



Surrey Heath
Clinical Commissioning Group

Annual Report and Accounts 2019-2020



www.surreyheathccg.nhs.uk

The best possible health outcomes for our local community

Foreword

This year we have had to respond to one of the biggest issues that health and care organisations have faced in a generation. We have had to rise to the unprecedented challenges presented by Covid-19, which have changed the way we do business, care for our staff, and continue to provide high quality services for local people.

Although you can never be fully prepared for a pandemic situation, we are confident that the progress we have made as the Frimley Collaborative - a partnership of Clinical Commissioning Groups, and as Frimley Health and Care Integrated Care System over the last year, has put us in a strong position to meet the challenges and respond in an effective, integrated way.

This year, three NHS England highly rated Clinical Commissioning Groups have come together to form the Frimley Collaborative, representing people across Surrey Heath, North East Hampshire and Farnham and East Berkshire. We aim to provide a seamless service for our local people, really understanding what they need in local places, and then working together to provide the infrastructure, support and connectivity into specialist and hospital services.

We have had another year of success with standout projects that will make a real difference to local people's lives, their health and their wellbeing. In Surrey Heath we were delighted to once again be awarded an 'Outstanding' rating by NHS England. We have jointly procured and launched a new community services contract in an innovative partnership between an NHS and a private provider.

As a local GP in Surrey Heath I am passionate about how to connect communities to their health and care services and shape and design together our future ways of working. I was very proud to be appointed as Clinical Clinical Chief Officer for the Frimley Collaborative, and continue in my role as Clinical Clinical Chief Officer of Surrey Heath CCG. I am passionate about integrating health and social care and designing services around the needs of individuals, and I know these are goals I share with the teams I now have the privilege to work with.

Together we have made some significant developments and changes for the benefit of our local population this year and I would encourage you to find out more within this report.



Dr Andy Brooks

Clinical Clinical Chief Officer

FRIMLEY Collaborative

For more information about the CCG's work, please visit our [website](#) or email us at shccg.contactus@nhs.net.

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Performance Report

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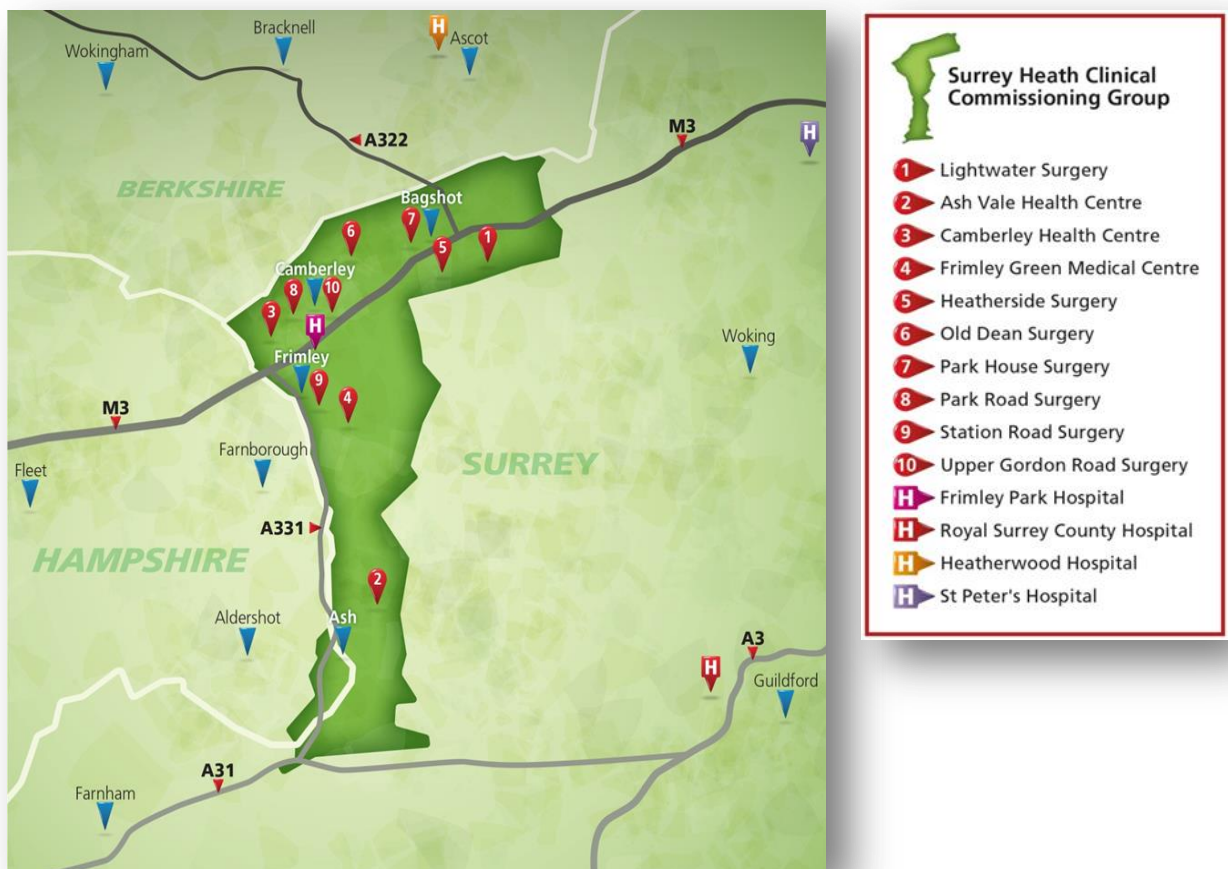
Overview

Who we are and what we do

The vision of Surrey Heath CCG (the CCG) is to deliver the best possible health and wellbeing outcomes for our local community within the resources available. This is achieved through using the combined leadership of local GPs, independent lay people, public health, local authority and NHS commissioning staff to make informed decisions about local healthcare.

The CCG serves a population of around 100,000 across Surrey Heath and Ash Vale. We are responsible for identifying the health and care needs of people registered with the 10 GP surgeries in Camberley, Bagshot, Lightwater, Frimley and Ash Vale to ensure these health needs are met through commissioning high quality and effective health and care services.

We also work in partnership with colleagues from NHS England, NHS Trusts and other providers, CCGs, Surrey Health & Wellbeing Board, Public Health Surrey, local authorities and the voluntary sector.



The CCG is part of the Frimley Health and Care Integrated Care System (Frimley Health and Care ICS). In an integrated care system, NHS organisations, work in partnership with local councils and others, taking collective responsibility for managing resources, delivering NHS standards, and improving the health and well-being of the population they serve. A number of the CCG's service improvement schemes are now planned and delivered in a consistent way across the Frimley Health and Care ICS.

The Frimley Health and Care ICS covers the population of 800,000 people registered with GPs in Surrey Heath, North East Hampshire and Farnham and East Berkshire. In addition to the three CCGs, the membership of the Frimley Health and Care ICS includes Frimley Health Foundation Trust, Berkshire Healthcare Trust and Surrey and Borders Partnership Trust along with a whole host of other organisations covering services and such as General Practice and Local Authorities.

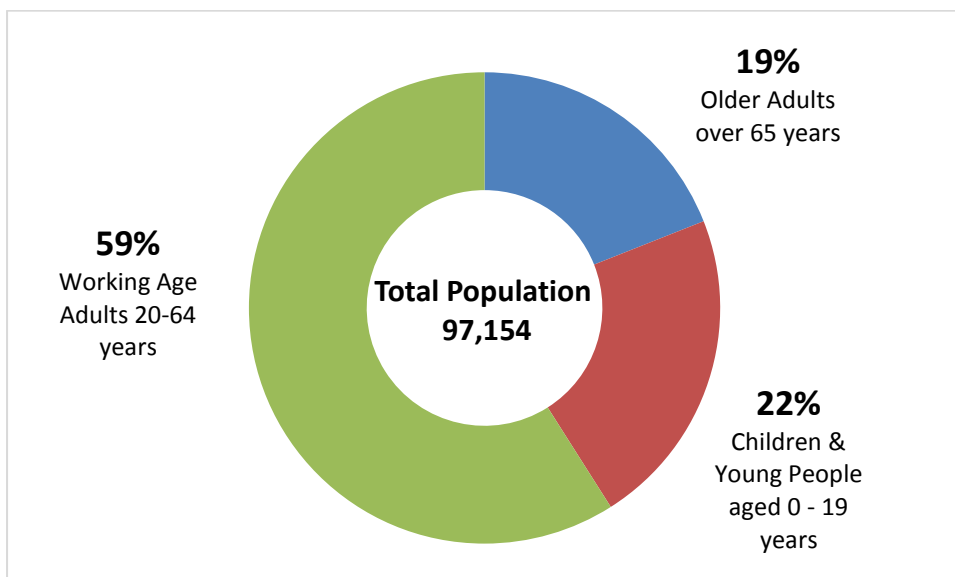
During the year, we have also formed the Frimley Collaborative (the Collaborative), a single commissioning function with a single Accountable Officer. The Collaborative is comprised of the three CCGs in the Frimley Integrated Care System – Surrey Heath CCG, East Berkshire CCG and North East Hampshire and Farnham CCG - with its commissioning resource organised into five places – Slough, Surrey Heath, North East Hampshire & Farnham; Royal Borough and Bracknell Forest. The purpose of the Collaborative is to improve commissioning, enabling our CCGs to accelerate improvements in patient care, to be more effective, and to reduce duplication.

Local Needs

The CCG uses the Surrey Public Health Profile to understand the local needs of people in Surrey Heath and this is illustrated below.

As identified in previous Annual Reports, the dominant feature remains the increase in the number of people aged over 65 and in particular the increase in those aged over 85, who often experience long term conditions, depression, falls, social care needs and loneliness.

The majority of people in Surrey Heath are of working age so we have to ensure that we commission health care services that are available both during the day and outside normal working hours.



Surrey Heath has seen a substantial increase in the over 65 population of 12.6% between 2012 and 2017, higher than the increase at seen in Surrey or nationally and this section of the population is expected to increase by 9.8% (around 1,700 people) by 2024, and by 22.5% (around 4,000 people) by 2029. This increase is even sharper for over 85s, increasing by around 21% by 2024, and around 43% by 2029.

An increasing proportion of older people in our population brings new health needs and challenges to address. For a significant number of older people, advancing age is associated with frailty – bringing increased risk of falls, disability, admission to hospital, or the need for long-term care.

Although Surrey Heath's working age population has remained relatively constant, there has been an increase in 50-64 year olds, with decreases in 16-49 year olds (a similar pattern can be seen to a lesser extent in Surrey and nationally).

The working age population is projected to slightly decrease over the next 10 years, decreasing by 0.6% from 2019-2024, and decreasing by 2.0% from 2019-2029 (a decrease of around 1,100 people). The population of children under 16 is projected to slightly decline, decreasing by 0.4% from 2019-2024, and 3.3% from 2019-2029 (a decrease of around 600 children).

In terms of the local population there are several key groups with particular health and care needs:

- **People with physical disabilities**

We must ensure services are accessible particularly to support conditions that are likely to affect people in this group (falls, respiratory and urinary tract infections). This group also need to have access to mental health support as well as to services for their physical needs.

- **People with Learning disabilities**

Around 350 people with Learning Disabilities are registered with GP surgeries in Surrey Heath (circa 0.4% of the population). This group are more likely to suffer from long term conditions such as epilepsy, diabetes, coronary vascular disease, hypertension and dementia and often are less likely to access health services for their physical needs, which can prevent onset of some of these conditions.

- **Specific groups with specific health needs**

Although the CCG population is predominantly white British (around 90%), there are other ethnic minority groups, as well as armed forces personnel, veterans and their families, gypsy, Roma and traveller communities living in Surrey Heath. All these groups have specific health needs.

- **Carers**

We have just over 9,000 people registered as carers in Surrey Heath, with around 1,200 of these being under the age of 18 and around 2,500 being over the age of 65. It is vitally important to ensure that the health of all our carers is well looked after as they provide essential care, allowing those who need their help to stay in their own homes. The duty to meet the needs of carers is part of the Care Act 2014.

- **The wider determinants of health, life expectancy and inequality**

Healthcare plays a relatively small part in differences in health outcomes compared to social circumstances. Health outcomes are largely determined by

- social circumstances;
- disposable income,
- where people live
- experiences and nutrition in childhood
- the education they receive both at school and at home and
- The built environment.

The CCG works closely with Public Health and Surrey County Council to ensure that these factors are considered when designing and delivering health care services for the population.

Although deprivation overall is low in Surrey Heath, there are wards where some elements of deprivation are higher than the national average and one ward, Old Dean, which ranks as one of the more deprived wards nationally. There are also pockets of deprivation where children are living in poverty. Deprivation has a significant impact on average life expectancy, with 2009-2013 data from the Office for National Statistics showing a life expectancy gap for women of 11.1 years between the most deprived ward (Old Dean) and the least deprived ward (Heatherside) in Surrey Heath. The gap for men is 6.7 years. For healthy life expectancy (the number of years lived in good health), the gap between the two wards was 9.7 years for men and 12.7 years for women.

People living in deprived communities often need additional support to ensure they pursue healthy lifestyles, such as stopping smoking, healthy eating and opportunities for exercise. A particular focus on children and young people is required to prevent them falling into poor lifestyle patterns.

In Surrey Heath, around 10% of people aged 18 and over smoke, compared to a national average of just over 15% (Data source: Annual Population Survey (APS), Public Health England). There is however a significant level of variation within Surrey Heath, being nearly 26% in some parts of the area. Smoking prevalence has gradually declined year on year, although smoking rates are much higher among our more deprived communities, having a significant impact on increasing health inequalities by reducing life expectancy in these groups.

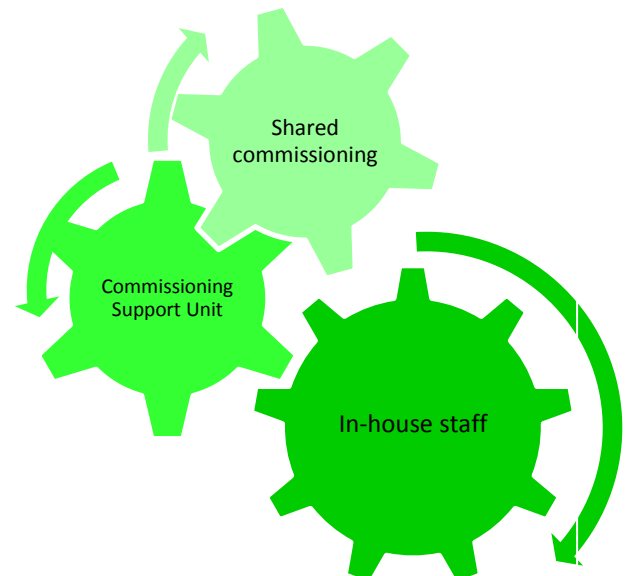
More information about the priorities in the Joint Strategic Needs Assessment can be found at www.surreyi.gov.uk. This pulls together information about people in Surrey, how they live, where they live and their health and wellbeing needs.

Our Business Model

Surrey Heath CCG is one of the smallest in the country and relies on its ability to work closely and effectively with partner organisations to deliver services for the community of Surrey Heath and Ash Vale.

Surrey Heath CCG has three components:

- In-house staff
- South, Central and West Commissioning Support Unit
- Shared commissioning expertise.



This balance between in-house, shared and bought-in services enables us to retain ownership of statutory responsibilities while benefiting from economies of scale of other larger NHS organisations. We also benefit from joint appointments with Surrey County Council which facilitates close working across Adult Social Care and CCG teams allowing a more integrated service for residents.

We work closely with North East Hampshire and Farnham CCG, East Berkshire CCG, our partners in the Frimley Collaborative along with the Local Authorities and other partners within the Frimley Health and Care ICS to provide joined up health, care and wellbeing for our population.

The Frimley Health and Care ICS operates through a range of mechanisms, including

- a single leader,
- a system wide Board,
- a system wide operating plan,
- a system-level accountability framework,
- a system financial control total for health
- a blend of system and local governance which meets all required standards.

The partner organisations in the Frimley Health and Care ICS are working together with a single operating plan and a single financial control total. This means that the system has a shared set of priorities and plan of how to deliver them. We have signed a Memorandum of Understanding with our partner organisations to underpin partnership working and support relationship building. Working with a single financial

control total allows us to make partnership based local investment decisions to support the change programme set out in the operating plan as well as delivering our 'business as usual' services. There is a delegated responsibility structure in place which supports the Frimley Health and Care ICS Board. The governance structure aligns with that already in place locally with a view to strengthening system level improvement and assurance mechanisms. Over time this will reduce duplication while respecting the current legislative framework. During the year, the three CCGs in the Frimley Health and Care ICS came together as a Collaborative under a single Accountable Officer and with a shared Executive team, bringing greater consistency to our ways of working and strengthening our partnership approach.

Local CCG Team

Surrey Heath CCG is based at Surrey Heath Borough Council offices in Knoll Road, Camberley. This central location makes us easily accessible to all member practices and enables CCG staff to work closely with colleagues from Adult Social Care, Surrey Heath Borough Council and the Police who are all based in the same building.

In July 2019 our neighbouring CCG, North East Hampshire and Farnham CCG, took the decision to work more formally with NHS East Berkshire and Surrey Heath CCGs to form the Frimley collaborative and began to transition away from being part of the Hampshire and Isle of Wight Partnership of CCGs.

The Collaborative was created to improve the health and care services provided to its residents by working in a more joined-up way, helping us to understand and respond to the needs of our local populations.

The closer relationships between the CCGs also enable us to make the best possible use of our people and our financial resources and to avoid duplication, making us more efficient and cost-effective.

Our CCG Governing Bodies have created a shared decision-making body – The Frimley Collaborative Board – and have agreed a formal way of working based around five 'Places':

- North East Hampshire and Farnham
- Bracknell Forest
- Slough
- Surrey Heath
- The Royal Borough of Windsor and Maidenhead

This structure will help us to maintain a local focus while working across the broader area of the Frimley Health and Care ICS.

Surrey Heath CCG's Executive and Operational Leadership Teams have social care colleagues as core members. Planning and decision making has continued to jointly consider the totality of individual needs within the Surrey Heath locality.

South, Central and West Commissioning Support Unit

The Commissioning Support Unit (CSU) plays a key role in supporting the CCG by providing expertise in a range of management areas such as information governance, IT and contracting. We have benefited from using the CSU since our inception, building strong working relationships and benefitting from knowledge gained across over 40+ Clinical Commissioning Groups.

Shared commissioning expertise

Frimley System CCG collaborative commissioning

The CCG continued its joint arrangements for commissioning from its major acute hospital Frimley Health NHS Foundation Trust (FHFT). The three main CCG commissioners of services from FHFT all use the same CSU which enhances the ability to co-ordinate contract management and information reporting.

Collaborative working across the Frimley Health and Care ICS and the use of a shared Project Management Office (PMO) to plan delivery of system wide transformation has continued, bringing closer alignment between partners and enhancing a more consistent approach for the Frimley Health and Care ICS population.

Surrey CCG collaborative commissioning

There are six CCGs in Surrey which commission services on behalf of each other and we also work with NHS England specialist commissioning teams who commission services, eg for veterans' mental health, at a national level. The CCG also works closely with Surrey County Council to commission services across Surrey including Child and Adolescent Mental Health Services (CAMHS).

The current shared commissioning arrangements are as follows:

- Support services from the safeguarding adult and children team
- Children's Services Commissioning including Children and Adolescent Mental Health (CAMHS)
- Adult Mental Health
- Learning Disabilities

- Emergency Ambulance Services, Patient Transport Services
- Continuing Health Care and NHS Funded Nursing Care

Delegated Commissioning

This is the second year that the CCG has been responsible for commissioning General Practice service for Surrey Heath, as a delegated function on behalf of NHS England. This year has been one of significant change for General Practice as a result of the 5 year framework for GP contract reform signalled in the NHS Long Term Plan and considerable new investment being made available nationally to drive change and to ensure sustainability in general practice.

In January 2019, NHS England set out a comprehensive series of reforms with 4 main goals:-

- Secure and guarantee extra investments in Primary Care;
- Make practical changes to help solve the big challenges facing general practice, not least workforce and workload;
- Deliver service expansion and improvements in quality and outcome over the 5 year period;
- Ensure value for money bearing in mind the scale of the investments.

Fundamental to the success of the reforms has been the establishment nationally, of Primary Care Networks (PCNs). These are seen as an essential building block of Integrated Care Systems (ICS), with General Practice taking a leading role in each PCN.

In Surrey Heath, the 7 practices who worked together for the provision of services under their former GP Federation arrangement, decided along with their community partner organisations, to form a single PCN covering the whole CCG population. The Surrey Heath PCN became operational from 1st July 2019. Building on a well-established team, the PCN is led by Dr Mark Pugsley GP Partner at Park Road Group Practice, as the Clinical Director.

To support practices and community partners to participate and work in partnership with PCNs, national funding has been made available through a PCN contract.

One of the fundamental pillars of the reforms has been a commitment to address workload issues resulting from workforce shortfalls through a new Additional Roles Reimbursements Scheme (AARS). In the first year, 2019-20, the Surrey Heath PCN has been able to employ additional clinical pharmacists and social prescribing link workers into General Practice. The Surrey Heath PCN has been successful in getting these additional roles into post and has also commenced recruiting physiotherapist

and other professional roles that become reimbursable in future years. This additional workforce is seen as fundamental to supporting General Practice to meet workload pressures. Funding for further roles will be made available in future years to support the recruitment of physician associates and paramedics.

In addition to the new roles, increasing the numbers of nurses and doctors working in general practice has been boosted by increased funding for core services.

Having a well-established and mature PCN in Surrey Heath, has meant that as opportunities have arisen across the Frimley Health and Care ICS the PCN has been successful in securing pilot status and funding for a number of projects such as the Transforming Mental Health project being run in conjunction with Surrey & Borders NHS Foundation Trust that will see Community Mental Health Practitioners co-located in general practice, helping to better meet the needs of certain Mental Health patients.

The PCN has also been fundamental in the rollout and successful implementation of optimisation of back office functions across the practices and has built on the individual practice based work undertaken in 2018-19 to set up a central hub to drive out more efficiencies and ensure resilience across the PCN.

As well as the developments around PCNs and the new contractual changes the CCG has continued to build on its strong foundations in primary care.

Results from the most recent GP survey found that our population felt the following:-

- Overall experience of GP practice was good or above 85% (national average 83%)
- Helpfulness of receptionist at GP practice 91% (national average 89%)
- Ease of using GP practice website for accessing services 82% (national average 77%)

Across a whole range of indicators the CCGs practices still perform well compared to national figures. However there is variation and we continue to work practices to maintain the highest levels of performance.

One of the enablers to help General Practice move forward has been the use of technology and to this end:

- The CCG has been ensuring that a capital refresh programme of its IT infrastructure is underway, with PCs and mobile working and server upgrades being put in place.
- All practices are being migrated across to Health and Social Network (HSCN) allowing data to be used more flexibly across the system to support integration that will provide more resilience and capacity through its IT connectivity. The

additional bandwidth will improve performance and allow the potential for practice based video consultations.

- In the last quarter of 2019-20 all practice systems have been enabled to allow direct booking of patients by NHS 111 into GP appointments in core hours between 8am and 6.30pm.
- All GP practices now have in place use of DXS, a system whereby GPs can access latest information and advice on pathways of care across the Frimley Health and Care ICS, This helps streamline referral processes and allows the most up to date information to be easily available to the clinician during the consultation with patients.
- 100% of referrals are now made electronically across the seven practices.
- All patients can now book appointments, order prescriptions and access their medical records online

Some aspects of responsibility for delegated functions have been retained by NHS England including:

- Individual GP performance management (medical performers' list for GPs, appraisal and revalidation).
- Management of Practice Lists
- Terms and conditions of GMS contracts and nationally determined elements of PMS and APMS contracts
- Commissioning of pharmacies, dentists and opticians

Collaborative commissioning across health and adult social care

Local Developments

In 2019-20, the CCG entered its second full year of an Integrated Services Agreement with Surrey County Council, maintaining the strong relationships between the two organisations. Both organisations are committed to the continuous development of a variety of services, where the benefits for the population are enhanced through the pooling of funds and shared decision making.

The schemes jointly managed and funded through this arrangement include:

- Joint commissioning
- Integrated care services
- Hospital interface services
- Intermediate care services
- Adult community health services
- Neighbourhood and community resilience

This arrangement allows the two organisations to work closely together, eliminating duplication and unnecessary handovers which benefit patients and staff, by delivering a more seamless care pathway. It has particularly enabled pressures over the winter period to be managed more effectively and this has supported residents to stay at home for longer and be discharged more quickly should a stay in hospital have been required.

Surrey County Council

The CCG also works closely with Surrey County Council across other services, such as Learning Disabilities, Children's Services, Mental Health, where all Surrey CCGs and the County Council jointly commission services.

Surrey Health and Wellbeing Board

The Surrey Health and Wellbeing Board is a key forum for ensuring county wide strategic priority setting and oversight of implementation. This included the delivery of the Better Care Fund plan in 2019-20 through local governance arrangements.

The Board comprises NHS commissioners, care providers, public health, social care, local councillors, Surrey police, borough and district council and public representatives that work together to improve the health and wellbeing of people in Surrey. It was set up according to the duties in the Government's Health and Social Care Act 2012 and is about bringing people together, influencing and identifying areas of work that can be done better in partnership. The Board does not have its own budget and does not directly commission services as a collective. It does however identify opportunities for collaboration and integration across organisations and is a place for challenge, discussion and the involvement of local residents.

The Board meets every month either in public or private. At these meetings, it oversees the delivery of strategic priorities and focuses on other topics set out in its forward work programme. The work programme is subject to ongoing review and is amended depending on external events and Government policy. Surrey residents are encouraged to attend the public meetings. Please visit the Surrey County Council website for details of how to attend a public meeting and to access published papers.

Joint Strategic Needs Assessment

The Board has a duty under the Health and Social Care Act 2012 to produce a Joint Strategic Needs Assessment. This looks at the current and future health and care needs of Surrey's residents to inform the planning and buying of health, wellbeing and social care services.

Joint Health and Wellbeing Strategy

In 2019, the Surrey Health and Wellbeing Board published a 10 year Health and Wellbeing Strategy. Based on evidence from the Surrey Joint Strategic Needs Assessment and the views of Surrey residents, the strategy sets out how different partners across Surrey can work together with local communities to tackle the wider determinants of health and improve wellbeing.

It is focused around three key priorities:

- **Priority one: Helping people in Surrey to lead a healthy life**
- **Priority two: Supporting the mental health and emotional wellbeing of people in Surrey**
- **Priority three: Supporting people to fulfil their potential**

For more detail, please visit www.healthysurrey.org.uk

Better Care Fund

The Better Care Fund (BCF) provides the framework to enable Surrey County Council (SCC) and the CCG to jointly plan and deliver local services and pool budgets.

It is designed to:

- Improve outcomes for people
- Drive closer integration between health and social care.
- Increase investment in preventative services in primary care, community health and social care
- Support the strategic shift from hospital based care to the community and to protect social care services.

A 'local' approach has been taken to Surrey's BCF development - using six Local Joint Commissioning Groups (LJCGs) that have been established between SCC and the CCGs, schemes and plans have been developed that are appropriate for each local area based on local need. Through these plans, the CCG is committed to achieving consistent, improved health and social care outcomes whilst recognising that to achieve that, solutions may look different in each area.

The Surrey Health LJCG has provided the governance structure for both the BCF and the Integrated Services Agreement during 2019 -2020.

Successes in 2019-20

The CCG has delivered high quality services for local people through its providers with strong performance on NHS Constitutional requirements. It has also met its statutory financial obligations.

In addition, we have:

- A population that consistently rates the quality of their health services highly. Friends and Family test for both Frimley Health NHS Foundation Trust and Surrey & Borders Partnership NHS Foundation Trust consistently performed well when benchmarked nationally.
- High quality local acute hospital services with Frimley Health Foundation Trust again being rated as good by the Care Quality Commission across all domains.
- Exceptionally high quality family doctor services with all General Practices rated good or outstanding by the Care Quality Commission.
- Exceptionally high quality adult community services provided by Virgin Care Services Ltd, who have been rated overall good by the Care Quality Commission, with their leadership rated outstanding.
- Continued to deliver an integrated response to system pressures, working closely with partners across acute, community, health and social care.
- In benchmarked staff satisfaction survey results in 2019 (National Staff Survey/Picker Institute), the CCG was ranked 5th of all the organisations taking part, continuing to be one of the top rated CCG's by its staff.

Other successes we have seen in 2019-20 include:

- National recognition for the developments made in supporting people living with frailty and delivering a more proactive anticipatory response to enable people to remain independent in their own homes. We introduced a new service run by our Community Frailty Practitioner in partnership with GP practices to proactively identify people living with frailty who would benefit from additional support. Early feedback indicates that people have felt supported to make positive steps forward to help them in their everyday life.
- Our adult community services contract with Virgin care Services Ltd expired on 31st March 2020. We undertook a procurement exercise with North East

Hampshire and Farnham CCG and were successful in awarding contracts to Frimley Health Foundation Trust Ltd and Virgin Care Services Ltd to commence on 1st April 2020. Frimley Health Foundation Trust (supported by Virgin Care) will be providing community inpatient services and specialist nursing services in a joint contract with Surrey Heath CCG and North East Hampshire and Farnham CCG. Virgin Care will continue to provide community nursing and intermediate care services for Surrey Heath CCG. The process was at times quite demanding both for the CCGs and the providers, but we are delighted to have secured two providers who will work in partnership with us to deliver high quality, responsive community services for our population.

- Continued management of demand for acute services through availability of high quality community based alternatives such as integrated care, musculoskeletal and dermatology services.
- The Frimley Health and Care ICS received additional funding for hospices and palliative care services which has been used to support both children and adult end of life care services. The CCG was also successful in bidding with other Surrey CCGs for matched funding from NHS England for children's end of life care services which will see an increase in our funding for Chase Hospice from 2020/21.
- Following a successful procurement exercise in 2019-20 residents across Surrey Heath, the wider Surrey area and North East Hampshire will benefit from a new streamlined wheelchair service provided by Millbrook Healthcare from 1st July 2020 which will provide a single point of access for wheelchair services and mobility equipment.
- A new local innovative service run by Macmillan Community Cancer Navigators has been introduced to support people living with and beyond cancer and their family members or carers. The service provides general information, advice and guidance about cancer and cancer services and organises community based events to promote health and wellbeing.

Principal Risks and Uncertainties Facing the CCG

Principal risks and uncertainties facing the CCG are recorded on the Governing Body Assurance Framework (GBAF). Until December 2019, this was reviewed by the Governing Body at its public meetings. Subsequently, the GBAF continues to be reviewed at the Frimley Collaborative Board. More details on the CCGs approach to risk can be found in the Annual Governance Statement section: [The Clinical Commissioning Group Risk Management Arrangements and Effectiveness \(p101\)](#)

The strategic risks included here are latest set of risks which the CCG has included on its GBAF.

Strategic objective: to work together for the best possible outcomes for our local community

Strategic risk: If the existing collaborative arrangements around the local health and social care system are not maintained then the CCG's strategic plans for the local population will be at risk. The geographical footprint in which the CCG operates is complex. As STP's gain in strength they may impact on the existing collaborative arrangements.

The CCG ensures that it actively participates in discussions and decisions in systems other than the Frimley Health and Care ICS. There are various relationships which will impact on our population and in addition to being a partner in the Frimley Health and Care ICS we are a member of the Surrey Collaborative where decisions relating to services commissioned across Surrey, such as Children's services (including CAMHS) are taken and we also work in partnership with Hampshire CCGs in relation to Integrated Urgent Care.

Strategic objective: to continuously improve the quality of services

Strategic risk: If pressure on health care (demand and funding) affects the quality of services then patients will be put at risk and patient safety compromised

Throughout 2019-20 the CCG has been proactive in managing clinical risks as demand for services continues to increase. The CCG monitors the quality and safety of those services, recognising that financial pressures are often a signal that services may be adversely impacted. Providers, councils and CCGs are all facing funding pressures as a result of increasing demand and it is vital that the quality of services remains under scrutiny

Strategic objective: to deliver our strategic plan within the resources available

Strategic risk: If the CCG financial position worsens it may lead to decisions being made in the short term which compromise the medium and longer term benefits of the population.

The CCG has achieved all financial targets each year since it was authorised. In 2019-20, the CCG continued to see its underlying expenditure being greater than its funding stream. This risk was mitigated through the availability of non-recurrent resources in year but the underlying issue remains and work will be ongoing in 2020-21 to address this as a system.

Strategic objective: to build an effective, clinically owned and sustainable organisation

Strategic risk: If the high risks associated with transforming local models of care are not balanced by the proposed opportunities and improvements for local people then the CCG may not be able to sustain the investment in services, and may lead to the cessation of some services

We continue to work with our Frimley Health and Care ICS partners in developing a financially sustainable system delivering high quality services. This entails actively participating in a variety of projects across the system, from looking at reducing variation in services provided across the geography to ensuring that primary care and community services continue to develop to deliver effective and responsive care to our population, helping to manage the demand placed on acute services.

We have an agreement with Adult Social Care under section 75 of the National Health Service Act 2006 which allows us to pool funds for the delivery of integrated health and social care services. It mitigates the associated risks by focusing on strong governance structures and providing capacity within the CCG to be able to deliver this vision and plan.

Looking ahead

The biggest risk facing the CCG in common with the whole of the NHS is the ongoing challenge of responding to the COVID-19 pandemic. This emergency has already had a significant impact on front line services and we continue to prioritise providing both support and leadership to all our partners and services, to ensure that patients and staff remain safe and services resilient. This has resulted in significant changes to ways of working which will continue to unfold over the coming months. Our staff are rising to the challenge and continue to work flexibly, taking on new responsibilities whilst ensuring that essential business as usual activities are maintained. We recognise the vital importance of working collaboratively with all partners in the Frimley Health and Care ICS and beyond, in order to respond quickly and effectively to the rapidly changing environment.

The CCG operates in a geographical area which links into many different health and care systems. The establishment of the Sustainability and Transformation Partnerships (STP's) continues to impact the strategic risks mentioned above. The Frimley STP is coterminous with the Frimley Health and Care ICS providing the strategic leadership for the delivery of health and care services to the population.

The CCG is in a period of significant change. During the latter part of the year, the CCG's in the Frimley Health and Care ICS (East Berkshire CCG, North East Hampshire & Farnham CCG and Surrey Heath CCG) formed the Frimley Collaborative (whilst remaining separate statutory organisations) under a single Accountable Officer, Dr Andy Brooks. A Frimley Collaborative Executive Director team has been appointed and Executive Place Based Managing Directors have also been appointed to lead the five Places in the Frimley Collaborative (Surrey Heath, North East Hampshire and Farnham, the Royal Borough, , Bracknell Forest and Slough). The Executive Directors were appointed on behalf of the Frimley Collaborative Board in December 2019. Whilst there is a considerable amount of work to do to develop each of the Places in terms of its role and responsibilities, coupled with establishing the collaborative arrangements that need to be in place to support that, the appointment of the senior team to take this forward is a very positive step towards this.

Whilst being a partner in the Frimley Health and Care ICS it is vital for us to retain strong links into Surrey and other systems in order to be able to deliver the best possible outcomes for its population. The national financial situation within the NHS continues to be challenging and whilst we enter the next financial year having achieved the financial targets and rules as set by NHS England for 2019-20, the financial landscape for 2020-21 will be testing and will require robust partnership working with all systems. The CCG will continue to improve risk management processes and develop comprehensive risk processes in conjunction with the other CCGs in the Collaborative, utilising best practice and learning from partners. We will continue to be open and transparent in our approach to risk with strong leadership and governance underpinning the risk framework.

A more detailed account of the CCG's risk management is found in the Annual Governance Statement in this report.

CCG Assurance

At the time of publishing the Annual Report for 2019-20, the final Assurance rating for the year had not been published. In July 2019, the ratings for the previous year were published and the CCG was rated **OUTSTANDING**.

The CCG Improvement and Assurance Framework has 4 domains for:

- Better Health – looking at how the CCG contributes to the health and wellbeing of its population
- Better Care - focusing on care redesign, outcomes, performance against NHS Constitutional standards
- Sustainability - looking at financial performance and how the CCG stays in financial balance and secures value for money for its population.
- Leadership across the ICS – looking at the quality of leaderships, the quality of our plans and the CCG works with partners and the governance processes to ensure probity and the management of conflict of interests

In 2018 the Frimley Health and Care ICS gained Level 3 status which means that it is trusted as a self-assuring Integrated Care System. The three CCGs in the Frimley Health and Care ICS have recently submitted a self-assessment of the quality of their leadership. This was undertaken as a joint exercise across the three CCGs in the Collaborative rather than at individual CCG level. The outcome of this assessment has not yet been received.

The most recent published Assurance Rating for Surrey Heath CCG is **OUTSTANDING**. This relates to the financial year 2018-19.

Going Concern

Public sector bodies are described as a “going concern”, where the continuation of the provision of a service is expected to continue into the future. The CCG accounts have been prepared on this basis. The CCG’s ‘Going Concern’ status is reviewed on an annual basis by the Audit Committee

The Directors of the CCG are required to make an assessment of the CCG as a ‘going concern’ and have used the following evidence to validate this:

- The CCG has been allocated funds from NHS England for the financial year 2020-21 and further 3 years.
- The CCG has been operating since 1 April 2013 as a statutory body with an agreed Governance Framework.

- The CCG submitted detailed financial plan 2020-21 to NHS England
- The CCG is included in the latest financial submission for the Frimley Health and Care ICS and it's a partner to the overall Operating Plan for the system
- The CCG has agreed its contracts for 2020-21 with the main providers.
- Financial provision for these services is included in published documents.
- The CCG has access to national funding to support additional costs it incurs as a result of the COVID-19 pandemic.

Performance Analysis

Surrey Heath CCG commissions health services from a wide range of local and specialist providers, to meet the needs of local people. (See Appendix 1 for full list of providers).

Approximately two thirds of our commissioning expenditure is with five key providers:

- Frimley Health NHS Foundation Trust – acute hospital services
- Surrey & Borders Partnership NHS Foundation Trust – mental health and learning disability services
- Virgin Care Services Ltd – adult community healthcare services
- South East Coast Ambulance Service NHS Foundation Trust – 999 Emergency Services
- North Hampshire Urgent Care – out of hours GP support.

We also commission services from primary care providers (GPs, pharmacists and opticians), the voluntary sector, and a number of smaller providers of both physical and mental health services.

The CCG uses the measures detailed in the next section to review its performance each month, alongside other key indicators including activity and financial. These measures are reviewed by the senior management team to monitor progress, assess risks and agree actions to address areas of concern. They have been presented to our Governing Body and since February, to the Surrey Heath Place Committee. During the year reviews of other specific areas such as Improved Access to Psychological Therapies (IAPT) have also been taken to the Governing Body for a more focused discussion.

The performance of the key providers is included in this Annual Report and can be found below.

How the CCG performed against constitutional standards and performance targets

Targets and Performance

The NHS Outcomes Framework and NHS Constitution sets out the goals and responsibilities for CCGs and other NHS bodies during 2019-20. Surrey Heath CCG works with its partners to achieve nationally mandated targets as well as delivering on locally determined outcome measures.

A summary of performance against the key targets for 2019-20 is given below. The targets cover the full range of services commissioned by the CCG

Performance in 2019-20

Surrey Heath CCG and its providers are committed to delivering excellent quality of care to patients and this culture is reflected in the high performance levels achieved in a number of areas.

Cancer Targets

Performance against national cancer targets across the year has generally been very good for the CCG in 2019-20 with the CCG exceeding all but one of cancer targets across the 12 months. There were some months where we did not meet the required threshold and in these months all breaches are reviewed by the clinical quality team and followed up through contract review meetings with providers.

With the exception reporting requirements where breaches greater than 104 days are fully investigated to ensure no harm is done, we work with the lead Commissioner and Frimley Health NHS Foundation Trust where there are robust processes to ensure any lessons learnt are followed through.

Overall performance at Frimley Health NHS Foundation Trust level has been excellent in 2019-20 with the Trust meeting the targets in all cancer categories throughout the year. Over the last year one area noted as requiring improvement was referral times where care is shared between providers, most notably with Royal Surrey County Hospital NHS Foundation Trust which acts as the main local cancer centre for Surrey Heath residents and who undertake all radiotherapy treatments, some chemotherapy and surgical treatments. The CCG breaches in the cancer targets has seen a small number of breaches for the 31 day standard to start radiotherapy, but overall the Royal Surrey at Trust level has met the standard in the majority of months reported.

A national focus has been to improve performance against the three 62 day standards. We have only had two months where a breach occurred which is an improvement compared to last year. There have been no breaches in this cohort for Frimley Health and Royal Surrey performance has improved since 2018-19.

Dementia Diagnosis Rate

Target 67%

Our dementia diagnosis rate has exceeded target for the whole of 2019-20 achieving 71.7% in March 2020. We are benchmarked against other CCGs in Hampshire and Thames Valley, where the average has been 65.5% and against others CCGs within the Frimley Health and Care ICS where performance is on average of 67.8%.

Diagnostic Waiting Times

Standard: less than 1% of patients waiting over six weeks for diagnostic tests

Compared to 2018-19 performance for diagnostic waiting times has been more stable this year. In February 2020, we achieved 97.1% against a target of 99%. This performance should be seen in the context of increasing demand and the constraints on capacity that has been experienced by providers in 2019-20. The number of patients waiting in excess of 6 weeks increased at the end of February 2020 was 44 compared to 9 in March 2019. In March 2020, we achieved only 89.7% against the target, as diagnostic waiting times have been significantly impacted by the the COVID-19 pandemic as Trusts directed capacity to meet demands elsewhere.

Performance at Frimley Health NHS Foundation Trust has been very high with the Trust meeting the target in all but three months to the end of February. The bulk (92%) of Surrey Heath resident's access diagnostic services at Frimley Park Hospital and are therefore seen within the planned timeframe.

Other providers who treat Surrey Heath patients, most notably the Royal Surrey County Hospital NHS Foundation Trust and toward the end of the year Ashford & St Peter's have had problems in specific areas such as waiting times for echocardiograms and limited endoscopy capacity, respectively. Breaches of the standard by providers outside the Frimley Health and Care ICS, impact the CCGs performance significantly.

Improving Access to Psychological Therapies (IAPT)

In 2019-20, we continued to meet the majority of its IAPT targets including recovery rates and waiting times. Waiting times for this service remain good.

The target for IAPT access rate was set at 22% (an increase from 19.3% in 2018-19). For the month of January 2020 the CCG achieved a rolling quarterly access rate of 5.66% which is line with national target. However, across the year performance has struggled to consistently meet the national threshold, although in recent months this has shown improvement and there has been a significant improvement compared to 2018-19. The recovery rate for the month of January 2020 is at 56.1%, above the 50% threshold, and waiting times have met the required standards achieving 93.3% for 6 week waits and 100% for 18 week waits.

Looking forward into 2020-21 the target for access to psychological therapies rises to 23%. The CCG is putting in place plans to achieve all of the IAPT standards, but this will be challenging. The CCG will continue to actively promote the IAPT service both with professionals and the community, in addition focusing on increasing uptake by those with long term conditions. Whilst trying to improve referral levels the CCG will continue to focus on ensuring those who are referred to the service have short waiting times and good outcomes. We have commissioned sufficient capacity to deliver waiting time standards and access rates, but it is likely that a number of people are receiving psychological support privately and they are not reflected in the our access rates.

IAPT and mental health indicator performance is set out below:-

NATIONALLY REQUIRED TARGETS	19/20 Target	Reporting Period	Monthly Performance
Dementia Diagnosis rates			
Dementia Diagnosis rates (single month)	67%	March '20	71.7%
Improving Access to Psychological Therapy (IAPTS)			
IAPT Access rates	22%	Jan '20	5.7%
IAPT Recovery rate	50%	Jan '20	56.1%
IAPT commencing treatment < 6 weeks	75%	Jan '20	93.3%
IAPT commencing treatment < 18 weeks	95%	Jan '20	71.7%
Other Mental Health Indicators			
Early interventions in Psychosis (EIP) -2week waits	53%	Reporting ceased Sept 19. Last data for Aug 19	100%
Child & Young People - Eating Disorders waiting times	95%	Q4	100%

Challenges

There are some areas where the CCG will be working with providers to improve performance in 2020-21:

Referral to Treatment Times (RTT)

Standard: 92% of patients on an incomplete pathway should receive treatment within 18 weeks

In previous years, our performance against the RTT standard has been very good. However, 2019-20 has proved more challenging reflecting the national picture where Trusts have struggled to run additional clinics and waiting list sessions owing to constraints in terms of clinical capacity to support extra lists. Changes to tax arrangements have affected the NHS pension scheme and have impacted Consultant staff in particular, meaning that they no longer wish to undertake additional work outside their core contract.

The focus in 2019-20 was to ensure that at least 92% of inpatients and outpatients were seen within 18 weeks. We did not achieve the standard in any month in 2019-20 and this is reflective of the picture nationally. Across the 11 months to February 2020, the average performance for the CCG was 88.8% of patients treated within the 18 week target, a reduction from 90.9% achieved in 2018-19. At the end of February 2020 the total number waiting was 4,621 compared to 4,288 in 2018-19.

With the COVID-19 pandemic severely impacting the volume of elective work undertaken within Trusts in March 2020, RTT performance against the target fell to 66.67%. In addition, the CCG did not meet the target to have fewer patients waiting for non urgent treatment on 31st March 2020 compared to 31st March 2019.

Our main provider Frimley Health NHS Foundation Trust who met the standard in 11 of the 12 months in 2018-19 has struggled to meet the standard all year. Reasons include capacity restrictions and the impact of increased referrals which have impacted the delivery of the RTT standard.

A key focus for us in 2020-21 is to continue to work with both our GPs to manage demand for services and with Frimley Health NHS Foundation Trust to meet future demand and to ensure people are seen in 18 weeks.

Accident & Emergency waiting times

Standard: 95% of patients to be seen within four hours

The NHS Constitution standard remains for 2019-20 that 95% of patients should be seen and discharge within 4 hours. This is a standard that many Trusts and CCGs have struggled to achieve and nationally a programme has been undertaken to look at alternative measures. In 2019-20 our main provider of A&E services Frimley Health Foundation Trust has been participating in a national pilot (with 15 other providers) looking at revised measures to assess performance within A&E departments.

The new measures being assessed include:-

- Average time to initial assessment
- Average time spent in A&E
- Average time spent in A&E for patients who go on to be admitted
- Average time spent in A&E for patients who are not admitted
- Number of patients who spend over 12 hours in A&E since arrival
- Number of A&E attendances

Work from the pilot sites is being assessed nationally with the view to informing new national measures to be used in future years.

Demand for A&E services for Surrey Heath residents at Frimley Health NHS Foundation Trust has remained stable year on year compared to the national trend which shows an increase.

Ambulance Quality Indicators (AQI's)

This is the second year that Ambulance services have been monitored against AQI's. Calls are classified into 4 categories and dependent on the classification of the call varying response time targets apply.

- Category 1: immediately life threatening illnesses (av.7minutes)
- Category 2: emergency calls (av. 18 minutes)
- Category 3: urgent calls (90% within 2hrs)
- Category 4: less urgent calls (90% within 3 hrs)

The CCG's Emergency ambulance service is provided by South East Coast Ambulance Service NHS Foundation Trust. Whilst previously the Trust has been subject to a formal recovery regime following reviews by the Care Quality Commission (CQC) in 2019-20 the Trust had a follow up report by the CQC and were assessed as "good" overall and "excellent" in a number of areas.

In addition, 2019-20 was the second year whereby CCGs across Surrey, Sussex and Kent working alongside NHS England and NHS Improvement agreed funding based on the findings from a Demand and Capacity Review finalised in spring 2018. This

investment supported required increases to staffing levels (frontline and back office staff) and for investment in vehicles and systems to bring about performance improvements. The Trust have done well in meeting its recruitment trajectories and new vehicles have come online throughout the year. New IT systems have been put in place so the building blocks for performance improvement are now in place.

However the assumption had been made that with the additional investment, the service should be routinely achieving Category 1 and 2 standards in the first quarter of 2019/20 (ie April to June 2019)., There would also be significant improvement across Categories 3 and 4. Significant progress has been made in Category 1 and 2 performance levels but improvements in Category 3 & 4 have not materialised as planned for. For Category 2 performance the Trust is routinely being the 2nd or 3rd best performing Ambulance Trust in the country. For the majority of the year Category 3 and 4 performance had good average wait performance times which were on target. However, the measurement against the 90th centile targets which can give a more representative view of actual wait times are much longer than target levels.

AMBULANCE QUALITY INDICATORS	19/20 Target	Reporting Period	Monthly Mean Performance
Category 1 calls (average wait)	<7 minutes	Mar-20	7.52 minutes
Category 2 calls (average wait)	<18 minutes	Mar-20	21.26 minutes
Category 3 calls (average wait)	< 2hours	Mar-20	1hr 44 mins
Category 4 calls (average wait)	< 3hours	Mar-20	2hr 11 mins

Mixed Sex Accommodation (MSA)

In 2018-19, we reported on the impact of revised guidance had on breach levels at Frimley Health, which meant that in March 2019 the CCG reported 34 breaches (346 breaches for the year 2018-19). The Trust has throughout 2019-20 implemented its improvement plan to resolve MSA breaches which involved a significant element of building works in the day case units at both the Frimley Park and Wexham Hospital sites. Across the year as work was completed breach numbers have fallen. There remain residual issues particularly in areas such as critical care where revised guidance means that a breach occurs as soon as a patient is ready for stepdown care. As at February 2020 we had reported 2 breaches in month and 84 for the year to date. Since July 2019 breaches per month have been less than 4 per month. This is a significant improvement.

The task and finish group established to rectify the situation, reported regularly on progress through the Quality Contract Review Group.

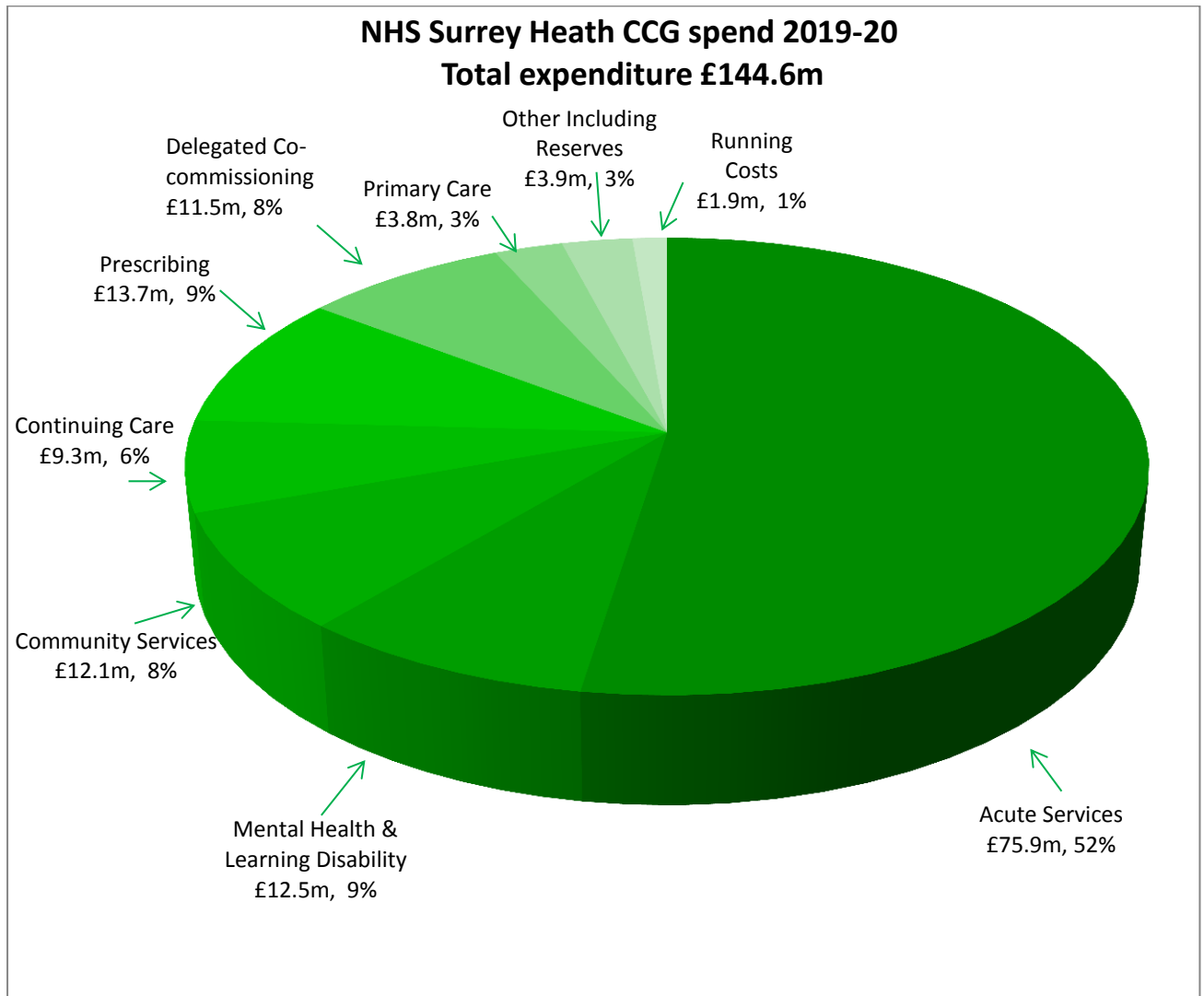
Targets and achievements

The NHS Outcomes Framework and NHS Constitution set out the goals and responsibilities for Surrey Heath CCG and other NHS bodies during 2019-20. We have been working with our partners to achieve all nationally mandated targets as well delivering on locally set outcomes measures.

A summary of performance against the key targets for 2019-20 is given below. The targets cover the full range of services commissioned by the CCG.

NHS CONSTITUTION INDICATORS	19/20 Targets	February 2020	March 2020
Referral to Treatment (RTT) waiting times for non urgent consultant-led treatment			
RTT: % of incomplete pathways (people who did not complete the course of treatment)	92%	85.5%	80.6%
Diagnostic test waiting times			
Diagnostic waiting: % of patients waiting over 6 weeks	99%	97.9%	89.7%
Cancer 2 week waits			
Cancer patients seen <14 days after urgent GP referral	93%	95.2%	95.7%
Breast cancer referrals seen <2 weeks	93%	100.0%	100%
Cancer waits – 31 days			
Cancer diagnosis to treatment <31 days	96%	100.0%	96.4%
Cancer patients receiving subsequent surgery <31 days	94%	100.0%	100%
Cancer patients receiving subsequent Chemo/Drug <31 days	98%	100.0%	100%
Cancer patients receiving subsequent radiotherapy <31 days	94%	100.0%	100%
Cancer waits – 62 days			
Cancer urgent referral to treatment <62 days	85%	94.4%	83.9%
Cancer patients treated after screening referral <62 days	90%	80.0%	0.0%
Cancer patients treated after consultant upgrade <62 days	86%	75.0%	50.0%
Mixed sex accommodation			
Mixed sex accommodation breaches	0	2	n/a
Healthcare Associated Infections			
HCAI: Clostridium Difficile (C.Diff)	13	0	0
HCAI: Incidence of MRSA	0	0	0
HCAI: Incidence of eColi	70	6	4

What the CCG spent in 2019-20



The diagram above indicates the split of the £144.6m total expenditure by service groups in 2019-20. There have been no significant changes between 2018-19 and 2019-20 so any comparison between the 2 years will be valid.

The largest element of spend is on Acute services (hospital based and ambulance service) accounted for 52% of the total spend with prescribing costs the second highest at 9%.

The CCG spent:

- £59.6M with Frimley Health NHS Foundation Trust, our main provider. This accounted for 78.5% of expenditure on acute services
- £3.0M with Royal Surrey County Hospital NHS Foundation Trust, our second largest provider of acute hospital services.

- £3.5M with South East Coast Ambulance Services NHS Foundation Trust for emergency ambulance services
- £13.4m on other acute services which was spread across numerous other providers, including locally based pain, dermatology and physiotherapy service providers
- £8.5M with Surrey & Borders Partnership NHS Foundation Trust on Mental Health and Learning Disabilities services and £1.6M for Children's services.
- £6.2M with Virgin Care Services Ltd, the main Community Services provider
- £9.3m on Continuing Health Care, the majority of which represents payments to care homes.
- £11.5M on delegated co-commissioning functions which in the main forms payments to the 7 GP practices in Surrey Heath CCG.

The CCG received £2.1M allocation for its running costs, which are ring fenced from the funds used to pay for commissioned health and care services. At the end of the year, running costs showed a small underspend of just under £200K..

For the year ended March 2020, the CCG achieved a surplus of £35K. This surplus will be carried forward for drawdown in future years. When combined with the surplus brought forward from 2018-19 of £3.038M the cumulative surplus now stands at £3.073M.

The Annual Accounts for 2019-20 have been prepared under a Direction issued by NHS England under the National Health Service Act 2006 (as amended).

How the CCG delivered its plan in 2019-20

During 2019-20, we continued to work towards the improvements detailed in our existing CCG and Frimley Health and Care ICS operating plans. Due to the good services provided in the CCG area both plans focus on emphasis for improvement and sustainability rather than gaps in service. The plans support the national priority areas of Urgent and Emergency Care, Mental Health & Learning Disabilities, Maternity, Children and Young People and Cancer.

We continued to focus on the following key commissioning themes building on the previous year's improvements.

- A focus on prevention and self-care
- "Home first" approach reducing reliance on bed based care
- Commissioning for value – the right care for the right person in the right place, getting the best value for our money
- Improve access, outcomes and services for children and young people
- Further integrate our urgent care services
- Further integrate health and social care and the model of how it is delivered
- Continue to ensure we have good quality General Practice that is sustainable

A preventative approach – focus on prevention and self-care

We have continued to strengthen the shared prevention plan for Surrey Heath and work in partnership across statutory agencies to prevent ill-health, promote wellness, identify problems early and ensure effective support is in place for people. Prevention, partnership and self-care are core components of the Frimley Health and Care ICS Plan and our own local Surrey Heath Health and Wellbeing Plan.

Examples of what this has meant are detailed below:

Smoking Cessation



We have worked in partnership with the One You service to set up stop smoking services with manual workers at Surrey Heath Borough Council (SHBC) depot and with the Hope Hub, homeless service. This is in addition to information and carbon

monoxide testing delivered at the fun day on the Old Dean Estate in September, one of our areas of deprivation.

Supporting Carers

We have continued to work in partnership with the Surrey Heath Carers Organisations Group to improve the support given to adult and young carers. This group has continued to support two self-financed “respite “ events in the summer and at Christmas for carers which attracts support from local organisations including U3A, Inner Wheel, Costa and Boots the Chemist. In collaboration with North East Hampshire and Farnham CCG and East Berkshire CCG we have bid successfully for funding to support working age carers within the Frimley Health and Care ICS.

We facilitated the delivery of a Death café run for all staff working in the Borough Council building. The conversation was guided by The Brigitte Trust to prepare people properly for thinking and dealing with end of life and death. Feedback from the attendees was very positive.

National Diabetes Prevention Programme

We worked in partnership with NHS England, East Berkshire CCG and North East Hampshire and Farnham CCG to procure a Diabetes Prevention Programme for our area. The new provider has mobilised effectively and supports people identified by GP practices as being at the pre-diabetic stage. The programme offers intensive support and health advice to try to prevent the onset of diabetes. In NDPP awareness week April we delivered daily sessions for staff within the Borough Council building with various sessions including Yoga, walking for health and “weigh ins” during the lunch hours.



Identifying and supporting people “Living with Frailty”

In Surrey Heath we want to ensure people are supported to live healthy and independent lives, in their own homes, for as long as possible. To achieve this, we are working with adults who are at risk of loss of independence and increased vulnerability – this can be described more generally as living with frailty. Following successful launch in 2017, our proactive approach to frailty management has helped maximise and maintain independence for people living with severe frailty, prevent unnecessary hospital admissions and support positive experiences of care. In 2019 we expanded our approach to support people living with moderate frailty.

Through this model 590 people have been discussed at frailty Multi-Disciplinary Teams (“MDT’s) since its launch in October 2017 with a total of 1,230 individual

interventions recommended. Our approach to frailty has reduced A&E visits and emergency admissions and has reduced prescriptions of medications which can increase the risk of falls. Positive feedback has been received from patients and staff and our approach is being mirrored in other areas.

Staff in Surrey Heath fed back very positively about this approach as part of the staff survey and impact assessment in December 2019:

“Refreshing to be proactive and look long term rather than crisis management. Feel supported in managing some of the complex patients.”

“I believe those who are discussed at panel get an amazing service.”

“Working with older people means that a lot of our clients are frail/living with frailty and it is amazing to have a MDT looking at this, especially polypharmacy”

Patients and carers receive a 3 month follow up phone call and have also commented very positively on the service:

“I would like people to know that I have been very lucky to have had incredible support from the nurses and carers that have visited... they have really lifted my spirits and helped me feel listened to... we got on and they understood how I ticked... everyone has encouraged and supported me, my life is better now”

As part of the ongoing work to support our local population we introduced a pilot service to all GP practices in August 2019 to proactively identify people living with moderate frailty who would benefit from an assessment and additional support. This service is being piloted by the Community Frailty Practitioner who works in partnership with GP practices to identify people appropriate for the service.

The Community Frailty Practitioner carries out a holistic assessment in the person's home or their GP practice and identifies what matters to them before making recommendations to keep them safe and well at home. Frailty related interventions may include providing equipment, advice, signposting and referring to other services. Early feedback indicates that people have felt supported to make positive steps forward to help them in their everyday life.

Falls Prevention

We ran a successful falls workshop in Surrey Heath with wide representation from a range of health and care professionals and members of the public. The workshop helped to identify priority areas relating to falls prevention and will be used to make recommendations locally and across the ICS.

Commissioning for value: The right care for the right person in the right place, getting the best value for our money

We have focused on the following 6 areas across the ICS

- Cardiovascular disease
- Musculoskeletal conditions
- Diabetes
- Respiratory disease
- Gastrointestinal conditions
- Neurology

Pathways of care have been redesigned and standardised treatment has been introduced across the system in all of the above areas. Some of the benefits from this re-design include:

Cardiovascular

We have seen a continued rise in the number of Computerised Tomography or CT-angiograms we use for low risk chest pain in line with NICE guidance and chest pain nurses continue to support the rapid turnaround of patients. Holter ECG monitoring has been successfully delivered for patients experiencing palpitations and they can now receive testing at their local GP practice.

We have agreed an approach to deliver the elective care transformation sought by NHS England, including the addition of advice and guidance to support primary care and we are in the process of reviewing options for outpatients.

Improvements in anticoagulation rates for high risk AF patients continue as we work towards our target of 90% for all.

Musculoskeletal (MSK)

MSK work continues to re-design pathways that reduce the use of diagnostics and reinforce the messages for self-care and physiotherapy. In addition, shared decision making is being piloted to enable clinicians and patients to work together to select the best tests, treatments, management or support for the individual, based on clinical evidence and the patient's informed preferences.

Diabetes

The education and support available to people with Diabetes has been enhanced through additional resources being made available. We have worked with Virgin Care and Oviva to enable people diagnosed with Type 2 diabetes to choose the way they access support and education. Remote support (available online or telephone) has now started and aims to complement the face-to-face support and education that was already in place. This enhanced offer has meant an improved take up in education which is now around 60%, a significant increase from the historic value of approximately 40% of people engaging with the support offered.

We have also implemented a scheme called “Diabetes Walks for Health”. Working with Surrey Heath Borough Council and our community Diabetes Specialist Nurse the initiative supports people diagnosed with diabetes to improve their fitness over a twelve week programme and enhancing their understanding of their condition to support self management. The programme was so successful the programme will continue to be delivered next year.

Gastrointestinal Conditions

A webinar has been recorded relating to Irritable Bowel Syndrome and an information leaflet and video for GPs has been shared. A new Irritable Bowel Disorder poster has been developed. There is a new weight management scheme proposal under review and NAFLD (non-alcoholic fatty liver disease) pathway design and modelling work has commenced.

Neurology

Further improvements continue from last year’s work to develop the Frimley Health and Care ICS wide model for neurology. New staff recruitment is underway and training has been delivered to MDT teams. The epilepsy pathway now has improved relationship and communication channels with the Learning Disabilities team. Regular meetings are now in place with their team as well as direct points of contact to discuss caseloads.

Cancer

We are working in partnership with the Surrey & Sussex Cancer Alliance to improve the survival rates and experience for our patients living with and beyond cancer across the Frimley Health and Care ICS. Part of this work will involve working with GP practices to support earlier diagnosis of cancer in primary care through improving uptake for all three national screening programmes (bowel, breast, cervical) and

raising greater awareness of cancer and the importance of self-management to stay well.

A new local innovative service run by our Community Cancer Navigator is supporting people living with and beyond cancer, providing general information and support about cancer and cancer services to enable people to navigate the health and social care system and make informed choices about their cancer and their life.

Community cancer navigators delivered the 5th Health and Wellbeing event, providing a rolling programme of sessions and working with the local community to deliver the 'watch me' events with activities for both men and women to improve their wellbeing.

We are also beginning work to support people living with cancer to prepare for treatment by promoting healthy behaviours and prescribing exercise, nutrition and psychological interventions based on a person's needs.

The CCG in a successful bid with Macmillan set up the Community Cancer Navigator team across Surrey Heath CCG & North East Hampshire & Farnham CCG to work in tandem with the Frimley Health Foundation Trust Hospital Navigators, providing signposting for people to community support and services for people living with and beyond cancer. Community Cancer Navigators delivered the 5th Cancer Health & Wellbeing event together with their new service providing a rolling programme of health & wellbeing sessions on fatigue, diet etc. and working with local community to deliver the "Watch Me" events delivering activities for both men and women to improve their wellbeing

The Cancer Lead contributed to the NESTA Bowel Cancer & Collective Intelligence Workshop in London which resulted in a visual map of what was needed for a better patient experience

Children's Services

Our vision is to improve access, outcomes and services to children, young people and their families with physical and mental wellbeing needs

We all acknowledge that waiting times for some services are longer than we would want and we continue to work closely with our providers to improve waiting times...

First 1000 Days

The First 1000 Days Programme brings together partners from across Surrey to work in collaboration to improve outcomes for children and families from a child's conception to age 2.

150 colleagues from across the system (including local authorities, the health system, voluntary organisations, housing and prison staff) and 50 families from across Surrey attended our First 1000 Days conference in July 2019. Feedback from families and professionals at this event has shaped our vision and strategy, which is currently out for comment with professionals and families.

Since April 2019, the Gypsy, Roma and Traveller Outreach Health Visiting programme has cared for just under 500 individuals, with a variety of health issues being picked up, including hypertension, safeguarding and poorly managed chronic illnesses. There have been numerous referrals to partner services, including six GP referrals, preventing A&E attendances.

As part of our planning to further support parents with young children we are in the process of developing and testing peer support models. These will be piloted during 2021-2022.

Asthma

An Asthma learning event was facilitated in January 2020. Keynote speakers brought home the true cost of asthma to the audience. Data was shared and the Healthy London Toolkit was introduced to participants, who were asked for their views on how to improve asthma care and management and patient understanding and compliance. Many people have asked to be involved in the work which has now begun to introduce a Surrey version of the Health London Toolkit across hospitals, schools, primary and community care, parents and carers and pharmacies. It is hoped that this work will link with additional Carbon Monoxide monitoring, smoking cessation and obesity management.

Acute Paediatric Clinical Advisory Group (CAG)

This group started in November 2019 and is comprised of clinicians and operational leads from all of the five acute hospitals across Surrey, along with CCG commissioning and Clinical leads. The key function of the group is to provide expert advice to support the commissioning and development of Acute Paediatric services for the Surrey population, whilst recognising financial constraints and the complexities of working across borders and being aligned to different Integrated Care System priorities.

Children with a learning disability

Surrey is committed to ensuring quality care for people with learning disability and autism

- We reported last year that we would work to maintain holistic support in the community, we have seen a reduction in admissions with an increase in admissions avoided and robust recovery plans being provided in the community closer to home
- We have commissioned the children's Intensive support service to provide proactive support to young people and their families in the community.
- In 2020-21 we will continue to work in partnership to develop more robust emergency crisis multidisciplinary responses that can keep young people closer to home.
- All children that are receiving Mental Health support in Hospital with Autism and or Learning Disabilities are seen every 6 weeks. Routine Care Education and Treatment reviews maintain continuity of care, ensure effective treatment plans and drive discharge to ensure children receive the optimum assessment and treatment whilst minimising the disruption to the young person and their family life increasing the potential for recovery and reintegration post discharge.

Reducing Health Inequalities in line with the NHS Long term plan:

- In 2019/20 we introduced specialist paediatric liaison nurse for learning disabilities into all acute hospitals
- All young people with Learning Disability will be eligible to be placed on the GP register and should from age 14 receive an annual health check within primary care and a resulting health action plan. We are working hard with our partners in primary and acute care to make reasonable adjustments that can support young people to access health care.

Surrey is refreshing its Autism Strategy in line with the National Strategy. We are working across all ages to develop an all age strategic approach to Autism that will support across the lifespan of people with Autism in Surrey.

Surrey is working towards integration of Health and Social Care for people with Autism and also for Learning Disabilities we will be working in 2020/21 to build the links across children's and adult services whilst working across the ICS to ensure services are person centred locally so that children, young people, adults and their families have access to quality services.

Emotional wellbeing and mental health services for children and young people

Surrey's Emotional Mental Health and Wellbeing [Strategy *A Thriving Community of Children and Young People in Surrey; a strategy for their Emotional Wellbeing and Mental Health* \(2019 - 2022\)](#) outlines priorities for the County. This has helped to shape proposals for future model of delivery across Surrey. As part of shaping the strategy we asked children, young people and their families as well as professionals about their thoughts on mental health services locally, they told us...

- *Support in schools is inconsistent and it was felt this needs to improve. Young people didn't feel that schools (teachers) were always supportive to children and young people with mental health needs.*
- *Parents also need support and an improved understanding on how to support their children*
- *Bullying is having a major impact on young people in schools and this is impacting their mental health.*
- *It is frustrating to have to tell your story multiple times to different professionals, and this puts people off using online and digital resources.*

The CAMHS Transformation Plan) describes the local projects and services that have been supported to address the gaps that people living and working in Surrey have told us about.

www.guildfordandwaverleyccg.nhs.uk/website/X09413/files/191218-CAMHS_Transformation_Plan_Refresh_Oct_2019_Final_v1_6_3_Surrey.pdf

Input and innovative projects from all our partners, including the crucial role provided by schools, colleges, voluntary sector and third sector organisations in delivering new services and models of care are outlined within this report

Work with schools is in line with national Long Term Plan ambitions to increase the level of support offered within schools and to bring mental health services closer to schools.

Surrey has provided funding for three Early Intervention Accelerator Sites and one Accelerator Site focussed on Social, Emotional and Mental Health. The focus is on supporting schools to develop whole-school approaches to improving emotional wellbeing as well as access to more PMHW time. This is in line with the national ambition. The next round of NHS England Funding for Mental Health Support Teams in Schools has recently been released and Surrey Heath has submitted a further bid to secure money for this work.

This year, we have been able to make some links with local schools. We have begun a partnership project with a local GP, Executive Head of three primary schools and

our local CAMHS manager on the Old Dean; our most deprived area in Surrey Heath to better support professionals and families in managing those with additional mental health needs. The Executive Head has attended the executive GP meeting for the area to discuss some new ways of working and to build relationships. Building on this, we also have two workshops booked for early 2020/21 with the Anna Freud Centre on the Schools Link programme to bring together education and mental health services. Interest in the events has been positive from everyone invited.

We developed a local Personal Health Budget Offer for Children who are Looked After. Future plans include the roll out of PHB across wider CAMHS with committed resources attached to the plan.

Public Health

Throughout 2019/20 Surrey County Council public health have delivered on a number of key programme areas that support the health and wellbeing of children and young people in Surrey.

Surrey Healthy Schools relaunch

Surrey Healthy Schools presents an opportunity for Surrey County Council to effectively support schools in actively promoting physical, emotional and mental health and wellbeing. to co-ordinate, and improve their provision to support personal development, behavior, teaching and learning, and leadership and management in line with OfSTED's Inspection Framework, the Surrey 2030 Vision and the Health and Wellbeing Strategy. The toolkit will be launched on 31st March 2020.

Sexual health awareness training sessions for professionals working with young people

Our local sexual health provider, Central and North West London, have provided training sessions for staff working with young people. The sessions promote the sexual health and wellbeing of all Surrey residents and equip those working with individuals of school age with the knowledge, skills and tools to develop resilience, respect and to promote consensual healthy and safe sexual relationships. Further training is planned for 2020/21.

Family Nurse Partnership

Our Family Nurse Partnership that supports first time mothers under the age of 19 has seen some local success compared to national outcomes, although the numbers accessing the programme are small this is encouraging for our local delivery. These include:

- **3%** babies born at low birthweight compared to national average of 5.9%
- **100%** Immunisation rate at 24 months compared to 96% nationally

- **0%** babies at 20 months were outside of the appropriate Communication Development stage, compared to 11.8% nationally (Surrey-wide figures)

The newly developed Surrey Healthy Schools Self-Evaluation Tool highlights a wide variety of Surrey services and provides a comprehensive framework for schools

Adult Mental health and learning disabilities

Surrey Heath CCG works in collaboration with North East Hampshire and Farnham CCG to commission the majority of our adult mental health and learning disability services from Surrey and Borders NHS Foundation Trust. Other mental health services are commissioned on our behalf by Guildford and Waverley CCG for the whole of Surrey from a range of providers including the voluntary sector.

Surrey Heath benefits from including the Community Mental Health Team for Older Adults within the Integrated Care Team. This means that joint assessments and care planning can take place for people’s physical and mental health.

The diagram below demonstrates the range of adult mental health and learning disability services which are provided



Surrey Heath, in partnership with North East Hampshire and Farnham and East Berkshire CCGs was awarded funding to transform community mental health services. We will work with our partners to bridge the gap between secondary mental health services (Community Mental Health Recovery Service) and primary care so that people receive tailored support when they need it in the community.

Medicines Management

Our Medicines Management team continues to work with our local GP practices and other providers to identify ways to improve how patients access and safely use effective medicines, as well as ensuring value for money for the local NHS.

They have focussed on optimising drug treatments for a range of long term conditions, including diabetes, heart disease, respiratory diseases, and persistent pain, and have made progress in implementing guidance in relation to the prescribing of antibiotics that should help to reduce the number of infections acquired due to antibiotic resistance.

The team have also been working closely with our integrated care team and GPs to support the management of patients with frailty where the use of multiple medicines may be problematic for patients. Similarly, they have also continued to work with our local care homes to support appropriate medicines use and reduce medicines waste. The CCG has recently agreed to expand this support and will be working with partner organisations across the Frimley Health and Care ICS to share best practice.

Improving Quality

The role of our Quality Team is to ensure the health and care services we commission are safe and of high quality, and that patients and carers are treated with dignity and have a positive experience. Our local population have the right receive to high quality patient care.

We work collaboratively with partners to support the procurement of safe and effective services and to monitor and manage the quality of services being delivered to the local population. This has included working with partners across the Frimley Health and Care ICS and across neighbouring Integrated Care Systems.

In order to maintain high standards of quality and continual improvement, the CCG sets clear quality requirements with providers as part of their contracts in which clear thresholds are defined for key indicators of health care quality. The contracts also stipulate how quality is monitored between the provider and commissioner in order to provide early notification of concerns and enable joint working to deliver improvements.

In 2019-20, we focused on developing a more collaborative approach to improving quality by working with local CCGs and providers to further enhance the efficient use of resources and strengthen the focus on quality focus to deliver a better experience for our population.

Working in partnership, commissioners and providers, we have used the wide and varied information available to us to gain quality assurance of services and identify areas for improvement. There has been a step-change to a more integrated approach that has brought a positive change in the way we work and share intelligence. This has included the Frimley Collaborative CCGs sharing attendance at internal provider meetings, avoiding duplication and jointly contributing to the Quality Insight Visits whereby patient care and experience are seen first-hand.

Improving quality of services

We are determined to prevent harm and promote excellent care, and support providers to give patients safe, high quality, compassionate care within the local health system. We do this by working with all our providers and fellow commissioners to review the quality of service provision through audit, quality assurance visits and continual review and reflective learning. This include monitoring performance, through analysing data, investigating serious incidents and complaints, undertaking provider governance quality visits. Providers accountable for any quality issues that arise and we work with them to ensure improved service provision where issues are identified.

Where possible, information is benchmarked against other similar providers and a comparison made with other CCGs who also commission a service enabling areas of concern, trends or themes, to be identified promptly. These are reviewed and added to our risk register as appropriate, with good practice acknowledged, and the learning shared across the healthcare system and where appropriate, with partner stakeholders.

We are committed to delivering the national and local quality indicators set out in the NHS England Quality Premium and NHS outcomes framework:

- **Domain 1** - Preventing people from dying prematurely.
- **Domain 2** - Enhancing quality of life for people with long-term conditions.
- **Domain 3** - Helping people to recover from episodes of ill health or following injury.
- **Domain 4** - Ensuring that people have a positive experience of care.
- **Domain 5** - Treating and caring for people in a safe environment; and protecting them from avoidable harm.

Learning and improving patient experience

Everyone has the right to be treated with compassion, dignity and respect. We capture service user experiences, which are invaluable in assessing quality of services and in informing our future commissioning intentions, with the learning allowing us to improve upon and sustain excellence in the quality of care delivered.

We have also:

- Put systems in place to quickly detect adverse events and encourage early reporting, errors and near misses, using them as a basis for continuous improvement and learning important lessons
- Received and listened to compliments, concerns and complaints from all service users, carers and staff with empathy and compassion to investigate these promptly using the learning to further improve the quality of services and service user experience
- Learned from patient experience and promoted a culture of transparency and continuous improvement in provider organisations through positively influencing the contracting and monitoring arrangements
- Created mechanisms for sharing good practice with, and learning from, other commissioning organisations.

- Appointed Community representatives to support the us in taking forward our public engagement activity and informing future services commissioned.
- Worked collaboratively across the healthcare economy system to ensure service provision where possible is equitable and sustainable.

Frimley Health & Care ICS Quality & Performance Committee

As the Frimley Health and Care ICS continues to develop and establish its formal governance arrangements, a system wide Quality and Performance Committee has been set up to provide system wide assurance and oversight of the quality and safety of local health and care services. The committee will bring together information relating to performance against quality standards, such as the constitutional standards and develop action plans to deliver improvements on agreed system wide quality and safety priorities, ensuring high quality health and care for our population.

Friends and Family Tests

All providers continued to use the Friends and Family Test (FFT) as identified and outlined by NHS digital national guidance in 2019 with GPs included in this requirement since 2014.

Providers are allowed to choose their collection mode which allows for identification of good practice and opportunities to make improvements to patient experience, with NHS England publishing monthly data submissions.

Complaints and Concerns

Our Quality Team is required to provide an internal complaints system approach which offers a personalised, timely, named contact response, for each complaint or concern received. All compliments, complaints and concerns received are acknowledged within three working days and contact is maintained with the individual during the review to mitigate escalation and expedite resolution. This is particularly useful when a concern or complaint involves multiagency stakeholders, in facilitating across boundary care or when the concern also involves other care partners as well as health.

The complaints system is promoted through social media, the CCG website, direct CCG contact (email, phone), leaflets, and at public events. Information can be available in multiple accessible formats.

During 2019-20, we received nine formal complaints referencing services we commissioned.

Learning from complaints and concerns has identified trends and has influenced the following areas of quality:

- Provision of care
- Access to services
- Length of stay in Accident and Emergency

It is anticipated that in improving the communication channels with partners and key stakeholders within the system, who provide care, we can influence to prevent the themes identified at this time from occurring again.

During 2019-20, the Quality team have received 44 concerns from the local population or healthcare providers. The themes and trends identified related to:

- Access to services
- Individual Funding Requests and branded drugs
- Waiting times

Four complaints and concerns have been received from local members of parliament.

All concerns and complaints to date have been resolved locally through engagement with providers and we have undertaken effective root cause analysis. The themes and lessons learned from the complaints and concerns are shared with providers, key stakeholders within the healthcare system, and at Patient Engagement events.

All patient experience information helps inform CCG commissioning and supports us in identifying what matters to our local population.

Duty of Candour

Candour is described in the Francis Report as: *"The volunteering of all relevant information to persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made."*

In support of the Duty of Candour, we continually seek to assure we and our provider organisations are open, honest and transparent in all dealings with patients and the public.

The CCG holds provider organisations to account through open and fair challenge in contractual and quality reviews, reporting areas of concern through our governance framework to the Governing Body as well as providing support and guidance to our providers to achieve improvements.

Ensuring Patient Safety

It is our duty to commission 'safe' services, and operate a positive, open and transparent culture so that safety lessons are learned and the local population are protected.

During 2019-20 this included:

- A health system review of an identified case of Methicillin-resistant Staphylococcus aureus bacteraemia (MRSA)
- Reviewing Clostridium Difficile (CDiff) cases that are assigned to the CCG and sharing lessons learned.
- Joint health and social care quality visits to local Care homes and Provider organisations
- Participating in the LeDeR (Learning Disabilities Mortality Review) programme to ensure learning and improvement for those with a learning disability.
- Reviewing safeguarding alerts with Adult Social Care
- Involving all related health and social care partners in the review of Serious Incidents reported involving people receiving services
- Sharing learning from Surrey Child Death Overview Panel cases and Special Case reviews with General Practice

Serious Incidents

Serious Incidents (SIs) are reviewed by our Clinical Leads and Quality Team. The Quality Team works with providers to ensure a full investigation has been completed, learning is identified and common themes addressed. Lessons learned are then shared across the system and relevant changes are implemented with a review at a later point to ensure the learning has been acted on and changes embedded.

We are also committed to facilitating cross-system learning where complex incidents involve more than one provider or agency. This includes facilitating a review of the timeline of events leading to the incident with representatives from the organisations involved.

Sign up to safety

We continue to work with providers to reduce avoidable harm in the NHS. We are working with providers to support the five Sign up to Safety pledges, which are:

1. Put safety first. Commit to halve avoidable harm in the NHS and publish local goals and plans
2. Continually learn. Increase resilience to risks, by acting on the feedback from patients and by constantly measuring and monitoring the safety of services
3. Honesty. Be transparent with people about the progress on patient safety issues and support staff to be candid with patients and families if something goes wrong
4. Collaborate. Take a leading role in supporting local collaborative learning, so that improvements are made across all local services
5. Support. Help people understand why things go wrong and how to put them right. Give staff the time and support to improve, and celebrate progress.
6. Achievement against the pledges are monitored by the Quality Team and reported to the Quality and Clinical Governance Committee.



Our Commitment to a Fair and Open Culture

A clinical or non-clinical error, accident or incident, however serious, is rarely caused wilfully. It is not, in itself, evidence of carelessness, neglect or a failure to carry out a duty of care. Errors are often caused by a number of factors including process problems, human error, individual behaviour and lack of knowledge or skills. Learning from such incidents can only take place when they are reported and investigated in a positive, open and structured way.

Determining safe practice is an important part of successful risk management. Moving away from punishing errors to learning from them promotes a fair and open culture and safe practice across the health and social care system. The CCG adopts this approach to investigating incidents and complaints. This enables us to identify trends and take positive action to prevent recurrence of the event.

A non-punitive approach means that disciplinary action will not be taken against a member of staff for reporting an incident, except in the rare circumstances where there is evidence of:

- Gross professional or gross personal misconduct
- Repeated breaches of acceptable behaviour or protocol
- An incident that results in a police investigation

Transforming Care

People with learning disabilities and/or autism who display behaviour that challenges, including those with a mental health condition, should receive effective and high quality services and be involved in decisions about their care. They must also be protected from preventable harm and deprivation of their basic rights.

We are an active partner in the Surrey Transforming Care work programme developed in collaboration with Surrey County Council and the six Surrey CCGs.

In 2019-20, the CCG met the requirements for individuals to be supported by community services and their cases were either reviewed or scheduled for review in accordance with the guidance.

Learning Disabilities Mortality Review (LeDeR)

The Learning Disabilities Mortality Review Programme has been established following the Confidential Inquiry into the premature deaths of people with learning disabilities. The programme requires local reviews to be instigated following the death of an individual who is registered with a learning disability. The learning will then be incorporated into service improvements.

We are working collaboratively across Surrey to ensure a robust, coordinated approach. Members of the Quality Team have undertaken the LeDeR review training in order to complete reviews and to ensure that it aligns with the Transforming Care agenda. The CCG has received five LeDeR reviews of which four have been assigned a reviewer, two are complete and one is yet to be assigned.

Safeguarding

The Quality Leads from the Surrey CCGs continue to work collaboratively to further strengthen safeguarding arrangements for children and adults. The integrated Surrey Safeguarding Team for Children and Adults is hosted by Guildford and Waverley CCG.

Our Quality Team has worked closely with the safeguarding team to ensure the safeguarding standards are incorporated within the provider contracts for 2019-20 as well as championing safeguarding reviews and supporting the needs and requirements for ensuring the Surrey Heath population are safe. These standards apply to NHS, independent and private providers delivering services to children, young people, families and/or adults.

The CCG has performed well on a self-assessment of compliance to safeguard and promote the welfare of children as described in 'Section 11 of the Children Act 2004. This information is submitted to the Surrey Safeguarding Children Board. NHS England (NHSE) has also rated the CCG Green against its ability to fulfil its statutory safeguarding duties. The CCG was required to submit assurance against key indicators which included Governing Body level training compliance, CCG governance structures, learning from serious case reviews and engagement with safeguarding professionals

Infection Prevention and Control

Reducing harm from infection is central to ensuring patient safety. We work proactively with Public Health and healthcare providers to minimise the number of healthcare acquired infections. A Surrey CCG Infection control network has been developed which is attended by our Head of Quality.. The aim is to strengthen the consistency and effectiveness in approach across the CCGs and feeds into the Surrey Infection Prevention and Control Committee.

Methicillin-Resistant Staphylococcus Aureus bacteraemia (MRSAb)

During 2019-20, we reported no cases of MRSAb, having adopted the 'zero tolerance' approach to MRSA bacterium as outlined by NHS England since 2013.

Any cases identified would be subject to a Post Infection Review (PIR), which is a multi-agency approach led by the CCG. This process aims to identify whether the acquired infection could have been avoided, to assure that the most appropriate, effective and efficient mechanisms of treatment have been applied and to conclude with any shared learning for all key stakeholders involved.

It is anticipated that from this process all shared learning will influence to changes in practice to assist to minimise and contribute to achievement of the NHS England 'zero tolerance' and make a difference for the local population.

Clostridium Difficile infections (CDiff)

The CCG was set a threshold of eleven CDiff cases for 2019-20, with fifteen cases were reported at year end. No lapses of care were identified following a review of each case to identify areas for improvement. We actively support all providers in learning from the cases reported and will continue to focus on learning from past experience, to keep the number of cases to a minimum.

Reducing Gram Negative Bacteraemia (Ecoli)

There is a national ambition to reduce healthcare associated Gram Negative blood stream infections by 50% by March 2020. In response as part of the Surrey Infection Prevention Control Committee, we are working collaboratively with partners across Surrey and Public Health England to identify the issues arising and an effective way reduce the incidence. A strategic plan has been developed which includes audit and a public campaign. The plan also aligns with the Frimley Health and Care Integrated Care System plans to achieve the local and national thresholds and ambitions set.

Care Quality Commission (CQC)

The CQC regulates health and social care services and its inspections provide further assurance of the overall, high quality services provided to Surrey Heath residents.

During 2019-20, our Quality Team has worked with providers in their preparation for inspection providing feedback and challenge following visits to services. Following their CQC inspections, Surrey & Borders Partnership NHS Foundation Trust were rated GOOD and Virgin Care Services Ltd achieved an OUTSTANDING rating under the well led domain and an overall rating of GOOD. Frimley Health NHS Foundation Trust received their first inspection since becoming a multi-sited organisation and received an overall rating of GOOD.

South East Coast Ambulance Service NHS Foundation Trust was re inspected during 2019-20 and received an improved rating of GOOD from CQC which brought them out of Special Measures. Improvement plans remain in place to address the sustainability of services and look to improve upon the overall GOOD rating awarded. Progress is closely monitored by both lead and associated commissioners, with support from NHS Improvement and NHS England. The Trust will be re- inspected during 2020/21 by CQC.

Quality in Care Homes

We have recruited a dedicated Care Home Quality Facilitator which is a shared resource and appointed post with North East Hampshire and Farnham CCG and we are working collaboratively with the Integrated Care Teams and the Adult Social Care Quality Assurance Team to improve the quality of services provided by care homes in Surrey Heath. This includes reviews of data and intelligence, attendance at safeguarding reviews and proactive joint visits in support of greater understanding of the approach to care and issues that may arise. A Care Home Forum for homes across Surrey Heath and North East Hampshire and Farnham CCGs continues to be well received and supported.

Leading Change and Adding Value

The CCG is committed to maintaining and strengthening the clinical leadership of commissioning health services. In addition to the medical clinical leads, nursing and allied health professionals are actively involved in the redesign and shaping of future services and workforce challenges.

The 10 commitments set out within the nursing, midwifery and care framework, 'Leading Change and Adding Value', are used to help achieve the best quality of experience for our patients and people, the best health and well-being outcomes for our population, and using resources wisely to achieve best value for every pound spent.

As the biggest asset to delivery of care to our population, sustaining the quality and development of the workforce is paramount. Our Head of Workforce and Nursing leads the design and implementation of innovative workforce roles as part of the developing integrated model of care for Surrey Heath. This includes community health services and adult social care ensuring staff have the appropriate knowledge, skills, values and behaviours to meet the needs of the local community.

Through this work, we continue to work in partnership with Health Education England and Health Education Institutions to support the development, recruitment and retention of primary care nurses. During 2019-20, there has been an increase in nurse placement activity. This includes 13 mentors, 2 sign-off mentors, 21 weeks of placement for 20 pre-registration students with one being recruited on successfully completing their nurse registration training.

During 2019-20, GP practices have also continued to support clinical placements of other clinical professionals, such as physician assistants and medical students. As Joint Chair of the Surrey Community Education Providers Network, the CCG is further supporting the development of the education and training required to meet the needs of the developing community workforce.

Involving the Public

Under the Health and Social Care Act, we have a legal duty to ensure local people are involved in decisions about commissioning local health care services.

The vision for participation

“The NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill, and when we cannot fully recover, to stay as well as we can to the end of our lives.” **The NHS Constitution.**

This guidance supports two legal duties, requiring Clinical Commissioning Groups to enable:

- Patients and carers to participate in planning, managing and making decisions about their care and treatment, through the services the CCG commissions;
- The effective participation of the public in the commissioning process itself, so that services commissioned reflect the needs of local people.

Our role as commissioners is to identify the health needs of our population and ensure these are met by commissioning high quality and effective health and care services. Involving the public helps us to better understand people’s needs, and to prioritise those people who experience the poorest health outcomes, enabling us to improve access and reduce health inequalities.

In April 2017 NHS England published revised guidance entitled: “Patient and public participation in commissioning health care: Statutory guidance for clinical commissioning groups and NHS England”. The guidance contains 10 key actions for clinical commissioning groups to embed involvement in their work. We aim to:

- Involve the public in governance
- Explain public involvement in commissioning plans
- Demonstrate public involvement in Annual Reports
- Promote and publicise public involvement
- Assess, plan and take action to involve
- Feedback and evaluate
- Implement assurance and improvement systems

- Advance equality and reduce health inequality
- Provide support for effective engagement
- Hold providers to account

Public engagement is key to effective decision making and we remain committed to providing all members of its local community the opportunity to share ideas and shape decision making. This year we have put these legal duties into practice in the following ways:

- Hosting three public meetings including the AGM – two in the daytime and one in the evening, reaching over 110 local residents.
- Attending events organised by statutory and voluntary sector partners
- Embracing digital and social media communication
- Continuing to build on our robust Community Representative network

This approach to engagement is set out in our Communication and Engagement Strategy, which was adopted at the end of 2015/16. The strategy, and the principles of engagement and involvement, continues to underpin our planning and commissioning cycle. The strategy outlines some measures of success. This includes:

- Performing well in the Ipsos MORI Stakeholder Survey – results show that we are performing well above average in almost all categories against the national average, NHS England regional average and against our cluster group average.
- Increasing the number of contacts made – we are working hard to reach more people in Surrey Heath via different means of communication, particularly social media. Evaluation of our social media channels showed significantly increasing levels of engagement with the public in 2018- 19 via Facebook and Twitter, with an additional 332 followers compared to 2017-18, bringing the total number of followers to 2,570.
- Increasing in the diversity of people engaging with the CCG. We are currently investing time to better understand our population – looking into demographics, index of multiple deprivation scores and ethnic groups. This information, paired with an asset mapping exercise, will help form the basis of a new Communications and Engagement strategy that will set out ways of working in the future.

- Getting positive feedback from member practices as part of the Annual Report and from staff through the NHS Staff Survey. We performed exceptionally well in comparison to other CCGs in the national NHS Staff Survey again this year.
- Increasing exposure in print and social media.

Local engagement

We know how important it is to work with and involve the local community in regards to the provision of health care. We know that good engagement results in:

- improved services for all;
- better outcomes and patient experiences;
- better understanding of how to care for yourself; and
- Better understanding of which service you need.

To help us engage we use a number of ways in which the community, groups, organisations and partners can get involved with Surrey Heath CCG. You can:

- follow us on Twitter or Facebook;
- sign up for our e-news;

have your say on current projects;

- become a Community Representative;
- come to our public events and Annual General Meeting;
- contact us by email, phone or post;
- contact us with specific comments, questions, compliments or complaints; and
- get involved with your GP surgery's Patient Participation Group

Over the past year, we have continued to work the community to engage on subjects that help shape commissioning decisions. This has led to the public helping to shape the new specifications for the community services contract, have an active voice in the Frimley Health and Care ICS website, shaped the five-year ICS strategy and determined the future of integrated care across Surrey Heath amongst other things.

Below are just some examples of how the local community, through our engagement activities, have helped to shape services in the last year.

Creating Healthier Communities

Throughout 2019 we have, alongside our partners in the Frimley Health and Care Integrated Care System, have been developing a new five-year strategy. This process has incorporated a large amount of stakeholder and public engagement including:

- Mapping engagement and feedback across the Frimley Health and Care ICS
- Healthwatch led community engagement (Health and wellbeing survey with more than 1500 responses and supporting focus groups)
- Inspiration Station – innovative stakeholder engagement sessions for over 250 people including staff, voluntary sector and patient representatives.
- Frimley Health and Care Community Panel has more than 1,700 members (recruited throughout the Summer of 2019) representing people who live in Ascot, Bracknell, Farnham, Maidenhead, North East Hampshire, Slough, Surrey Heath and Windsor. The panel help to gather views from a representative section of the communities served to understand their needs and experiences when planning and improving health and care. Panel members are asked to contribute their views in a number of ways including completing surveys, attending discussions via focus groups or workshops and attending relevant events. The panel received their first survey, focussed on health and wellbeing, in October 2019, the full results have now been analysed and can be viewed on the website.

www.frimleyhealthandcare.org.uk/get-involved/community-panel/what-the-panel-has-told-us/

- Frimley Health and Care ICS actively works and collaborates with our Local Healthwatch and Voluntary, community and faith sector colleagues. In 2017 we established a Healthwatch Leads Network which brings together our Healthwatch partners from across the ICS area (Hampshire, Surrey, Windsor, Ascot & Maidenhead and Slough). In 2018 we also established a Voluntary Sector Leads network bringing together our CVS and volunteer centre partners. Further information is available here.

www.frimleyhealthandcare.org.uk/about/our-partners/healthwatch-voluntary-sector/

- A dedicated Maternity website. This is a patient-focused site (www.frimleyhealthandcare.org.uk/maternity), covering the entire maternity journey, from planning a pregnancy to parenthood. The site was developed by local women, working with midwives and doctors to design and test it, to ensure it was effective and easy to use.
- End of life work – The three Clinical Commissioning Groups in the Frimley Collaborative agreed to work together on End of Life Care to standardise care across the system to simplify treatment for patients and to bring the best practices from each area to bear for the whole community.
- Self-care – Online resources aimed at supporting local people to better care for themselves, whether by treating their own minor ailments or improving their ability to understand and use local health services in a more effective way.

Further information and updates about ICS engagement work can be found here.

www.frimleyhealthandcare.org.uk/about/our-plans/creating-healthier-communities/

Old Dean, St Michael's and Watchetts

This year outreach work has been done in the community of Old Dean which is the CCG's single largest area of deprivation. This work includes:

- CCG attending the annual Old Dean community fun day to promote living well, smoking cessation, uptake of flu jabs and diabetes prevention. Through attendance at this community event it subsequently raised awareness of the local health services. In addition to this, 23 people took a carbon monoxide test and was given on-the-spot information and support on how to stop smoking.
- Attendance at the Old Dean Community meetings. The CCG hosted an information stand at one of the meetings and promoted health and wellbeing advice to attendees.
- Working with borough, county councillors and community leaders covering Old Dean St Michael's and Watchetts to alleviate poverty and potential years of life lost in these communities, which includes the Nepali community, has commenced with a three-month project to identify support and gaps in support for these communities.

Community Services Procurement

Community Services help people get well and stay well either in their own home or as close to home wherever possible.

These services include (but aren't limited to) community nurses, therapists and specialist practitioners who see patients either in their own home or in a local health care setting. It also includes the care provided in community hospitals and at the Diagnostic and Treatment Centre located in Farnham Community Hospital.

Our adult community services contract ended on March 31st 2020. This gave us the opportunity to think differently about how we deliver community services across Surrey Heath and North East Hampshire and Farnham. We reviewed local community services to see where we could make improvements and how to best help support people in or near their homes and away from acute hospitals.

To help us better understand our current community services and how to support improvement, over the last year we held a number of public meetings, hosted surveys and focus groups and provided patient questionnaires in a number of settings to help capture views - the feedback helped shape the new community service specifications.

As we progress in 2020, the new Community Services provision will be rolled out and we will continue to engage with people to ensure that the service is safe, meets their needs and is consistent across our community.

Designing the right Emotional Wellbeing and Mental Health service for Children and Young People across Surrey

We asked residents to get involved in shaping and designing services for Children and Young People in Surrey to address emotional wellbeing and mental health needs.

- Surrey County Council, in partnership with Surrey Heath CCG and the other Surrey clinical commissioning groups, held a series of events for families, children, young people and professionals to a session with the community specialist nurse for diabetes;
- a session on dementia and mental health issues working with the local Dementia Navigator and Surrey and Borders Partnership; and
- a session on arthritis working in conjunction with a local GP Practice.

We have built strong relationships with the Nepalese Community in Surrey Heath via our outreach work - www.surreyheathccg.nhs.uk/get-involved/working-with-patients-in-the-community

Public Engagement Group

Our Public Engagement Group (PEG) meets four times a year and discuss local health and care matters.

The Public Engagement Group act as the public voice, ensuring NHS Surrey Heath CCG and the Adult Social Care services of Surrey County Council listen to a range of views that truly reflect what the local population want and need. They hold us to account and make sure that we communicating and engaging with our public in the best possible way.

The group works collaboratively to ensure everyone has the opportunity to play an important part in helping to make real, constructive changes in influencing the delivery of local health and adult social care services. The main aims of the group are to:

Join an open and honest discussion about the future of emotional wellbeing and mental health services for children and young people across Surrey.

The series of workshops were held in a number of locations across the county and were tailored for different groups - providing opportunities for everyone to contribute to the way emotional wellbeing and mental health support and care is provided for children, young people, families and carers.

Working with the Nepali Elders Community

We continue to work closely with the Nepali Elders in Surrey Heath; the group consists of around 50 elders who get together weekly. English is not the first language for many of the attendees and we liaise with a number of community leaders who interpret for us to ensure we are able to support them fully. We have supported various bids for funding for the group from organisations such as Healthwatch and Surrey Minority Ethnic Forum to ensure the group could continue to meet.

We work in collaboration with group to identify what health and social care issues affect them most and to establish what information they would find helpful and how they would like this delivered. We have supported Health Checks provided via Surrey County Council Public Health Team, talks on cancer from Cancer Research UK, the work of the Nepali Buddies Service and the Stroke Service at Frimley Park Hospital.

We also:

- contribute towards the planning, design and assessment of local health and adult social care services;
- engage with the wider community;
- listen to the views and use the feedback to inform decision making;
- report back to the group on how the organisations have acted on their views;
- shape communications and engagement; and
- improve public participation and engagement.

This year the Public Engagement Group has been involved in many different projects.

Public meeting

We improved the way we engage with our population at our public meetings. We have continued to make these events more accessible and interactive to encourage better two-way conversations between the public, patients, community groups and the CCG and its partners. We improved the way we capture, communicate and use the feedback received.

At each public meeting we have discussion points to capture views which will inform commissioning decisions. We do this by having a facilitator and scribe on every table and by using our digital tool, Slido.

Slido allows us to capture views and information and build these into our commissioning plans. Any smart device such as a smart phone or tablet can be used to connect. We provide iPads for anyone who may not have access to a smart device and give clear instructions on how to use Slido at each meeting.

Participants can take part anonymously or make themselves known. To ensure everyone has a fair chance to get their views across and to give time for feedback we leave Slido open for up to two weeks post the event to allow for submission of comments.

We live tweet every public meeting to allow people who cannot make the meeting in person to participate and hear about what is going on. We encourage everyone attending to tweet so that our virtual audience can get a real feel for what's happening in the room.

Evaluation forms are distributed to all public meeting attendees and we review these and make improvements based on the feedback. This includes suggestions for future public meeting themes and discussion points. We produce an overall evaluation of

the event and discuss this at the Public Engagement Group for further feedback and input.

All questions and feedback from public meetings are recorded and responses compiled into the 'You said, We did, So what' document. This is uploaded to the CCGs website, circulated to our community via our website sign-ups and presented at the following Public Meeting.

We ensure everyone has a voice and can submit comments, suggestions and feedback via:

- Handwritten evaluation forms
- Notes from table discussions
- Scribed notes
- Slido Polls and questionnaires
- Evaluations on Slido
- Slido remains open for up to two weeks after the public meeting to allow people to add any comments after the event
- Open Q&A session
- Collate social media comments and review

Engaging with partners

We have increased the number of times we meet with Healthwatch, enabling us to hear timely independent feedback and experiences that we can then work on as an organisation. This has led to changes within practices, care home settings and the way we engage with our population.

We meet on a quarterly basis with Healthwatch Surrey to discuss patient experience and communications and engagement work. Healthwatch Surrey and their volunteers also attend our Public Engagement Group and feed into our communications and engagement work.

The first 30 minutes to an hour of our public meetings are dedicated to a marketplace exhibition. This includes stalls from various community groups and organisations which relate to the theme of the meeting. The exhibition is a good opportunity for networking for the public, community groups, Community Representatives, the CCG and invited guests as well as raising awareness of the services available in Surrey Heath.

This year we have worked with the following organisations and they have attended our public meetings:

- Action for Carers
- Voluntary Services
- Surrey Heath Community Services Team
- Healthwatch Surrey
- Stroke Association
- Surrey County Council Adult Social Care Services
- Sight for Surrey
- Camberley Alzheimer's Café
- Sparklers Charity
- Surrey Heath Veterans and Families Listening Project
- Phyllis Tuckwell Hospice

Engaging with staff

Our vision can only be achieved with the support of our staff. Whilst we are a relatively small CCG, with circa 27 full time staff, we have big ambitions and work closely with the Adult Social Care locality team to help deliver them in an integrated way.

Staff happiness and well-being is important to us and we ensure their voices are heard to ensure they know what is going on, so they can actively contribute and help shape our plans.

We engage with our staff and colleagues in a variety of ways including:

- Ad-hoc email updates from our Clinical Chief Officer
- Regular team meetings
- Wider staff meetings
- Staff surveys
- Staff council
- Staff suggestion boxes

CCG website

During 2019-20 our website saw a total of 22,569 visitors, with 61,496 page views. This is an increase of 6,991 page views compared to 2018-19. The five consistently visited pages were:

1. Home Page
2. Mental Health
3. Frimley Health & Care Integrated Care System
4. Contact
5. Policies

We continually work to improve our website ensuring content is regular updated and the information that is most frequently accessed is easy to find. Analysis identified the mental wellbeing information is regularly featured in the top 10 most visited pages. A project was undertaken to update the content, language and appearance to ensure it was meaningful, easy to navigate, and signposted people to the information they needed. The mental wellbeing pages are now consistently featured in the top three most viewed pages, with October being the most viewed page on our website to date.

E-newsletters

We sent out a total of 10 newsletters/updates via MailChimp. We have been working to attract new subscribers to our mailing list database after losing a number of subscribers last year due to GDPR changes. We now have 96 subscribers, an increase of 32 from the previous year.

Public Meetings

Topics included save the date, event invitations, reminders, agendas, follow-up thank you message to attendees, post event documents.

- Campaigns 7
- Approximately 70 recipients per email
- Total opens 827
- Clicks through to book via Eventbrite 73

Frimley Integrated Care Long Term Plan Survey

Members of the public were invited to take part in the Frimley Integrated Care Long Term Plan Survey. Participants were asked to provide feedback on what is important to them and their family when accessing care.

- Recipients 67
- Total opens 82
- Clicked through to view the survey 10

Winter E-News

Historically e-newsletters focused on invitations to public meetings. We have been working to evolve digital engagement this year starting with a series of winter e-newsletters.

Topics included:

- Flu
- NHS 111
- Every Mind Matters
- Christmas GP and pharmacy opening hours
- Mental health support in a crisis
- Know Where to Go for medical help

Outcomes

- Total recipients 157
- Total Opens 217
- Clicks to the CCG website 26

Social media

Our vision is to develop a successful social media presence and continue to look at new and innovative ways to use digital and social media to engage with our local population. Social media provides a unique, two-way form of communication which enables followers to engage with us in a time, place and on a device that suits their needs.

This is the first time we have analysed data from the website identifying direct acquisitions via our social media channels. This will give us measurable data to

identify any future trends and enhance the users experience when visiting the website. 296 people clicked through to the website via targeted social media communications.

Over the course of the year, we have seen an increase of approximately 270 combined followers on Twitter and Facebook. Social media activity has seen a:

- combined reach of 285,062 – the number of people who saw any content associated with the pages; an increase of 1,894
- combined engagement of 8,435– the number of people who directly engaged with the pages including followers and the wider audience.

The Public Engagement Group and Community Representatives review the CCG's social media activity on a quarterly basis and provide feedback to help tailor future digital media plans to ensure they remain fresh and appealing to our followers.

Reducing Inequalities

Reducing health inequalities is central to the work undertaken by the CCG. Our commitment to equality and diversity is driven by the principles of the NHS Constitution, the Equality Act 2010 and the Human Rights Act 1998, and also the duties of the Health and Social Care Act 2012 (section 14T) to reduce health inequalities, promote patient involvement and involve and consult with the public.

Examples of initiatives and schemes delivered this year to reduce inequalities and improve access for specific groups are described below.

Work with our local communities

We have linked to the Hope Hub a local homeless service and the borough council to provide wellbeing and health support for both homeless clients and people in danger of becoming homeless. We have also contributed to the funding of a mental health worker in conjunction with Surrey Heath Borough Council.

We are working in collaboration with local councillors and partners to address the inequality on Old Dean and St Michaels, working with the established Old Dean Community Group to improve and explore ways of working in partnership across the two areas.

We continue our excellent working relationship with our local Nepali community via their coffee afternoons where the Diabetes talk led to full engagement in the community with the Diabetes Champions programme. With partners, including Rushmoor Healthy Living and members of the Nepali community, we delivered the Nepali Diabetes Champions Programme in Surrey Heath, replicating initiatives in other parts of the Frimley Health and Care ICS. Over 20 people are now trained to deliver advice and signposting within their community supported by the Diabetes Specialist Nurse and CCG.



Personalised care

We have continued to build on existing projects supporting the Social Prescribing and with the Primary Care Network expanding these into GP practices to deliver

signposting and support across the local community. The team has been nominated for the Social Prescribing #LinkWorkerDay2020Awards.

The expansion of the offer of Personal Health Budgets (PHBs) continues and will start to include wheelchair users on commencement of the new contract. Our CCG is exceeding the planned trajectory to increase the number of people utilising PHBs and there are now 70 individuals using PHBs to personalise their own care. We continue to look to expand who can access PHBs and with partners are reviewing how these can be developed for section 117 aftercares and Looked After Children.

Children, Young people, their Families and Carers

In partnership with colleagues in Surrey, we have taken steps to reduce health inequalities for children and young people in line with the NHS Long term plan. This includes:

- In 2019/20 we introduced specialist paediatric liaison nurse for learning disabilities into all acute hospitals
- All young people with Learning Disability will be eligible to be placed on the GP register and should from age 14 receive an annual health check within primary care and a resulting health action plan. We are working hard with our partners in primary and acute care to make reasonable adjustments that can support young people to access health care.

Equality Impact Assessments

For all service improvement projects we undertake, both in Surrey Heath and across the wider ICS, Equality Impact Assessments (EIAs) are carried out and documented as appropriate. The aim of our EIAs is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the ten named protected characteristics of age, disability, sex, gender, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 and to promote positive practice and value the diversity of all individuals and communities.

As an example, an EIA was carried out as part of the procurement of the new Wheelchair Service. This highlighted the need to ensure equitable access for the significant Gypsy, Roma and Traveller population in Surrey and helped to ensure that the service specification and future provision reflected the needs of this group. Work also continues across the Frimley Health and Care ICS to Reduce Clinical Variation and the pathway changes described in the previous section on how we delivered our plan show some of the changes made. EIAs are continually reviewed throughout the life of a project to monitor the actual impacts of the project as it progresses.

In addition, our policies all include an Equality Impact Assessment which is reviewed when the policy is updated, to ensure that no members of our staff or our community is negatively impacted by the policy. Staff also undertake regular Equality & Diversity training to ensure that they understand the protected characteristics included in the Equality Act 2010 to inform the EIAs they undertake as part of their work.

Sustainable Development

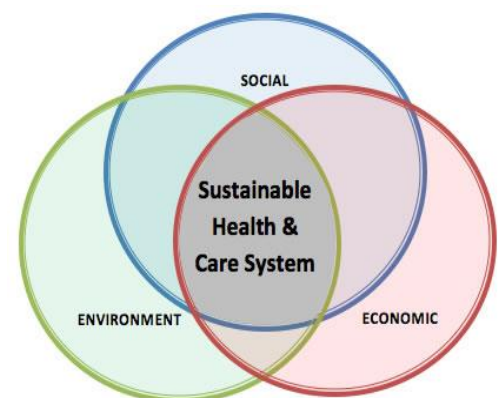
Commissioning for Sustainable Development is the process by which commissioners improve both the sustainability of an organisation and the way it provides services and interacts with people in the community. It is about striking the right balance between the three key areas of financial, social and environmental sustainability when making commissioning decisions.

Commissioning for Sustainable Development:¹

- Saves money
- Saves resources
- Benefits staff and patients.

The CCG has helped shape a more sustainable NHS, by:

- Developing a “whole systems” approach to commissioning - our definition of system sustainability includes health, social care and the resilience of local families, friends and communities that support those in need. It is not just about financial sustainability of health budgets
- Understanding its role in improving the sustainability of healthcare - our vision for acute hospitals builds on Frimley Health NHS Foundation Trust’s track record of health care excellence and using out-reach support for stronger community services
- In 2019-20 our plan was consolidated into a system wide plan across the Frimley Health and Care ICS.
- Using the commissioning cycle to increase sustainability.



The General Practice Forward View (GPFV) programme is a five year sustainability and transformation package aimed at strengthening general practice by:

Developing the workforce – introducing new roles to general practice and supporting retention of the existing workforce.

- Allowing GPs time so that they can focus on those patients with more complex health needs.
- Exploring how practices work together more collaboratively through development of local primary care networks.

¹ NHS Sustainable Development Unit - Sustainable Development for Clinical Commissioning Groups

Sustainability Report

We recognise that sustainable development and carbon management are corporate responsibilities. Providing high quality healthcare is not possible without embedding sustainable development into NHS management and governance processes. This requires the Governing Body, Local Commissioning Groups, managers, clinicians, and our staff groups to champion sustainability. The Governing Body is committed formally to promoting environmental and social sustainability through our actions as a corporate body as well as a commissioner.

Buildings

We are based at the headquarters of Surrey Heath Borough Council in Camberley, Surrey, benefitting from co-location in Surrey Heath House where we rent a small area of office space for our staff. Figures for energy, waste and water are based on a pro-rata share of total usage for Surrey Heath House based on occupied space.

Energy usage

The figures for energy usage were not available at the time of the report. We occupy the same space as last year and therefore it is expected to be similar to last year's usage of approx. 35,000kwh.

Waste Breakdown

In 2019-20, we created (estimated) approximately 4 tonnes of refuse and sent approximately 8 tonnes to recycling.

Water usage

Between 1 April 2019 and 31 March 2020, we used approximately 100cubic meters of water.

Travel

Staff claimed travel expenses for a combined total of 21,012 miles in 2019-20, a decrease of 1,515 miles compared to last year. We support flexible working and use Skype for Business to help further reduce costs. This helps to reduce miles driven and lost time commuting to and from work. All staff are encouraged to use public transport whenever possible and to travel to and from work safely and efficiently at all times.

External Environment

The CCG plans for, and responds to, a wide range of incidents that could impact on patient care. These could be anything from a prolonged period of severe pressure on services, extreme weather conditions, an outbreak of an infectious disease, a major transport accident or industrial action.

We work together with partners across the Frimley Health Integrated Care System to deliver our responsibilities as a Category 2 responder under the Civil Contingencies Act 2004. We have incident response plans which have been formally agreed by each organisation and operate a 24/7 on call rota. We are required to self-assess against the NHS core standards, including Business Continuity Plans, and this report forms part of our formal reporting process.

Our responsibilities are:

- To work with the Local Health Resilience Partnership (LHRP). This is a strategic emergency planning forum of all the NHS organizations from across the Frimley system. The LHRP has produced a strategy and work plan for the year and has carried out an annual review of progress;
- Participating in training and testing exercises which are used to test response plans;
- Assisting with the local co-ordination for emergencies in partnership with NHS England;
- Ensuring a 24 hour, seven days a week on-call system
- Ensuring compliance with the national core standards for EPRR for both CCG and NHS funded healthcare providers.

Together with our NHS provider organisations we completed a self-assessment of compliance with the NHS Emergency Preparedness Resilience and Response core standards. The CCGs have incident response plans in place, which are fully compliant with the NHS Commissioning Board Emergency Preparedness Framework 2015. The CCGs regularly review and make improvements to their plans and there is a programme for testing, the results of which are reported to the Governing Body.

Covid-19 Pandemic

Our response to the Covid-19 pandemic has been in line with our statutory Emergency Preparedness Resilience and Response and builds on the relationships we have with our Local Health Resilience Partnership and Local Resilience Forum.

During the Pandemic the Frimley Integrated Care System had a single overarching coordination role across all health partners within the system. To reflect this single Incident Coordination Centre was set up with 'Gold, Silver and Bronze' command functions.

Economic and Political Uncertainty

In January 2020, the United Kingdom left the European Union. Considerable planning had been undertaken in the previous 2 years to ensure that the impact of this on services and staff was contained as far as possible and this seems to have been largely successful. However, the Coronavirus pandemic which began to have impacts in China in January has overtaken the effects of Brexit, with the NHS facing a national emergency on an unprecedented scale.

NHS Long Term Plan

The NHS Long Term Plan was launched in January 2019. The plan sets out the framework for delivery of an NHS which is fit for the future, improving patient care and delivering value for money for the taxpayer over the next ten years

Three key areas for improvement in care are expected are:

- Making sure everyone gets the best start in life – from pregnancy, through birth and into childhood, encompassing both physical and mental health of babies, children and their mothers.
- Delivering world class care for major health problems – this includes prevention, education and treatment in relation to cancer, strokes, heart disease, lung disease and dementia, as well as spending more on mental health services including improving the physical health of those with mental health conditions.
- Supporting people to age well – this focuses increasing funding for primary care and community services to support people to live independently at home for longer, provide more support to people living in care homes and to carers, reduce unnecessary hospital spells and get people home more quickly if they do have to go into hospital.

The delivery of these improvements will be through:

- Doing things differently – giving people more control over their health and care and greater collaboration and partnership working across the different strands of the NHS
- Preventing illness and tackling inequalities – this includes investment in tackling smoking, drinking problems and Type 2 diabetes

- Backing our workforce – training and recruitment of more professionals and making the NHS a better place to work so that trained staff remain
- Making better use of data and digital technology – to provide patients with more convenient access to services and their health information, as well as providing better analysis of population data to support planning of services
- Getting the most out of taxpayers’ investment in the NHS – working to reduce duplication, utilising the buying power of the NHS to cut costs and reducing the expenditure on administration.

The Frimley Health and Care ICS is in the process of developing its Operating Plan for 2020/21 and Surrey Heath has been focussing on areas that are important to our community. The areas that have been identified so far are

- Continuing the work on providing more joined up community care – building on our successful integrated care team to further integrate adult mental health services into the model and maximise the potential of the new GP contract and our new Community Services contract
- Develop an improvement roadmap for our Children’s services working with partners in Surrey and agreeing improvements to be delivered in 2020-21
- Begin to tackle inequalities – once again in partnership with other local organisations
- Develop our people – this is a time of enormous change and we need to invest time and effort in our staff to equip them fully for the challenges ahead.
- Work in partnership – with Surrey County Council, with care homes and with the community to develop our community deal

Financial Pressures

As part of the NHS Long Term Plan requirement to ensure the best use of taxpayers’ investment in the NHS, CCGs have been asked to deliver a 20% reduction in their running costs effective from 1st April 2020. This is in line with the reductions NHS England and NHS Improvement are making at a national and regional level.

We have been looking at all options available to help us to deliver this including:

- Working more closely with other organisations in the Integrated Care System, sharing roles and looking at different ways of working

- Reducing the time spent administering the payment by results (PbR) payment mechanism where payment is made to Trusts based on activity by agreeing block contracts with our major NHS partners in the ICS
- Reducing the use of external consultancy and utilising skills internally
- The formation of the Frimley Collaborative and a single executive team has reduced some of the duplication of roles and allowed responsibilities to be restructured and teams underneath to work in a more streamlined way.

The money saved will be reinvested in direct patient care/ the transformation of services. This gives opportunity to improve health and care and tackle the issues that matter most to our patients and communities. Whilst this is positive, it is likely to bring about some change and uncertainty within our workforce which needs to be managed carefully and sensitively. However, the Coronavirus pandemic will mean that the financial benefits of the work undertaken in this area so far will not be fully realised although the structural changes to the senior team have provided a good foundation to respond to the pandemic.

CCG response

In light of the Covid-19 pandemic the CCG has started to work in new and different ways. Our staff had critical roles in leading and supporting the wider health and care system for the challenges we faced together. The priorities during this pandemic have been to:

- Lead and resource the Frimley Health and Care Integrated Care System Covid-19 Incident Control Centre;
- Focus on our business critical activities and refocus our leadership and resource to ensure we deliver and support the system to meet demand;
- Plan for business continuity and maintain this during challenging times;
- Work with all our partners in primary care, community services and social care in their response to Covid-19; and
- Support the health and wellbeing of our staff

Equality Duty

As part of The Equality Act 2010, a new public sector equality duty came into force (which replaced the previous race, gender and disability duties). Its aim is to ensure that public bodies play their part in promoting a fair and more equal society. The public sector equality duty consists of a general duty, which came into force in April 2011, and specific duties which came into force in September 2011.

The **general duty** consists of three aims, which require public bodies to have due regard for the need to:

1. Eliminate discrimination, harassment and victimisation
2. Advance equality of opportunity between people who share a relevant protected characteristic and those who don't
3. Foster good relations between people who share a relevant protected characteristic and those who don't.

The **specific duties** require public bodies to:

- Publish relevant, proportionate information demonstrating compliance with the general duty at least annually, starting 31 January 2012
- Prepare and publish specific, measurable equality objectives at least every four years from 6 April 2012
- Surrey Heath CCG recognises its statutory duties set out in the Equalities Act 2010 and has continued to follow the values set out in the legislation.

The CCG's Equality and Diversity self-assessment and action plan are available on its website.

It is recognised that the CCG directly employs fewer than 30 staff and the duty to report on workforce allows for some modification of the information provided against the Protected Characteristics to ensure an individual staff member cannot be identified.

Additional information on staff is provided in the staff report.

Dr Andy Brooks
Accountable Officer
23rd June 2020

Accountability Report

Accountability report

This section covers:

Corporate Governance Report

- Members Report
- Statement of the Accountable Officer
- Annual Governance Statement

Remuneration and Staff Report

Independent Auditors Report

Financial Statements

Corporate Governance Report

Member's Report

The CCG has 7 member practices (10 surgeries) based locally:

- Camberley Health Centre
- Bartlett Group (Frimley Green Medical Centre and Ash Vale Health Centre)
- Lightwater Surgery
- Park House Surgery
- Park Road Group Practice (incorporating Heatherside and Old Dean Surgeries)
- Station Road Surgery
- Upper Gordon Road Surgery

Overview

Between April 2019 and December 2019 the CCG operated independently with its own Governing Body, comprising representation from each member practice, CCG Executive Directors, Secondary Care Consultant and Lay members. The CCG continued to function within a complex and evolving healthcare landscape and collaborated with the clinical commissioning groups across both the Frimley Integrated Care System and Surrey.

In July 2019 the CCG, with East Berkshire and North East Hampshire & Farnham CCGs took the decision to develop a single commissioning function for the Frimley Integrated Care System. Known as the Frimley Collaborative, the three CCGs share a single Accountable Officer, a single executive team and are in the process of organising the commissioning resource into 5 places – Slough, Surrey Heath, North East Hampshire & Farnham; Royal Borough and Bracknell Forest. Each of the five places has a Managing Director, Lay Member and Clinical Lead to manage the place based delivery plans.

The Frimley Collaborative is designed to simplify commissioning, enabling our CCGs to accelerate improvements in patient care, to be more effective, and to reduce duplication. The Board will meet in public 5 times a year and the venue will rotate around the five Places. The three CCGs met informally between April and July 2019 and at its meeting in July 2019 decided to work formally as the Frimley Collaborative Board. In February 2020 the Frimley Collaborative Board met formally with a single Clinical Chief Officer and executive team in post for the first time.

The aim of the Frimley Collaborative is to:

- share commissioning capacity, managing the interface with providers and with the ICS in a coordinated way;
- Ensure this is built from a strong local clinically led 'place based' focus that informs and delivers the overall system strategy, while addressing local needs;
- Streamline commissioning arrangements to enable a single set of commissioning decisions at system level, reducing duplication and the potential for variation in commissioning across the Frimley Integrated Care System footprint;
- Maintain and strengthen links with partners outside of the Frimley system; and
- Create effective governance arrangements which comply with all statutory requirements.

Since February 2020 the Governing Bodies of the three CCGs' have met formally to discharge their responsibilities together as a Committees in Common. An interim Remuneration Committee in Common was also convened in August 2019 to oversee the appointment, remuneration, fees and allowances for the Accountable Officer, single Executive Team, Clinical Chair and Lay Convenor.

Our Governing Body

The Governing Body is constituted in accordance with the Health and Social Care Act 2012 and is the principle decision-making body in the commissioning and contracting of high-quality healthcare for our local community. It comprises of clinical, lay and executive members with a variety of backgrounds, with a wide range of skills and experience. These include members who are responsible for overseeing elements of governance and patient and public engagement.

Chair and Clinical Chief Officer

Andrew Lloyd was Chair of NHS Surrey Heath CCG until October 2019, when he was appointed Chair of the Frimley Health and Care ICS Board. Subsequently, the role of Chair for the CCG was undertaken by Tony Fitzgerald, Lay Member for Governance, on an interim basis.

The Accountable Officer is Dr Andy Brooks, who was the Clinical Chief Officer, Surrey Heath and East Berkshire CCGs.. From the 1st December 2019, he also became Clinical Chief Officer for North East Hampshire and Farnham CCG in addition to Surrey Heath CCG and East Berkshire CCG.

Governing Body Voting Members by Gender as at 31 December 2019

Female	Male
6	7

All other senior managers including all managers at grade Very Senior Manager (VSM), not included above as at 31st March 2020

Female	Male
8	3

All other employees not included in either of the previous two categories as at 31st March 2020

Female	Male
15	0

The CCG is expected to report on its equal opportunities policy and provide an analysis by number of the gender distribution of its staff. Due to the very small number of staff employed by the CCG it would not be possible to show the diversity of staff in a non-discriminatory way.

See the Annual Governance Statement for details of other CCG committees and their membership.

See the [Governing Body pages](#) for information about the Governing Body and its members.

Governing Body Members in 2019-20

The CCG's Governing Body met eight times between April and December 2019 – a detailed table of attendance at each meeting can be found below (pages 111 – 116). Members are shown in the table below.

Name	Role
Voting Members – Executive and Lay Members	
Andrew Lloyd	Lay Chair (until 30 th September 2019)
Dr Andy Brooks	Clinical Chief Officer Surrey Heath CCG and East Berkshire CCG (all year) and North East Hampshire & Farnham CCG (from 1 st December 2019), GP Park Road Group (Park Road Surgery)
Rob Morgan	Interim Managing Director and Chief Finance Officer (until 30 th November 2019) Executive Director of Finance, Surrey Heath, East Berkshire and North East Hampshire and Farnham CCGs (from 1 st December 2019)

Nicola Airey	Director of Planning & Delivery (until 30 th November 2019) Executive Place Managing Director for Surrey Heath (from 1 st December 2019)
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Dr John Fraser	Medical Director (until 31 st December 2019), Caldicott Guardian, GP Upper Gordon Road
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Edmund Cartwright	Interim Director of Quality & Nursing (until 31 st December 2019)
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Tony Fitzgerald	Lay Member for Governance (all year) Interim Chair (from 1 st October 2019)
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Amanda Wellesley	Secondary Care Consultant
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Voting Members – GP Members

Dr Jane Snell	GP, Station Road
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Dr Clare Gordon	GP, Park House
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Dr Gail Milligan	GP, Camberley Health Centre
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Dr Julia Katok	GP, Park Road Group (Old Dean Surgery)
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Dr Jayesh Patel	GP, Bartlett Group (Ash Vale Surgery)
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Dr Adrian Davis	GP, Lightwater
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Non Voting Attendees

Caroline Warner	Lay Person for Patient and Public Engagement
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Helen Atkinson	Executive Director for Public Health, Surrey County Council (until 31 st January 2020)
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Michelle Head	Area Director, Adult Social Care
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Jonathan Lewney	Public Health Consultant, Surrey County Council
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Frimley Collaborative Board

Frimley Collaborative Board Members in 2019-20

The three CCGs began to meet informally together in July 2019 and established a formal Frimley Collaborative Board in February 2020. Members are shown in the table below:

Name	Role	East Berkshire CCG	North East Hampshire & Farnham CCG	Surrey Heath CCG
Dr Andy Brooks	Clinical Clinical Chief Officer	✓	✓	✓
Sarah Bellars	Executive Director of Quality & Nursing	✓	✓	✓
Rob Morgan	Executive Director of Finance (Chief Finance Officer)	✓	✓	✓
Emma Boswell	Executive Director of Development and Improvement	✓	✓	✓
Dr Lalitha Iyer	Executive Medical Director	✓	✓	✓
Ollie White	Interim Managing Director		✓	
Dr Peter Bibawy	Clinical Chair		✓	
Dr Steven Clarke	Clinical Director		✓	
Dr Ed Palfrey	Secondary Care Consultant		✓	
Kathy Atkinson	Lay Member for Patient and Public Engagement		✓	
Dr William Tong	Clinical Chair	✓		
Dr Huw Thomas	Locality Lead for the Royal Borough of Windsor and Maidenhead	✓		
Dr Jim O'Donnell	Locality Lead for Slough	✓		
D Jackie McGlynn	Locality Lead for Bracknell Forest	✓		
Sally Kemp	Lay Member for Governance	✓		
Clive Bowman	Lay Member for Governance	✓		
Arthur Ferry	Lay Member for Governance	✓		

Fiona Slevin-Brown	Managing Director for Bracknell Forest	✓	
Dr Amanda Wellseley	Secondary Care Consultant	✓	✓
Tony Fitzgerald	Interim Lay Chair	✓	
Dr John Fraser	Governing Body GP	✓	
Nicola Airey	Managing Director		✓
Non Voting Attendees			
Caroline Warner	Lay Person for Patient and Public Engagement		✓
Fiona Edwards	Frimley Healthand Care ICS Lead		

The Executive Place Managing Director for Royal Borough and Slough posts were vacant during 2019-20, although appointments have now been made.

Register of Interests

Declared interests and conflicts (as recorded in the clinical commissioning group register of interest, required by Section 140 of the NHS Act 2006 (as amended)) together with date declared (if declared in year, or in the period up to the signing of the Annual Report & accounts) or date ceased (if interest or conflict ceased in year, or in the period up to the signing of the Annual Report & Accounts). This information is reported at each Governing Body meeting held in public and papers can be found on the CCG website.

Personal data related incidents

There were no Serious Untoward Incidents relating to data security breaches

Statement as to Disclosure to Auditors

Each individual who is a member of the CCG at the time the Members' Report is approved confirms:

So far as the member is aware, that there is no relevant audit information of which the Clinical Commissioning Group's auditor is unaware that would be relevant for the purposes of their audit report

That the member has taken all the steps that they ought to have taken in order to make him or herself aware of any relevant audit information and to establish that the Clinical Commissioning Group's auditor is aware of it.

Modern Slavery Act

Surrey Heath CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking but does not meet requirements for producing an Annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015.

Statement of the Accountable Officer

The National Health Service 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 the Clinical Chief Officer to be the Accountable Officer of NHS Surrey Heath Clinical Commissioning Group.

The responsibilities of an Accountable Officer are set out under the National Health Service Act 2006 (as amended), Managing Public Money and in the Clinical Commissioning Group Accountable Officer Appointment Letter. They include 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);
- For safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities);
- The relevant responsibilities of accounting officers under Managing Public Money,
- Ensuring the Clinical Commissioning Group exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended)) and with a view to securing continuous improvement in the quality of services (in accordance with Section 14R of the National Health Service Act 2006 (as amended)),
- Ensuring that the Clinical Commissioning Group complies with its financial duties under Sections 223H to 223J of the National Health Service Act 2006 (as amended).

Under the National Health Service Act 2006 (as amended), NHS England has directed each Clinical Commissioning Group to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts 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 income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual 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 Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgement required for determining that it is fair, balanced and understandable.

As the Accountable Officer, I have taken all steps that I ought to have taken to make myself aware of any relevant audit information and to establish that KPMG LLP auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Dr Andy Brooks
Accountable Officer
23rd June 2020

Annual Governance Statement

Introduction and context

NHS Surrey Heath Clinical Commissioning Group is a body corporate established by NHS England on 1 April 2013 under the National Health Services Act 2006 (as amended).

The clinical commissioning group's statutory functions are set out under the National Health Service Act 2006 (as amended). The CCG's general function is arranging the provision of services for persons for the purposes of the health service in England. The CCG is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its local population.

As at 1 April 2019, the clinical commissioning group is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006

Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the CCG's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and 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. I also have responsibility for reviewing the effectiveness of the system of internal control within the clinical commissioning group as set out in this governance statement.

Compliance with the UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Corporate Governance Code. However, we have reported on our Corporate Governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the CCG and best practice. We believe we meet the five core principles set out in the code.

Governing Body Members

Between April 2019 and December 2019 the CCG held its own Governing Body meetings and membership. In July 2019 the CCG, with NHS East Berkshire and North East Hampshire and Farnham CCG took the decision to develop a single commissioning function for the Frimley Integrated Care System. Known as the Frimley Collaborative the three CCGs have created a single executive team, share a single Accountable Officer and organise the commissioning resource into five places - Slough; Surrey Heath; North East Hampshire & Farnham; Windsor & Maidenhead; Bracknell Forest. Each of the five places has a Managing Director, Lay Member, and Clinical Lead to manage the place based delivery plans.

Since February 2020 the Governing Bodies of the three CCGs' have met more formally to discharge their responsibilities together as a Committees in Common.

Governing Body Members (until 31st December 2019)

Andrew Lloyd	Chair (until 30 th September 2019)
Dr Andy Brooks	Clinical Chief Officer (Accountable Officer) Surrey Heath and East Berkshire CCGs (all year) and North East Hampshire & Farnham CCG (from 1 st December 2019), GP Park Road Group Practice (Park Road Surgery)
Rob Morgan	Interim Managing Director and Chief Finance Officer (until 30 th November 2019) Executive Director of Finance Surrey Heath CCG, East Berkshire CCG and North East Hampshire & Farnham CCG (from 1 st December 2019)
Nicola Airey	Director of Planning and Delivery (until 30 th November 2019) Executive Place Managing Director for Surrey Heath (from 1 st December 2019)
Dr John Fraser	Medical Director (until 31 st December 2019), Caldicott Guardian and GP at Upper Gordon Road
Edmund Cartwright	Director of Quality and Nursing (Interim) (until 31 st December 2019)
Tony Fitzgerald	Lay Member for Governance (all year), Interim Chair (from 1 st October 2019)
Dr Amanda Wellesley	Secondary Care Consultant
Dr Jane Snell	GP, Station Road Surgery
Dr Clare Gordon	GP, Park House Surgery
Dr Julia Katok	GP, Park Road Group Practice (Old Dean Surgery)
Dr Gail Milligan	GP, Camberley Health Centre
Dr Jayesh Patel	GP, Bartlett Group Practice (Ash Vale)
Dr Adrian Davis	GP, Lightwater Surgery

Invited non-voting attendees

Caroline Warner	Lay Person for Patient and Public Engagement
Helen Atkinson	Executive Director for Public Health, Surrey County Council (until 31 st January 2020)
Michelle Head	Area Director, Adult Social Care (North West Surrey and Surrey Heath)
Jonathan Lewney	Public Health Consultant, Surrey County Council

All decisions take place in public and the minutes and associated papers can be found on the CCG website under Governing Body meetings.

The Governing Body and the Council of Members have all been involved in the approval of the group being part of Surrey wide Committees in Common. The most recent version of the Constitution can be found on the CCG website under [Policies and Publications](#).

Sub Committees of the Governing Body

Audit Committee

This Committee considers and advises the Governing Body on the adequacy and effective operation of the internal control systems that underpin the delivery of the strategic objectives.

This includes internal and external audit services, the adequacy of the system of integrated governance, internal controls and risk management across the whole of the CCG activities.

The Committee monitors the integrity of the financial statements and any formal announcements relating to the CCG's financial performance, and compliance with the Standing Orders and Standing Financial Instructions.

The Committee has followed a programme of work with specific attention to assurances:

- Information Governance
- Delegated Primary Care Commissioning
- Risk Management.
- Conflict of Interest

The Committee has benefited from the independent perspective of both the secondary care consultant and either the independent lay member for audit or the

independent lay representative for patient and public engagement. They have both brought a robust yet balanced degree of scrutiny and oversight in how the CCG conducts its business.

Committee Members in 2019-20

Tony Fitzgerald	Chair, Lay Member for Governance
Caroline Warner	Lay Person for Patient & Public Engagement
Dr Amanda Wellesley	Secondary Care Consultant

Frimley Collaborative Audit Committees in Common

Following the formation of the Frimley Collaborative, the Audit Committees of the three CCGs in the Frimley Health and Care ICS (Surrey Heath CCG, North East Hampshire & Farnham CCG and East Berkshire CCG) met as an Audit Committees in Common in February and March 2020. By meeting as a collaborative it allows a consistent approach to be taken across the three organisations and the sharing of best practice.

The Audit Committees in Common require two members from each committee to be present in order to be quorate. The three Audit Chairs have been appointed as members of each organisation's Audit Committee to facilitate this. The overall responsibilities of the Committees in Common remain the same as those of the individual CCG Audit Committees, although it should be noted that in 2019-20 the Audit Committees in Common was not taking decisions for North East Hampshire and Farnham CCG – this will happen from 2020-21.

Committee Members for Audit Committees in Common in 2019-20

Tony Fitzgerald	Lay Member for Governance, Surrey Heath CCG
Caroline Warner	Lay Person for Patient & Public Engagement, Surrey Heath CCG
Dr Amanda Wellesley	Secondary Care Consultant, Surrey Heath and East Berkshire CCG
Arthur Ferry	Lay Member for Governance, East Berkshire CCG
Sally Kemp	Lay Member, East Berkshire CCG
Clive Bowman	Lay Member, East Berkshire CCG
Peter Cruttenden	Lay Member for Governance, North East Hampshire and Farnham CCG

Remuneration and Nominations Committee

The Remuneration and Nominations Committee makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for Governing Body members and for people who provide services to the Group.

The Committee also benefits from specialist HR advice through the regular attendance of a senior representative from Frimley Health Foundation Trust HR department.

Committee Members in 2019-20

Tony Fitzgerald	Chair, Lay Member for Governance
Andrew Lloyd	Governing Body Chair (until end September
Dr Amanda Wellesley	Secondary Care Consultant
Caroline Warner	Lay Person for Patient & Public Engagement

Frimley Collaborative Remuneration and Nominations Committees in Common

During August and September 2019 the CCG developed an interim Remunerations Committee in Common with NHS East Berkshire and Surrey Heath CCGs. The Interim Committee was constituted to make recommendations to the respective Governing Bodies on arrangements for the appointment, remuneration, fees and allowances for the Accountable Officer and the Executive Team..

The Committees in Common have met formally six times between August 2019 and March 2020

Committees in Common Members in 2019-20

Tony Fitzgerald	Lay Member for Governance, Surrey Heath CCG
Caroline Warner	Lay Person for Patient & Public Engagement, Surrey Heath CCG
Arthur Ferry	Lay Member for Governance, East Berkshire CCG
Sally Kemp	Lay Member, East Berkshire CCG
Peter Cruttenden	Lay Member for Governance, North East Hampshire & Farnham CCG
Kathy Atkinson	Lay Member, North East Hampshire & Farnham CCG

Quality and Clinical Governance Committee

The Quality and Clinical Governance Committee ensures effective quality arrangements underpin all services commissioned by the CCG that regulatory requirements are met and patient safety is continually improved.

It aims to ensure that commissioning decisions are based on evidence of clinical effectiveness, protect patient safety and provide a positive patient experience in line with the principles of the NHS Constitution and requirements of the Care Quality Commission.

The Committee followed a comprehensive work programme and invited a number of individuals to attend and provide assurance on the primary care work force and safeguarding. The committee met quarterly until the end of December 2019, when the new Frimley Collaborative arrangements with East Berkshire and North East Hampshire & Farnham CCGs commenced

Committee Members in 2019-20

Edmund Cartwright	Director of Quality and Nursing (Interim)
Caroline Warner	Lay Person for Patient & Public Engagement
Dr Andy Brooks	GP representative, Clinical Chief Officer
Dr Gail Milligan	GP Representative, Governing Body Member
Dr John Fraser	Medical Director
Deborah Seago	Head of Quality (Interim)
Arlene Cardinez	Quality Manager
Kevin Solomons	Associate Director of Medicines Management
Linda Cunningham	Surrey Wide CCG Deputy Designated Nurse Safeguarding Children

Clinical Planning and Delivery Committee

The Clinical Planning and Delivery Committee is responsible for service developments, preparing for each contracting round, service changes, Quality, Innovation, Productivity and Performance (QIPP), horizon scanning, and planning the clinical work programme. The committee met monthly until the end of January 2020, when the new Frimley Collaborative arrangements with East Berkshire and North East Hampshire & Farnham CCGs commenced.

Committee Members in 2019-20

Dr John Fraser	Chair, Medical Director
Edmund Cartwright	Director of Quality and Nursing (Interim)
Dr Andy Brooks	Clinical Chief Officer and GP
Rob Morgan	Interim Managing Director and Chief Finance Officer
Nicola Airey	Director of Planning and Delivery
Tom Lawlor	Interim Associate Director of Commissioning
Dr Rachel Darroch	Clinical Director of Improvement
Dr Emma Whitehouse	GP Clinical Lead (Cancer and End of Life)
Dr Ruth Cureton	GP Clinical Lead (Mental Health)
Dr Adrian Davis	GP

Primary Care Commissioning Committee

In 2018-19, the CCG was given delegated authority by NHS England/Improvement for the commissioning of Primary Care functions. This includes the following:

- General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Existing enhanced services (“Directed Enhanced Services”) only.
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on ‘discretionary’ payment (e.g. parental leave and sickness cover).

The Primary Care Commissioning Committee has been established in accordance with statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Surrey Heath, under delegated authority from NHS England

The Committee also carries out the following activities listed below, supported through the CCG’s Operational Leadership Team (OLT).

- Planning primary medical care services including carry out needs assessments

- Ensuring one common, integrated approach to the commissioning of primary care services, with coherence across functions delegated from NHS England, the CCG's pre-existing responsibilities for primary care development and public health commissioning of primary care led by Surrey County Council.
- Managing the CCG's budget for delegated commissioning of primary medical care services

Meetings are held bi-monthly, in public.

Committee Members in 2019-20

Andrew Lloyd	Chair (until 30 th September 2019)
Tony Fitzgerald	Lay Member for Governance (Committee Chair from 1 st October 2019)
Rob Morgan	Interim Managing Director and Chief Finance Officer (until 30 th November 2019)
Nicola Airey	Executive Place Managing Director (from 1 st December 2019)
Jon Fox	Head of Primary Care
Deborah Seago	Head of Quality (representing Director of Quality & Nursing)
Carol Bewley	Head of Finance
Amanda Wellesley	Secondary Care Consultant

Place Based Committee

The Committee replaced the previous governance arrangements undertaken by the Clinical Planning and Delivery Committee, the Quality and Clinical Governance Committee and the Integrated Performance meeting into a single meeting that manages the local arrangements to improve the quality of healthcare for the local population, provides scrutiny of quality, operational and financial performance, oversight of the design of services and investment decisions.

The Committee first met in January 2020 and continues to meet monthly.

March 2020 changes in response to Covid-19 Pandemic

In March 2020 the CCG changed how it worked in response to the Covid-19 pandemic. An extra-ordinary Frimley Collaborative Board Meeting met in response to the Covid 19 pandemic which had been declared a national incident and the announcement from the Prime Minister on 23 March 2020 introduced stricter measures to enforce social distancing.

A number of important changes took place in line with national guidance, with the role of the CCG to:

- Lead and resource the Frimley Health and Care Integrated Care System Covid 19 Incident Control Centre and
- Support primary care to respond to the impact of Covid 19.

The Frimley Collaborative Board made two important decisions. To suspend meetings for three months with the exception of the Frimley Collaborative Board, Audit Committee and Primary Care Commissioning Board. The Board also approved the delegation of emergency/ extraordinary powers to the Clinical Clinical Chief Officer, and Director of Finance until 30 June 2020.

A command and control arrangement was set up through the Emergency Preparedness Resilience and Response arrangements and a number of interim changes made to Governing Body members. All executive members took roles to support the Incident Co-Ordination Centre and Primary Care.

Roles and interim changes in responsibilities were as follows:

- Rob Morgan - System use of Resource;
- Fiona Slevin-Brown - Full Time System Gold Command Lead;
- Nicola Airey - Chief Operating Officer, supporting and co-ordinating places, emphasis on primary care and community services (supported by four Interim Director of Operations, and North East Hampshire CCG's Interim Managing Director;
- Sarah Bellars – Director of Nursing and Quality - Focus on Infection Prevention and Control, Governance, Safeguarding, & System Quality;
- Emma Boswell - Staff, workforce and communications, capturing improvement practice;
- Lalitha Iyer - Aligning clinical thresholds at System, supporting Chief Operating Officer, and Director of Quality and Nursing. Ensured clinical capacity of CCG GP time in supporting the frontline.

Interim posts were also brought in for Governing Body positions:

- Clinical Chair - Peter Bibawy;
- Lay Convenor - Caroline Warner;
- Lay Members:
 - Bracknell Forest – Ed Palfrey
 - North East Hampshire & Farnham - Kathy Atkinson holding responsibilities for Patient and Public Engagement;
 - Slough and Royal Borough - Arthur Ferry holding responsibilities for governance

- Surrey Heath - Tony Fitzgerald holding responsibilities for Primary Care
- Secondary Care Consultant - Amanda Wellesley
- Place Based Clinical Leaders:
 - Bracknell Forest – Martin Kittel
 - North East Hampshire & Farnham – Steven Clarke
 - Royal Borough – Huw Thomas
 - Slough – Jim O'Donnell
 - Surrey Heath – John Fraser

CCG staff

All Executive staff have clear objectives focused on the Strategic Objectives of the organisation and I have established a schedule of regular one-to-one meetings with each member of the Executive team to oversee progress, culminating in a year-end appraisal of performance.

Moreover, I further exercise internal management controls through my regular executive management team meetings and attendance at a number of committees.

The CCG appointed four Lay Members who Chair and are members of the Governing Body, its committees and sub-committees. Together they strengthen the lay voice and challenge decision-making.

The Lay Members play an active part in the independent scrutiny of CCG activities, through their role on committees but equally in the role as “critical friend” to ensure they are aware of the issues facing the CCG and have input at an early stage when appropriate.

Through the operation of the governance framework I am not aware of any instances of non-compliance with relevant laws, regulation and governance codes. For example, papers to the Governing Body and its committees are required to highlight legal implications and legal advice is sought where necessary.

All papers presented at Public meetings of the Governing Body are published on CCG website.

I am confident the CCG has:

- Reviewed its governance arrangements at intervals to enable it to best respond to its continuing obligations from transition into a fully operating statutory organisation
- Revised its structure to assist in its decision making and accountability.

Discharge of statutory functions

During establishment of the CCG, the arrangements put in place by the clinical commissioning group were developed with extensive expert external legal input, to ensure compliance with all relevant legislation. This legal advice also informed the matters reserved for the Council of Members and the Governing Body decisions.

In light of the 1983 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 Director. Each Director has confirmed that their structures provide the necessary capability and capacity to undertake all of the clinical commissioning group's statutory duties.

The Clinical Commissioning Group Risk Management Arrangements and Effectiveness

The Governing Body Assurance Framework (GBAF), Integrated Risk Register and the system of internal control are significant parts of the risk and control framework and are designed to manage risk providing reasonable assurance of effectiveness.

The GBAF, Risk Registers and the system of internal control are based on an on-going process to identify and prioritise for management the risks to the achievement of the CCG's objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised.

The GBAF enables the Governing Body to be properly informed about the principal risks to the achievement of the organisation's key objectives, and the controls in place which are intended to manage these risks. The CCG principal risks have been summarised in the [Overview](#) section of the report.

The CCG has set the following as a statement for its risk appetite:

Surrey Heath CCG Risk Appetite

The CCG recognises that decisions about the exposure to levels of risk must be taken in context. The CCG is committed, however, to a proactive approach and will take risks where it is persuaded that there is potential for benefit to patient outcomes experience, service quality and/or value for money.

The CCG will not compromise patient safety; where the CCG engages in risk strategies it will ensure that they are actively monitored and managed. The CCG will not hesitate to withdraw exposure if benefits fail to materialise.

Capacity to Handle Risk

Risk management is embedded within the CCG's activities in several ways:

- The Audit Committee conducts a regular review of the risk management systems, including the GBAF and these documents are seen and discussed at each meeting
- Specific risk management responsibilities for Directors and Senior Managers have been agreed and form part of their portfolio
- Risk and risk management is a high priority throughout the CCG, all staff are encouraged to report risks and incidents to ensure learning
- Through regular committee reporting mechanisms, the Governing Body are informed of any significant risk management issues occurring within the CCG

As Accountable Officer, I am supported collectively and individually by the members of the Governing Body. The Executive Directors have responsibility and provide leadership and management for risks on behalf of the CCG. The Committees which report to the Governing Body are all responsible for managing their associated risks, with the Audit Committee reviewing the process around risks.

Guidance on all matters relating to risk management is available to all staff from the Chief Finance Officer who is the nominated Senior Manager to oversee the Risk Register and Governing Body Assurance Framework.

Risk Assessment

Principal risks are summarised in the [Overview](#) section of the report.

The Integrated Risk Register is used as a management tool that enables the CCG to understand its risk profile. It is a repository for all risk information relating to finance, quality and commissioning and is used as a communication tool. It records dependencies between risks and links to the GBAF. The CCG has a common template for the assessment and analysis of all risks. The Residual Risk Score is

recorded and used as an assessment of the current level of risk after the controls and assurances already in place have been assessed.

It is the policy of the CCG to identify, minimise, control and where possible eliminate any risks that may have an adverse impact on patients, staff and the organisation. The Accountable Officer carries ultimate responsibility for all risks within the organisation.

The CCG's Risk Management Strategy and supporting procedures describe the responsibilities for risk management from the organisational responsibility of the Governing Body, through to all staff working for, or with the CCG ensuring their commitment to the principles of risk management which apply throughout all areas of the organisation regardless of the type of risk – organisational, financial, environment and facilities, clinical and non-clinical.

The management of risk has become embedded in the CCG governance arrangements with project and programme risk registers underpinning the main Integrated Risk Register.

The Audit Committee oversees the risk management framework and I am assured on the process of risk management through the Audit Committee's regular review of the process around the reporting of risks on the Integrated Risk Register.

The CCG Governing Body use the Assurance Framework to satisfy itself that risks are being managed effectively and objectives are being achieved.

The CCG has not identified any risks to compliance with the CCG's licence. I have received reasonable assurance from the Internal Auditors that the CCG has effective corporate governance, including the management of conflicts of interest.

Key findings included:

- The Governing Body and its Sub-Committees were quorate, acted in line with their terms of reference, and declared interests for the meeting minutes sampled for review
- The CCG has in place an up to date GBAF which is reviewed regularly by the Governing Body and the Audit Committee
- The CCG is compliant with NHS England and relevant guidance on conflicts of interest including relations with Pharmaceutical companies.

The Clinical Commissioning Group Internal Control Framework

A system of internal control is the set of processes and procedures (such as delegated authority limits, management of conflicts of interest, risks management

etc.) in place in the clinical commissioning group to ensure it delivers its policies, aims and objectives.

The CCG's internal controls are designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

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

The system of internal control has been in place at the CCG for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest for CCGs (published June 2016) requires CCGs to undertake an annual internal audit of conflicts of interest management. To support CCGs to undertake this task, NHS England has published a template audit framework.

The CCG has carried out the annual internal audit of conflicts of interest and received Reasonable Assurance. The CCG has implemented all of the recommendations from the 2018-19 review, and continues to update its processes to align with the NHS England statutory guidance. Recommendations have been made to support the CCG in its continued development of these processes, and are in relation to:

- Ensuring data is recorded in accordance with NHSE guidance
- Ensuring policies are updated.
- Timeliness of completion of COI training

Data Quality

High quality data underpins all aspects of commissioning. It is only through the analysis of timely and complete data can commissioners ensure that they are securing safe, effective, and equitable care for all.

As a commissioner of healthcare services, the CCG relies on other NHS organisations and the CSU to ensure high quality data. We gain assurance from providers and the CSU on the quality of data on a monthly basis and gain independent assurance from Internal Audit reports.

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.

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 an established information governance management framework and ensure all staff undertake annual information governance training and have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities. The General Data Protections Requirements (GDPR) are embedded in all our contracts and other agreements and are reflected in our policies. We also use the data security and protection toolkit.

There are processes in place for incident reporting and investigation of serious incidents.

The CCG has a Caldicott Guardian and Senior Information Responsible Officer (SIRO); both individuals holding this role are members of the CCG's Governing Body. Information Governance issues are also managed through this process and there is a range of associated documentation for staff including a staff guide, policies and processes for the handling, management, storage and destruction of data and information.

Following the publication of the second Caldicott Report during 2013, *Information to Share or Not to Share* the CCG does not hold any patient data (other than that allowed for under legal requirements). All information is passed via the Data Management Centre and managed by the local CSU.

In 2019-20 there were no Information Governance related incidents reported. The CCG has achieved 'Standard Exceeded' for its Information Governance Toolkit.

Internal audit provided substantial assurance on the data security and protection element of the toolkit. The most recent audit on GDPR was finalised in July 2019 with a reasonable assurance rating.

I am therefore confident in the controls the CCG has in place to support the achievement of 'Standard Exceeded' again in the information governance toolkit assessment.

Business critical models and Third Party Assurance

An appropriate framework and environment is in place to provide quality assurance of business critical models, in line with the recommendations in the Macpherson report.

The CCG business critical models primarily rely on activity and finance data produced by the CSU which is assured through their own processes. As Accountable Officer, I receive assurance through the CSU service auditor reports that relevant controls are in place for business critical models and have been operating throughout the year.

The output of business critical models is validated by NHS England through their quarterly assurance process of the CCG.

All business critical models have been identified and information about quality assurance processes for those models has been provided to Audit Committee.

Control Issues

During the year, Internal Audit issued a number of audit reports which identified governance, risk management and/or control issues. The Head of Internal Audit Opinion is informed by these reports.

I am pleased to have received an overall **Reasonable** assurance rating.

At the date of this Annual Report no significant control issues have been identified by the auditors that might prejudice or undermine the integrity or reputation of the CCG and/or wider NHS.

Review of Economy, Efficiency and Effectiveness (three Es) of the Use of Resources

I am confident the CCG actively promotes the three E's in all aspects of the CCG's business. The Operational Leadership Team and the Clinical Planning and Delivery Committee provide critical oversight on investments from both a clinical and financial perspective.

Recruiting the right people to the right posts has been a fundamental approach the CCG has always adopted. During the year, the Accountable Officer became the Accountable Officer for North East Hampshire and Farnham CCG in addition to his role of Accountable Officer for Surrey Heath and East Berkshire CCGs. The Interim Managing Director and Chief Finance Officer was appointed as Executive Director of Finance for Surrey Heath, East Berkshire and North East Hampshire and Farnham CCGs. Nicola Airey was appointed as Executive Place Managing Director for the place of Surrey Heath, as part of the establishment of the five Places in the Frimley Health and Care ICS.

All of the achievements of the CCG have been performed within resource limits set by NHS England.

Feedback from delegation chains regarding business, Use of Resources and responses to risk.

The Scheme of Reservation and Delegation identifies which functions have been delegated, to who or which committee in the CCG. At the same time the CCG retains accountability for all these functions.

Committees in Common are included in the Scheme of Reservation and Delegation to enable collective decision making across wider geographical areas.

Counter Fraud Arrangements

The Local Area Counter Fraud Team provides an active role in the prevention and deterrent of fraud.

- An accredited Counter Fraud Specialist is contracted to undertake counter fraud work proportionate to identified risks
- The Audit Committee receives an annual report against each of the Standards set out in “NHS Protect Standards for Commissioners: Fraud, Bribery and Corruption”. There is executive support and direction for a proportionate proactive work plan to address identified risks.
- The CFO is proactively and demonstrably responsible for tackling fraud, bribery and corruption.
- Appropriate action is taken regarding any NHS Protect quality assurance recommendations.

The Counter Fraud Specialist attends Audit Committee, is involved in policy-setting and sharing of information through newsletters and attendance at CCG team meetings.

Head of Internal Audit Opinion

Following completion of the planned audit work for the financial year for the clinical commissioning group, the Head of Internal Audit 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.

HEAD OF INTERNAL AUDIT'S ANNUAL OPINION

TIAA is satisfied that, for the areas reviewed during the year, NHS Surrey Heath CCG has reasonable and effective risk management, control and governance processes in place.

This opinion is based solely on the matters that came to the attention of TIAA during the course of the internal audit reviews carried out during the year and is not an opinion on all elements of the risk management, control and governance processes or the ongoing financial viability or your ability to meet financial obligations which must be obtained by NHS Surrey Heath CCG from its various sources of assurance.

The following audits were completed during the year:

Audit	Assurance Rating
Primary Care Commissioning	Substantial
Contract Management	Substantial
Conflicts of Interest	Reasonable
Assurance Framework and Risk Management	Reasonable
Critical Financial Assurance –including QIPP Monitoring Arrangements	Substantial
NHS Data Security & Protection Toolkit 2019/20	Substantial
Quality Governance –Complaints Management	Reasonable
Patient and Public Engagement- follow up review	Reasonable

During the year, Internal Audit also issued the following audit reports on services affecting Surrey Heath population but hosted by other CCGs in the Surrey Collaborative.

Audit	Assurance Rating
Continuing Health Care – hosted by Surrey Downs CCG	Reasonable

Of the audits referred to above none identified governance, risk management and/or control issues which were significant to the organisation.

Data Security

The CCG provides an annual submission to the Department of Health on how the CCG manages information governance, confidentiality and data protection; and information security.

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

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

Review of effectiveness

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

The Board Assurance Framework itself provides me with evidence that the effectiveness of controls that manage risks to the clinical commissioning group achieving its principles objectives have been reviewed.

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

I am pleased to have received consistent assurance from the Internal Auditors on the CCG's risk management framework over the past six years

In addition my review is also informed by:

- Monthly activity, quality, finance and performance reports to the Governing Body and the Operational Leadership Team
- The work of the Governing Body Committees in determining and reviewing controls
- The Operational Leadership Team in their involvement in the system of internal control including assessment and highlighting of risks
- The Integrated Performance Meeting members their assessment and highlighting of risks

- Reports and minutes both to, and from the Governing Body
- Assessment and assurance undertaken with NHS England
- Annual Report to Governing Body regarding Emergency Preparedness, Resilience and Response of which the CCG received Substantial Compliance from NHSE

Conclusion

No significant governance issues have been identified by the CCG and I believe that this Annual Governance Statement is a balanced reflection of the risks and controls operating within the CCG during 2019-20

Dr Andy Brooks
Accountable Officer
23rd June 2020

Governing Body Meeting Attendance 2019-20		Public	Business	Public	Public	Business	Public	Business	Public
		21-May-19	04-Jun-19	23-Jul-19	03-Sep-19	01-Oct-19	05-Nov-19	03-Dec-19	04-Feb-20
Name	Title								
Andrew Lloyd	Chair (until 30th September 2019)	✓		✓	✓				
Tony Fitzgerald	Lay member for Governance. Chair from 1st October 2019	✓		✓	✓		✓	✓	
Caroline Warner	Lay Person for Patient and Public Engagement				✓		✓	✓	
Dr Amanda Wellesley	Secondary care Consultant	✓			✓		✓		
Dr Andy Brooks	Chief Officer/ GP Park Road Group (Park Road Surgery)	✓		✓			✓		
Dr J Fraser	Medical Director/GP Upper Gordon Road	✓			✓		✓		
Edmund Cartwright	Interim Director of Quality & Nursing	✓			✓		✓	✓	
Rob Morgan	Interim Managing Director & CFO (until 30th November 2019), Executive Director of Finance (from 1st December 2019)	✓		✓	✓		✓	✓	
Nicola Airey	Director of Planning and Delivery (until 30th November 2019), Executive Place Managing Director (from 1st December 2019)	✓		✓			✓	✓	
Dr Jane Snell	GP representative, Station Road	✓						✓	
Dr Adrian Davis	GP representative, Lightwater				✓		✓	✓	
Dr Claire Gordon	GP representative, Park House	✓		✓	✓			✓	
Dr Julia Katok	GP representative, Park Road Group (Old Dean Surgery)	✓			✓				
Dr Gail Milligan	GP representative, Camberley Health Centre	✓		✓	✓		✓		
Dr Jayesh Patel	GP representative, Ash Vale (Bartlett Group Practice)	✓						✓	
Jonathan Lewney	Public Health Consultant			✓				✓	
Michelle Head	Adult Social Care - Surrey County Council								
Chris Esson	Adult Social Care - Surrey County Council			✓					
Nisha Pawar	Communications & Engagement Lead	✓		✓	✓		✓		
Debbie Seago	Head of Quality			✓					
Tom Lawlor	Interim Associate Director of Commissioning	✓		✓	✓		✓	✓	
Caroline Lovis	Interim Associate Director of Finance	✓		✓	✓		✓	✓	
Helen Atkinson	Executive Director for Health, Wellbeing and Integration, Surrey County Council	✓							

Meeting Cancelled

Meeting Cancelled

Meeting Cancelled

Surrey Heath CCG Audit Committee Attendance 2019-20		23-Apr-19	21-May-19
Name	Title		
Tony Fitzgerald	Lay Member, Governance	✓	✓
Amanda Wellesley	Secondary Care Consultant		✓
Caroline Warner	Lay Person for Patient and Public Engagement		✓

Frimley Collaborative Audit Committees In Common Attendance 2019-20		12-Feb-20	06-Mar-20
Name	Title		
Tony Fitzgerald	Lay Member, Governance and Audit Chair- Surrey Heath CCG	✓	✓
Amanda Wellesley	Secondary Care Consultant - Surrey Heath CCG		✓
Arthur Ferry	Lay Member, Governance and Audit Chair- East Berkshire CCG	✓	✓
Peter Cruttenden	Lay Member, Governance and Audit Chair - North East Hampshire & Farnham CCG	✓	

Surrey Heath Remunerations & Nominations Committee Attendance 2019-20		17-May-19
Name	Title	
Tony Fitzgerald	Lay member and Chair	✓
Caroline Warner	Lay Person for Patient and Public Engagement	✓
Andrew Lloyd	CCG Lay Chair	✓
Dr Amanda Wellesley	Secondary Care Consultant	✓

Frimley Collaborative Remuneration and Nominations Committees In Common Attendance 2019-20		09-Aug-19	09-Sep-19	27-Sep-19	18-Oct-19	15-Nov-19	06-Dec-19	24-Jan-20	09-Mar-20
Name	Title								
Tony Fitzgerald	Lay Member, Governance - Surrey Heath CCG	✓	✓	✓	✓	✓	✓	✓	✓
Caroline Warner	Lay Person for Patient and Public Engagement - Surrey Heath CCG	✓	✓	✓	✓	✓	✓	✓	
Arthur Ferry	Lay Member, Governance - East Berkshire CCG	✓	✓	✓	✓			✓	✓
Sally Kemp	Lay Member - East Berkshire CCG	✓	✓	✓	✓	✓	✓	✓	✓
Peter Cruttenden	Lay Member, Governance - North East Hants & Farnham CCG	✓	✓	✓	✓	x	✓	✓	✓
Kathy Atkinson	Lay Member for Patient and Public Engagement - North East Hants & Farnham CCG		✓	✓	✓	✓	✓	✓	✓

Quality and Clinical Governance Committee Attendance 2019-20		3rd April 19	3rd July 19	2nd Oct 19	8th Jan 20
Name	Title				
Edmund Cartwright	Interim Director of Quality and Nursing	✓	✓	✓	✓
Deborah Seago	Head of Quality	✓	✓	✓	✓
Arlene Cardinez	Quality Manager	✓	✓	✓	
Rob Morgan	Interim Managing Director		✓	✓	
Nicola Airey	Executive Place Managing Director				✓
Tom Lawlor	Interim Associate Director of Commissioning		✓	✓	
Dr Gail Milligan	GP Lead for Quality	✓	✓	✓	✓
Caroline Warner	Lay Person for Public and Patient Engagement	✓	✓	✓	✓
Helen Blunden	Designated Nurse for Safeguarding & Vulnerable Adults in Surrey	✓		✓	
Dr John Fraser	Medical Director		✓		
Noreen Gurner-Smith	Safeguarding Nurse Advisor for Adults and Children		✓		✓
Amy Day	Quality Team Business Manager (North East Hants & Farnham CCG)		✓		✓
Carina Joanes	Medicines Management		✓	✓	
Noreen Devanney	Primary Care Pharmacist				✓
Sue Langan	Care Homes Project Manager			✓	
Sarah Wimblett	Commissioner			✓	✓
Nisha Pawar	Communications and Engagement Lead				✓

Primary Care Commissioning Committee Attendance 2019-20		21-May-19	23-Jul-19	03-Sep-19	05-Nov-19	03-Dec-19	04-Feb-20
Name	Title						
Andrew Lloyd	Chair (until 30th September 2019)	✓	✓	✓			
Tony Fitzgerald	Lay Member for Governance, Chair (from 1st October 2019)				✓	✓	
Nicola Airey	Executive Place Managing Director (from 1st December 2019)						✓
Jon Fox	Head of Primary Care	✓	✓	✓	✓	✓	✓
Rob Morgan	Interim Managing Director and Chief Finance Officer (until 30th November 2019)	✓	✓	✓	✓	✓	✓
Deborah Seago	Head of Quality	✓	✓	✓	✓	✓	✓
Carol Bewley	Head of Finance	✓			✓	✓	✓
Amanda Wellesley	Secondary Care Consultant (Non-conflicted clinical person)	✓		✓	✓		
Maggie Parrish	Practice Manager - Upper Gordon Road				✓	✓	
Richard Brown	Surrey and Sussex Local Medical Committee		✓				
Darren Tymens (DT)	Surrey and Sussex Local Medical Committee	✓		✓	✓	✓	✓
Gareth Jones (GJ)	Healthwatch Surrey, Volunteer Representative		✓				
Maria Millwood	Healthwatch Surrey, Volunteer Representative			✓		✓	✓
Natalie Markall	Healthwatch representative	✓					
Emily Timms	Assistant Contract Manager	✓		✓			
Kaka Osagie	Primary Care and Contracts Assistant						✓

Clinical Planning & Delivery Committee Attendance 2019-20		26-Apr-19	24-May-19	21-Jun-19	19-Jul-19	16-Aug-19	27-Sep-19	25-Oct-19	22-Nov-19	20-Dec-19	24-Jan-20
Name	Title										
Dr John Fraser	Medical Director	✓	✓	✓		✓	✓		✓	Meeting Cancelled	
Dr Rachel Darroch	Clinical Director of Improvement		✓	✓			✓				✓
Tom Lawlor	Interim Associate Director of Commissioning	✓	✓	✓	✓	✓	✓	✓	✓		✓
Dr Andy Brooks	Chief Officer , GP Park Road	✓	✓			✓		✓			
Rob Morgan	Interim Managing Director and Chief Finance Officer (until 30th November 2019)	✓		✓	✓				✓		
Jon Fox	Head of Primary Care	✓		✓		✓		✓	✓		✓
Caroline Lovis	Interim Associate Director of Finance	✓	✓	✓		✓	✓	✓			
Edmund Cartwright	Interim Director of Quality and Nursing	✓	✓	✓	✓	✓	✓	✓	✓		
Deborah Seago	Head of Quality										✓
Claire Norfolk	Senior Commissioning Manager	✓	✓	✓		✓	✓	✓	✓		✓
Dr Emma Whitehouse	Clinical Lead – Cancer & End Of Life Care Lead, GP Upper Gordon Road		✓	✓	✓	✓	✓	✓	✓		✓
Dr Ruth Cureton	Clinical Lead for Mental Health & Learning Disabilities	✓				✓		✓			✓
Dr Gail Milligan	Clinical Lead for Children, GP Camberley Health Centre		✓								
Kevin Solomons	Associate Director of Medicines Management		✓			✓			✓		✓
Dr Lisa Linsky	Clinical Lead Neurology, Care Homes and GP Transformation, GP Heatherside				✓			✓			
Christy Tilney	Commissioning Manager	✓		✓							
Adie Blanchard	Service Improvement Manager		✓								
Sarah Wimblett	Commissioner							✓		✓	
Jonathan Lewney	Public Health Consultant					✓					

Remuneration and Staff Report

Under Chapter 6 of Part 15 of the Companies Act 2006, as interpreted for the public sector, NHS bodies are required to prepare a remuneration report containing information about the remuneration for 'senior managers'.

Senior managers for this purpose are defined as 'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments'.

The Remuneration and Nominations Committee makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for Governing Body members, 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. The Remuneration and Nominations Committee takes account of appropriate national guidance.

The Remuneration and Nominations Committee comprised the following members in 2019-20:

- Tony Fitzgerald, Chair
- Andrew Lloyd, Governing Body Chair (until 30th September 2019)
- Caroline Warner, Lay Person for Patient & Public Engagement
- Dr Amanda Wellesley, Secondary Care Consultant

The Chief Clinical Officer, Dr Andy Brooks and the Interim Managing Director and Chief Finance Officer, Robert Morgan also attend the committee by invitation. The number of meetings and members' attendance at each is disclosed as part of the Annual Governance Statement.

The Remuneration and Nominations Committee agree the specific salaries for senior managers and also consider annual uplifts, having proper regard for the CCG's performance and circumstances and giving consideration to available benchmarking comparisons and value for money. Consideration is also given to the employment status of individual posts for tax purposes. All Senior Managers will have individual objectives set for 2019-20 which align with the CCG's strategic objectives and the employees own development needs.

Guidance was received from the NHS Commissioning Board in April 2012 (Governing Body: Roles, outlines, attributes and skills) with Annex 2 setting out

principles for reimbursement and remuneration for Governing Body members. This has been used to inform all governing body and clinical appointments.

Details of appointments, notice periods and compensation arrangements for early termination for Governing Body members are set out below. There are no specific provisions in place for early termination.

Name	Post	Contract start date	Unexpired Term (as at 31 st Mar 2019)	Notice Period
Nicola Airey	Director of Planning and Delivery (until 30 th November 2019)	October 2012	N/A	N/A
	Executive Place Managing Director, Surrey Heath	December 2019	Permanent	6 months
Dr Andy Brooks	Chief Clinical Officer	July 2012	Permanent	6 months
Tony Fitzgerald	Lay member for Governance	May 2018	1 years 1 month	3 months
Dr John Fraser	Medical Director (until 31 st December 2019)	February 2016	Permanent	3 months
Edmund Cartwright	Director of Quality and Nursing (Interim) (until 31 st December 2019)	May 2018	N/A	N/A
Andrew Lloyd	Chair (until 30 th September 2019)	April 2017	N/A	N/A
Robert Morgan	Chief Finance Officer (until 30 th November 2019)	October 2013	N/A	N/A
	Executive Director of Finance	December 2019	Permanent	6 months
Dr Amanda Wellesley	Secondary Care Consultant	September 2016	5 months	3 months
All practices	GP Governing Body representatives	April 2013	Note 1	Note 1

Note 1 – Term of Office as decided by each individual member practice.

This table is subject to Audit			2019/20								
Name	Title	Notes	Full Salary & Fees	Full Performance Pay & Bonuses	All Pension-related benefits	Total	NHS Surrey Heath CCG				
			(Bands of £5,000)	(Bands of £5,000)	(Bands of £2,500)	(Bands of £5,000)	Salary & Fees	Expense payments (taxable)	Performance Pay & Bonuses	All Pension-related benefits	Total
			£000	£000	£000	£000	(Bands of £5,000)	to nearest £100	(Bands of £5,000)	(Bands of £2,500)	(Bands of £5,000)
Dr Andy Brooks	Clinical Chief Officer for Surey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG	<i>i</i>	170-175	0	0	170-175	65-70	0	0	0	65-70
Rob Morgan	Executive Director of Finance for Surey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG	<i>ii</i>	125-130	0-5	30-32.5	160-165	90-95	0	0-5	22.5-25	115-120
Sarah Bellars	Executive Director of Quality and Nursing for Surey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG	<i>iii</i>	110-115	0	30-32.5	140-145	5-10	0	0	0-2.5	5-10
Emma Boswell	Executive Director of Development and Improvement for Surey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG	<i>iv</i>	90-95	0	17.5-20.0	110-115	0-5	0	0	0.2.5	5-10
Lalitha Iyer	Executive Medical Director for Surey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG	<i>v</i>	85-90	10-15	52.5-55	150-155	5-10	0	0-5	2.5-5	5-10
Nicola Airey	Executive Place Managing Director for Surrey Heath	<i>vi</i>	100-105	0-5	42.5-45	150-155	100-105	0	0-5	42.5-45.0	150-155
Oliver White	Interim Executive Place Managing Director for North East Hampshire and	<i>vii</i>	20-25	0	2.5-5	20-25	0	0	0	0	0
Fiona Slevin-Brown	Executive Place Managing Director for Bracknell Forest	<i>viii and ix</i>	115-120	0	25-27.5	140-145	0	0	0	0	0
Ruth Colburn-Jackson	Managing Director for North East Hampshire and Farnham (until 19th January 2020)	<i>x</i>	85-90	0	12.5-15	100-105	0	0	0	0	0
Edmund Cartwright	Director of Quality & Nursing (Interim) for Surrey Heath (until 31st December 2019)	<i>xi</i>	65-70	0-5	27.5-30	95-100	65-70	100	0-5	27.5-30	95-100
Dr John Fraser	Medical Director for Surrey Heath CCG (until 31st December 2019)	<i>xii</i>	40-45	0	0	40-45	40-45	0	0	0	40-45
Andrew Lloyd	Chair for Surrey Heath CCG (until 30th September 2019)	<i>xiii</i>	10-15	0	0	10-15	10-15	0	0	0	10-15
Tony Fitzgerald	Non Executive/Lay Member for Surrey Heath CCG and Interim Chair for Surrey Heath CCG	<i>xiv</i>	10-15	0	0	10-15	10-15	0	0	0	10-15
Peter Cruttenden	Non-Executive/Lay Member for North East Hampshire & Farnham CCG	<i>xv</i>	30-35	0	0	30-35	0	0	0	0	0
Arthur Ferry	Non-Executive/Lay Member for East Berkshire CCG	<i>xvi</i>	22-25	0	0	22-25	0	0	0	0	0
Amanda Wellesley	Secondary Care Consultant for Surrey Heath CCG and East Berkshire CCG	<i>xvii</i>	20-25	0	0	20-25	10-15	0	0	0	10-15
Dr Peter Bibawy	Clinical Chair for North East Hampshire & Farnham CCG		100-105	0	22.5-25	125-130	0	0	0	0	0
GP Representative	Bartlett Group	<i>xviii & xix</i>	0-5	0	0	0-5	0-5	0	0	0	0-5
GP Representative	Camberley Health Centre	<i>xix</i>	0-5	0	0	0-5	0-5	0	0	0	0-5
GP Representative	Lightwater Surgery	<i>xix</i>	0-5	0	0	0-5	0-5	0	0	0	0-5
GP Representative	Park House Surgery	<i>xix</i>	0-5	0	0	0-5	0-5	0	0	0	0-5
GP Representative	Park Road Group Practices	<i>xviii & xix</i>	5-10	0	0	5-10	5-10	0	0	0	5-10
GP Representative	Station Road Surgery	<i>xix</i>	0-5	0	0	0-5	0-5	0	0	0	0-5
GP Representative	Upper Gordon Road Surgery	<i>xix</i>	0-5	0	0	0-5	0-5	0	0	0	0-5

Notes

- General** Details above show the remuneration for senior managers relating to their role at Surrey Heath CCG, the tables below include the full remuneration for those individuals who have senior management responsibility in more than one organisation. The titles in the table are for the roles held by those individuals at 31st March 2020 unless where stated their role as a senior manager has ceased during the year. Please see the notes for details of roles undertaken during the year for those who held more than one position. The list of senior managers includes those whose primary responsibilities are in other organisations but who form part of the Frimley Collaborative Board which has replaced the individual CCG Governing Bodies. Therefore, these individuals are part of the overall governance of Surrey Heath CCG and are therefore deemed to meet the definition of a senior manager ie 'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments'
- i* Dr Andy Brooks was Clinical Chief Officer for Surrey Heath CCG and East Berkshire CCG until 30th November 2019 and from 1st December 2019 became Clinical Chief Officer for Surrey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG. His remuneration was split between Surrey Heath CCG and East Berkshire CCG until 1st December when it was split between the three CCGs in the Frimley Collaborative.
 - ii* Rob Morgan was Interim Managing Director & Chief Finance Officer for Surrey Heath CCG until 30th November 2019. From 1st December 2019 became Executive Director of Finance for Surrey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG. The annual performance bonus relates to achievements in 2018-19
 - iii* Sarah Bellars was Director of Nursing for East Berkshire CCG until 1st December 2019 and from 2nd December 2019 was appointed Executive Director of Quality and Nursing for East Berkshire, Surrey Heath and North East Hampshire & Farnham CCGs (Frimley Collaborative). In December 2019 there was an overlap in the Director of Quality and Nursing roles across all three CCGs. This allowed a robust and considered handover between the directors previously responsible for quality and nursing; and took into consideration transition arrangements for Emma Boswell and Edmund Cartwright as they stepped into new and different portfolios on 2 January 2020.
 - iv* Emma Boswell was the Executive Director of Quality of Nursing for NHS North East Hampshire & Farnham CCG until 31st December 2019. No costs were recharged to Surrey Heath CCG for this role. On 1st January 2020 she was appointed to the role of Executive Director of Development and Improvement for Surrey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG
 - v* Lalitha Iyer was Medical Director for East Berkshire CCG until 31st December 2019. From 1st January 2020 became Executive Medical Director for Surrey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG. The performance bonus relates to 2019-20. Her total salary also includes payment she receives for her role as Clinical Lead at East Berkshire CCG. No costs are recharged to Surrey Heath for this role.
 - vi* Nicola Airey was Director of Planning & Delivery for Surrey Heath CCG until 1st December 2019 and from 2nd December 2019 became Executive Place Managing Director for Surrey Heath. No recharges were made to the other CCGs for her remuneration. The annual performance bonus relates to achievements in 2018-19
 - vii* Oliver White was appointed Interim Executive Place Managing Director for North East Hampshire and Farnham on 20th January 2020. No costs were recharged to Surrey Heath CCG for this role.
 - viii* Fiona Slevin-Brown was Director of Strategy and Operations for East Berkshire CCG until 31st December 2019 and from 1st January 2020 became Executive Place Managing Director for Bracknell Forest. No costs were recharged to Surrey
 - ix* The roles of Executive Place Managing Director for Royal Boroughs and Slough (the other two places in East Berkshire) were appointed to in 2019-20 but the post holders did not take up their roles until 2020-21
 - x* Ruth Colburn-Jackson was the Managing Director for NHS North East Hampshire & Farnham CCG. She left the CCG on 19th January 2020. No costs were recharged to Surrey Heath CCG for this role.
 - xi* Edmund Cartwright was the Director of Quality & Nursing (Interim) until 31st December 2019. No recharges were made to other CCGs for this role. The annual performance bonus relates to achievements in 2018-19
 - xii* Dr John Fraser was the Medical Director of Surrey Heath CCG until 31st December 2019.
 - xiii* Andrew Lloyd was Chair of Surrey Heath CCG until 31st September 2019.
 - xiv* Tony Fitzgerald is the Lay Member for Governance for Surrey Heath CCG and was also Interim Chair for Surrey Heath CCG from 30th September 2019. No recharges were made to the other CCGs for these roles
 - xv* Peter Cruttenden is the Convener (Chair) of the Board for the Hampshire and Isle of Wight Partnership of CCGs, and a Lay Member for Governance for NHS North East Hampshire and Farnham CCG. No costs were recharged to Surrey Heath CCG for these roles
 - xvi* Arthur Ferry is the Lay Member for Governance for East Berkshire CCG. No costs were recharged to Surrey Heath CCG for this role.
 - xvii* Dr Amanda Wellesley is the Secondary Care Consultant for Surrey Heath CCG and East Berkshire CCG. Her remuneration is split between the two CCGs
 - xviii* Remuneration for GP and Practice Manager representation is made to the respective surgery, not to an individual. Dr Andy Brooks and Dr John Fraser receive remuneration in relation to their respective roles of Chief Officer and Medical Director directly and Park Road Group Practices and Upper Gordon Road practices receive remuneration additionally for their role in representing those practices at the Governing Body.
 - xix* Bartlett Group is comprised of Frimley Green Medical Centre and Ash Vale Surgery, Park Road Group Practices is comprised of Park Road, Old Dean and Heatherside surgeries

This table is subject to Audit		2018/19									
Name	Title	Notes	NHS Surrey Heath CCG								
			Full Salary & Fees	Full Performance Pay & Bonuses	All Pension-related benefits	Total	Salary & Fees	Expense payments (taxable)	Performance Pay & Bonuses (vi)	All Pension-related benefits	Total
			(Bands of £5,000)	(Bands of £5,000)	(Bands of £2,500)	(Bands of £5,000)	(Bands of £5,000)	to nearest £100	(Bands of £5,000)	(Bands of £2,500)	(Bands of £5,000)
£000	£000	£000	£000	£000	£	£000	£000	£000			
Dr Andy Brooks	Chief Officer	<i>i</i>	155 - 160	5 - 10	0	160 - 165	80 - 85	0	0 - 5	0	85 - 90
Robert Morgan	Chief Finance Officer		120 - 125	0 - 5	45 - 47.5	170 - 175	120 - 125	0	0 - 5	45 - 47.5	170 - 175
Nicola Airey	Director of Planning and Delivery		90 - 95	0 - 5	20 - 22.5	120 - 125	90 - 95	200	0 - 5	20 - 22.5	120 - 125
Alison Huggett	Director of Quality & Nursing (until May 2018)		15 - 20	0 - 5	0	15 - 20	15 - 20	0	0 - 5	0	15 - 20
Edmund Cartwright	Director of Quality & Nursing (Interim) (from June 2018)		70 - 75	0 - 5	55-57.5	130-135	70 - 75	100	0 - 5	55-57.5	130-135
Dr John Fraser	Medical Director		40 - 45	0	0	40 - 45	40 - 45	0	0	0	40 - 45
Andrew Lloyd	Chair		20 - 25	0	0	20 - 25	20 - 25	0	0	0	20 - 25
Tony Fitzgerald	Lay Member for Governance		10 - 15	0	0	10 - 15	10 - 15	0	0	0	10 - 15
Dr Amanda Wellesley	Secondary Care Consultant	<i>ii</i>	15 - 20	0	0	15 - 20	10 - 15	0	0	0	10 - 15
Sreeparna Roy	Lay member for Patient and Public Engagement (until Sep 2018)	<i>iii</i>	0 - 5	0	0	0 - 5	0 - 5	0	0	0	0 - 5
GP Representative	Bartlett Group	<i>iv and v</i>	5 - 10	0	0	5 - 10	5 - 10	0	0	0	5 - 10
GP Representative	Camberley Health Centre	<i>iv</i>	5 - 10	0	0	5 - 10	5 - 10	0	0	0	5 - 10
GP Representative	Lightwater Surgery	<i>iv</i>	0 - 5	0	0	0 - 5	0 - 5	0	0	0	0 - 5
GP Representative	Park House Surgery	<i>iv</i>	5 - 10	0	0	5 - 10	5 - 10	0	0	0	5 - 10
GP Representative	Park Road Group Practices	<i>iv and v</i>	10 - 15	0	0	10 - 15	10 - 15	0	0	0	10 - 15
GP Representative	Station Road Surgery	<i>iv</i>	0 - 5	0	0	0 - 5	0 - 5	0	0	0	0 - 5
GP Representative	Upper Gordon Road Surgery	<i>iv</i>	5 - 10	0	0	5 - 10	5 - 10	0	0	0	5 - 10
Practice Manager representative		<i>iv</i>	0 - 5	0	0	0 - 5	0 - 5	0	0	0	0 - 5

Notes

i

Dr Andy Brooks was Chief Officer of Surrey Heath CCG and East Berkshire CCG, effective June 2018.

ii

Dr Amanda Wellesley acts as Secondary Care Consultant for Surrey Heath CCG and East Berkshire CCG. The table above shows the salary, expenses, bonus payments and pension benefits she received in her role as Secondary Care Consultant for Surrey Heath CCG. Her total salary, expenses, bonus payments and pension benefits are set out below for both roles is set out below.

iii

The Lay Person for Patient and Public Engagement, Caroline Warner, joined the CCG in February 2019. She is not a member of the Governing Body and therefore remuneration information is not

iv

Remuneration for GP and Practice Manager representation is made to the respective surgery, not to an individual. Dr Andy Brooks and Dr John Fraser receive remuneration in relation to their respective

vi

Bartlett Group is comprised of Frimley Green Medical Centre and Ash Vale Surgery, Park Road Group Practices is comprised of Park Road, Old Dean and Heatherside surgeries

vi

Annual Performance related bonuses paid in 2018-19 relate to achievements in 2017-18.

Pension Benefits								
Name and Title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 st March 2020	Lump sum at pension age related to accrued pension at 31 st March 2020	Cash Equivalent Transfer Value at 1 st April 2019	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 st March 2020	Employers contribution to stakeholder pension
	£000 (bands of	£000 (bands of	£000 (bands of	£000 (bands of	£000	£000	£000	£000
Dr Andy Brooks Clinical Chief Officer for Surrey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG	0	0	0	0	0	0	0	n/a
Rob Morgan Executive Director of Finance for Surrey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG	0-2.5	0	15-20	0	159	15	197	n/a
Sarah Bellars Executive Director of Quality and Nursing for Surrey Heath CCG, East Berkshire CCG and North East Hants and Farnham CCG	0-2.5	0.0-2.5	30-35	65-70	525	25	578	n/a
Emma Boswell Executive Director of Development and Improvement for Surrey Heath CCG, East Berkshire CCG and North East Hants and Farnham CCG	0-2.5	(2.5)-0	25-30	50-55	376	12	410	n/a
Lalitha Iyer Executive Medical Director for Surrey Heath CCG, East Berkshire CCG and North East Hants and Farnham CCG	2.5-5.0	7.5-10	15-20	50-55	346	63	429	n/a
Nicola Airey Executive Place Managing Director for Surrey Heath	2.5-5	0-2.5	25-30	55-60	481	41	547	n/a
Fiona Slevin Brown Executive Place Managing Director for Bracknell Forest	0-2.5	0	40-45	95-100	721	26	781	n/a
Oliver White: Interim Executive Place Managaing Director for North East Hampshire and Farnham CCG	0-2.5	(2.5)-0	15-20	20-25	157	1	178	n/a
Ruth Colburn-Jackson: Managaing Director for North East Hampshire and Farnham CCG	0-2.5	(2.5)-0	25-30	50-55	334	4	361	n/a
John Fraser, Medical Director Surrey Heath CCG (until 31st December 2019)	0	0	0	0	0	0	0	n/a
Edmund Cartwright Director of Quality & Nursing (Interim) for Surrey Heath CCG (until 31st Dec 2019)	0-2.5	0-2.5	20-25	45-50	309	17	351	n/a

Details above show the pension benefits for senior managers relating to their role at Surrey Heath CCG. The amount disclosed in the All Pension Benefits column is the proportion relating to Surrey Heath CCG not the full amount.

The titles in the table are for the roles held by those individuals at 31st March 2020 unless where stated their role as a senior manager has ceased during the year. Please see the notes in the remuneration table for details of roles undertaken during the year for those who held more than one position. The list of senior managers includes those whose primary responsibilities are in other organisations but who form part of the Frimley Collaborative Board which has replaced the individual CCG Governing Bodies. Therefore, these individuals are part of the overall governance of Surrey Heath CCG and are therefore deemed to meet the definition of a senior manager ie 'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments'

Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the members' accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

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

Pay Multiples

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

The banded remuneration of the highest paid director in Surrey Heath CCG during the financial year 2019-20 was £100,000 - £105,000 (2018-19 £125,000 - £130,000). The change is due to the Accountable Officer role being a shared post during 2019-20 with East Berkshire CCG for the whole year (part year only in 2018-19) and also with North East Hampshire and Farnham CCG from December 2019. The mid-point of the banded remuneration on an annualised basis of the highest paid director is £187,500 (2018-19 £167,500). This was 3.2 times higher than the median

remuneration of the workforce (2018-19 2.91 times), the increase year on year being due to the changes to the Executive team structure and the joint role of the Clinical Chief Officer with East Berkshire CCG and North East Hampshire and Farnham CCG. The median remuneration of the workforce was £58,652 (2018-19 £57,495), the increase being mainly due to the impact of the Agenda for Change pay award in 2019-20.

In 2019-20, no employees received remuneration in excess of the highest paid director. Annualised remuneration ranged from £21,335 to £188,420. (2018-19 £20,607 to £165,000).

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

In 2019-20 the Governing Body agreed a recommendation by the Remuneration and Nominations Committee to award a Non Recurrent Pay Award (Performance Related Pay and Bonus in tables above) to the Executive Directors based on achievement of overall CCG performance and achievement of objectives in 2018-19. In 2019-20 benchmarking review was undertaken to inform the pay award as part of the remuneration review process and the changes to the executive team structure on formation of the Frimley Collaborative.

The Clinical Clinical Chief Officer and Medical Directors' salaries in 2019-20 on a full time annualised basis exceed the Prime Ministers salary threshold, currently £158,754. Their salaries were set by the lay members of the CCG reflecting the commitment to being a clinically led organisation, with experienced clinicians in the roles of Clinical Chief Officer and Medical Director.

The CCG has maintained the structure of its staffing establishment in 2019-20. It continues to support the delivery of the transformation challenges faced by the NHS and to support the development of the Frimley Health and Care ICS. The small increase in the median salary in 2019-20 relates to the Agenda for Change pay award.

Staff Report

Under the Equality Act 2010 it is essential that the CCG collects and reports on its current relevant workforce information. To do this it is updated on a regular basis to ensure that current policies, practices and support mechanisms remain relevant to the needs and requirements of the workforce.

The CCG employs permanent staff and also uses a limited amount of agency staff when appropriate, classified as 'other'. It also buys in services from Commissioning Support Units, other CCGs and Trusts. The following table sets out the staff costs for the permanent and agency staff for 2019-20 and 2018-19 and the numbers of staff associated with those costs:

Staff costs and numbers	Administration			Programme			Total		
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
2019-20									
Salaries and wages	687	34	721	843	288	1,131	1,530	322	1,852
Social security costs	80	0	80	98	0	98	178	0	178
Employer Contributions to NHS Pension scheme	173	0	173	112	0	112	285	0	285
Termination benefits			0	0		0	0	0	0
Total	940	34	974	1,053	288	1,341	1,993	322	2,315

Number of staff	24	5	29
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Staff costs and numbers	Administration			Programme			Total		
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
2018-19									
Salaries and wages	719	12	731	874	45	919	1,593	57	1,650
Social security costs	81	0	81	104	0	104	185	0	185
Employer Contributions to NHS Pension scheme	76	0	76	106	0	106	182	0	182
Termination benefits			0	10		10	10	0	10
Total	876	12	888	1,094	45	1,139	1,970	57	2,027

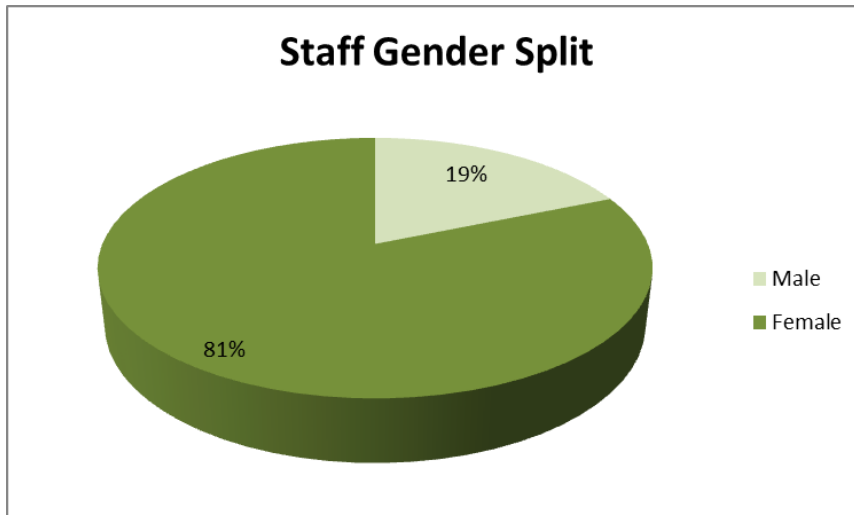
Number of staff	25	2	27
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Senior Managers at the CCG are not remunerated under Agenda for Change pay scales and therefore a table showing the Agenda for Change bandings is not provided.

Staff Composition

Number of permanent staff employed (headcount) as at 31st March (excluding interim staff, non-executive directors and clinical leads)

	Total	Male	Female
Directors	8	4	4
Senior Managers	10	2	8
Other Bands 3 - 8a	14	0	14
Total	32	6	26

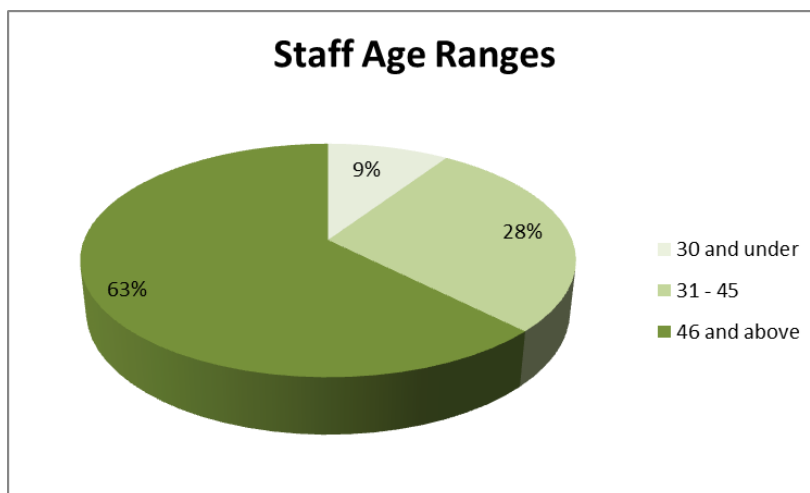


Ethnicity, Disability and Sexual Orientation Monitoring

This is not available to be published as the highest percentage was staff that declined to give this information. This would mean that the publishable results would be out of context.

Age

Due to the low numbers of staff the age profile has been completed the ranges below.



Pension Liabilities

See the Notes to the Accounts - Note 4.4 in the Financial Statements.

Sickness Absence Data

The Department of Health and Social Security has taken the decision to not commission the data production exercise for NHS bodies this year. Please see the link below to the NHS Digital publication series, which gives the national data on sickness absence across the NHS.

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates>

Disclosure of Serious Untoward Incidents

Details of Serious Untoward Incidents involving data loss or confidentiality can be found in the Annual Governance Statement.

Principles for Remedy

The Parliamentary and Health Service Ombudsman's six Principles for Remedy (see below) are embedded into the CCG's Complaints Policy and Procedure to ensure the approach to complaints is reasonable, fair and proportionate and meets the needs of individuals. The CCG is committed to ensuring high quality, clinically effective services, treatments and interventions that meet the needs of patients. The CCG believes highlighting complaints and concerns can lead to improvements.

The six Principles for Remedy are:

1. Getting it right
2. Being customer focused
3. Being open and accountable
4. Acting fairly and proportionately
5. Putting things right
6. Seeking continuous improvement.

Employee Consultation

Surrey Heath CCG values its employees and ensures a culture of mutual respect and support among staff.

As in previous years, the CCG consulted its staff using the national Picker Institute online survey and have continued to perform significantly better than the national average. The results for 2019-20 are explained further in the [Successes in 2019-20](#) section.

The Executive holds regular Team Meetings to share news with colleagues including latest operational updates, planning decisions and details of upcoming events. These sessions enable two-way communication and staff are encouraged to raise issues and share their own news.

Aside from the face to face briefing, CCG staff are kept up to date on developments via email, newsletters and other meetings. The CCG has a staff consultation committee, including two members of staff and an executive member representative who meet quarterly with a representative from Human Resources to discuss matters affecting staff from an employment perspective including terms and conditions of employment and CCG staff policies.

In addition, all members of staff are involved in training which in 2019-20 included:

- Fraud, Bribery and Corruption Awareness
- Safeguarding (Children and Adults)
- Team Building and developing personal profiles.

Employees with Disabilities

The CCG gives full and fair consideration by the CCG to applications for employment made by disabled persons having regard to their particular aptitudes and abilities. Recruitment by the CCG is carried out in accordance with its Recruitment and Selection Policy and Procedure. Every consideration is shown to job applicants and employees who are disabled and those who meet the minimum criteria for the post are invited for interview.

All applicants invited for interview are asked if they need any additional support when attending the interview. Employees who become disabled in the course of their employment have a regular review with their manager to consider how to best utilise and develop their abilities. The CCG considers adjustments, which are deemed reasonable, to their employment or working conditions that would assist them in the performance of their duties.

Employment Issues

The organisation has a range of policies in place to assist managers in dealing with employment issues which might arise. These include policies relating to Disciplinary, Bullying and Harassment, Capability, Grievances, Equality and Diversity and Flexible Working. The CCG has access to specialist HR advice from Frimley Health NHS Foundation Trust. There have been no employment related issues that have arisen during the year that have required specialist advice and day to day issues have been dealt with by line managers.

Health and Safety at Work

The CCG has no reporting instances of Health and Safety breaches in the reporting period.

Expenditure on Consultancy

The CCG spent approximately £81,000 on external consultants in 2019-20 (2018-19 circa £144,000) who assisted the CCG in various aspects of development work.

Off Payroll Engagements

Details of off payroll engagements as at 31st March 2020, for more than £245 per day lasting longer than 6 months are set out below.

Number of existing engagements as of 31 March 2020	8
Of which, the number that have existed:	
For less than one year at the time of reporting	0
For between one and two years at the time of reporting	0
For between two and three years at the time of reporting	0
For between three and four years at the time of reporting	0
For more than four years at the time of reporting	8

For all new off-payroll engagements or those that reached six months duration, between 1st April 2019 and 31st March 2020, for more than £245 per day and that last longer than six months

Number of new engagements or those that reached six months in duration between 1 st April 2019 and 31st March 2020	0
Of which	
Number assessed as caught by IR35	0
Number assessed as not caught by IR35	0
Number engaged directly (via PSC contracted to department) and are on the departmental payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0
Number of off payroll engagements of board members and/or senior officers with significant financial responsibility during the year	8
Number of individuals that have been deemed 'board members' and/or senior officers with significant financial responsibility during the financial year. This figure includes off payroll and on payroll engagements	14

The off payroll engagements of board members and/or senior officers with significant financial responsibility during the year above are the GP representatives from every member practice and a practice manager from one of the member practices who sit on the CCG's Governing Body (details of payments are set out in the Salaries and Allowances table). Payment is made to the practices for the services of a representative, not to the individuals concerned. Assurance has been provided to the CCG by each practice that the correct amount of tax has been paid in relation to the fees paid to the practice.

Exit Packages

There have been no exit packages in 2019-20.

There was one redundancy package funded in 2018-19.

	2018-19	
	Compulsory redundancies	
	Number	£
Less than £10,000	1	9,540
Total	1	9,540

Redundancy and other departure costs have been paid in accordance with the provisions of Agenda for Change. Exit costs in this note are accounted for in full in the year of departure.

Parliamentary Accountability and Audit Report

Surrey Heath is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on contingent liabilities are included in Note 12 of the Financial Statements

There have been no losses, gifts, or fees and charges during the year.

An audit certificate and report is also included in this Annual Report at page 133

To the best of my knowledge and belief this report provides an accurate and true account of the CCG's remuneration and staff information.

Dr Andy Brooks - Accountable Officer
23rd June 2020

Appendix 1 – Full list of providers

NHS Acute Services Providers:-

Ashford & St Peter's Hospital
Barts Health
Chelsea & Westminster Hospital
Epsom & St Helier Hospital
Frimley Health NHS Foundation Trust
Great Ormond Street Hospital
Guys & St Thomas's Hospital
Hampshire Hospitals
Imperial College Healthcare
Kings College Hospital
Kingston
Moorfields Eye Hospital
North West London Hospitals
Oxford University Hospitals
Portsmouth Hospitals
Queen Victoria Hospital
Royal Berkshire Hospital
Royal Brompton & Harefield Hospital
Royal Free Hospital
Royal National Orthopaedic Hospital
Royal Surrey County Hospital
Southampton University Hospital
South East Coast Ambulance Service (999 and NHS 111)
South Coast Ambulance Service (Patient Transport)
St George's Healthcare
Surrey & Sussex Healthcare
The Royal Marsden
University College London Hospital

(Please note the above are the main providers of NHS acute services to the NHS Surrey Heath CCG population. The CCG pays for services at other NHS acute hospitals across the country on a non-contracted activity basis)

Independent Sector Providers:-

Ascenti
BMI Healthcare Collections
British Pregnancy Advice Service
Marie Stopes International
Nuffield Health
Philips Resporonic
Spire Healthcare
Sussex Community Dermatology
Upper Gordon Road Pain & MSK Service

Mental Health Services Providers:-

Assist (Aspergers)
Alzheimer's Society
Community Connexions
Dorking Healthcare
Ieso Digital Health
Think Action Surrey
Centre for Psychology
Mind Matters Surrey (Surrey & Borders Partnership NHS Foundation Trust)
Surrey County Council
Surrey & Borders Partnership NHS Foundation Trust

Community and Voluntary Services Providers:-

Arthritis Care
Handyman
Headway Surrey
Healthcare at Home
Homestart
Marie Curie
Outline
Phyllis Tuckwell Hospice
Princess Alice Hospice
Woking Hospice
Stroke Association
Sussex Community Healthcare
Surrey County Council
White Lodge
Voluntary Services North Surrey
Virgin Care Services Ltd

Continuing Care Providers:-

Private Care Homes (various)
Surrey County Council

Primary Care Services:-

Surrey Heath Community Providers Ltd (GP Federation)
Bartlett Group (incorporating Frimley Green & Ash Vale Surgeries)
Camberley Health Centre
Lightwater Surgery
Park House Surgery
Park Road Group Practice (incorporating Old Dean & Heatherside Surgeries)
Station Road Surgery
Upper Gordon Road Surgery
Alliance Pharmacy (Camberley, Lightwater, Frimley Green)
Balchem Ltd (trading as Lightwater Pharmacy)
Bayfields Optician
Boots the Chemist (Camberley)
Boots Opticians Professional Services
Camberley Healthcare

Dolby Vivisol
Heatherside Pharmacy
Insight Optician
Leighton's Optician
Lloyds Pharmacy (Frimley and Wharf Road, Ash)
North Hampshire Urgent Care
RAM Dispensing Chemist
Sainsbury Pharmacy (Watchmoor Park)
Optum
First Databank
Simon Pestell Optician
Spec Savers Optician
Touchwood Pharmacy
Vision Express Optician
VSM Pharmacy

Other:-

NHS Guildford & Waverley CCG (Children's & Adult's Safeguarding, Looked After Children services)
NHS South, Central & West Commissioning Support Unit
NHS Surrey Downs CCG (Independent Funding Requests, Medicines Management)

Appendix 2 – Independent Auditors’ Report

INDEPENDENT AUDITOR’S REPORT TO THE MEMBERS OF THE GOVERNING BODY OF NHS SURREY HEATH CLINICAL COMMISSIONING GROUP

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of NHS Surrey Heath Clinical Commissioning Group (“the CCG”) for the year ended 31 March 2020 which comprise the Statement of Comprehensive Net Expenditure, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note [X].

In our opinion the financial statements:

- give a true and fair view of the state of the CCG’s affairs as at 31 March 2020 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by the NHS Commissioning Board with the consent of the Secretary of State as being relevant to CCGs in England and included in the Department of Health and Social Care Group Accounting Manual 2019/20.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (“ISAs (UK)”) and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the CCG in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Accountable Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the CCG without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements (“the going concern period”).

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least a year from the date of approval of the financial statements. In our evaluation of the Accountable Officer’s conclusions we considered the inherent risks to the CCG’s operations and analysed how these risks might affect the CCG’s financial resources, or ability to continue its operations over the going concern period. We have nothing to report in these respects.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor’s report is not a guarantee that the CCG will continue in operation.

Other information in the Annual Report

The Accountable Officer is responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material

misstatements in the other information. In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement does not comply with guidance issued by the NHS Commissioning Board. We have nothing to report in this respect.

Remuneration and Staff Report

In our opinion the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2019/20.

Accountable Officer's responsibilities

As explained more fully in the statement set out on page [A], the Accountable Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the CCGs ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the CCG without the transfer of its services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Opinion on regularity

We are required to report on the following matters under Section 25(1) of the Local Audit and Accountability Act 2014.

In our opinion, in all material respects, the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Report on the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice we are required to report to you if the CCG has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page [A], the Accountable Officer is responsible for ensuring that the CCG exercises its functions effectively, efficiently and economically. We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the CCGs arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in December 2019 and updated in April 2020 as to whether the CCG had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the CCG under section 24 of the Local Audit and Accountability Act 2014.

We have nothing to report in these respects.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Members of the Governing Body of NHS Surrey Heath CCG, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Members of the Governing Body of the CCG, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Members of the Governing Body, as a body, for our audit work, for this report or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of NHS Surrey Heath CCG for the year ended 31 March 2020 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Joanne Lees
for and on behalf of KPMG LLP
Chartered Accountants
London

25th June 2020

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Financial Statements

Statement of Comprehensive Net Expenditure for the year ended 31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Income from sale of goods and services	2	(2,797)	(3,228)
Other operating income	2	(62)	(11)
Total operating income		(2,859)	(3,239)
Staff costs	4	2,315	2,027
Purchase of goods and services	5	144,379	135,822
Depreciation and impairment charges	5	-	-
Provision expense	5	26	106
Other Operating Expenditure	5	716	116
Total operating expenditure		147,436	138,071
Net Operating Expenditure		144,577	134,832
Comprehensive Expenditure for the year		144,577	134,832

The notes on pages 141 to 166 form part of this statement

**Statement of Financial Position as at
31 March 2020**

		2019-20	2018-19
	Note	£'000	£'000
Current assets:			
Trade and other receivables	8	919	1,366
Cash and cash equivalents	9	70	62
Total current assets		989	1,428
Total assets		989	1,428
Current liabilities			
Trade and other payables	10	(8,303)	(7,151)
Provisions	11	(108)	(132)
Total current liabilities		(8,411)	(7,283)
Non-Current Assets plus/less Net Current Assets/Liabilities		(7,422)	(5,855)
Non-current liabilities			
Provisions	11	(85)	(76)
Total non-current liabilities		(85)	(76)
Assets less Liabilities		(7,507)	(5,931)
Financed by Taxpayers' Equity			
General fund		(7,507)	(5,931)
Total taxpayers' equity:		(7,507)	(5,931)

The notes on pages 141 to 166 form part of this statement

The financial statements on pages 137 to 140 were approved by the Audit Committee on behalf of the Governing Body on 17th June and signed on its behalf by:

Dr Andy Brooks
Accountable Officer
23rd June 2020

**Statement of Changes In Taxpayers Equity for the year ended
31 March 2020**

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2019-20		
Balance at 01 April 2019	(5,931)	(5,931)
Adjusted NHS Clinical Commissioning Group balance at 31 March 2019	<u>(5,931)</u>	<u>(5,931)</u>
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2019-20		
Net operating expenditure for the financial year	(144,577)	(144,577)
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	(144,577)	(144,577)
Net funding	143,001	143,001
Balance at 31 March 2020	<u>(7,507)</u>	<u>(7,507)</u>
Changes in taxpayers' equity for 2018-19		
Balance at 01 April 2018	(3,952)	(3,952)
Adjusted NHS Clinical Commissioning Group balance at 31 March 2019	<u>(3,952)</u>	<u>(3,952)</u>
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2018-19		
Net operating costs for the financial year	(134,832)	(134,832)
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	(134,832)	(134,832)
Net funding	132,853	132,853
Balance at 31 March 2019	<u>(5,931)</u>	<u>(5,931)</u>

The notes on pages 141 to 166 form part of this statement

**Statement of Cash Flows for the year ended
31 March 2020**

	Note	2019-20 £'000	2018-19 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(144,577)	(134,832)
(Increase)/decrease in trade & other receivables	8	447	310
Increase/(decrease) in trade & other payables	10	1,152	1,586
Provisions utilised	11	(41)	(41)
Increase/(decrease) in provisions	11	26	106
Net Cash Inflow (Outflow) from Operating Activities		(142,993)	(132,871)
Net Cash Inflow (Outflow) from Investing Activities		0	0
Net Cash Inflow (Outflow) before Financing		(142,993)	(132,871)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		143,001	132,853
Net Cash Inflow (Outflow) from Financing Activities		143,001	132,853
Net Increase (Decrease) in Cash & Cash Equivalents	9	8	(18)
Cash & Cash Equivalents at the Beginning of the Financial Year		62	80
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		70	62

The notes on pages 141 to 166 form part of this statement

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2019-20 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on a going concern basis.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

Where a clinical commissioning group ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis.

1.2 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.3 Movement of Assets within the Department of Health and Social Care Group

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health

and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 Pooled Budgets

The clinical commissioning group has entered into four pooled budget arrangements with Surrey County Council [in accordance with section 75 of the NHS Act 2006]. Under these arrangements, funds are pooled for the purchase of Child and Adolescent Mental Health Services, Community Equipment, health and social care activities included in the Better Care Fund , with an additional pooled budget for further integrated health and social care initiatives (community nursing and mental health services, adult social care services and commissioning staff for both organisations). Note 15 (tbc) provides details of the income and expenditure.

The pool budgets are hosted by Surrey County Council. The clinical commissioning group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

1.5 Operating Segments

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the clinical commissioning group.

1.6 Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows;

- As per paragraph 121 of the Standard the clinical commissioning group will not disclose Information regarding performance obligations part of a contract that has an original expected duration of one year or less,
- The clinical commissioning group is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
- The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the clinical commissioning group to reflect

the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the Clinical Commissioning Group is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

In addition the CCG receives income is £2.6M from the Better Care Fund pooled budget held with Surrey County Council under section 75 of the NHS Act 2006.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

1.7 Employee Benefits

1.7.1 Short-term Employee Benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.7.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the clinical commissioning group of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the clinical commissioning group commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.8 Other Expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.9 Grants Payable

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the clinical commissioning group recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.10 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.10.1 The Clinical Commissioning Group as Lessee

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

1.11 Cash & Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the clinical commissioning group's cash management.

1.12 Provisions

Provisions are recognised when the clinical commissioning group has a present legal or constructive obligation as a result of a past event, it is probable that the clinical commissioning group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows

estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:

- All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:
- A nominal short-term rate of 0.51% (2018-19: 0.76%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
- A nominal medium-term rate of 0.55% (2018-19:1.14%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
- A nominal long-term rate of 1.99% (2018-19: 1.99%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
- A nominal very long-term rate of 1.99% (2018-19: 1.99%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

1.13 Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the clinical commissioning group pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with clinical commissioning group.

1.14 Non-clinical Risk Pooling

The clinical commissioning group participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the clinical commissioning group pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.15 Contingent liabilities and contingent assets

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the

amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.16 Financial Assets

Financial assets are recognised when the clinical commissioning group becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at amortised cost; and
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

The only financial assets the CCG holds are loans and receivables

1.17 Impairment

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the clinical commissioning group recognises a loss allowance representing the expected credit losses on the financial asset.

The clinical commissioning group adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their

executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The clinical commissioning group therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the clinical commissioning group does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.18 Financial Liabilities

Financial liabilities are recognised on the statement of financial position when the clinical commissioning group becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.19 Value Added Tax

Most of the activities of the clinical commissioning group are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.20 Critical accounting judgements and key sources of estimation uncertainty

In the application of the clinical commissioning group's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.20.1 Critical accounting judgements in applying accounting policies

The following are the judgements, apart from those involving estimations, that management has made in the process of applying the clinical commissioning group's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques deemed relevant by the Clinical Commissioning Group

The CCG's in Surrey have adopted, for hosted services, where a lead CCG acts as a payment body on behalf of other CCG's a Net Accounting Agreement. This applies to the service element only and charges for administering the hosted services have been shown gross.

The Net Accounting Agreement covers the following service areas only :-

- Continuing Healthcare managed via NHS Surrey Downs CCG
- Mental Health placements managed via NHS Guildford and Waverley CCG
- Children placements and CAMHS managed via NHS Guildford & Waverley CCG
- Wheelchair Services managed via NHS North West Surrey CCG

1.20.2 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

- Prescribing accrual. There is a time lag between when the Clinical Commissioning Group's patients receive drugs and certain other medical consumables prescribed by our GPs and when the Group pays the NHS Prescription Services for their issue. At the balance sheet date the Clinical Commissioning Group has estimated the value of this lag in relation to drugs and goods issued but not paid for to be £2044K.
- Partially Completed Spells. The Clinical Commissioning Group recognises expenditure relating to spells of care started by our providers at the balance sheet date but not yet completed. This recognition is limited to cost and volume contracts where the activity will incur extra costs for the Clinical Commissioning Group. The Clinical Commissioning Group works with its providers to ensure that the Partially Completed Spells accrual is accurate at the balance sheet date but it relies on the estimates of management concerning the eventual cost of the treatment. At the balance sheet date the Clinical Commissioning Group was recognising a Partially Completed Spells liability of £256K.
- Maternity Pathway adjustment. The Clinical Commissioning Group recognises reductions to expenditure relating to pathways of care where payment is recognised at the start of the ante-natal or post-natal period but where at the balance sheet date the pathway phase is incomplete. This

recognition is limited to cost and volume contracts where the activity will incur extra costs for the Clinical Commissioning Group. The Clinical Commissioning Group works with its providers to ensure that the Maternity Pathway adjustment is accurate at the balance sheet date but it relies on the estimates of management concerning the phasing of the treatment. At the balance sheet date the Clinical Commissioning Group was recognising a Maternity Pathway adjustments asset of £351K.

The estimates and associated assumptions are based on historical experience and other factors, that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

1.21 Accounting Standards That Have Been Issued But Have Not Yet Been Adopted

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2019-20. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2020-21, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases – The Standard is effective 1 April 2020 as adapted and interpreted by the FReM.
The CCG has commenced the assessment of the application of IFRS 16 to its financial statements. This commenced with work to identify leases which are currently operating leases and should be reclassified as finance leases as well as a broader review of recurring expenditure streams where right to use assets may be embedded in contracting arrangements. The work has progressed to March 2020, when the CCG revised its operational priorities and working patterns to deal with the COVID19 pandemic and combined with the decision to defer the implementation of IFRS16 in the NHS to 1 April 2021 means that it has not been practical to complete this work or present it for audit. The work to identify the impact of this standard is expected to recommence in Autumn 2020
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019.

The application of the Standards (IFRS 17 and IFRIC 23) as revised would not have a material impact on the accounts for 2019-20, were they applied in that year. Assessment of the impact for IFRS 16 is unknown until treatment of leases with other public sector bodies is agreed.

2 Other Operating Revenue

	2019-20 Total £'000	2018-19 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	19	47
Non-patient care services to other bodies	2,677	3,008
Other Contract income	101	173
Total Income from sale of goods and services	2,797	3,228
Other operating income		
Charitable and other contributions to revenue expenditure: non-NHS	62	11
Other non contract revenue	-	-
Total Other operating income	62	11
Total Operating Income	2,859	3,239

3 Revenue

3.1 Disaggregation of Income - Income from sale of good and services (contracts)

Source of Revenue	Education, training and research £'000	Non-patient care services to other bodies £'000	Other Contract income £'000
NHS	19	70	-
Non NHS	-	2,607	101
Total	19	2,677	101

Timing of Revenue	Education, training and research £'000	Non-patient care services to other bodies £'000	Other Contract income £'000
Point in time	19	2,677	101
Total	19	2,677	101

4. Employee benefits and staff numbers

4.1 Employee benefits

	Total		2019-20
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	1,530	322	1,852
Social security costs	178	-	178
Employer Contributions to NHS Pension scheme	285	-	285
Gross employee benefits expenditure	1,993	322	2,315
Total - Net admin employee benefits including capitalised costs	1,993	322	2,315
Net employee benefits excluding capitalised costs	1,993	322	2,315
	Total		2018-19
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	1,593	57	1,650
Social security costs	185	-	185
Employer Contributions to NHS Pension scheme	182	-	182
Termination benefits	10	-	10
Gross employee benefits expenditure	1,970	57	2,027
Total - Net admin employee benefits including capitalised costs	1,970	57	2,027
Net employee benefits excluding capitalised costs	1,970	57	2,027

Approximately 50% of the increase in other staff costs in 2019-20 relates to staff seconded from other organisations to work as Cancer and Frailty Navigators supporting our Integrated Care Teams. The CCG received transformation funding from the ICS for the Frailty Navigator post and from MacMillan Cancer Support for the Cancer Navigator post.

4.2 Average number of people employed

	2019-20			2018-19		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	24	5	29	25	2	27

4.3 Exit packages agreed in the financial year

No exit packages have been agreed for the year ended 31 March 2020.

	2018-19		2018-19		2018-19	
	Compulsory redundancies Number	£	Other agreed departures Number	£	Total Number	£
Less than £10,000	1	9,540	-	-	1	9,540
Total	1	9,540	-	-	1	9,540

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

4.4 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contributions scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows.

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

5 Operating expenses

	2019-20	2018-19
	Total	Total
	£'000	£'000
Purchase of goods and services		
Services from other CCGs and NHS England	2,011	2,141
Services from foundation trusts	84,568	77,464
Services from other NHS trusts	1,123	1,252
Services from Other WGA bodies	-	2
Purchase of healthcare from non-NHS bodies	28,539	29,588
Purchase of social care	145	145
Prescribing costs	13,432	12,900
General Ophthalmic services	14	11
GPMS/APMS and PCTMS	13,741	11,290
Supplies and services – clinical	8	5
Supplies and services – general	45	277
Consultancy services	81	144
Establishment	250	301
Transport	1	1
Premises	82	30
Audit fees	50	50
Other non statutory audit expenditure		
· Other services	13	-
Other professional fees	169	174
Legal fees	-	8
Education, training and conferences	107	39
Total Purchase of goods and services	144,379	135,822
Provision expense		
Provisions	26	106
Total Provision expense	26	106
Other Operating Expenditure		
Chair and Non Executive Members	71	114
Grants to Other bodies	645	-
Other expenditure	0	2
Total Other Operating Expenditure	716	116
Total operating expenditure	145,121	136,044

External Audit is provided by KPMG LLP, with a fee for 2019-20 being £41,597 (excluding VAT).

In accordance with SI 2008 no.489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008, where a CCG contract with its auditors provides for a limitation of the auditor's liability, the principal terms of this limitation must be disclosed in a note to the accounts.

The contract signed on 14 March 2017, states that the liability of KPMG LLP, its members, partners and staff (whether in contract, negligence or otherwise) shall in no circumstances exceed £2m, aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

Mental Health Investment Standard audit fee for 2019-20 of £10K is accrued but not included as part of the audit fees.

Grants to Other bodies are capital grants made to GP practice to support practice redevelopments.

6 Better Payment Practice Code

Measure of compliance	2019-20 Number	2019-20 £'000	2018-19 Number	2018-19 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	2,104	31,131	2,305	29,764
Total Non-NHS Trade Invoices paid within target	2,083	31,110	2,289	29,709
Percentage of Non-NHS Trade invoices paid within target	99.00%	99.93%	99.31%	99.82%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,031	98,265	2,011	100,178
Total NHS Trade Invoices Paid within target	2,030	98,265	2,010	100,178
Percentage of NHS Trade Invoices paid within target	99.95%	100.00%	99.95%	100.00%

7 Operating Leases

7.1 As lessee

NHS Surrey Heath CCG occupies space on 2 floors at Surrey Heath Borough Council at Knoll Road, Camberley. The rent commencement date for the initial lease on the 1st floor was from 28.10.13 and for space on the 3rd floor from 30.10.14. The lease was in 2 parts and ran until 27.10.16. The lease was renewed for a further 12 month period until 26.10.17. The annual rent for the 1st floor space was increased to £18,825 excl VAT and the annual rent for the 3rd floor space to £12,000 excl VAT, both were paid quarterly in advance. In October 2017 the leases were further extended until 27.10.20 and the annual rent for the 1st floor space is now £20,000 per annum excl VAT and for the 3rd floor space £12,750 per annum excl VAT. Table 7.1.2 below does not include any amounts for vacant properties managed on behalf of NHS Surrey Heath Clinical Commissioning Group by NHS Property Services.

7.1.1 Payments recognised as an Expense

	2019-20		2018-19	
	Buildings £'000	Total £'000	Buildings £'000	Total £'000
Payments recognised as an expense				
Minimum lease payments	39	39	(23)	(23)
Total	39	39	(23)	(23)

7.1.2 Future minimum lease payments

	2019-20		2018-19	
	Buildings £'000	Total £'000	Buildings £'000	Total £'000
Payable:				
No later than one year	23	23	39	39
Between one and five years	-	-	23	23
Total	23	23	62	62

8 Trade and other receivables

	Current 2019-20 £'000	Current 2018-19 £'000
NHS receivables: Revenue	16	354
NHS prepayments	351	351
NHS accrued income	329	96
NHS Contract Receivable not yet invoiced/non-invoice	64	488
Non-NHS and Other WGA receivables: Revenue	85	20
Non-NHS and Other WGA prepayments	11	29
Non-NHS and Other WGA accrued income	38	14
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	9	-
VAT	14	14
Other receivables and accruals	2	-
Total Trade & other receivables	919	1,366
Total current and non current	919	1,366

8.1 Receivables past their due date but not impaired

	2019-20 DHSC Group Bodies £'000	2019-20 Non DHSC Group Bodies £'000	2018-19 DHSC Group Bodies £'000	2018-19 Non DHSC Group Bodies £'000
By up to three months	8	-	217	-
By three to six months	-	-	-	-
By more than six months	-	11	-	11
Total	8	11	217	11

The amount of £11,000 in by more than six months is a debt owed by NHS Property Services Ltd reclaiming incorrect charge levied on non Surrey Heath properties.

9 Cash and cash equivalents

	2019-20 £'000	2018-19 £'000
Balance at 01 April 2019	62	80
Net change in year	8	(18)
Balance at 31 March 2020	70	62
Made up of:		
Cash with the Government Banking Service	70	62
Cash and cash equivalents as in statement of financial position	70	62
Balance at 31 March 2020	70	62

There is no Patients' money held by the clinical commissioning group

10 Trade and other payables

	Current 2019-20 £'000	Current 2018-19 £'000
NHS payables: Revenue	579	558
NHS accruals	885	1,201
Non-NHS and Other WGA payables: Revenue	223	92
Non-NHS and Other WGA accruals	3,103	3,810
Non-NHS and Other WGA deferred income	44	-
Social security costs	28	30
Tax	30	29
Other payables and accruals	3,411	1,431
Total Trade & Other Payables	8,303	7,151
Total Current and Non-current	8,303	7,151

Other payables include £100,704 outstanding pension contributions at 31 March 2020. This comprises of March 2020 employers' and employees' superannuation contributions in respect of the CCG employees and GP pensions under delegated co-commissioning.

11 Provisions

	Current 2019-20 £'000	Non-current 2019-20 £'000	Current 2018-19 £'000	Non-current 2018-19 £'000
Continuing care	108	85	132	76
Total	108	85	132	76
Total current and non-current	193		208	
	Continuing Care £'000	Total £'000		
Balance at 01 April 2019	208	208		
Arising during the year	42	42		
Utilised during the year	(41)	(41)		
Reversed unused	(16)	(16)		
Balance at 31 March 2020	193	193		
Expected timing of cash flows:				
Within one year	108	108		
Between one and five years	85	85		
Balance at 31 March 2020	193	193		

Following accounting policies 1.12 if the discount rate on 0.51% was applied this would restate the value of the expected cash flow for between 1 and 5 years from £85,062 to £85,496.

12 Contingencies

	2019-20 £'000	2018-19 £'000
Contingent liabilities		
Continuing Healthcare	109	139
Net value of contingent liabilities	109	139

NHS Surrey Heath CCG has recognised a contingent liability for Continuing Healthcare claims for previously unassessed periods of care from April 2013 onwards that have not been received or fully quantified yet. It is based on previous claims made over the last 6 years to NHS Surrey Downs CCG, the host for this service. NHS Surrey Heath CCG has a 10.77% risk share of this value.

13 Financial instruments

13.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because NHS Surrey Heath clinical commissioning group is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The clinical commissioning group has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the clinical commissioning group in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS Surrey Heath clinical commissioning group standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the NHS Surrey Heath clinical commissioning group and internal auditors.

13.1.1 Currency risk

The NHS Surrey Heath clinical commissioning group is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS Surrey Heath clinical commissioning group has no overseas operations. The NHS Surrey Heath clinical commissioning group and therefore has low exposure to currency

13.1.2 Interest rate risk

The clinical commissioning group borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The clinical commissioning group therefore has low exposure to interest rate fluctuations.

13.1.3 Credit risk

Because the majority of the NHS Surrey Heath clinical commissioning group and revenue comes parliamentary funding, NHS Surrey Heath clinical commissioning group has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

13.1.4 Liquidity risk

NHS Surrey Heath clinical commissioning group is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS Surrey Heath clinical commissioning group draws down cash to cover expenditure, as the need arises. The NHS Surrey Heath clinical commissioning group is not, therefore, exposed to significant liquidity risks.

13.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

13 Financial instruments cont'd

13.2 Financial assets

	Financial Assets measured at amortised cost 2019-20 £'000	Total 2019-20 £'000
Trade and other receivables with NHSE bodies	8	8
Trade and other receivables with other DHSC group bodies	402	402
Trade and other receivables with external bodies	134	134
Cash and cash equivalents	70	70
Total at 31 March 2020	614	614

13.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2019-20 £'000	Total 2019-20 £'000
Trade and other payables with NHSE bodies	192	192
Trade and other payables with other DHSC group bodies	3,482	3,482
Trade and other payables with external bodies	4,527	4,527
Total at 31 March 2020	8,201	8,201

14 Operating segments

	Gross expenditure £'000	Income £'000	Net expenditure £'000	Total assets £'000	Total liabilities £'000	Net assets £'000
Commissioning of Healthcare	147,436	(2,859)	144,577	989	(8,496)	(7,507)
Total	147,436	(2,859)	144,577	989	(8,496)	(7,507)

15 Joint arrangements - interests in joint operations

15.1 Interests in joint operations

Name of arrangement	Parties to the arrangement	Description of principal activities	Amounts recognised in Entities books ONLY 2019-20				Amounts recognised in Entities books ONLY 2018-19			
			Assets £'000	Liabilities £'000	Income £'000	Expenditure £'000	Assets £'000	Liabilities £'000	Income £'000	Expenditure £'000
Child and Adolescent Mental Health Services	Surrey County Council, NHS Guildford and Waverley CCG, NHS North West Surrey CCG, NHS Surrey Downs CCG, NHS East Surrey CCG, NHS North East Hants and Farnham CCG and NHS Surrey Heath CCG	Targeted (Tier 2) CAMHS services (including school based services, HOPE service, children in care services and youth support services) Behaviour pathway for children with neurodevelopmental disorders.	-	(1)	238	(237)	2	-	230	(230)
Integrated Community Equipment Store	Surrey County Council, NHS Guildford and Waverley CCG, NHS North West Surrey CCG, NHS Surrey Downs CCG, NHS East Surrey CCG, NHS North East Hants and Farnham CCG and NHS Surrey Heath CCG	Purchase of community equipment across Surrey	-	-	172	(172)	-	-	172	(172)
Better Care Fund	Surrey County Council and NHS Surrey Heath CCG	Health and social care joint services and initiatives	-	-	2,599	(2,599)	-	-	2,331	(2,331)
Integrated Health and Social Care Services	Surrey County Council and NHS Surrey Heath CCG	Integrated commissioning of health and social care services	-	(2)	9,638	(9,636)	-	(17)	9,208	(9,191)

16 Related party transactions

Details of related party transactions with individuals are as follows:

		Payments to Related Party 2019/20 £000	Receipts from Related Party 2019/20 £000	Amounts owed to Related Party 2019/20 £000	Amounts due from Related Party 2019/20 £000
Frimley Health NHS Foundation Trust	Acute Hospital Services	65,645	(103)	371	(366)
Surrey & Borders Partnership NHS Foundation Trust	Mental Health & Learning Disability services	11,200	-	60	-
Surrey County Council	Better Care Fund, CAMHS, Voluntary Sector	5,709	(2,264)	12	(62)
Virgin Care	Community Healthcare	5,890	-	1	-
Bartlett Group Practice	1,2,4,5,9	3,480	-	7	-
Park Road Group Practice	2,4,5,9	2,501	-	71	-
Upper Gordon Road Surgery	2,4,5,7,9	2,103	-	43	-
Surrey Heath Community Providers Ltd	3 and 6	2,004	(8)	-	-
Lightwater Surgery	2,4,5,9	1,402	-	1	-
North Hampshire Urgent Care	Provision of Out of Hours service	779	-	-	-
NHS North East Hampshire and Farnham CCG	Recharges for Mental Health Collaborative Charges	392	(20)	55	(4)
Camberley Health Centre	2,4,5,9	977	-	1	-
Station Road Surgery	2,4,5,9	876	-	2	-
Park House Surgery	2,4,5,9	752	-	21	-
NHS East Berkshire CCG	Recharges for joint appointments	59	(206)	45	(20)
Sussex Community Dermatology	Community skin service	363	-	63	-
Surrey Heath Borough Council	8	72	-	37	-
GlaxoSmithKline (GSK) PLC	Pharmaceutical Company	-	(1)	-	-
Surrey & Sussex Healthcare NHS Trust	NCA's	23	-	4	-
Western Sussex Hospitals NHS Foundation Trust	NCA's and FSD	29	-	6	-
Salus	GP Network	5	-	-	-
MacMillan Cancer Support	Training Income	-	(52)	-	(10)
Surrey Heath Primary Care Network	GMS contract - PCN Network DES and ad hoc	300	-	84	-

16 Related party transactions (cont'd)

Payments to related parties above include the following:-

1. Practice dispensing fees
2. Personally Administered Drugs prescribing
3. Locally commissioned services
4. Governing Body practice representation fees
5. Prescribing Incentive Schemes
6. Extended Opening Hours
7. Pain and MSK clinics
8. Lease, rates, telephones, printing and photocopying
9. GMS contractual payments

The Department of Health is regarded as a related party. During the year the clinical commissioning group has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. Entities with which Surrey Heath CCG had significant transactions are listed below:-

Foundation Trusts:

Frimley Health NHS Foundation Trust
Surrey & Borders Partnership NHS Foundation Trust
South East Coast Ambulance Service NHS Foundation Trust
South Coast Ambulance Service NHS Foundation Trust
Royal Surrey County Hospital NHS Foundation Trust
St Georges Healthcare NHS Foundation Trust

Clinical Commissioning Groups:

NHS East Berkshire CCG
NHS North West Surrey CCG
NHS Surrey Downs CCG
NHS Guildford and Waverley CCG
NHS North East Hampshire and Farnham CCG

NHS England:

NHS South, Central and West CSU

In addition, the clinical commissioning group has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Surrey County Council for which detailed are provided above in addition there are transactions with HM Revenue and Customs and the NHS Pensions Authority.

17 Events after the end of the reporting period

There are no post balance sheet events which have a material effect on the financial statements of the CCG.

18 Financial performance targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended).

NHS Clinical Commissioning Group performance against those duties was as follows:

	2019-20	2019-20	2019-20	2019-20
	Target	Performance	Surplus	Duty Achieved
	£'000	£'000	£'000	
Expenditure not to exceed income	147,471	147,436	(35)	Yes
Capital resource use does not exceed the amount specified in Directions	-	-	-	
Revenue resource use does not exceed the amount specified in Directions	144,612	144,577	(35)	Yes
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	
Revenue administration resource use does not exceed the amount specified in Directions	2,080	1,945	(135)	Yes
	2018-19	2018-19	2018-19	2018-19
	Target	Performance	Surplus	Duty Achieved
	£'000	£'000	£'000	
Expenditure not to exceed income	138,075	138,071	(4)	Yes
Capital resource use does not exceed the amount specified in Directions	-	-	-	
Revenue resource use does not exceed the amount specified in Directions	134,836	134,832	(4)	Yes
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	
Revenue administration resource use does not exceed the amount specified in Directions	1,990	1,946	(44)	Yes