their personal health and wellbeing ambitions

- ## Working with partners to implement our strategy

Our partners, with whom we work to deliver our strategy, include the local providers – East Kent Hospital University Foundation Trust (EKHUFT), Kent Community Health NHS Foundation Trust (KCHFT), Kent and Medway NHS Social Care Partnership Trust (KMPT), South East Coast Ambulance Service (SECAmb) and other CCGs in Kent and Medway, particularly those in East Kent. We also work with our local authority partners, including Kent County Council (KCC), Shepway District Council and Dover District Council through the local Health and Wellbeing Board and the Kent Health and Wellbeing Board, to make sure that what we commission can be delivered at the most appropriate level through the NHS and social care working together. All these partners have signed up to support the development of the IACO.

The Better Care Fund

Projects funded by the Better Care Fund (BFC) have also supported the development of the IACO. The BCF has funded a number of schemes which support services working together to provide better support for people with long term conditions, older people and people with disabilities to maintain their independence and access earlier treatment in the community to prevent them needing emergency care in hospital or care homes. Alongside this there will be

schemes to support education and empower people to make decisions about their own health and well-being:

Case Study: The Integrated Intermediate Care Service

Using the BCF, we have been piloting an integrated intermediate care service together with KCC social services, KMPT, Invicta Health and the voluntary sector since the last week of October 2015. The service comprises a multi-disciplinary workforce of nurses, therapists and support workers providing rehabilitation and rapid response crisis intervention. The purpose of the scheme is to enable single assessments to be undertaken, onward referrals co-ordinated, care plans put in place, and a rapid response to patients at high risk of hospital admission. This is phase one of the integration of these services. Phase 2 will utilise the KCC Area Referral Management Services (ARMS) as the single point of referral for delivery of the integrated intermediate care pathway. This may result in a model much like that operating for learning disability services across health and social care.

Development of hubs to support integrated care

In 2015/16 the CCG identified four natural localities within the CCG area: Deal, Dover, Folkestone/Hythe and the Romney Marsh. In 2016/17 each locality will be supported further to develop a central 'hub', for example Royal Victoria Hospital, Folkestone or Buckland Hospital, Dover. The 'hubs' will provide a base for the local urgent care model to include additional GP access, Minor Injury units, Integrated Intermediate Care, One Stop Outpatients services and virtual consultations including access to medical specialties to support primary care. In addition, we plan the provision of an information centre to create a system which actively divert patients to the most appropriate forms of advice and support.

Mental Health

There are a series of community based, voluntary sector services in place that are in need of being reshaped to meet demand, re-balance investment and provide a consistent offer of services. A business case has been developed that sets out a new model for delivering these services, where Social Care and Public Health as lead commissioner will do this through a co-commissioning model working with providers, users of services and their families using current investment in a more effective way:

- Primary Care (MH) Community Link Workers - to provide individually tailored, one to onesupport

- Support to individuals with mental health needs to access community services, practical support around housing and benefits, and to promote social inclusion and supporting mainstream community services to be more inclusive.
- MH Employment Services - helping current users of MH services in secondary and primary care into sustained employment
- Service User Forums hear from people who use MH services to inform our commissioning
- Advocacy – provides statutory Independent Mental Health Advocacy (IMHA) service under the MH Act.
- Telephone Helpline –advice, guidance, signposting and referring people onto existing services
- Veterans MH Network - establishes peer and clinical support networks for ex-military personnel

The local Health and Wellbeing Board

The local Health and Wellbeing Board aims to become an equal partnership of local commissioners working in a single commissioning structure to oversee the local health and wellbeing system. Pooled budgets are an aspiration for the future. At the moment, each commissioning partner retains control of its own budget. The first commissioning work streams relate to frail elderly (including housing) and obesity (children/whole family approach).

East Kent Strategy

Our Strategy is to provide care for our population as close to their homes as possible. However, many services, particularly acute hospital care needs to be planned across a wider area. To this end the East Kent Strategy is being developed to determine how best to provide health and care services to the population of east Kent. The East Kent Strategy Board was established in September 2015 by local health and care commissioners to spearhead this work.
The East Kent Strategy will form part of a 'sustainability and transformation plan' for Kent and Medway.

Summary of how we did in 2015/16

Our strategy for local people is ambitious. It aims to deliver significant transformational change, based on the active support of our partners. One of the most significant risks to the delivery of our strategy is lack of engagement from our partners, caused often by financial pressures and

difficulties in meeting Constitutional and Access standards. As a result progress has been slower than we would wish but we, and our partners, remain committed to making the necessary changes to care and local services. We have redesigned some services, using the Tiers of Care model:

Using Tiers of Care to redesign pathways

Not all referrals need to be managed in the same way. By using an approach based on "Tiers of Care" where:

Tier 1 is in Primary care

Tier 2 involves an Intermediary specialist – eg a Nurse Consultant, Nurse specialist or a GP with Special Interest

Tier 3 involves a Specialist or Consultant

Patients can be managed more effectively and appropriately in the right setting.

Pathway redesigns using tiers of care:

- Move care closer to home
- Support demand management
- Support education for GP's and Nurses
- Increase the use of other healthcare professionals in the pathways
- Provide a sustainable model of care
- Reduce unnecessary diagnostic testing
- Ensure patients see the right person first time

Redesign of Rheumatology Pathway in Deal

In December 2015, we launched a pilot in Deal for a revised rheumatology pathway. The pilot involves a Nurse Consultant managing rheumatology patients following an expected pathway, rather than the traditional model of the consultant rheumatologist seeing the patients with the nurses in the same clinic. In addition, the nurse consultant delivers structured education for the patients, GPs and practice nurses to develop their knowledge and skills in supporting this patient group in general practice (Tier 1). The pilot will run until December 2016. There are other such examples across the country and so the model is tried and tested. Data is being collected for the evaluation.

Through **Any Qualified Provider (AQP),** we have offered local people the option of going to France for elective care (pre-arranged, non-emergency care, including scheduled operations).

Financial overview

The CCG has met its statutory duty to achieve financial balance. The CCG has completed its third year of operation and has achieved its statutory financial targets. However, the CCG used all the contingency funds set aside in order to do this. The cost improvement programmes included within the Quality Innovation, Productivity and Prevention (QIPP) achieved an overall reduction in expenditure of £5.08m. The CCG managed to achieve a 1% surplus (£2.811), as agreed with NHS England.

The CCG has approved its budget for 2016/17 to enable it to deliver its strategic objectives. The CCG has an annual budget of £280 million to pay for healthcare for the 199,000 people registered with a GP practice within the South Kent Coast area of Deal, Dover and Shepway. That equates to around £1.407 (2015/16 -£1,376) per person. More detail about the income and expenditure of the CCG will be found in the annual accounts. The external auditors have confirmed that the CCG remains a going concern.

We commission health services primarily from 3 local providers: East Kent Hospital University Foundation Trust (EKHUFT), Kent and Medway Partnership Trust (KMPT) and Kent Community Healthcare Foundation Trust (KCHFT). The CCG also commissions services from SECAmb and other providers, including tertiary providers (for example, Guys and St Thomas Hospital and Kings College Hospital) and an out of hours' service from IC24.

We have hosting arrangements in place with:

- Canterbury and Coastal CCG for financial services team and staff costs.
- Kent and Medway Partnership Trust for payroll services.
- South East Commissioning Support Unit (SECSU) for HR and contract support services.
- Shared Business Services (SBS) for managing the general ledger.

We enter into collaborative agreements with Kent County Council and with other CCGs to share responsibility for the provision of services.

NHS England assessment

NHS England's assessment of the CCG's performance at the end of March 2016 was overall "Assured with Support". This was made up of "Assured as Good" in relation to financial management and performance but "Limited Assurance: Requires Improvement" because our acute trust has failed to meet significant constitutional and access standards:

- Only 86.9% of patients at East Kent Hospitals stay less than four hours in A&E (national target 95%).
- Compliance with the referral to treatment (RTT) standard was not sustained.
- Unable to meet cancer waiting times standards consistently.

Performance analysis

Measuring our performance

The CCG set targets for itself to monitor its performance. In addition, the CCG holds the providers to account for delivery against the Constitutional/Access standards set by Department of Health.

- **In Hospital performance metrics**
  - A&E
  - Referral to Treatment (RTT)
  - 62 day cancer waits

- **Out of hospital metrics**
  - MRSA and C-Difficile
  - Dementia
  - Complaints

- **Mental health metrics**
  - Dementia diagnosis rate
  - In-patient follow up
  - Improved Access to Psychological Therapy (IAPT)
  - Early Intervention in Psychosis

- **Financial performance**
  - Quality, Innovation, Productivity and Prevention (QIPP)
  - Better Care Fund (BCF) metrics

Key differences we made in 2015/16

Some of the CCG's achievements in year included:

- Successful implementation of Collaborative Orthopaedic Triage of GP referrals for trauma and orthopaedics, ensuring appropriate care has been provided for these patients and reducing pressure on hospital resources.

- Implementation of Integrated Intermediate Care to maximise independent living for patients and to provide care in the right location, as locally as possible, including the patient's own home wherever possible.
- Launch of improved Cardiovascular, Diabetes, Chronic Obstructive Pulmonary Disease (COPD) and Prevention of Falls pathways.
- Development of Local Urgent Care Pathway (LUCP) providing a single point of access and triage into the correct element of the local urgent care pathway in order to ensure the best possible outcome for the patient.
- Implementation of 'Discharge to Assess', to support smooth flow through A&E and reduce delayed transfers of care.
- Introduction of Primary Care Mental Health service to support discharges from secondary mental health services into primary care providing to support the GPs to manage those patients following an agreed robust discharge planning process.
- Increase in the number of people with dementia who are diagnosed from 58.9% to 65.2%
- 99.7% of diagnostic tests carried out within 6 weeks of referral.
- Access rates of 26% for psychological therapies (national target 15%).

The CCG faced the following challenges in 2015/16:

- A number of CQC inspections reported failings relating to care provided in hospital and out of hospital.
- Closure of some care homes resulting in reduced capacity in the local health economy.
- A significant increase in the number of delayed transfers of care from community and mental health hospitals, particularly relating to patients requiring social care support.

Improving Quality

Central to our strategic approach is our ambition to deliver quality related improvement whilst reducing spend.. There is commitment across the local health and social care system to develop and deliver integrated care via a new model of care that ensures alignment of commissioner and provider plans. The areas of attention will be:

- Focus on specific health needs and areas of pressure identified in our strategy
- Support the level of integration we expect between our hospital and out of hospital service providers
- Support the system change we require to make the local health system fit for the future

Respiratory	Over 75 years with LTC	Diabetes	CVD
Work collaboratively to embed and measure performance of new integrated care pathway for COPD patients, with ultimate aims being to; • Reduce non-elective admission / re-admission By; • Delivering care close to home • Improving transfer of care • Improving self-management	Embed and measure performance, with ultimate aims being to; • Develop a collaborative shared care plan approach • Improve transfer of care between providers • Improve the safety and quality of patient care	Embed and measure performance, with ultimate aims being to; • Reduce non-elective admission / re-admission By; • Delivering care close to home • Improving transfer of care • Improving self-management	Work collaboratively to embed and measure performance of new integrated care pathway for Heart Failure patients, with ultimate aims being to; • Reduce non-elective admission / re-admission By; • Delivering care close to home • Improving transfer of care • Improving self-management

To further support our strategic ambition to close the gap between mental and physical health, we have devised 3 local quality incentives with our main mental health service provider – Kent and Medway Partnership Trust (KMPT). The quality incentives will;

- Focus on specific health needs and areas of pressure identified in our strategy
- Support the level of integration we expect between our hospital and out of hospital service providers
- Support the system change we require to make the local health system fit for the future

Transition from adolescent to Adult Mental Health care	Dementia	Crisis Plans
Full implementation of safe effective transition pathway for adolescence from CAMHS to adult mental health services	Full implementation of ratified multi-agency integrated pathway for patients with Dementia	Full implementation of agreed % crisis plans across key acute cluster pathways. Reduced crisis episodes and unplanned admissions

Sustainable development

The CCG is required to report on sustainability as part of our annual reporting process. We continue to strive towards achieving our sustainable development aims and principles:

- Ensuring a strong, healthy and just society
- Living within environmental limits
- Achieving a sustainable economy
- Promoting good governance

- Using reliable science responsibly

A key aspect of our approach to sustainable development is through our strategy on integrating care. The Integrated Accountable Care Organisation (IACO), as already discussed will put in place more streamlined care pathways for patients to enable any care needs to be met at the same time.

Sustainability through integration and pathway redesign

Case Study 1

Kent County Council Social Services (KCCSS), the third sector (Age UK, Crossroads and Carers Support) and Kent & Medway Partnership Trust's (KMPT) home treatment crisis service via their community older peoples team, also provide intermediate care type services with the Paramedic Practitioners (SECAmb/Invicta Health) under the Prime Minister's Challenge fund. They also provide an urgent home visiting/sub- acute illness management response that is a key element of Intermediate Care Services.

Case Study 2

We are also piloting an integrated locality level urgent care pathway as part of the integrated intermediate care service, which also went live at the end of October, this involves the Minor Injury Unit (MIU) nurse practitioners, Rapid Response Nurses and Paramedic Practitioners, currently undertaking the urgent home visits for GP's as part of the PMCF, working together to deliver an integrated urgent and crisis response. The pilot will run until the end of March and is most likely to become business as usual and there may be the possibility of having an alliance contract for this pathway. Early results have shown that this has freed up service capacity across the intermediate care services which allows better response to patients to improve outcomes and the third sector have reported positive and improved working relationships across the services involved. Data is being collected for the evaluation.

Using the NHS Standard Contract, we require our providers to state how they are supporting sustainable development. The CCG is engaged, through the Health and Wellbeing Board and other local agencies, with resilience planning and creating a secure infrastructure that will help the local community remain sustainable when faced with sudden or disruptive events.

The CCG remains committed to minimising waste. This commitment includes an ongoing public communications campaign aimed at reducing medicines waste, which is a significant cost pressure on the CCG. We also encourage a paperless office and other waste reduction and recycling initiatives such as food waste bins in offices. The CCG continues to support staff to adopt more sustainable ways of working, e.g. providing internet based meeting papers removing the requirement to print papers and by introducing a 'Cycle to Work' scheme.

In 2015 the CCG Staff Engagement forum reviewed a sustainability policy with the aim of integrating sustainability considerations into all commissioning decisions by ensuring suppliers, partners and providers are aware of the sustainability policy and encouraging them to adopt appropriate sustainability management practices, e.g. through the tendering process and contract management.

We will continue to develop plans to assess risks, enhance our performance and reduce our impact. We will ensure the CCG complies with its obligations under the Climate Change Act 2008, including the Adaptation Reporting power, and the Public Services (Social Value) Act 2012. In the coming year, we will continue to identify how we can contribute to deliver the Sustainable Development Strategy published in February 2014 by NHS England. We will focus on how we can encourage our staff to adopt sustainable habits personally; and we will review how, as an organisation, the CCG can adopt sustainable approaches to its business. We are also setting out our commitments as a socially responsible employer.

Using media and social media to talk about sustainability

- **Health Help App**

We have a responsibility to have an effective surge resilience plan, which includes communications, to encourage people to use health services in the most appropriate way. A key part of this for us is Health Help Now, the mobile optimised website and apps for Kent and Medway. As of 19 February, the Health Help Now web app had been used 106,913 times by people using 80,860 devices.

In February there was a strong 'call to action' in the release to use the Health Help Now app and avoid A&E departments unless in an emergency.

- **Medicines waste**

An article appeared in the Dover Mercury, featuring Dr Chee Mah, advising people about medicines waste in the area.

- **Twitter**

On 24 January the A&E department was experiencing unusually high demand. By using twitter we were able to advise the public to avoid A&E if at all possible. With retweeting the message was widely distributed and more quickly than traditional means of communication. The CCG continues to use new technologies to better engage and communicate with patients and stakeholders. The CCG's Twitter account @southkentccg now has 1,941 followers. Recent updates to the CCG public website include uploading and promotion of the 14/15 Annual Report via a homepage banner.

Patient and public involvement

The CCG has a statutory duty to involve patients and the public in commissioning planning and decisions (Section 14Z2 of the National Health Service Act 2006 (as amended). We are also required to report on how we have fulfilled our public involvement duty which we do throughout the report but particularly in this section.

How community engagement works

The CCG has a Lay member for Patient and Public Involvement on the Governing Body. He reports to the Governing Body at every meeting and brings questions raised by the Health Reference Group.

- **Patient participation groups**

We have patient participation groups (PPG) in Shepway, Dover and Deal. Their roles include:

- Providing a vital link between the CCG and local patients
- Co-ordinating views and issues from individual practice groups
- Working with the CCG to help plan and evaluate local health services

This year our Lay Member Patient and Public Engagement lead, Clive Davison, has extended NHS South Kent Coast CCG's engagement work with PPGs in the area. Working closely with the three locality PPGs from Dover, Deal and Shepway he has offered his support to individual GP surgeries wishing to set up or revitalise their GP practice PPGs.

➢ Health Reference Group

This group ensures that patient participation group members and representatives from the community and voluntary sector have a key part in the work of the CCG.
Their role includes:

- Providing community links to a wide range of patients and members of the public
- Participating in focus groups on specific healthcare issues
- Providing valuable feedback on all aspects of healthcare provision.

The Health Reference Group (HRG) this year has:

- Worked on how the CCG can better engage with migrant communities through the integration of health and social care and the local improved model of care - where staff work more closely together to deliver integrated intermediate care, better coordinated urgent care and more care in the community.
- Fed into the CCG plans on mental health and improvements to information systems, so staff from different services can access GP-held patient records.
- Helped research and write the information patients will need to use the services on offer in French hospitals in Calais and Le Touquet through patient choice – as well as advising the French hospitals on signage, translation materials, maps and other support necessary for patients.
- Looked at primary care workforce issues, and research plans from East Kent Hospitals University NHS Foundation Trust (EKHUFT) to look into the factors affecting elderly patients' readmission into hospital. This includes medication, their environment, care plans and prescriptions.
- Looked at self-care and how NHS money is spent on medicines which are readily available in supermarkets and pharmacies, supporting plans to challenge people's use of prescriptions to get treatments on offer that are cheaper in shops and pharmacies.

➢ The Health Network

South Kent Coast Health Network is a virtual group of patients, members of the public and voluntary groups from Deal, Dover and Shepway. Feedback from the network helps the CCG decide how local health services are planned and designed. Anyone who becomes a member is given the opportunity to participate as often or as little as they like.

➢ Public meetings

We hold meetings with our community to explore people's views on local health services and what they want us to prioritise. Our governing body also meets in public regularly. People who are interested in hearing about our plans are welcome to come along and observe. There is also an opportunity to ask questions.

➢ Press releases

Other press releases have advised about mental health, pharmacies, self-care and the need to think about excessive alcohol consumption that may lead to injuries and illness. Governing body meetings are also promoted.

➢ Patient newsletter

The latest four-page patient newsletter was distributed in January. The leading article from Dr Darren Cocker linked mental health and physical health, and the need for integrated care in the area. The newsletter also featured a local PPG member interview, and a stroke case study. There was also an article featuring a stroke patient and a longer article on the Kent and Medway stroke review.

➢ Learning from Complaints

The CCG welcomes any complaints, comments or expressions of concern from local people about either our own service or the quality of the services we commission, and view them as an opportunity for improvement.

The CCG has been working with our Commissioning Support Unit (CSU) to ensure that any 'lessons learnt' are clearly identified when responding to complaints and further work will be undertaken during 2016/17 to produce a robust monitoring process for the CCG to track that any changes recommended as a result of a complaint are indeed subsequently implemented.

The Quality and Performance Committee receives a bi-monthly complaints report which highlights to them the nature of the complaints being received by the CCG as well as the numbers of complaints both received and closed during that timeframe. The committee also

reviews a quarterly report, produced by the CCG's Performance Team, of complaints received by our providers. This provides us with important intelligence which can be used to triangulate the information we have about providers' performance.

The CCG has continued to receive complaints about the delay in processing NHS Continuing Health Care (CHC) retrospective claims as the CCG still has a number of claims still outstanding. Further to this there have been additional delays with processing payments of those claims where eligibility has been established.

Examples of our engagement activity

➢ Out of hospital services

There have been four local delivery groups set up to co-design out of hospital services for their local population, working together with partners from the local district and borough councils, voluntary and community organisations, staff in local services and patients and carers to see how services can be more effective, and efficient by working closely together.

They have seen the piloting of paramedic practitioners and the Prime Ministers Challenge Fund (PMCF) extending primary care support to patients. The community hospital in Deal is offering more outreach services and has started rheumatology clinics led by a nurse consultant. They are looking to make more use of assets in the community such as the community hospitals and have fed back on the KCC accommodation strategy and independent assisted living.

The four East Kent CCGs regularly work together on planning and buying services, and this year patient and the public have contributed their insights, experience and views on the re-procurement of talking therapies, the service due to start in October 2016 of the new integrated Out of Hours and the 111 service offering people support for urgent but non- emergency medical matters. The patients have fed their views into the model of care as it was being developed:

- It needs to be clear what it provides, the operational hours and the overlap with GP practices working hours.
- They must be able to prioritise patients, recognising their clinical need.
- The response time of the GP call back service should be within 30 minutes.
- There must be strong IT systems and good support for deaf patients or those reliant on translation services.
- Need to strengthen the links to alternative forms of support.

Patient representatives have also taken part in the formal evaluation of organisations bidding to provide the service.

➢ Review of wheelchair services

A survey has been conducted with people who use wheelchair services and their carers to ask about their experience of and views on the service they have received. A total of 129 responses were received and feedback highlights the following themes:

Review of Wheelchair services: Survey results	
Service	• The majority were positive about the wheelchair service overall citing efficient service, quick assessments and good customer care. • 32% of respondents experienced a delay of more than two months for assessment 61% of those experiencing a delay were not aware of the reason for it. Whilst 54% indicate 'no delay' for service on a wheelchair "Need more wheelchair assessors."
Orders	• 68% of respondents support the orders being prioritised by date and postural/pressure care needs.
Referrals	• 64% of respondents support the possibility of stopping self-referrals for those who already have wheelchairs. • support for implementation of a three strike rule wherby if patients do not turn up three times, they cannot self-refer again.

This feedback is being used in the specification for re-procuring the service this year, and service users will again be part of the formal evaluation of bidders within the procurement process.

➢ Patient Transport Service

South Kent Coast CCG has been working with the other clinical commissioning groups across Kent and Medway to re-procure non urgent patient transport services. SKC patients helped to write the Patients' Charter setting out the measures of success people expect from the service, this has become part of the service specification and will be used to monitor and manage the new service. Patients have also taken part in evaluating the tenders for the Kent and Medway patient transport service.

➢ Kent and Medway Review of Stroke Services

South Kent Coast CCG is part of a Kent and Medway-wide review of stroke services, which is looking at the care that people receive immediately after having a stroke (the hyper-acute/ acute phase).

A series of 10 listening events were held in July 2015 involving 100 patients, staff and voluntary groups. Evaluation of the events show 92 per cent of attendees were 'very happy' or 'happy' with the event they attended. They felt 'welcomed and listened to' and found the information 'very interesting and helpful', saying they felt the information was pitched 'just right'.

Some people felt that 'national standards cannot be ignored' and participants supported the need to aim for excellent standards of care. Participants supported the need to explore whether establishing centres of excellence could 'use the workforce available more effectively' in line with national guidance.

Emerging themes:

Kent and Medway Review of Stroke Services	
Workforce	• the need to address staff shortages and attract high quality staff
Travel Time	• participants recognised the need to balance travel time with the provision of efficient specialist care and good quality outcomes.
24/7 Working	• concerns were raised in relation to a lack of 24/7 and poor out of hours service. There was a perception that poor outcomes were linked to out of hours presentation.
Communication	• the need to provide tailored, clear and concise information for both patients and their carers was recognised.

The views heard at these events were then tested through a survey with 285 respondents and a series of 15 focus groups with 227 participants. The full reports are available on the website but, in summary, people said that:

The most important things to consider:	
When a transient ischaemic attack (TIA) <u>first happens</u>	○ Fast ambulance response ○ Getting quick diagnosis and treatment ○ Getting swift access to specialist support was equal with being admitted to a specialist unit.

During a hospital stay	○ Specialist care ○ Being treated with respect and dignity ○ Clear information and support to understand my treatment.
Relating to staff	○ That staff knew my case, treatment and care plan ○ That staff treated me as a person not just a patient ○ That staff respond as quickly during the night as during the day.
After discharge	○ Physical rehabilitation information and exercises ○ Follow up visits from nurses to check on progress.

In November and December, the review held three 'deliberative events' when panels of people: the public, stroke survivors and carers, and community representatives, including voluntary organisations, scrutinised the case for change, possible options for the future, and the criteria to be used in taking decisions on options.

Participants had the opportunity to question of key people, clinicians and specialists in their field, to give feedback and make suggestions directly to the people in charge of shaping the next stages of the review.

Overall, people were generally shocked and surprised to find that stroke services in Kent and Medway do not already provide a full seven-day service. And that performance against the national standards for stroke is variable and inconsistent. From the start, some people have suggested there should be fewer sites admitting stroke patients in the hyper-acute phase, and that travelling further is acceptable, depending on how far. The People's Panels at the deliberative events, overwhelmingly recognised the need for a reduction in stroke units from the current seven. They voted 49 to 2 in favour.

They also rejected the potential options of: one, two or three sites, and agreed that six sites would not deliver the required improvements. Their preference was for a four or five-site model.

Reducing inequalities

The CCG has a statutory responsibility to reduce inequalities, working with our Health and Wellbeing Board to do so. Our Health Inequalities strategy has been developed in partnership with Public Health and the local authorities in the South Kent Coast area. It focuses on improving equity in access to treatment for all people irrespective of vulnerabilities like gender, ethnicity or

age by:

- Delivering packages of support for GP Practices in areas of highest deprivation.
- Undertaking an equity audit of cardiovascular disease in the area, which is a major cause of premature mortality.

An example of the work on inequalities is through tackling health care needs of homeless people.

Our strategy on inequalities links with our strategy of improving integration of services to ensure patients receive the right level of care and support in the right setting, achieving the best possible outcomes. We know that homelessness, especially rough sleeping has negative consequences on for an individual's health. There have been many studies that have found a strong correlation between homelessness and increased severity of both physical and mental health conditions. Homeless people miss out on healthcare, their health problems are left untreated and their health deteriorates. As a result they tend to access health care in an unplanned way and to be in a state of chronic illness. . It is also known that homeless people use A & E services more frequently and have difficulty accessing health prevention and promotion services that are an integral part of general practice.

The CCG has developed an enhanced service protocol for GPs to deal more effectively with homeless people. One example is working with the Rainbow Centre in Folkestone to provide outreach services as part of a wider address the needs of homeless people in a proactive way. Clients attending the Rainbow Centre will receive access to multi-disciplinary assessment and support from:

- Mental Health Specialist
- Substance misuse specialist
- Nurse Practitioner
- Health Trainer
- Learning Difficulties Specialist
- Talking Therapies

to ensure health and care needs are addressed and appropriate treatment and support. As far as possible care and treatment will be provided flexibly to meet the persons needs within the Rainbow Centre but referral on to more appropriate services may be needed. The service will offer:

- Measurement and monitoring of
    - Body mass index (BMI)
    - Blood pressure
- Cardiovascular risk check
- Advice and help around smoking cessation
- Advice and help around alcohol and drug misuse
- Screening for depression
- Immunisation status check – (eg flu/pneumococcal vaccination administration)

Accountability Report

I. Members report

How the CCG works: our business model

Member Practices

There have been no changes to the CCG's Member Practices for 2015/16. The 30 Member Practices belonging to the CCG are:

Aylesham Medical Practice	Orchard House
Balmoral Surgery	Park Farm Surgery
Buckland Medical Centre	Pencester Health Centre
Central Surgery	Pencester Surgery
Church Lane Surgery	Peter Street Surgery
Folkestone East Family Practice	Sandgate Road Surgery
Guildhall Surgery	St James Surgery
Hawkinge and Elham Valley	St Richards Road Surgery
Lydden Surgery	Sun Lane
Manor Clinic	The Cedars Surgery
Manor Road Surgery	The High Street Surgery
Martello Medical Centre	The New Surgery
New Lyminge	The Surgery, Lyminge
Oak Hall Surgery	The White House Surgery
Oaklands Health Centre	White Cliffs Medical Centre

For more details, please see South Kent Coast's website: **www.southkentcoastccg.nhs.uk.**

The Governing Body

The practices which form the Membership of the CCG have delegated powers to the Governing Body to run the CCG. Dr Darren Cocker was the Clinical Chair of the CCG from the time of its establishment and then up to 31 March 2016, having decided not to seek to extend his role for a second term. Dr Jonathan Bryant will be the Clinical Chair effective from 20 April 2016. Hazel Carpenter has been the Accountable Officer since it was established and up to and including the time of signing the Report and Accounts.

NHS South Kent Coast CCG's Governing Body continued to have a very strong clinical membership and focus, with a GP as Chair and, six additional elected GP Governing Body members, along with a hospital consultant and a nurse member. The Governing Body also includes two independent lay members, and senior members of the CCG management team. There is also a Public Health Consultant who is a non voting member of the Governing Body.

The following have been members of the NHS South Kent Coast CCG up to and including the time of signing of the accounts (unless specified):

Name	Position
Dr Darren Cocker (up to 31 March 2016)	Clinical Chair
Hazel Carpenter	Accountable Officer
Jonathan Bates	Chief Finance Officer
Sharon Gardner-Blatch	Chief Nursing Officer
Dr Stewart Coltart	Secondary Care Doctor
Dr Jonathan Bryant	GP Member (and voted Clinical Chair from 20 April 2016)
Dr Tuan Nguyen	GP Member
Dr Chee Mah	GP Member
Dr Brighton Chireka (up to 31 March 2016)	GP Member
Dr Ian Mckenzie	GP Member
Dr Joe Chaudhuri	GP Member
Clive Davison	Lay member responsible for Public & Patient Involvement
Alistair Smith	Lay member responsible for Governance

Voting Members:

Name	Position

Jess Mookherjee	Public Health Consultant

Details of the senior management team which support the Governing Body and the membership are outlined below:

Name	Position
Hazel Carpenter	Accountable Officer
Jonathan Bates	Chief Finance Officer
Karen Benbow	Chief Operating Officer
Dr Sue Martin	Company Secretary

See page 56 for biographies of the Governing Body members.

The Governing Body has a number of committees to help conduct its business. Their responsibilities are set out in the Constitution and summarised in the Annual Governance Statement by the Accountable Officer.

Compliance statements

Responsibility for Audit

The Governance and Risk Committee discharges the responsibility of an audit committee.

The following have been members of the Governance and Risk Committee in South Kent Coast.

Name	Position
Alistair Smith	Lay Member for Governance
Clive Davison	Lay Member for Public and Patient Engagement
Stewart Coltart	Secondary Care Doctor
David Lewis	Independent Co-Opted Member

Also in attendance at this meeting are:

Name	Position
Jonathan Bates	Chief Finance Officer
Dr Sue Martin	Company Secretary

Grant Thornton	External Auditors
TIAA	Internal Auditors

External audit

The Audit Commission appointed Grant Thornton as the external auditors of the CCG. The contract value for this work is £ £60,256.

Statement as to disclosure to Auditors

The Governing Body delegated responsibility for approving the Annual Report and Accounts to the Governance and Risk Committee. Each Member of the Governance and Risk Committee has stated, confirmed by the minutes, that they have taken all reasonable steps to make themselves aware of any relevant audit information and establish that the CCG's auditors are aware of that information. The Governing Body confirmed at a public meeting on 11th May 2016 that as far as they are aware there is no relevant audit information of which the CCG's auditors are unaware.

Members interests

The register of interest for South Kent CGG's Governing Body members can be found on our website: http://www.southkentcoastccg.nhs.uk/about-us/publications/

Pension liabilities

The CCG provides pensions for staff and for GP Elected Members on the Governing Body under the NHS Pension Scheme. This is a 'pay as you go' scheme and following International Accounting Practice no pension liability is brought into the accounts. The basis for the accounting treatment is set out in the statutory financial statements of the CCG in the Accounting Policies section.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.

Data protection: Cost Allocation and Setting of Charges for Information

The CCG has received 3 requests for Subject Access Requests under the Data Protection Act in 2015/16 however, 2 of these pertained to patient records that the CCG does not hold. We certify that the CCG has complied with HM Treasury's guidance on cost allocation and the setting of charges for information however, the CCG will rarely apply charges as the amounts are considered too small to offset against raising an invoice.

Disclosure of personal data related incidents

The CCG has a policy for dealing with Serious Untoward Incidents in its Risk Management Policy, this was reviewed in 2015. The CCG uses the Information Governance (IG) Toolkit Incident Reporting Tool to report IG **Serious Incidents Requiring Investigation (**SIRI) to the Health and Social Care Information Centre (HSCIC), Department of Health, ICO and other regulators. In the Annual Governance Statement, the Accountable Officer has declared that there were no Serious Untoward Incidents in 15/16.

Equality, diversity and Human Rights Act disclosures

The CCG has control measures in place to ensure that the organisation complies with the Equality Act 2010 and the Human Rights Act 1998 and associated equality legislation. It strives to:

- eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Equality Act
- advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it
- foster good relations between people who share a relevant protected characteristic and those who do not share it

The CCG is also required to publish information demonstrating its compliance with the general duty by 31st January each year and will also publish one or more equality objectives by 6th April each year.

Health and Safety

SECSU provides Health and Safety support to the CCG and has responsibility for the annual review of the CCG's at premises at Dover District Council to ensure compliance with statutory guidelines.

The CCG's Health and Safety Adviser also undertakes desk assessments for all new members of staff, and then as required for all staff. They attend the Staff Engagement Forum to report regularly on developments and issues relating to health and safety

There has been one accident reported at work during 2015/16.

In 2015 the CCG also made alterations to its premises to make it more easily accessible for its disabled staff and visitors. These alterations include the addition of a disabled toilet and an automatic door entry system.

Counter Fraud

NHS South Kent Coast CCG has an Anti-Fraud, Bribery and Corruption Policy. In 2015 Tiaa Ltd, the internal auditors, conducted another benchmarking survey amongst staff about awareness of fraud and whistleblowing.

The counter fraud exercise to ensure the information on all staff files is up-to-date continued throughout 2015/16, all new staff were required to meet with the Counter Fraud Support Officer who made relevant checks to ID and documentation. The CCG is showing good progress against the 2015/16 counter fraud work plan.

Better payments practice code

The Better Payment Practice Code requires the CCG to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

The CCG is an approved signatory of The Better Payment Practice Code. The initiative was devised by the government with The Institute of Credit Management (ICM) to tackle the crucial issue of late payment and to help small businesses. Suppliers can have confidence in any company that signs up to the code that they will be paid within clearly defined terms, and that there is a proper process for dealing with any payments that are in dispute.

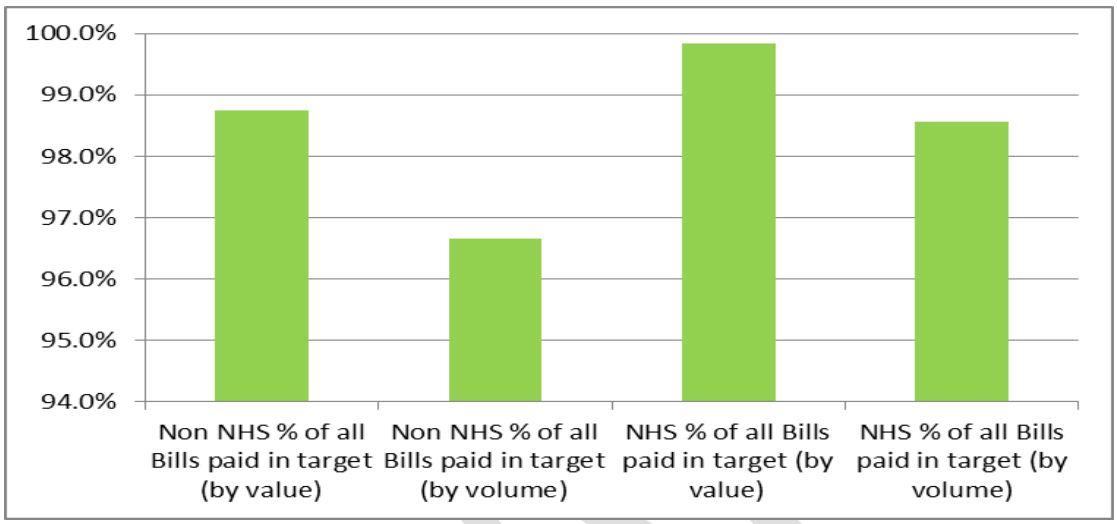
Approved signatories undertake to:

- Pay suppliers on time. Give clear guidance to suppliers and resolve disputes as quickly

as possible.

- Encourage suppliers and customers to sign up to the code.
- Details of the compliance with the code are given in note 6.1 to the accounts.

As at 31 March 2016 the CCG has exceeded the 95% target in all areas, as shown in the diagram below



Prompt Payments Code

South Kent Coast CCG has signed up the prompt payment code.

Emergency Preparedness, Resilience and Response

The CCG has in place incident response plans and business continuity plans to ensure its business can continue in the event of a major emergency. The CCG is a member of the Local Health Resilience Forum and the Kent Resilience Forum. The CCG has taken part in a number of exercises to ensure it is prepared for emergencies and particularly relating to Dungeness Nuclear Power Station and the Channel Tunnel, which are Special Response sites.

We certify that the CCG has an updated incident response plan that was approved by the Governing Body in November 2015 and is fully compliant with the NHS England Emergency Preparedness Framework. The CCG regularly reviews and makes improvements to its major incident plan and has a programme for regularly testing the plan, the results of which are reported to the Governing Body

Principles for remedy

As part of our complaints procedures, the CCG has set out the steps it will take should it cause injustice or hardship by maladministration or by service failure. The steps are as follows:

- The CCG will acknowledge and put right cases of maladministration or poor service that have led to injustice or hardship.
- The CCG will apologise for and explain the maladministration or poor service, understand and manage people's expectations and needs.
- The CCG will be open and clear about how public bodies decide remedies, operating a proper system of accountability and delegation in providing remedies.
- The CCG will offer remedies that are fair and proportionate to the complainant's injustice or hardship and provide remedy to others who have suffered injustice or hardship as a result of the maladministration.
- The CCG will if possible return to the complainant and where appropriate others who have suffered similar injustices or hardship to the position they would have been if the maladministration or poor service.
- The CCG will use the lessons learned from the complaints to ensure that maladministration or poor service is not repeated and services improved.

II. STATEMENT BY THE ACCOUNTABLE OFFICER

Statement of the Responsibilities as the Accountable Officer of NHS South Kent Coast Clinical Commissioning Group

The NHS Act 2006 as amended states that each Clinical Commissioning Group shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed Hazel Carpenter to be the Accountable Officer of the Clinical Commissioning Group.

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 Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction) and for safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the *Clinical Commissioning Group Accountable Officer Memorandum* published by NHS England.

Under the NHS Act 2006 (as amended), NHS England has directed each Clinical Commissioning Group 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 Clinical Commissioning Group 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 Government's Manual for Accounts 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 have been followed, and disclose and explain any material departures in the financial

statements; and,

- Prepare the financial statements on a going concern basis.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in NHS England's *Clinical Commissioning Group Accountable Officer Memorandum*.

Hazel Carpenter
Accountable Officer
23 May 2016

III.ANNUAL GOVERNANCE STATEMENT

Introduction and context

South Kent Coast Clinical Commissioning Group (CCG) was licensed 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 rated as "assured with support" by NHS England (NHSE). NHSE concluded that the CCG has made excellent progress in ensuring full membership engagement and clinical leadership and achieved a good level of engagement with the public and patients. However, it commented that the long-standing performance issues especially in relation to A&E and elective care had had an adverse impact on the quality of patient care received by local people. It therefore required the CCG to keep pressure on the local providers to improve their performance. At this point, the members of the CCG have decided not to undertake co-commissioning of primary care services but will keep this decision under review.

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the clinical commissioning group'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 Clinical Commissioning Group 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

The CCG is not required to comply with the UK Corporate Governance Code. However, I have reported on our corporate governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code I consider to be relevant to the clinical commissioning group and best practice. During the year, the Governing Body reviewed how effectively it complied with its statutory responsibilities. The Governance and Risk Committee has undertaken a review of the CCG's governance using the Good Governance Institute Toolkit and will follow up with a more detailed review in two specific areas in 2016/17,

reviewing decision-making and improving reporting to the CCG, in order to ensure the CCG's governance arrangements remain strong.

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.

Our Constitution, which is published on our website, sets out the governance arrangements we have established for ensuring that we make decisions openly and transparently, based on an assessment of clinical need, for ensuring that we meet our financial and statutory obligations, and for ensuring that we manage and control risk effectively. The CCG's Constitution has been approved by NHS England. During 2015/16, parts of the Constitution were reviewed, including the terms of reference for all the Committees and the conflicts of interest policy. I have asked the Governance and Risk Committee to oversee further revisions to the Constitution during 2016/17 to ensure it remains fit for purpose for the future.

The Membership

The CCG is a membership organisation comprising the 30 General Practices in the area of South Kent Coast (see Members' Report, page 28) Each Member Practice has signed up to the Constitution of the CCG which sets out the Vision and Values of South Kent Coast CCG and has agreed to participate actively in its work. Each Practice is represented by a Practice Lead, a clinical professional, whose role is to represent the views of their Practice and act on the Practice's behalf in respect of matters discussed by the CCG.

During the year, the Members were asked to appoint a number of GP Elected Leads to represent them on the Governing Body and its committees. The Members meet as a Clinical Commissioning Group regularly throughout the year. At the Membership meetings, the Governing Body accounts to the membership for its implementation of the CCG's strategy and takes the members' views on important issues, including prescribing costs and the future of primary care in South Kent Coast.

As well as providing strategic direction to the organisation, the Members are actively involved in the activities of the CCG. In addition to the Governing Body members, there are several local GPs who actively engage with the CCG as clinical leads. They provide clinical leadership for

aspects of the CCG's commissioning strategy, including (for example) mental health, primary care and children's health. It remains the members' responsibility to approve the CCG's strategy and engage with and listen to the perspectives of patients expressed through the Patient Participation Groups and elsewhere.

The Members have continued to be involved in the development of the CCG's approach to the Integrated Accountable Care Organisation, as part of which four hubs have emerged: Deal, Dover, Folkestone and New Romney. In each hub, the members are involved in redesigning services at a local level to ensure that care is wrapped round the patient. More information about the hubs is included at page10.

The Governing Body

The Governing Body is tasked by the Members with ensuring that the CCG has adequate arrangements in place to deliver the CCG's strategic direction, to monitor its performance and to meet its statutory responsibilities. All Governing Body Members have equal and joint responsibility for governing the activities of the CCG and in being accountable to the Membership and the public for the way in which it discharges its functions.

The CCG's scheme of delegation and Committee Terms of Reference set out the level of delegation to the Governing Body from the Membership.

The Governing Body met 6 times during 2015/16 in public and 5 times in private session. At its meetings, the Governing Body

- Continued to refine the priorities in the South Kent Coast Operating Plan and to monitor their implementation through a "spotlight" on one objective at each meeting.
- Scrutinised the performance of the CCG's main providers including the quality of primary care through a primary care dashboard.
- Regularly discussed the development of the Integrated Care Organisation and the Health and Wellbeing Board, both of which are vital to the CCG's future strategy.
- Approved several procurement exercises, including for Integrated Community Equipment Store, Improving Access to Psychological Therapies (IAPT), Patient Transport Service and the Out of Hours/111 NHS and Care Navigation service.
- Heard regularly about engagement activities with local people and with the membership and used these reports to underpin its decision-making processes.
- Approved key CCG documents including the Safeguarding Annual Report, the Risk Management Policy, the Whistleblowing Policy, revised terms of reference for its committees, and kept the Risk Register and Assurance Framework under review.

- Received reports of the CCG's partnerships with the Kent Health and Wellbeing Board; the East Kent System Resilience Group, the East Kent Strategy Board and the East Kent Federation; and the South Kent Coast Health and Wellbeing Board.
- Reviewed the CCG financial position to ensure achievement of statutory financial targets.

  At the informal Governing Body meetings, the members reviewed the CCG's approach to achieving QIPP, its approach to contracting for 2016/17 and a review of clinical roles and priorities.

The membership of the Governing Body is included in the Members' Report. I report on their attendance at formal Governing Body meetings below.

Attendance of the Governing Body Members at public Governing Body meetings

GB Member	13 May 2015	08 July 2015	09 Sept 2015	11 Nov 2015	13 Jan 2016	9 March 2016	Total
Darren Cocker	√	√	√	**x**	√	√	**5/6**
Hazel Carpenter	√	√	√	**x**	√	√	**5/6**
Jonathan Bates	√	√	√	√	√	√	**6/6**
Stewart Coltart	√	√	√	√	√	√	**6/6**
Chee Mah	√	√	√	√	**x**	√	**5/6**
Brighton Chireka	**x**	**x**	√	√	**x**	√	**3/6**
Ian Mckenzie	√	√	√	√	√	**x**	**5/6**
Joe Chaudhuri	√	√	√	√	√	**x**	**5/6**
Alistair Smith	√	**x**	√	√	√	√	**5/6**
Sharon Gardner-Blatch	√	√	√	√	√	√	**6/6**
Jonathan Bryant	√	**x**	√	√	√	√	**5/6**
Tuan Nguyen	**x**	√	**x**	**x**	√	**x**	**2/6**
Clive Davison	√	√	√	√	√	**x**	**5/6**

All Governing Body members, CCG Members and members of staff are required to record annually any interests which are relevant to their role on the CCG. The register of interests is updated each quarter and is a public document on the CCG's website. During the year, we asked those in GP practices in a position to take decisions regarding expenditure and contracts to declare interests, which are also on the CCG's website http://www.southkentcoastccg.nhs.uk/about-us/publications/

Managing potential conflicts of interest is important because GPs as Governing Body members are involved in taking decisions about the provision of services, from which they may benefit as members of GP practices. The CCG has adopted a Code of Conduct for GPs relating to procurement where GP practices may also be providers of services. The CCG has revised the Conflicts of Interest policy to give the Governance and Risk Committee a larger role in monitoring the recording of interests, including by GP practices, and monitoring decisions about procurement. It also provides advice to the Clinical Chair and Accountable Officer on how to manage interests so that the CCG can ensure that decisions about procurement are taken on a strong clinical basis, transparently and with the best interests of the local population in mind.

The CCG's Organisation Development Plan has concentrated on strengthening the wider clinical leadership of the CCG and improving the CCG's analysis of data in order to provide a more effective focus on performance.

The Clinical Chair has discussed the performance of the GP Elected Leads and the Lay Members on the Governing Body during the year. The Chair's performance was also reviewed by the Lay Members.

Committees of the Governing Body

The Committees established by the Governing Body are as follows:

- The Clinical Cabinet
- Quality and Performance Committee
- The Governance and Risk Committee
- The Remuneration and Nominations Committee.

The Clinical Cabinet met monthly during 2015/16. It has taken the lead role in overseeing the development and implementation of the strategic priorities in the South Kent Coast Plan.

- Clinical Cabinet considered a number of key clinical issues including the cancer strategy, the review of stroke services, changes to children's services and the Child and Adolescent Mental Health Service (CAMHS) specification, community mental health services, and placements.
- The Committee considered and approved changes to strategies and pathways including the End of Life Strategy, the pathway for Long Term Conditions, Chronic Obstructive Pulmonary Disease (COPD), dermatology, ophthalmology, trauma and orthopaedics, and respiratory treatment. It oversaw the redesign of the district nursing service.
- The members invited consultants from the local acute trust to meetings to discuss issues such as how to improve referrals from general practice and to identify ways in which primary and secondary care can work more effectively together.
- The Committee reviewed its terms of reference and undertook an assessment of its effectiveness. It identified that in view of the increased work load coming to the Committee, it needed to be more rigorous about prioritising issues for consideration and following issues through. It will base its work plan on the Joint Strategic Needs Assessment and Right Care data.

Clinical Cabinet Committee Members

Name	Role	Attendances
Lynne Wright	Committee Chair	12 out of 12
Joe Chaudhuri	GP member	9 out of 12
Darren Cocker	Clinical Chair	10 out of 12
Chee Mah	GP member	10 out of 12
Jonathan Bryant	GP member	11 out of 12
Tuan Nguyen	GP member	10 out of 12
Brighton Chireka	GP member	8 out of 12
Ian McKenzie	GP member	8 out of 12
Stewart Coltart	Secondary Care doctor	11 out of 12
Nick Morley-Smith	Locality Chair	10 out of 12
Jess Mookherjee	Public Health Consultant	8 out of 12
Hazel Carpenter	Accountable Officer	9 out of 12
Jonathan Bates	Chief Finance Officer	8 out of 12
Sharon Gardner-Blatch	Chief Nursing Officer	8 out of 12

The Quality and Performance Committee also met on a monthly basis during 2015/16. Its focus was on monitoring the in-year performance of providers commissioned by the CCG and of the CCG itself. The Committee:

- Reviews the management of risks and the CCG's financial position and receives regular reports on complaints, safeguarding adults and children, Looked After Children and Transforming Care.
- Has lead responsibility for reviewing safety and quality, considering patient experience, for closing Serious Incidents and reviewing "Never Events" to identify improvements and learning.
- Strengthened its oversight of provider quality and performance. The Integrated Quality and Performance Report (IQPR) has continued to highlight key performance and quality concerns and triangulate those concerns with other data for all the CCG's providers and the CCG's constitutional targets. It is a key tool enabling the Committee to identify issues which need to be raised with providers at an early stage so that the providers can address these. The intelligence in the IQPR has also informed the discussion in Contract Delivery meetings and in several instances has resulted in the issue of several Contract Query Notices to providers to improve performance. The Committee has been particularly concerned about the performance of A&E and about the 62 day wait target for cancer. These are reported upon in the Performance section of the Annual Report (page 5). The data also informs the CCG's decisions to undertake quality visits and deep dives, for example, into maternity services and into A&E.
- now reviews the performance of primary care using a primary care dashboard and of nursing homes in the area.
- has also reviewed its terms of reference and considered its effectiveness as a Committee in discharging its responsibilities. The Committee concluded that it would establish two sub-groups to help it manage its business, one to review Serious Incidents in detail and make recommendations to the Committee for closure or not; and one to review operational aspects of safeguarding.

Quality and Performance Committee Members

Name	Role	Attendances
Darren Cocker	Joint Committee Chair	6 out of 11
Hazel Carpenter	Joint Committee Chair	8 out of 11
Ian McKenzie	GP Elected Member	11 out of 11
Tuan Nguyen	GP Elected Member	9 out of 11

Jonathan Bryant	**GP Elected Member**	**10 out of 11**
Brighton Chireka	**GP Elected Member**	**3 out of 11**
Nick Morley-Smith	**Locality Chair**	**8 out of 11**
Lynne Wright	**Locality Chair**	**10 out of 11**
Chee Mah	**GP Elected Member**	**10 out of 11**
Jess Mookherjee	**Public Health consultant**	**4 out of 11**
Clive Davison	**Lay member PPE**	**10 out of 11**
Alistair Smith	**Lay member Governance**	**9 out of 11**
Jonathan Bates	**Chief Finance Officer**	**6 out of 11**
Sharon Gardner-Blatch	**Chief Nursing Officer**	**9 out of 11**

The **Governance and Risk Committee** is charged with providing independent assurance to the Governing Body that the CCG's systems of risk management, internal control and governance are effective. These include the CCG's arrangements for preventing corruption and for countering fraud.

The Governance and Risk Committee has met jointly with the NHS Thanet CCG Governance and Risk Committee 5 times during 2015/16. The Committee is alternately chaired by the Lay Member for Governance of each CCG. The Lay Member for Public and Patient Engagement is a member of the Committee as is the secondary care doctor for South Kent Coast CCG. The Committee meetings are attended by the External Auditors, the Internal Auditors, the Chief Finance Officer, the Chief Nursing Officer and the Company Secretary.

The Committee Chair has financial expertise and the Chief Nursing Officer and the Secondary Care Doctor provide expertise in clinical effectiveness and quality.

- The Committee has performed a number of key tasks at my request, providing assurance to me through their independent scrutiny and challenge. I asked the Committee to keep the CCG's arrangements for providing assurance to NHS England under review. The Chair of the Committee completed several submissions required by NHS England, including an assessment of the CCG's financial control environment.
- The Committee's annual work plan has been approved by the Governing Body. The Committee reviewed a number of policies before these were submitted to the Governing Body for approval, including the risk management policy, the whistleblowing policy and gifts and hospitality policy.

- It reviewed the operation of the conflicts of interest policy, the use of Single Tender Waivers and undertook a review of a contracting exercise on DVT. As a result of each of these reviews, the Committee made recommendations for improvement to the Governing Body.
- The Committee reviewed the risk register and assurance framework at each meeting and heard regularly from the internal auditors, Tiaa Ltd, who have responsibility for advising the Committee on whether the control arrangements which the CCG has in place are adequate. The Committee also received reports from the Counter Fraud Service.
- The Committee received reports from the external auditors, Grant Thornton, who are required to perform the CCG's audit and in accordance with the Code of Practice issued by the National Audit Office (NAO) on behalf of the Comptroller and Auditor General in April 2015. The external auditors' responsibilities under the Code are to:
  - give an opinion on the CCG's financial statements
  - give an opinion on the regularity of expenditure and income recorded in the CCG's financial statements
  - satisfy themselves that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources based on the following criterion: In all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people.

The Governance and Risk Committee reviewed its terms of reference and undertook a review of its effectiveness as a Committee. The Committee concluded that it was working reasonably well, but there was also consensus about some areas for improvement, included ensuring that the accounting policies were reviewed as part of the annual accounts process. They submitted an annual report to the Governing Body which is published on the CCG's website.

Governance and Risk Committee members

Name	Role	Attendances (out of 5)
Alistair Smith	**Chair and Lay Member for Governance**	**5 out of 5**
Clive Davison	**Lay Member for Public and Patient Engagement**	**3 out of 5**
Clive Hart	**Lay Member for Public and Patient Engagement**	**4 out of 5**
Stewart Coltart	**Secondary Care Doctor**	**4 out of 5**
David Lewis	**Independent co-opted**	**5 out of 5**

	member	

The **Remuneration and Nominations Committee** has met twice during 2015/16. The Committee has responsibility for making recommendations to the Governing Body on remuneration of members of the Governing Body and senior employees of the CCG, advising on contractual arrangements for the same group of people, developing an approach to succession planning and ensuring that the Governing Body has the right balance of skills and knowledge. It is chaired by the Lay Member for Governance.
The Committee

- heard from the Clinical Chair about the effectiveness of the clinical members of the Governing Body and from myself as Accountable Officer on the performance of senior members of the CCG staff.
- undertook the appraisal of the Clinical Chair
- reviewed the rates of pay for the Governing Body
- agreed the training which would be mandatory for Governing Body members
- considered succession planning including the skills needed on the Governing Body.
- reviewed its terms of reference.

Remuneration and Nominations Committee Members

Name	Role	Attendances (out of 2)
Alistair Smith	**Chair and Lay Member for Governance**	**2 out of 2**
Clive Davison	**Lay member for Public and Patient Engagement**	**0 out of 2**
Darren Cocker	**Clinical Chair**	**2 out of 2**
Stewart Coltart	**Secondary Care Doctor**	**2 out of 2**

Joint Committees

The CCG has not established a Joint Committee.

The Clinical Commissioning Group Risk Management Framework

Key elements of the risk management strategy

The purpose of the CCG's Risk Management framework is to enable the CCG to have a clear view of the risks affecting each strand of its activity and how they should be managed.

The CCG's Risk Management Policy, which sets out responsibilities for identifying and managing risk, as well as the arrangements the CCG has in place for opening, rating and closing risks, was reviewed and updated during the year. The Governing Body has overall responsibility for managing risks and assurance and reviews those risks which are rated "red". The Clinical Leads help to identify risks in relation to their clinical area, to design mitigating actions and to ensure that risks are appropriately managed. The Quality, Performance and Delivery Committee regularly reviews the management of the most significant clinical risks using both the Risk Register and the Integrated Quality and Performance Report. The Governance and Risk Committee is responsible for providing assurance to the Governing Body on the effectiveness of risk management.

Risks are identified as part of any development work relating to projects or initiatives. Clinical Leads and staff are expected to identify and record these risks, to assess them and to agree the mitigations, and to record them on the risk register. The Risk and Assurance Manager works with the Clinical Leads and staff to update the risk register on a monthly basis. "Red risks", that is those assessed as most critical to the CCG, are reported to the Committees and Governing Body as set out above.

The CCG has policies and processes in place to prevent certain risks emerging in the first place, for example through its counter fraud policy, its bribery policy and statement of standards of business conduct, which was reviewed during the year. The CCG's whistleblowing policy provides an opportunity for anyone who has a concern about the conduct of the CCG to raise a concern without fear of repercussions. Governing Body Members are required to declare any conflicts of interest at each meeting. The CCG provides training on its policies and the Counter

Fraud specialist from the Internal Auditors reports regularly to the Governance and Risk Committee.

Risk assessment

The CCG has focused more clearly on how risks impact on any one of its strategic objectives. The risk register shows links to the strategic objectives and to the Assurance Framework. Once identified, risks are rated in terms of the likelihood of their occurrence and their impact if they did, using the 5x5 matrix; they are reassessed once the mitigating actions have been identified, leaving the risk score showing the residual risk level to the CCG. A decision is made as to whether the risk can be tolerated or must be treated. If it is to be treated, additional mitigating actions are identified and monitored so that the risk level can be reduced to a tolerable level.

In discussing its appetite for risk, the CCG Governing Body has stated that it has no tolerance for risks where patient safety is at issue, where the ongoing financial viability of the CCG is at issue, or where the CCG's compliance with the law may be adversely affected. The level of risk which can be tolerated in delivering its strategic objectives does vary; for example, the Governing Body is willing to accept a level of risk to promote innovation or where long-term benefits outweigh short term risks; but the CCG scrutinises the level of risk regularly and challenges whether the risk has reduced or why it has remained at the same level for some time.

To help the CCG manage risks, the CCG values the contributions of local people. The CCG monitors complaints made by the public about its services and those of the local providers, see more on page 21. Through its monitoring of complaints SKC CCG has been able to recognise that there is a gap in the commissioning of services for under 8's in relation to ADHD/ASD assessment. The CCG is currently working to identif the number of children who require ADHD assessments and from this the CCG will be better placed to determine what action may be needed to tackle the situation.

It conducts regular discussions and consultations with local people about their experience of health services and involves them in the redesign of services. For example, South Kent Coast hosted a number of discussions with local people on reconfiguration of stroke services, as mentioned earlier in this report at page 23. The public is able to ask questions and alert the CCG to any risks at the Health Reference Group and at the Governing Body meetings.

The most significant risks identified by the CCG during 2015/16 were:

Risk	CCG response
High number of Unaccompanied Asylum Seeking Children entering the UK via Dover no receiving their statutory health assessments in timely way. Monitoring provision of services is difficult because of lack of performance data	The CCG has escalated its concern about the poor performance of providers through issuing a Contract Performance Notice, requiring the providers to detail how they will improve.
The high use of out of area mental health beds results in poor patient experience and increased costs	This risk is being managed through bi-weekly telephone discussions with the provider to find alternatives to out of area placements.
The acute trust has continued to fail to meet constitutional targets, including A&E 4 hour waits, Referral to Treatment in 18 weeks and 62 day cancer wait.	The CCG is working with other CCGs in East Kent to address these performance issues, but has instigated detailed reviews, including by its GP members, to identify where the problems are. This will continue to be a risk in the coming year.
The financial position of the CCG and all the providers in the East Kent health economy. The CCG has identified a number of high risk areas in its own expenditure, including Continuing Health Care Placements and GP prescribing costs, which it is monitoring. The providers in East Kent face significant deficits which will make achieving agreements about contracts challenging. The level of savings which the CCG will have to deliver to balance its budget next year is extremely challenging.	The CCG is addressing this risk through a savings action plan which is monitored at every meeting of the Governing Body and the Quality and Operational Leadership Team, monitoring the performance of GPs particularly around prescribing expenditure and working closely with the providers on affordable secondary care strategies, highlighting areas where productivity needs to improve. Where appropriate, the CCG has also put in place formal dispute arrangements for key areas of financial pressure.
The CCG's Constitution needs to keep pace with the development of greater localism. In line with the *NHS Five Year Forward View*,	These developments may challenge the scope of delegation currently permitted by NHS England. However, we are in regular

the CCG is considering how to achieve more integrated commissioning and more devolved and community based delivery of services.	discussion with NHSE about our plans and identifying issues where current arrangements constrain our ability to deliver the CCG's vision.

The CCG has improved its analysis of risk and its impact and I expect this to continue in the next year. During 2015/16, steps have been taken to ensure that all Members and staff are aware of how the CCG defines risk and that risk is properly assessed and managed. The CCG discusses partner/provider risks at performance meetings and when negotiating agreements such as s75 agreements.

The CCG 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 CCG's system of internal control is a significant part of the assurance framework and is designed to manage risk at a reasonable level. This is particularly important as a number of risks which might undermine the CCG's delivery of its plans are "owned" by providers of services, not directly by the CCG. The Assurance Framework records the primary risks to the ongoing viability of the CCG: the risk of not delivering its strategic objectives, not meeting its financial targets, not delivering the CCG's statutory requirements, not commissioning safe services, not maintaining its authorisation, and not maintaining the support of the CCG membership and the public. The Assurance Framework evaluates the strength of the internal controls in preventing the risk materialising and identifies gaps in assurance.

The Assurance Framework has been used by the Governing Body to hear from and challenge the Clinical Leads about progress in delivering the objective for which they are the accountable lead. The Assurance Framework is also monitored by the Governance and Risk Committee, the Quality Performance and Delivery Committee and the Governing Body.

Impact Assessments, including Equality Impact Assessments and Privacy Impact Assessments, help the Governing Body identify risks which might disproportionately affect various members of

the community. Policies and business cases are expected to be presented to the Committee and Governing Body with an appropriate Impact Assessment, particularly an Equality Impact Assessment, to help with identification of risk. The strategies developed by the CCG in partnership, for example the Kent Health and Wellbeing Board's Emotional Wellbeing Strategy, also have an Equality Impact Assessment.

The CCG's policies relating to standards of business conduct make explicit the CCG's expectation that all members and staff will behave in an ethical manner. Internal audit plays a key role in monitoring the effectiveness of the CCG's internal control framework, and has undertaken reviews of critical financial systems, governance processes, and information governance. The Counter Fraud officer also reviews the effectiveness of the CCG's procedures in preventing and identifying fraud.

The Members' Report contains statements about the CCG's compliance with a number of statutory duties which I have reviewed and which I confirm are correct.

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 clinical commissioning group, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

In April 2015, the CCG took over the management of its compliance with Information Governance requirements from the South East Commissioning Support Unit. 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 reviewed all the Information Governance policies. During 2015/16, we established an Information Governance Steering Group jointly with Thanet CCG to oversee the completion of audits and reviews which will ensure that the CCG continues to develop information governance processes and procedures in line with the information governance toolkit. We have ensured all staff undertake annual information governance training and have developed information governance guidance for all staff to ensure staff are

aware of their information governance roles and responsibilities. The Senior Information Risk Owner and the Caldicott Guardian have undertaken the training required for their roles.

There are processes in place for incident reporting and investigation of serious incidents. The CCG has not had any breaches of information security relating to the inappropriate release of patient identifiable data in 2015/16. The CCG uses the Information Governance (IG) Toolkit Incident Reporting Tool to report IG Serious Incidents to the Health and Social Care Information Centre (HSCIC), Department of Health, ICO and other regulators.

The CCG made its submission of the IG Toolkit in March 2016 and achieved Level 2 compliance.

Review of Economy, Efficiency & Effectiveness of the Use of Resources

The majority of expenditure of the CCG is managed through contracts with providers, based on NHS Standard Contract Terms. These contracts are drafted to ensure that value-for-money is at the core of service delivery to the patients of the area. During the year the Governing Body has worked hard to improve patient pathways for the delivery of care to our population. This work has been based on driving improved care at the same or lower cost.

During the year the CCG delivered QIPP savings of £5.08m. Value-for-money has been reviewed by the Governance and Risk Committee of the CCG which has looked in detail at specific areas of service delivery. In addition, our external auditors have reviewed value-for-money and reported on this within the financial statements. Internal Audit has also carried out work which has allowed the CCG to increase economy, efficiency and effectiveness.

Review of the Effectiveness of Governance, Risk Management & Internal Control

As Accountable Officer I have responsibility for reviewing the effectiveness of the system of internal control within the clinical commissioning group, including our hosting arrangements.

Capacity to Handle Risk – Leadership and Training

Risk awareness is the responsibility of all members of the Governing Body and of all staff, particularly the senior team. The Risk Management Policy sets out the responsibilities for managing risk. To ensure that all staff and Governing Body Members are aware of how to manage risk, a workshop is scheduled each year to provide training on the risk register.

Review of effectiveness

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, who have provided significant assurance that the governance and financial controls are effective. My review is also informed by comments made by the external auditors in their management letter and other reports.

I am also informed by the Governing Body, the Executive Team and Clinical Leads within the CCG who have responsibility for the development and maintenance of risk management and the internal control framework. I have drawn on performance information available to me, which is also reviewed by the Quality and Performance Committee on a monthly basis. I am also informed by the Governance and Risk Committee whose members provide rigorous challenge to the way in which the CCG conducts its business.

During the year, the internal auditors completed 6 audits at South Kent Coast level, with another two still in fieldwork.

- CCG's Assurance Framework and the Risk Management process – reasonable assurance
- Information Governance Toolkit – substantial assurance
- Critical financial systems including East Kent Financial Systems and East Kent Payroll – substantial assurance
- Operation of Key Groups and Committees – Reasonable Assurance
- Performance Reporting to the Governing Body – Reasonable Assurance
- HR processes – limited assurance
- Better Care Fund Governance and Readiness – in fieldwork
- Provider Contract Management: Continuing Healthcare – in fieldwork

Head of Internal Audit Opinion

Following completion of the audit work for the financial year for the clinical commissioning group, the Head of Internal Audit has issued an independent and objective opinion on the adequacy and effectiveness of the clinical commissioning group's system of risk management, governance and internal control.

The overall opinion of the Head of Internal Audit for Tiaa Ltd is that:

"I am satisfied that sufficient internal audit work has been undertaken to allow me to draw a reasonable conclusion as to the adequacy and effectiveness of NHS South Kent Coast CCG's internal control processes. In my opinion, NHS South Kent Coast CCG has adequate and effective management, internal control processes to manage the achievement of its objectives ."

The Head of Internal Audit considered the Local Counter Fraud Specialist reports throughout the year and there are no significant issues to take into account in preparing his Opinion.

Data Quality

The CCG has a contract with South East Commissioning Support Unit (SECSU) to validate the data it uses. The CCG's Quality and Performance teams are working together to review the Integrated Quality Performance Report (IQPR) to develop it into a more effective document. The intention is to:

- Strengthen the quality of the detailed information.
- Better integration of project, finance and medicines management information.
- Integration with new reporting requirements for locality clusters/hubs.
- Improved analysis and triangulation of the data.
- Provide better focus to Membership Body and Governing Body (GB) on key issues, with particular emphasis on decisions that may need to be taken.
- Introduction of a more concise report for Governing Body.

By reducing the volume of data reported to the GBs it will provide opportunities to link GB performance reporting to the delivery of strategic objectives, organisational and operational plans and projects designed to improve patient outcomes. This will enhance current governance

systems and provide the GBs with more meaningful information with which to direct the business of the CCG as it would be based on quality as well as quantity.

The Project Delivery Dashboards and the (planned) Delivery Report will be used to support the revised process.

Business Critical Models

The CCG has in hand a number of key projects which would fall under the heading of "business critical models", including development of strategies and policies (for example, for children and mental health services), projects such as the implementation of the Integrated Care Organisation model and development of the East Kent Strategy which relies on robust modelling of capacity. The CCG has put in place Quality Assurance arrangements to monitor these developments to ensure proper control. These include having a Senior Responsible Owner who oversees each main project and signs it off; external peer review; use of internal audit to check progress; scrutiny by project boards and by independent members of the Governance and Risk Committee, and gateway reviews where appropriate. The CCG uses checklists such as Equality Impact Assessments and a programme dashboard to monitor progress.

Data Security

As I reported above, there have been no data security breaches at South Kent Coast CCG and no reports made to the Information Commissioner's Office.

Discharge of Statutory Functions

As the Accountable Officer, I certify that the CCG has complied with the statutory duties laid down by the NHS Act 2006 (as amended by the Health and Social Care Act 2012). The CCG has specific statutory duties which it must meet, set out in NHS Act 2006 as amended – sections 14Z15 (2)(a) and (b) -- which it must discharge. These include:

- a requirement to improve services. As Accountable Officer, I report on how we have done this through setting the priorities in our strategy, through our commissioning contracts and through monitoring performance against targets
- a requirement to reduce inequalities: in our strategy we have prioritised those issues which will improve the health outcomes of the most vulnerable and deprived in South Kent Coast

- a requirement to involve the public and consult on proposed changes to service delivery: we have done this through our public engagement activities, a report of which is at page 22.
- a requirement to contribute to the joint Health and Wellbeing strategy – we have worked with the Kent Health and Wellbeing Board and the local South Kent Coast Health and Wellbeing Board to help achieve this.

During establishment, the arrangements put in place by the clinical commissioning group and explained within the *Corporate Governance Framework* were developed with extensive expert external legal input, to ensure compliance with the all relevant legislation. That legal advice also informed the matters reserved for Membership Body and Governing Body decision and the scheme of delegation.

In light of the Harris Review, the clinical commissioning group 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 clinical commissioning group 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 staff member. Leaders of the CCG's teams have confirmed that their structures provide the necessary capability and capacity to undertake all of the clinical commissioning group's statutory duties.

Conclusion

I confirm that no significant control issues have been identified.

Hazel Carpenter

Accounting Officer

23rd May 2016

Biographies

South Kent Coast CCG Governing Body

Dr Darren Cocker, Clinical Chair: (appointed 1 April 2013 and retired 31 March2016)

Darren remains a GP at Lydden Surgery, Dover, where he has been since 2005, and continues to strive to ensure that patients have access to the highest standards of care.

Darren studied medicine at Guy's and St Thomas' hospital medical school and became a GP in 1999.He has been involved in commissioning from an early stage and has a wealth of experience, for example he has held the post of Clinical Chair of the East Kent Federation as well as being the urgent care lead for SKC CCG and Dover and Aylesham Practice Based Commissioning Group.

Previously he has also been Clinical Executive for NHS Eastern and Coastal Kent Primary Care Trust, leading on quality delivery and performance. He is a GP with special interests in dermatology, respiratory and medical education. He runs minor surgery and respiratory clinics.

Hazel Carpenter, Accountable Officer: (appointed 1 April 2013)

Hazel Carpenter is the Accountable Office for both Thanet CCG and South Kent Coast CCG. As a non-clinician she sees her role as that of supporting the Clinical Chairs in their leadership role,

ensuring that the Governing Bodies are able to make strong commissioning decisions for their local populations. Hazel joined the CCGs prior to their authorisation in 2013. She has a keen interest in Organisation Design and Development and has worked with the Clinical Chairs and membership to develop a culture and approach for each CCG that focuses on the local health and care challenges, as well as enabling real integrity for the clinical leadership and membership characteristics of a CCG.

Hazel leads Looked After Children (LAC) and Adoption health commissioning on behalf of all

the CCGs in Kent.

Prior to this role, Hazel has worked across the NHS in Surrey and Kent in both provider and commissioning roles focusing on workforce and OD. She also led commissioning for maternity services across east Kent from 2007 to 2011. Educated at Leicester University and Manchester University, Hazel has a BA in Geography – which is invaluable as a strong background for health planning, and an MSC in strategic HR leadership. With Dr Darren Cocker, Clinical Chair for SKC, she was awarded the post grad deans GP education award in 2010 for establishing the GP Integrated Training Programme for commissioning.

Dr Chee Mah, GP Member: (appointed 1 April 2013)

Chee has been a GP at the Balmoral Surgery, Walmer, Deal, since 2006. He is the CCG lead for urgent care and medicines management. He also has an interest in gynaecology. Chee has been actively involved in practice-based commissioning for a number of years, holding the post of Clinical Commissioner in Women's Health in 2009 for the PCT. Dr Mah moved to Kent in 2004 after studying at the National University of Malaysia, where he completed his housemanship and postgraduate training in Gynaecology. Chee is a member of the Royal College of General Practitioners and the Royal College of Obstetricians and Gynaecologists.

Dr Ian Mckenzie, GP Member: (appointed 1 April 2013)

Dr McKenzie has been a GP at Pencester Surgery, Dover, since 2006. He is the planned care lead. Ian is a GP with special interests in headache, Ear, Nose and Throat (ENT) and minor surgery. He was previously a clinical commissioner responsible for gastroenterology with NHS Eastern and Coastal Kent Primary Care Trust. He trained in medicine at the University of Auckland Medical School, before moving into the Royal Air Force in 1983 to develop a career in aviation medicine. He became a consultant in aviation medicine after receiving a PhD in cardiovascular physiology from Imperial College. He was appointed Head of Biomechanics Division at the Royal Air Force Institute of Aviation Medicine. In 1996, he retrained as a GP and moved to Kent two years later to join Pfizer as a drug clinician.

Dr Stewart Coltart, Secondary Care Doctor: (appointed 1 April 2013)

Dr Coltart is a trained consultant oncologist. He is the CCG's secondary care doctor representative.

Dr Coltart worked as a consultant oncologist at three hospitals in east Kent between 1988 and early 2013, when he retired. During this time, his main clinical interests were the management of lymphomas, breast, head and neck and skin cancers. Stewart trained at St Bartholomew's Hospital, qualifying in 1976. After general medical training in Norwich, Cambridge and Southampton, he trained in oncology at Cambridge for five years and was also a Medical Research Council Training Fellow. He then moved to Cardiff as a Senior Registrar. Dr Coltart was the divisional director for Maidstone and Tunbridge Wells NHS Trust's Cancer and Support Services division between 2008 and 2012. He was a trustee of the Pilgrim's Hospice from 1992 to 2008. Stewart is married with four children and spends his spare time sailing and singing in local choral societies and chamber choirs.

Dr Jonathan Bryant, GP Member: (appointed 1 June 2014)

Since qualifying as a GP in 2010, Jonathan has worked at New Lyminge Surgery. During this time Jonathan has become increasingly involved in the CCG, initially attending meetings and joining a group tasked with redesigning enhanced services, as well as participating in a 'clinicians' development course with other GPs and local consultants. He therefore saw applying for a role in the Governing Body as a natural continuation and progression of this work. In applying for the role Jonathan noted an ambition to embody the engagement process which he sees as the core to the functioning of the CCG. Jonathan is excited by the challenge of improving healthcare in East Kent.

Dr Tuan Nguyen, GP Member: (appointed 1 July 2014)

Tuan has been working at Sandgate Road Surgery since 2011 as a GP partner and during this time has been involved in the role out of risk stratification and Multi-Disciplinary Team based case management.
With the support of his fellow partners, Tuan has been able to continue an interest in primary care redevelopment and feels the CCG has an opportunity to start laying the foundation and building the infrastructure required to take on the extra reliance on primary care by the NHS, as it looks to shift more work into the community.

After GP training, Tuan worked for Care UK as a salaried GP in their APMS practice in Liverpool where he was tasked with improving quality of 3 local failing inner city GP practices. Tuan was successful in instituting significant changes in working practice which was reflected in achieving targets set by the PCT and was then made the area lead GP for Care UK, covering the North West. From his experience, Tuan developed Pro-Active Care in order to offer a complete holistic service to those individuals and families at most risk of hospitalisation. This was subsequently taken up by the local PBC group and a successful pilot was started. Tuan was then subsequently invited onto the PBC board; a role from which he stepped down from when he decided to relocate.

Dr Brighton Chireka, GP Member: (appointed 1 April 2013 and retired 31 March 2016)

Dr Brighton Chireka has been a GP at Manor Clinic, Folkestone, since 2009. He's the CCG's lead for child and maternal health, leadership development and succession and membership engagement in Shepway locality. Dr Chireka is also interested in orthopaedics and clinical leadership. Brighton started his career wanting to become an orthopaedic surgeon before choosing general practice. He completed his undergraduate medical training in Zimbabwe and

qualified in 1997, before coming into the UK in 2000. He has a diploma with the Royal College of Obstetrics and Gynaecology (DRCOG) and a diploma in occupational medicine. He is a member of Royal College of General Practitioners (MRCGP). Brighton moved to Kent in 2005 with his family and spends his spare time watching football and learning languages.

Dr Joe Chaudhuri, GP Member: (appointed April 2013)

Dr Joe Chaudhuri has been a GP at The High Street Surgery, Dover, for more than 30 years. He is a member of South Kent Coast CCG's governing body and is assistant clinical chair. He holds the portfolios for health and wellbeing boards, partnership working, mental health and long-term conditions. He is also chair of South Kent Coast CCG's clinical strategy group. Dr Chaudhuri works for the local mental health trust once a week in adult mental health and he has clinical interests in mental health and medicines management. Joe has been involved in health service management for more than a decade, from the days of health authorities to primary care groups and then primary care trusts. His involvement was in clinical governance and medicines management. He feels passionately about involving partner organisations in the future delivery and commissioning of health and doing things differently to develop a sustainable system for the future. In his spare time he enjoys sports and world music.

Sharon Gardner-Blatch, Chief Nursing Officer

Sharon has nursed in the NHS for the past 25 years within London and the South East of England.She has experience of nursing in hospitals including intensive care and out of hospital care. She is passionate about and committed to supporting the total care of patients in partnership with their families / carers. Over the last ten years, Sharon has been committed to driving up standards to achieve high quality patient care which protects patients from avoidable harm. Since moving into commissioning she has been involved in holding NHS organisations to account for their quality of service delivery, service standards and safeguarding of patients

Jonathan Bates, Chief Finance Officer: (appointed April 2013)

Jonathan is Chief Finance Officer for NHS South Kent Coast and Thanet CCGs.He is a chartered accountant who started his career in the City, auditing large firms and City institutions. After a spell working freelance for the Audit Commission he joined the London Borough of Bromley with responsibility for the schools and colleges finances. Jonathan joined the NHS in 1995 as Deputy Director of Finance at Maidstone Hospital, and in 2002 he became Director of Finance for Ashford PCT. After a short period as Director of Finance for Swale PCT he joined Medway PCT as Director of Finance and Assurance. In 2012 he was appointed to the Kent and Medway PCT Cluster Board. Jonathan is the author of three books on public sector finance and management.

Clive Davison, lay member for public and patient involvement: (appointed April 2014)

Clive Davison qualified as a Public Health Inspector in 1976 and for twenty years he worked in local government alongside local communities providing public health services with the focus on reducing inequalities in health and improving the quality of life. In 1986 Clive took up a directorship in a private company providing advice to organisations on quality assurance and people development. Some years later Clive returned to local government as a Chief Environmental Health Officer to manage a public protection service. Following retirement last year and wanting to continue to be involved in the field of health Clive took up the post of Lay Member for Patient and Public Involvement with the South Kent Coast CCG.' Clive has one daughter currently at Durham University who is also an amateur ballet dancer. Clive's main leisure interest is similar to his daughter in that it is dancing, only his dance is the Argentine tango.

Alistair Smith, lay member for Governance: (appointed 2013)

Alistair is the CCG's lay member for governance. He has a lead role for the CCG in overseeing key elements of governance. Alistair started his career with the National Audit Office and he has held board level finance roles with multinational companies and was the Chairman of Trustees for two large pension schemes. He is now an independent consultant and finance director for two small companies based in the UK and France.

Alistair is keen to ensure that public funds are used to the benefit of the population and that appropriate finance, risk and a assurance systems are in place to make sure that the member practices, the NHS Commissioning Board and, most importantly, the public, have confidence in the governance of the new organisation.

Senior Staff Members

Karen Benbow, Chief Operating Officer

Karen has over 20 years' experience working in the NHS and has held a wide range of senior commissioning, contracting and assurance roles in London and East Kent.

Sue Martin, Company Secretary

Sue Martin joined the CCG as Head of Governance in January 2014. She has worked in the public and not-for-profit sector throughout her career and her most recent position being with the Care Quality Commission (CQC). Sue is a chartered secretary and has many years' experience of supporting Boards.

REMUNERATION AND STAFF REPORT

Remuneration Report

The Accountable Officer's view is that Senior Managers are those who are voting members of the Membership Body and Governing Body. Information about their remuneration is set out below. The CCG uses the NHS VSM pay scale for remuneration of board level staff. The Chief Nursing Officer is the only exception and remunerated using NHS Agenda for Change pay scale.

Salaries and Allowances (Subject to Audit)

	Net Cost to South Kent Coast CCG 2015-16				
Name and Title	(a) Salary (bands of £5,000) £'000	(b) Expense payments (taxable) (band of £100) £'00	(c) Performance Pay and Bonus Payments (bands of £5,000) £'000	(d) All Pension Related Benefits (bands of £2,500) £'000	(e) Total (bands of £5,000) £'000
Hazel Carpenter - Accountable Officer	55-60	0-1	0	2.5-5	60-65
Jonathan Bates - Chief Finance Officer	50-55	0	0	2.5-5	50-55
Sharon Gardner-Blatch - Chief Nursing Officer	40-45	0-1	0	5-7.5	45-50
Dr Darren Cocker - Clinical Chair	65-70	0-1	0	0	70-75
Dr Chee Mah - Governing Body Elected GP Member	50-55	1-2	0	0	50-55
Dr Ian McKenzie - Governing Body Elected GP Member	20-25	0	0	0	20-25
Dr Brighton Chireka - Governing Body Elected GP Member	50-55	0	0	2.5-5	55-60
Dr Joe Chaudhuri - Governing Body Elected GP Member	50-55	0	0	0	50-55
Dr Jonathan Bryant - Governing Body Elected GP Member (01/07/14-31/03/15)	50-55	0	0	12.5-15	65-70
Dr Tuan Nguyen - Governing Body Elected GP Member (1/8/14-31/3/15)	50-55	0	0	0	50-55
Alistair Smith - Lay Member (Governance)	10-15	1-2	0	0	10-15
Brian Wash - Lay Member (Patient and Public Engagement) (01/04/2015 - 30/04/2015)	0-5	0	0	0	0-5
Colin Davison - Lay Member (Patient and Public Engagement) (29/04/15 - 31/03/2016)	10-15	0	0	0	10-15
Dr Robert Coltart - Secondary Care Doctor	20-25	1-2	0	0	20-25

	Gross Cost to South Coast Kent CCG 2015-16				
Name and Title	(a) Salary (bands of £5,000) £'000	(b) Expense payments (taxable) (band of £100) £'00	(c) Performance Pay and Bonus Payments (bands of £5,000) £'000	(d) All Pension Related Benefits (bands of £2,500) £'000	(e) Total (bands of £5,000) £'000
Hazel Carpenter - Accountable Officer	110-115	1-2	0	7.5-10	120-125
Jonathan Bates - Chief Finance Officer	100-105	0	0	5-7.5	110-115
Sharon Gardner-Blatch - Chief Nursing Officer	80-85	0-1	0	10-12.5	90-95

Please note that the figures shown in 'All Pension Related Benefits' are an estimate of the increase in pension should it be paid over 20 years of life from retirement.

Salaries and Allowances: comparison with previous year 2014/15

	Net Cost to South Kent Coast CCG 2014-15				
Name and Title	(a) Salary (bands of £5,000) £'000	(b) Expense payments (taxable) (band of £100) £'00	(c) Performance Pay and Bonus Payments (bands of £5,000) £'000	(d) All Pension Related Benefits (bands of £2,500) £'000	(e) Total (bands of £5,000) £'000
Hazel Carpenter - Accountable Officer	65-70	1-2	0	0	65-70
Jonathan Bates - Chief Finance Officer	60-65	0	0	0	60-65
Sharon Gardner-Blatch - Chief Nursing Officer	45-50	1-2	0	30-32.5	75-80
Dr Darren Cocker - Clinical Chair	65-70	0	0	7.5-10	75-80
Dr Chee Mah - Governing Body Elected GP Member	50-55	0	0	2.5-5	55-60
Dr Ian McKenzie - Governing Body Elected GP Member	25-30	0	0		25-30
Dr Bruce Cawdron - Governing Body Elected GP Member (1/04/14-31/5/14)	5-10	0	0		5-10
Dr Brighton Chireka - Governing Body Elected GP Member	50-55	0-1	0	0	50-55
Dr Joe Chaudhuri - Governing Body Elected GP Member	50-55	0	0		50-55
Dr Jonathan Bryant - Governing Body Elected GP Member (01/07/14-31/03/15)	40-45	0	0	132.5-135	175-180
Dr Tuan Nguyen - Governing Body Elected GP Member (1/8/14-31/3/15)	35-40	0	0		35-40
Alistair Smith - Lay Member (Governance)	10-15	0	0		10-15
Brian Wash - Lay Member (Patient and Public Engagement)	10-15	0	0		10-15
Dr Robert Coltart - Secondary Care Doctor	20-25	0-1	0		20-25

	Gross Cost to South Coast Kent CCG 2014-15				
Name and Title	(a) Salary (bands of £5,000) £'000	(b) Expense payments (taxable) (band of £100) £'00	(c) Performance Pay and Bonus Payments (bands of £5,000) £'000	(d) All Pension Related Benefits (bands of £2,500) £'000	(e) Total (bands of £5,000) £'000
Hazel Carpenter - Accountable Officer	110-115	3-4	0	0	110-115
Jonathan Bates - Chief Finance Officer	100-105	0	0	0	100-105
Sharon Gardner-Blatch - Chief Nursing Officer	75-80	3-4	0	50-52.5	130-135

Pay Multiples (Subject to Audit)

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

The banded remuneration of the highest paid director/Member in NHS South Kent Coast CCG in the financial year 2015-16 was £112,500 (2015-16, £112,500). This was 2.86 times (2014-15,2.39) the median remuneration of the workforce, which was £42,812 (2014-15, £47,088).

In 2016-17, 0 (2014-15, 0) employees received remuneration in excess on the highest-paid director/member. Remuneration ranged from £17,179 to £112,500 (2014-15 £16,633 - £112,500)

Band of Highest Paid Director's Total Remuneration (£'000)	110-115
Remuneration Median Total	42,612
Remuneration Ratio	2.65

The change from 2.86 to 2.39 is due to the CCG bring some functions, which were previously supplied by South East Commissioning Support Unit, in house. As a result the average staff salary reduced

Pension Benefits (Subject to Audit)

Pension Benefits				
Name and Title	(a) Real increase in pension at age 60 (bands of £2,500)	(b) Real increase in pension lump sum at age 60 (bands of £2,500)	(c) Total accrued pension at age 60 at 31 March 2016 (bands of £5,000)	(d) Lump sum at age 60 related to accrued pension at 31 March 2016 (bands of £5,000)
	£'000	£'000	£'000	£'000
Hazel Carpenter - Accountable Officer	0-2.5	0	35-40	100-105
Jonathan Bates - Chief Finance Officer	0-2.5	2.5-5	25-30	80-85
Sharon Gardner-Blatch - Chief Nursing Officer	0-2.5	0-2.5	20-25	55-60
Dr Chee Mah - Governing Body Elected GP Member	0-2.5	0	5-10	20-25
Dr Brighton Chireka - Governing Body Elected GP Member	0-2.5	0	5-10	20-25
Dr Jonathan Bryant - Governing Body Elected GP Member	0-2.5	0	10-15	25-30

	(e) Cash Equivalent Transfer Value at 1 April 2015 with Inflation added	(f) Real Increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2016	(h) Employer's contribution to partnership pension
	£'000	£'000	£'000	£'000
Hazel Carpenter - Accountable Officer	550	19	569	N/A
Jonathan Bates - Chief Finance Officer	550	25	575	N/A
Sharon Gardner-Blatch - Chief Nursing Officer	308	21	329	N/A
Dr Chee Mah - Governing Body Elected GP Member	119	-2	117	N/A
Dr Brighton Chireka - Governing Body Elected GP Member	113	7	120	N/A
Dr Jonathan Bryant - Governing Body Elected GP Member	114	1	115	N/A

Certain Members do not receive pensionable remuneration therefore there will be no entries in respect of pensions for those Members.

Dr Cocker left the pension scheme on 31/03/2015.

Pension benefits: comparison with previous year 2014/15

Pension Benefits				
Name and Title	(a) Real increase in pension at age 60 (bands of £2,500)	(b) Real increase in pension lump sum at age 60 (bands of £2,500)	(c) Total accrued pension at age 60 at 31 March 2015 (bands of £5,000)	(d) Lump sum at age 60 related to accrued pension at 31 March 2015 (bands of £5,000)
	£'000	£'000	£'000	£'000
Hazel Carpenter - Accountable Officer	0-2.5	0-2.5	30-35	100-105
Jonathan Bates - Chief Finance Officer[1]	0-2.5	0-2.5	25-30	75-80
Sharon Gardner-Blatch - Chief Nursing Officer	2.5-5	7.5-10	15-20	55-60
Dr Darren Cocker - Clinical Chair[2]	0-2.5	0-2.5	5-10	20-25
Dr Chee Mah - Governing Body Elected GP Member	0-2.5	0-2.5	5-10	20-25
Dr Brighton Chireka - Governing Body Elected GP Member	0-2.5	0-2.5	5-10	20-25
Dr Jonathan Bryant - Governing Body Elected GP Member	5-7.5	15-17.5	0-5	5-10

Name and Title	(e) Cash Equivalent Transfer Value at 1 April 2014 with Inflation added £'000	(f) Real Increase in Cash Equivalent Transfer Value £'000	(g) Cash Equivalent Transfer Value at 31 March 2015 £'000	(h) Employer's contribution to partnership pension £'000
Hazel Carpenter - Accountable Officer	521	23	544	N/A
Jonathan Bates - Chief Finance Officer[1]	515	28	543	N/A
Sharon Gardner-Blatch - Chief Nursing Officer	254	50	304	N/A
Dr Darren Cocker - Clinical Chair[2]	102	15	117	N/A
Dr Chee Mah - Governing Body Elected GP Member	107	11	118	N/A
Dr Brighton Chireka - Governing Body Elected GP Member	102	9	111	N/A
Dr Jonathan Bryant - Governing Body Elected GP Member	33	67	113	N/A
[1] Pension arrears from 1314 were due which have been paid in 1415. As such the figures comparison figures for 1314 have been restated to reflect these arrears.				
[2] 1314 figures rebased as the figures supplied in 1314 were for total work not solely CCG work				

Our staff

On 31 March 2016 51 staff were employed by the CCG through Electronic staff records (ESR) and a further 18 employed as Governing Body members and/or Clinical Leads.

SKC CCG Leavers April 2015 – March 2016

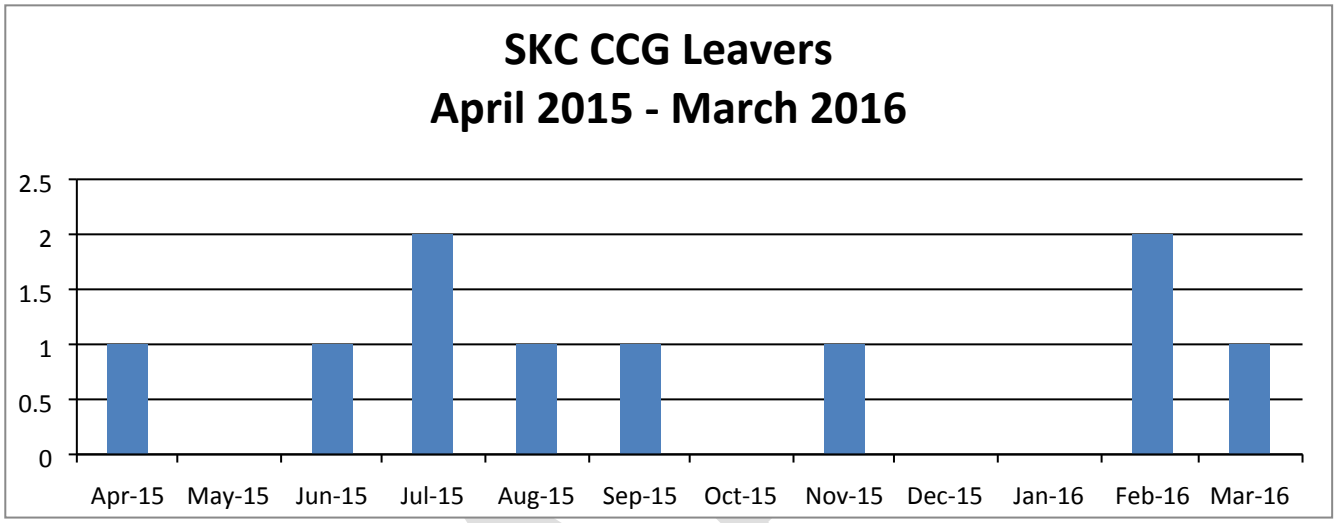
A total of 10 members of staff left the CCG during this period for the following reasons:

6 Voluntary Resignation– (promotion/relocation/lack of opportunity/child dependants/other)

2 Retirement (1 returned to work)

2 End of fixed term contract

Calculating an average of 42 members of staff (excluding GPs) over the period, staff turnover is 23%. The UK national average is around 15% with an expected rise of 3% over the next 2 years due to an improving economy.



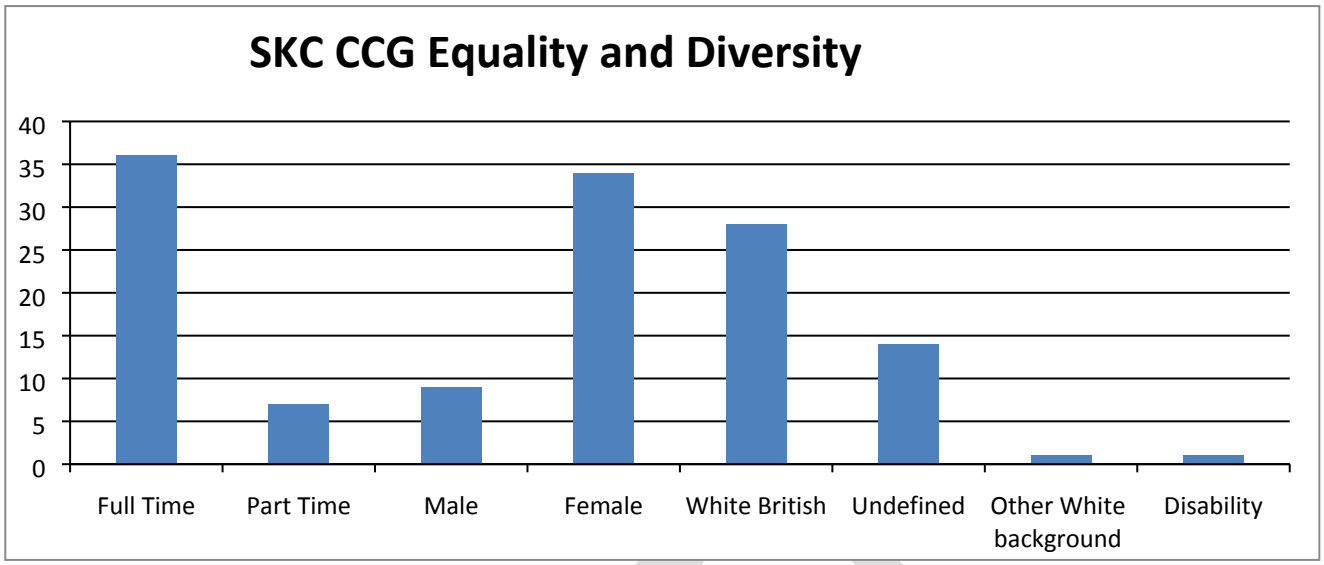
Cultural Diversity

The graph below gives a screen shot of the CCG's diverse workforce and shows that of the staff employed by SKC CCG, 21% are male and 79% female.

The number of staff currently working part time has decreased from last year to 16%.

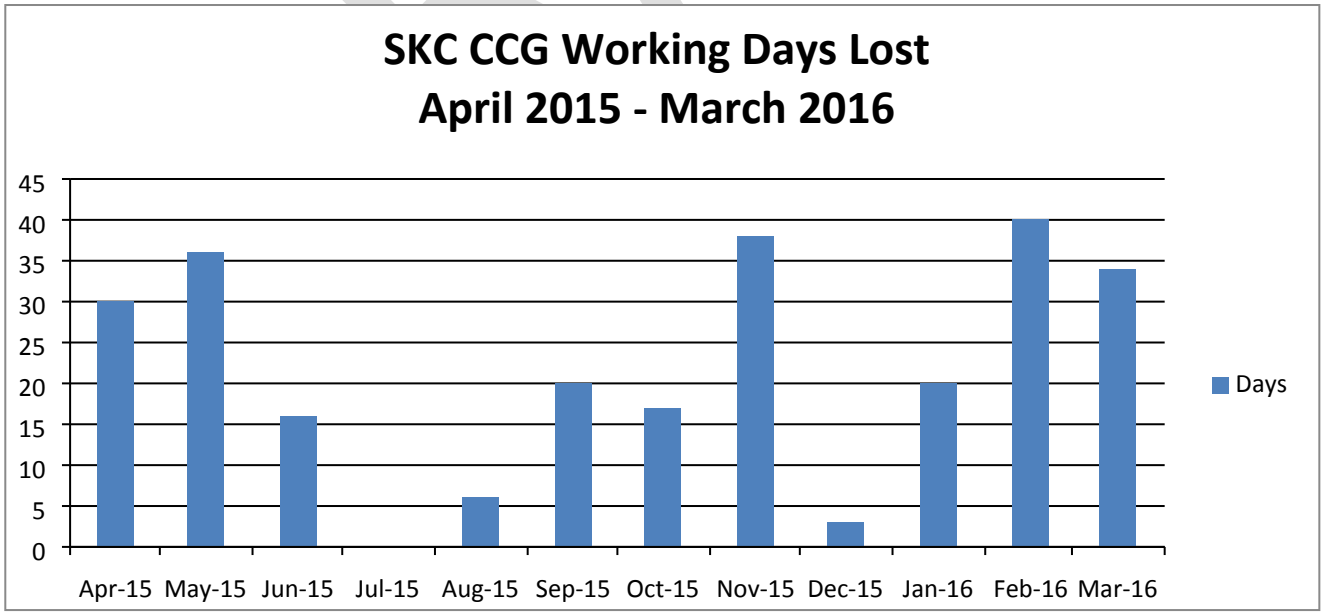
In terms of ethnicity, 65% of staff have declared themselves as white British however, a high number of ethnicities are recorded as undefined (36%). This is due to the information not being fully completed on starter forms.

2% have a declared disability. The CCG has an equalities policy and will be reviewing what further work we can do to meet the Equalities and Diversity Standard 2.



Sickness absence

Sickness at SKC CCG during the period April 2015 to March 2016 averages at 21.6 working days per month from a total availability of 903 working days per month, giving a 2.4% overall sickness rate. The national average NHS sickness absence rate fluctuates between 4 - 4.5%. CCGs specifically, fluctuated between 2 - 3% over the past two years.



The CCG operates from Dover District Council's office building in Whitfield, Dover. We also contract with the SECSU who provides certain services for the CCG via a Service Level Agreement. Last year decisions were taken to bring

some of these services in-house, including Business Intelligence, HR support, Information Governance, mental health services and children's services. This has meant an increase in staffing levels so the CCG has taken on more office space at Dover District Council.

Employee consultation

- The CCG continues to run a joint staff engagement forum with NHS Thanet CCG. The meetings are held on a monthly basis and are chaired by the Company Secretary for both CCGs. In 2015/16 the staff forum ratified all HR policies as well as continuing to develop a staff handbook.
- The staff forum also led the annual staff survey, to keep abreast of staff issues. The questions included whether staff feel appropriately supported by their line managers, the training and development offered to them and how visible and accessible the Governing Body members are to staff on a daily basis. The results will be collated and fed back at the CCG's staff development days.
- A weekly team meeting is held every Monday morning which gives the Executive Team the opportunity to brief staff on any important matters concerning the business and operations and to recap the previous week's main issues.
- In addition the staff are invited to development days to learn more about each other and how to get the best out of colleagues. How these staff development days are facilitated also formed part of the staff survey as the CCG aims to ensure staff get the most out of them that they can.
- An electronic bulletin is sent to all CCG staff on a bi-weekly basis. This provides a way for the CCG to communicate with the who membership on any internal or external issues of relevance to the staff and CCG.

Exit packages and severance payments

There were no exit or severance packages agreed by South Kent Coast CCG in 2015/16.

Off Payroll engagements

There were no off payroll engagement of staff for more than £220 per day and lasting more than 6 months during 2015/16

Performance Related Pay

The CCG has no performance related pay policy in operation.

Payments for Loss of Office

No payments have been made.

Payments to Past Senior Managers

No payments have been made

REMUNERATION STATEMENT

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF NHS SOUTH KENT COAST CLINICAL COMMISSIONING GROUP

[TO COME]