

Committee:	Governing Body
Venue:	East Horsley Village Hall, East Horsley
Date:	25 April 2017
Status:	For REVIEW and NOTE

Title of Report	Annual Review of the Effectiveness of Governing Body Committees - 2016	
Presented by	Elaine Newton, Director of Governance and Compliance	
Author	Chris Head, Governing Body Secretary	
Finance Lead Sign off	– N/A	
Conflict of Interest Identified	- No	
Governance and Reporting – at which other meeting has this paper been discussed	A similar report was received by the Audit Committee in March 2017 for effectiveness for the period January to December 2016.	Audit Committee approved the report for recommendation to the Governing Body.
Relevant Legislation and Source Documents	Terms of Reference: - Audit Committee, - Commissioning, Finance and Performance Committee, - Quality and Clinical Governance Committee and - Remuneration Committee. Annual Review of Committee Effectiveness Questionnaire (circulated to members and attendees of the above committees).	
Freedom of Information	Author considers that no exemption applies:	✓

Executive Summary:

The Audit Committee is responsible for reviewing the effectiveness of the work of Governing Body committees and self-assessing its own work. In September 2016, it approved the process to ascertain Governing Body committee effectiveness for the period January to December 2016. The output from the questionnaire for each committee was collated and presented to March 2017 Audit Committee, where it was reviewed and approved for recommendation to April 2017 Governing Body.

This report provides an annual summary of the business undertaken, achievements and areas for further development for each Committee to enhance effectiveness. It also reports back on action taken as a result of last year’s report.

The outcomes of the review will be used by the committee chairs and membership to

support committee development, improve effectiveness and as evidence to support the Annual Governance Statement and the robustness of the CCG's Governance Framework.

The report includes quantitative output from individual committees, and a table showing comparison across all Governing Body committees. The tables indicate areas that are (a) not a priority for action (green); (b) for action (orange); for rapid follow up and remedial action (red). Relevant sections, including the comparison table, have been shared with committee chairs, to ensure there is oversight of any actions to be taken.

Implications:

Health/ CCG strategic objectives	We will be a learning, listening organisation that values our staff and the wider workforce, and ensures good governance within the CCG and between organisations.
Financial/ Resource	N/A
Legal/ compliance	It is a requirement that the Annual Governance Statement includes information in relation to the Governing Body committee structure, attendance and detail of work undertaken.
Equality Analysis	N/A
Patient and Public Engagement	Reviewing the effectiveness of the CCG's Committees is an important public accountability mechanism through which public confidence in the governance arrangements for CCG decision making can be strengthened.
Risk (including reputational) and rating	The areas for improvement have been RAG rated and will be followed up in priority order.

Recommendation(s):

The Audit Committee have recommended to the report to the Governing Body.

The Governing Body is asked to **REVIEW and NOTE** as assurance for the effectiveness of Governing Body Committees and inclusion in the Annual Governance Statement

Next Steps:

- a) Governing Body Committees will review and action any agreed changes arising from the review.
- b) This report will be reflected in the Annual Governance Statement
- c) The Executive Lead will work with the Committee Chair to action the agreed changes and developments arising from the review
- d) The Audit Committee will undertake a review annually.

ANNUAL REVIEW OF THE EFFECTIVENESS OF GOVERNING BODY COMMITTEES

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INTRODUCTION

1. Members' Assessment of Committee Effectiveness

In December 2016, a questionnaire (via Survey Monkey) was circulated to the members of Governing Body committees. Key recommendations from members' evaluation are included in each individual committee's report.

2. Internal Audit Review of Corporate Governance

Following an audit review of the CCG's corporate governance arrangements, which included committee agendas, minutes and registers of interest, a report was received on 7 March 2017 indicating "Reasonable Assurance". Four out of the five areas audited are now fully compliant, with one outstanding area relating to publication of registers (extended scope to all GP partners and practice staff with involvement in CCG business and decision making) which is in hand and anticipated to be published by end April 2017.

3. Changes in Committee Membership – are detailed in the attendance section of each committee

4. Committee Member Attendance

Committee member attendance at meetings is included in the report. An annual audit of delivered sessions is undertaken by each Governing Body member and is reviewed by the CCG Chair and the Remuneration Committee, to inform the annual review and benchmarking of payments to Governing Body Members.

5. Follow up on Previous Year

For each committee there is commentary on the follow up to last year's recommendations.

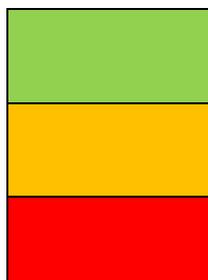
6. Governing Body/Committee Succession Planning

There were a number of responses in relation to the question on Governing Body/Committee's succession planning, ranging from assurance it is in place to not being aware. This is being picked up as part of the Organisational Development strategy – two of six key priorities. In this context, we have appointed a new Lay Member for Corporate Governance and Audit, who commenced in January 2017 with a refreshed induction process; and recently renewed the appointment of two Lay Members (Patient and Public Engagement and Quality and Clinical Governance respectively) and Secondary Care Doctor representative on the Governing Body, with revised to role descriptions and portfolios. In terms of GP Member succession planning, we have filled our 12-place allocation for a GP clinical leadership development programme, which will be run in conjunction with our Surrey Heartlands neighbouring CCGs this year.

COMPARISON SCORING FROM COMMITTEE QUESTIONNAIRE

Committee comparison for overall stats	Member Response rate	Terms of reference	Workplan	Committee Composition	Frequency of meetings	Attendance	Achievement of Objectives	Support to Governing Body	Chairing	Productive Meetings	Meeting Contribution	Papers	Committee Management	Average overall score
Audit Committee	100%	10	7.5	7.9	9.2	10	8.3	9.2	10	8.8	10	8.5	9.7	9.1
Commissioning, Finance & Performance	88%	9.4	7	7.8	8.8	7.3	7.9	9.6	10	7.8	9.7	7.5	9.5	8.5
Quality & Clinical Governance	82%	10	8.9	7.5	9.4	8.9	9.3	9.8	9.8	8.7	9.6	8.6	9.9	9.2
Remuneration	100%	10	8	8.7	8.7	10	10	10	10	9.9	10	9.3	10	9.6

KEY



Positive score (>80%) not a priority for action

Good Score (60-79%) indicates some areas for action

Low score (<60%) needs rapid follow up and probable action

AUDIT COMMITTEE: JANUARY – DECEMBER 2016

Role:

The Committee provides the Governing Body with an independent and objective view of the Group's financial systems, financial information and compliance with laws, regulations and directions governing the Group insofar as they relate to finance and corporate

Key duties:

- Support the Governing Body in its governance and oversight role;
- Provide assurance and scrutiny on objectives and risks;
- Monitor the effectiveness of systems;
- Oversee the Assurance Framework;
- Oversee external audit, internal audit, local counter fraud services and other external assurance functions;
- Review the Group's annual accounts including AGS prior to approval by the Governing Body
- Review the Register of Gifts and Hospitality;
- Review the Register of Interests;
- Review policies for ensuring compliance with regulatory, legal and code of conduct reporting requirements;
- Review of risk and control related disclosure statements; and
- Ensure an appropriate relationship with both internal and external auditors is maintained.

Membership/Meeting Dates/Attendance: 2016 (P = Present/A= Apologies)

NAME	TITLE	08/03/16	20/04/16	24/05/16	14/06/16	13/09/16	13/12/16	CHANGES
Stephen Park (Chair)	Lay Member (Audit Finance and Corporate Governance)	P	P	A	P	P	P	
Phelim Brady	Lay Member (Patient & Public Engagement)	P	P	P	P	P	P	
Mike Brooks	Independent Audit Committee Member	P	P	P	P	P	P	
Dr Ann Hennell	GP Member	P	P	A	P	P		To: 07/10/16
Dr Darren Watts	GP Member						P	From: 01/12/16

Terms of Reference reviewed: July 2016

Highlights of the Year 2016:

Detailed work plan which adheres to 'best practice' governance guidance for the operation of Audit Committees. It provides an independent and objective view of the CCG's financial systems, financial information and compliance with laws, regulations and directions governing the Group, as they relate to Finance. The Audit Committee has closely monitored and influenced the development of the CCG's risk and assurance arrangements.

Key Recommendations from Membership evaluation for Consideration

- *To continue to progress challenge on risk issues*
- *To continually keep under review the frequency of meetings to ensure appropriate*
- *To include a standard agenda item to reflect on decision making at the meeting - what worked well and what not so well, the key risks and evaluation of quality of papers. This could also include a scheduled annual meeting of members only to reflect.*
- *To review the process for receiving assurances received from other committees and consideration on how members of the Committee are kept updated on developments (e.g. the recent revisions to the NHS Accounting Manual)*
- *Focus on induction and succession planning for GB and Committee members*

Follow up on Previous Year's (2015) Recommendations (in blue):

- To consider showing the objectives separately when undertaking the annual review of the Terms of Reference in March 2016.*
This is covered in the 'purpose' and 'remit and responsibilities'.
- Further development of the work plan to provide greater assurance.*
The Work Plan was further developed in June/July 2016, has been considered by the Committee in September 2016. It now forms an integral part of forward agenda planning.
- Annual 1-2-1s between the Chair and members to be included in the work plan. The output of the meeting(s) would inform future committee effectiveness reports.*
The recommendation for 1-2-1s between the Chair and members will be subject to consideration by the new Audit Chair as to how she would like to take this recommendation forward and included in the Work Plan accordingly.

COMMISSIONING, FINANCE AND PERFORMANCE COMMITTEE: JANUARY – DECEMBER 2016

Role:

To combine a strategic focus on commissioning strategy and service redesign with a delivery focus on operational commissioning, finance and performance, providing assurance of clinical leadership and accountability for the delivery of 'improving value' schemes.

Key duties:

- Review and, if appropriate, approve business cases for new schemes and services up to £250,000 subject to the usual finance and governance controls.
- Review and, if appropriate, approve the commissioning and decommissioning of services under £250,000¹, and recommend to the Governing Body over this threshold.
- Review and, if appropriate, approve clinical policies on behalf of the Governing Body.
- Oversee the preparation of the CCG's Five Year Plan, Commissioning Strategy and associated financial plans; the development of the CCG's 'Improving Value' (QIPP) Plan and associated financial plans; the development of the CCG's Operating Plan and associated financial plan, recommending sign off of the annual budget. Responsibility for monitoring overall implementation.
- Oversee the development of annual Commissioning Intentions for all providers
- Recommend to the Governing Body sign off of the annual budget, including level of pay and non pay expenditure
- Annual approval of the Financial Plan – Prepare plans in respect of the application of available financial resources to support the agreed Operating Plan (and to further relevant and agreed elements of NHS England's Operating Plan) for approval by the Governing Body.
- Monitor the CCG's in-year financial performance against approved budget on a monthly basis, giving consideration to underlying activity data as appropriate
- Monitor monthly performance against key targets including running cost allocation, performance against the Better Payments practice code and any other statutory duties
- Monitor the CCG's longer-term financial stability
- Review those risks on the corporate risk register and Assurance Framework which have been assigned to it and ensure that appropriate and effective mitigating actions are in place.
- Be the principal forum for clinical commissioning, providing clinical leadership to the formulation and implementation of the strategy on behalf of the Governing Body and members².

¹ Above this threshold requires approval by the Governing Body

² A clinical reference forum will be held, normally following each meeting (one hour), comprising the GP clinical membership of the Committee. This will be led by the Medical Director – Commissioning, and provide the clinical stakeholder/advisory input to the development of new schemes; it will not be a decision making forum as it will not have any delegated authority.

Membership/Meeting Dates/Attendance: 2016 (P = Present/A= Apologies)														
NAME	TITLE													CHANGES
		19/01/16	16/02/16	15/03/16	19/04/16	17/05/16	21/06/16	19/07/16	20/09/16	18/10/16	15/11/16	20/12/16		
Dr Darren Watts (Chair)	Vice Chair (Clinical)/GP Member	P	P	P	P	P	P	P	P	P	P	P	P	
Dr Jonathan Inglesfield	Medical Director – Commissioning	P	A	P	P	P	A	A	P	P	P	P	A	
Dr Ann Hennell	GP Member	P	P	P	P	P	P	A	P					To: 07/10/16
Dominic Wright	Chief Executive	P	P	P	A	A	P	P	A	P	A	A		
Phelim Brady	Lay Member (Patient and Public Engagement)	P	P	A	P	P	P	P	P	P	P	P	P	
Karen McDowell	Chief Finance Officer and Deputy Chief Executive	P	P	P	P	P	P	P	P	P	P	P	P	
Dr Justine Hall	GP Member	P	A	P	P	P	A	A	P	A	P	A		
Dr Clare Stevens	GP Member	P	P	A										To: 31/03/16
Dr Sian Jones	GP Member	A	P	P	A	P	P	P	P	P	P	P	P	
Stephen Park	Lay Member (Finance, Audit and Corporate Governance)	A	P	P	A	P	P	P	P	P	P	P	P	
Vicky Stobart	Executive Director of Nursing, Quality and Safeguarding	A	A	A	P	A	P	A	A	P	P	P	P	

Terms of Reference reviewed: April 2016 (Revised July 2016)

Highlights of the Year 2016:

Primary Care

- Frailty Initiative specification and new financial model
- Primary Care Strategy
- Estates and Technology Transformation Fund submission
- Development of plans for GP Forward View

Planned Care

- Dermatology specification, business case and procurement
- Advice and Guidance roll out
- Development of new Integrated Gynaecology Service

Unplanned Care

- Age UK evaluation and project completion of Living Well
- Frequent Fallers
- Frailty Initiative

Mental Health

- 24/7 Psychiatric liaison service in A&E at RSCH
- Support for primary care dementia diagnosis
- Dementia diagnosis rate improved to 60%
- Clinical lead appointed for mental health, dementia and LD
- Improvement in IAPT access rate to 14% (target 15%)
- Community Connections Surrey contract procurement
- Voluntary sector contracts procurement
- S117 protocol

End of Life Care

- Developed plans to improve data sharing between organisations
- Completed self-assessment tool and developed action plan against Ambitions for Palliative and End of Life Care

Cancer

- Worked to reduce inequalities in screening uptake and immunisation
- Held targeted educational events for primary care to promote earlier diagnosis
- Undertook cancer specific practice visits
- Scoped model for integrated cancer care in community
- Led agreement of new suspected cancer referral forms across St Luke's Cancer Alliance

Medicines Management

- Reviewing High Dose Combination Inhaled Corticosteroids and Long Acting Beta2 Agonists in COPD
- Polypharmacy medication reviews for patients in Care Homes
- GP Prescribing Local Incentive Scheme
- Optimising Oral Nutritional Supplementation (ONS)
- Improving hydration in care home patients
- Utilising software to increase medicines optimisation: Optimise Rx
- Development of a Joint Formulary with RSCH
- Focus on "Specials" prescribing
- Facilitating brand to generic prescribing

Key Recommendations from Membership evaluation for Consideration

- To formalise and raise awareness of the Work Plan
- To continue to review the quality and quantity of papers
- To ensure adequate time is factored in agenda planning to ensure sufficient time for questions/discussions
- To review committee inductions for new members
- Focus to be given to succession planning

Follow up on Previous Year's (2015) Recommendations (*in blue*):

- a) *Further development of the work plan to provide greater assurance on the balance of attention given to each component of the committee's remit.*
The work plan was reviewed and worked up to March 2017. The Work Plan is currently being reviewed for 2017/18
- b) *Whilst the rigour of adhering to paper submission timescales is supported, there may be unavoidable exceptions which may not be in the same category as missed deadlines. With respect to both, however, governance arrangements must be followed, with the use of Chair's action (either CFP Chair or GB Chair) by exception rather than as a default mitigation.*
Governance arrangements for Chair's action strengthened as part of the review of the Terms of Reference. Process for monitoring Chair's actions has been implemented Committee-wide for admin staff.
- c) *Re volume and length of papers – Recognising the scrutiny and assurance role of the Committee members, authors should be encouraged to sift through the information available and present the intelligence/ analysis/ reasoning which will enable informed debate, challenge, scrutiny and recommendation. Over loading is counterproductive – need to be judicious with the use of appendices and supporting information e.g. provide links which will give members the option to peruse further. Operational detail/process (e.g. who met who, when and where) rarely adds value to the decision making process. Committee members to give regular feedback on quality of papers presented.*
Volume and length of papers is discussed at the end of each meeting.

QUALITY AND CLINICAL GOVERNANCE – JANUARY – DECEMBER 2016

Role

The Committee provides assurance that all services are being delivered in a high quality and safe manner, ensuring that quality sits at the heart of everything the Group does. It ensures the principles of quality assurance and clinical governance are integral to performance monitoring arrangements for all services commissioned by the Group and are embedded within consultation, service development and redesign, evaluation of services and decommissioning of services. The Committee oversees the development and implementation the Group's Quality Strategy and Quality Assurance Framework. The Committee will seek assurance that patients have effective and safe care with a positive experience of services and that the Group is fulfilling its statutory duties for equality and diversity, particularly but not limited to the Equality Act 2010, through the implementation of the Equality Delivery System.

Key duties:

- Identify and determine best performance, quality and value outcomes by assessing clinical effectiveness, cost effectiveness, quality standards and the views of patients and carers in the group's area;
- Oversee the development, and monitor the implementation of, a framework for assurance of service quality provided by constitute primary medical care practices and the approach to ensure continuous improvement'
- Seek assurance that the commissioning strategy fully reflects all elements of quality (patient experience, effectiveness, and patient safety)
- Advise and develop locally sensitive quality indicators in order to continually improve the quality of services;
- Have oversight of the process and compliance issues concerning serious incidents reviewing all Never Events and informing the Governing Body of any escalation or sensitive issues.

Membership/Meeting Dates/Attendance: 2016 (P = Present/A= Apologies)

NAME	TITLE	05/01/16	01/03/16	03/05/16	05/07/16	06/09/16	17/11/16	CHANGES
Dr Susan Tresman (Chair)	Vice Chair Lay Member (Quality & Governance)	P	P	A	P	P	A	
Vicky Stobbart	Executive Nurse, Director of Quality & Safeguarding	P	P	P	P	A	P	
Phelim Brady	Lay Member (Patient & Public Engagement)	P	P	P	P	A	P	
Dr Jonathan Inglesfield	Medical Director (Commissioning)/ GP Member	A	P	A	A	P	P	
Dr Geoff Watson	Medical Director (Acute)	A	P	A	P	P	A	
Dr Darren Watts	Vice Chair (Clinical)	P	P	P	P	P	A	
Elaine Newton	Director of Governance & Compliance	A	P	P	P	P	P	
Helen Collins	Associate Director of Quality & Improvement	P	P	P	P	P	P	
Carol Dunnett *	Patient Representative	P	P	A	P	A	A	
Jagadish Chakraborty	Patient Representative	P	P	P	P	P	A	
Leah Moss	Deputy Director Clinical Commissioning	P	A	A	P	A	P	

Other attendees are invited in relation to topic of agenda items.
 *Carol Dunnett attends 50% of meetings by arrangement

Terms of Reference reviewed: March 2016 (*reviewed January 2017*)

Highlights of the Year 2016:

The Quality and Clinical Governance Committee quorum was met for the meetings held in 2016/17 and highlights of the business transacted were as follows:

- Review and action on quality reports (including complaints) for directly commissioned services (e.g. acute care and child and adolescent mental health (CAMHS) as well as reviewing activity taken by Commissioners to which Guildford and Waverley CCG are Associate Commissioners (adult mental health, urgent care and community services).
- Instigated performance queries and notices as well as reviewing associated remedial action plans for services that have not been performing optimally.
- Maintained oversight on risks that are considered clinical or have a direct impact on patient care.
- Received and debated detailed reports pertaining to statutory duties; information governance; equality; communications, patient and public involvement; research performed in conjunction with the University of Surrey; child safeguarding; adult safeguarding (including a review of care home regulatory compliance).
- Promoting the Surrey wide carers' strategy and receiving regular updates on the range of activities related to carer support
- Learning programme of Clinical visits to commissioned services.
- Focused presentations on areas of concern including Continuing Healthcare, Acute Workforce, Ambulance Service and Pressure Damage prevention
- Oversight and governance of priority areas for the Commissioning for Quality and Innovation (CQUIN) and Quality Premium schemes and associated payments.
- Reviewed National Guidance pertaining to areas of responsibility including the *Mazars Report and Independent Review – Southern Health NHS Foundation Trust*, the CQC report *Learning, candor and accountability* and more recently, the *My Way, Every Day; A look at the activities available to residents in 25 Care Homes across Surrey* Healthwatch report on care homes.
- Heard positive stories about changes to service and the impacts on patients and their families and carers.

The Committee has reviewed and agreed its Terms of Reference and workplan at January 2017 meeting with a minimum of 6 meetings to take place per year.

Key Recommendations from Membership evaluation for Consideration

- *To consider committee Chairs participating in the annual Governing Body Lay and GP members appraisals undertaken by Governing Body Chair and Chief Executive*

Follow up on Previous Year's (2015) Recommendations (*in blue*):

- a) *To review improvement in analysis and therefore intelligence with which the available information is used to effectively inform decision making. This would also help with the volume of papers.*
 The quality report has been developed significantly over the year, and reports on an 'exception only' basis. At the end of each meeting, the Chair has asked the members for their views on the papers, and there have been many meetings where the quality report has been positively regarded.
- b) *To keep under review clinical quality visits, i.e. the scope for expanding the number of visits and extending outside of QCG membership.*

There have been a range of clinical visits during the year and the programme is being developed for next year. It has included Mount Alvernia and some Mental Health providers and has been offered to staff outside the QCG membership.

- c) *To have oversight and review output of quality impact assessment – for example, QIPP schemes to give level of assurance - to ensure integration between clinical commissioning and quality.*

A quality impact assessment policy has been approved and there is a process of approval of all business decisions, including commissioning schemes and cost improvement projects. The approval process is undertaken by the Quality Assessment Group chaired by the Executive Director of Nursing, Quality and Safeguarding.

- d) *Consider adoption of a Part 2 model comprising internal membership to address highly confidential, PID sensitive content.*

Part II model utilised for 2016/17 for 4 out of 6 meetings in 2016/17.

- e) *Terms of Reference review to streamline remit and responsibilities; review of membership for enhanced clarity and section added detailing Chair's action.*

The above changes were made to the Terms of Reference in March 2016. (These were last approved at the January 2017 Committee meeting.)

REMUNERATION COMMITTEE – JANUARY – DECEMBER 2016

Role: Makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the Group and on determinations about allowances under any pension scheme that the Group may establish as an alternative to the NHS pension scheme.				
Key duties: To determine and report to the Governing Body the appropriate remuneration and terms of services for the Chair, Chief Executive (Accountable Officer), other Governing Body members and other senior employees of the Group, including all aspects of salary, benefits and payments. This includes termination of employment and other contractual terms.				
Membership/Meeting Dates/Attendance: 2016 (P = Present/A= Apologies)				
NAME	TITLE	07/03/16	04/10/16	CHANGES
Phelim Brady (Chair)	Lay Member (Patient & Public Engagement)	P	P	
Stephen Park	Lay Member (Finance, Audit & Corporate Governance)	A	P	
Dr Sian Jones	GP Governing Body Member	P	P	
Terms of Reference reviewed: March 2016				
Highlights of the Year 2016: The Remuneration Committee quorum was met for the meetings held in 2016 and highlights of the business transacted were as follows: <ul style="list-style-type: none"> • HR Policy Review • Benchmarking for Governing Body GP/Lay membership and Clinical Workstream Leads The Committee has reviewed its Terms of Reference and committee effectiveness and the approach for 2017/18 signed off in March 2016. Frequency of meetings to take place twice a year (additional meetings to be arranged if required) with a clear work programme. On one occasion (October 2016), the role of Committee Chair was covered by the GP Member due to a conflict of interest in a paper being presented for the Committee consideration.				
Key Recommendations from Membership evaluation for Consideration: <ul style="list-style-type: none"> • To review ToR to consider widening the remit, including effective challenge and scrutiny in relation to Governing Body membership activity, training and development and induction • The Work Plan to be more visible to the members • To review the frequency of meetings – minimum of 3 per annum recommended 				
Follow up on Previous Year's (2015) Recommendations (in blue):				
a) <i>Terms of Reference item 2 – Purpose of the Remuneration Committee - to ensure clarity on recommendations on executive remuneration and employees (para 1 and 2)</i> Purpose of the committee as stated in the Terms of Reference strengthened as follows: <i>"...purpose of the Committee is set out in the Group's Constitution – it makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the Group..."</i>				