NHS East Berkshire

Clinical Commissioning Group

Annual Report 2019/20

Introduction by the Clinical Chair and Clinical Chief Officer

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 Coronavirus Disease 2019 (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 (CCGs), and as Frimley Health and Care Integrated Care System (ICS) 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 North East Hampshire and Farnham, East Berkshire and Surrey Heath. 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. I was very proud to be appointed as Clinical Chief Officer for the Frimley Collaborative.

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. We have strengthened our Place based teams with the appointment of the Managing Director roles, and focused our efforts on the growth and development of our Primary Care Networks (PCNs), working with them and our Place partners in responding to the needs of local people.

Across East Berkshire we have had great success with our integrated care decision making teams, where we are proactively supporting people with health and care needs who directly benefit from a coordinated multi-disciplinary approach.

Together with our partners, we have shown that we are committed to promoting the mental health and emotional wellbeing of the children and young people who live in our area. Our Local Transformation Plan describes our level of ambition and includes details of our Young Health Champions (YHC) programme, accredited by the Royal Society of Public Health. The programme is now being implemented across East Berkshire and we are incredibly proud of this work.

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 Chief Officer

Review of the Year

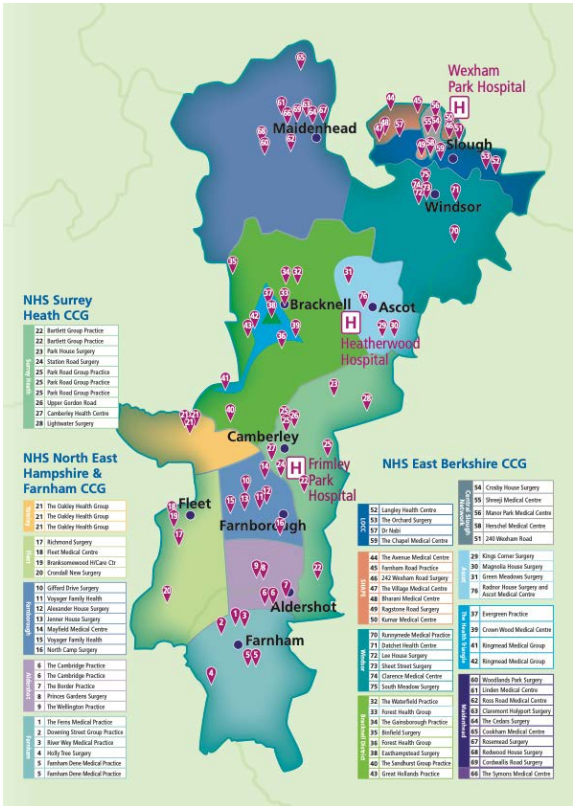
This section of the Annual Report provides a summary of the key areas of work which have been delivered in this year.

Operational Plans

We have developed our Integrated Care System Operating Plan for 2019/20 as part of the Frimley Health and Care Integrated Care System. The plan describes the collective priorities and actions for the providers, commissioners and local authorities that make up the Integrated Care System (ICS). It outlines how we will continue to deliver the overall vision of improved integration on driving quality health care improvement across the system. The plan can be accessed here: https://www.frimleyhealthandcare.org.uk/about/our-plans/system-operating-plan-for-201920/.

Primary Care

The key focus in addition to the core Primary Care delegated support is the development of the Primary Care Networks (PCNs) in East Berkshire. Eight PCNs were formally established on 1st July 2019.



In January 2020, a further PCN was established in Slough resulting in nine PCNs across East Berkshire. There remains one practice in East Berkshire outside of the Network Directed Enhanced Services provision, and they are allocated to Maidenhead PCN, with additional support through the primary care team. Primary Care Networks focused on establishing their foundations through the national maturity matrix, which includes the leadership in developing an extended workforce to support care through primary care and closer working with other local partners. The emerging Place development in early 2020, has further cemented the role of PCNs in local health and social care partnerships.

Service improvement for PCNs in year one included the expansion and embedding of the fledgling social prescribing pathways, working with local authorities and community assets. In East Berkshire 100% of our residents now have access through health and social care to experience the benefits of social prescribing to improve their well-being and ensure they have better outcomes. The PCNs will have a greater role going forward in understanding the needs and opportunities around the infrastructure requirements to deliver the future of primary care in partnership with other providers and organisations.

We are progressing further planning and delivery of the Primary Care Infrastructure Plan, which was revised in January 2020. Progress on the modernisation and additional capacity requirements for primary and community care facilities was achieved in Slough through the Britwell Development, achieving NHSE funding and in Ascot with the current Heatherwood Development for Green Meadows Surgery and Ascot Medical Centre. Other pipeline schemes included in the primary care infrastructure will be progressed following due diligence into future opportunities working with local authorities and support practices in exploring opportunities with developers.

The CCG completed a deep dive impact assessment across all Extended Hours services in primary care to identify sectors of the patient population in East Berkshire which would benefit from improved access to primary care services. The outcome of this exercise identified that the homeless and other vulnerable groups required improved access. Through working in partnership with local authorities, charities and local associations, this led to the delivery of new enhanced services in Maidenhead, Slough and Bracknell.

In order to improve the health and wellbeing of vulnerable groups, it is key to strengthen and build the engagement with their wider network of advice and support services.
If homeless people feel better, and are accessing treatment for their physical and mental health issues, then their self-esteem and wellbeing improves. They are then more likely to positively engage with the other services available to resolve their homeless status and follow a sustained pathway to an improved life.

Urgent and Emergency Care

The CCG has led the development of Discharge to Assess (D2A). D2A facilitates an earlier exit from the hospital setting (when this is no longer required) by undertaking an assessment for longer term needs in a patient's own home or an alternative setting within the community.

Pathways were developed alongside a discharge passport that supports the provision of appropriate interim support until longer term requirements have been determined.
The Discharge to Assess framework has been developed collaboratively with adult social care partners (Bracknell Forest Council, Slough Borough Council and the Royal Borough of Windsor and Maidenhead (RBWM)), Wexham Park Hospital and Berkshire Health Foundation Trust. The framework has demonstrated success in reducing delays in transfers of care whilst improving longer term outcomes for East Berkshire residents through person centred multi-organisational working.

D2A continues to evolve, with further work planned to align it with the developing Primary Care Networks and Locality Access Points (LAPs); ensuring clear and effective communication and seamless transfers of care between acute and community services.

Integrated Care and Better Care Fund

In partnership with Bracknell Forest Council, Slough Borough Council and the RBWM, we have continued to develop and improve the integration of our community health and social care services for East Berkshire residents. This has been achieved through our operational model of Integrated Care Decision Making (ICDM) and funded through integrated investment from our Better Care Funds for Bracknell Forest, Slough and RBWM.

During 2019/20, we have implemented an operational model of integrated care which forms the fundamental infrastructure that brings our health and social care providers together into local Integrated Community Teams (ICTs). The overarching aim is to provide better care outcomes and experience for people receiving integrated care.

It is through neighbourhood ICTs that joined up decisions are made that best meet the needs of the most vulnerable adults in our communities.

The ICTs are aligned with, and work closely with, PCNs to plan and provide care that is well-coordinated and delivered locally in people's homes or local communities.

Last year saw the launch of a new Anticipatory Care Approach within primary care. The new approach saw general practitioners proactively identifying people registered with their practice that have complex physical, mental health or social care needs that are likely to contribute to poorer outcomes and a higher risk of hospital admission. This Anticipatory

Care Approach gives those experiencing problems, together with those close to them, the time to consider and plan their future care needs. At the end of this year, we expect to have identified nearly 14,000 East Berkshire residents who could benefit from this approach, the aim of which is to deliver longer-term benefits and outcomes for people by reducing the risk of exacerbation and impact of unplanned and crisis intervention.

Neighbourhood, community based Multi-Disciplinary Team (MDT) meetings, otherwise known as Integrated Cluster MDTs, have also been expanded this year to bring in wider professional representation including mental health nurses, therapists, social workers and social prescribers. The meetings have time to include care planning discussions of the more complex individuals that have been identified through the Anticipatory Care Approach. This year we have seen positive evidence of the impact of integrated care interventions including fewer non-elective admissions and fewer Accident and Emergency (A&E) attendances.

In the latter part of this year we have continued to build on the components of our integrated care model with the introduction of LAPs within each Place. The LAPs have dedicated resources from social work, older peoples' mental health, community nursing and therapies to receive, assess and triage cases that would benefit from integrated care. LAPs will facilitate an integrated response much sooner, improving access and navigation to provide a joined up community services.

This year, for those individuals living with frailty as a long term condition, the seamless pathway between community and acute hospital care has been further developed. This starts with the anticipatory care planning approach in general practice. Within the community it is supported by Integrated Frailty Liaison Teams, should the person be admitted to hospital in a frailty crisis. The Integrated Frailty Liaison Teams at both Frimley Park and Wexham Park hospital sites have developed substantially this year, with recurrent funding secured. The teams have extended their hours of service and expanded to include more staff and new roles, including frailty pharmacists. This has resulted in patients being able to return home from hospital quicker, and a reduced length of stay if individuals are admitted.

Better Care Fund (BCF) programmes have been able to support the vital investment into resources that will support and sustain the ICDM, model across the East of Berkshire. In 2019/20 the BCF additional minimum uplifts have also supported investment into the delivery of high impact changes in managing transfers of care, particularly in establishing a discharge to assess model out of the acute hospital using a single discharge passport, as well as providing enhanced support to care homes and access to interim support in community beds. Additional BCF investment has also supported the end of life care advice line, the paediatric hotline for General Practitioners (GPs) and increased system resilience

through the GP working in the acute and continued development and improvement of systems to monitor flow.

End of Life Care

The CCG, along with its partners and stakeholders, carried out the self-assessment of the six ambitions (http://endoflifecareambitions.org.uk/tag/eolc). Since then we have been looking at ways to further improve the local services for end of life care. In 2019 we held stakeholder meetings and surveyed carers and patients on future developments and improvements. From this work some key areas were identified for change, with enhancing what we already have in areas of good communication and training.

We have been out to the market for our specialist palliative care services and hope to have the new service in place by July 2020. This new service will offer (on top of what we already have) more inpatient beds, an extended counselling/bereavement service and day care. There will also be a palliative care domiciliary service developed.

There is now an Integrated Care System (ICS) End of Life Care steering group which has undertaken a number of pieces of work throughout the year, including a directory of service, patient care diary and an ICS training strategy. This steering group has both provider and commissioner representation.

The CCG has been working with care homes and East Berkshire Out of Hours on verification of death training. This new process enables the certification of death to be issued for burial out of hours to allow families to bury their family member within 24 hours.
Aside this, the CCG continues to work closely with patient groups and key stakeholders on the transformation of its end of life care services for the future. This is to ensure that it achieves the best possible services for those facing end of life, along with their loved ones and carers in East Berkshire.

The past 12 months has seen a number of engagement events and workshops, including GP forums and local workshops held in Slough, Bracknell and Windsor. These have been well attended by colleagues from the acute trust, district nurses, hospice, bereavement services, continuing health care, intermediate care teams, care homes, Healthwatch and out of hours services.

Overall feedback from workshop participants in Health and Social Care and the voluntary sector agreed that the palliative and end of life care services currently provided were working well. The hospice services, especially the rapid response service, were considered very effective as well as pre/post bereavement counselling and pastoral care. Participants commented on good district nursing services, responsive information and communication technology services. Colleagues felt, on the whole, there were good relationships between

providers and agencies. It was recognised that progress was being made and the number of people being cared for and dying in place of their choice is increasing.

Mental Health

Dementia

East Berkshire CCG, alongside Berkshire West CCG and Berkshire Healthcare Foundation Trust (BHFT), have developed a Berkshire wide memory clinic pathway with the aim of improving patients' and carers' experience of living with dementia as well as improving early diagnosis as people are assessed quicker and memory clinic wait times reduce.

Dementia care advisor provision across East Berkshire has also increased, meaning that anyone diagnosed with dementia can access support. Dementia diagnosis rates were on target for every locality for the first time in nearly 3 years during autumn this year, although figures fluctuate monthly. Dementia Action Alliances are currently being developed further across East Berkshire alongside regular Place meetings which feed into the newly reinstated East Berkshire Dementia Forum.

Wellbeing Service

A brand new service has been developed in East Berkshire to support people whose mental health is being affected by a social determinant such as a family, housing or money. The offer will consist of:

- 1:1 support with a support worker
- access to voluntary community sector support (such as citizens advice or recovery colleges)
- educational support to aid self-management (covering topics such as resilience building and stress)
- opportunities to attend drop-in cafes
- an online offering using Silver Cloud

The service has an open door policy and can be accessed via self-referrals or referrals from other organisations.

The service aims to reduce the amount of referrals going into the Common Point of Entry (CPE) that do not require specialist support by redirecting those referrals to the wellbeing service. It is estimated that 50% of current referrals going into CPE would be better supported via the wellbeing service. There have been 7 new posts created to support the service deliverables (1 coordinator and 6 support workers) with the service aiming to go live on 1 April 2020.

Talking Therapies

Across East Berkshire there has been an increased support offer for Improving Access to Psychological Therapies (IAPT) to reach more of the local population which includes:

- Talking Therapies – provides psychological support for mild to moderate mental health conditions such as anxiety and depression
- Talking Health – provides psychological support for certain long-term conditions such as Chronic Obstructive Pulmonary Disease (COPD) and Diabetes over a 12 week programme
- Silver Cloud – online support for a range of conditions such as phobias and anxiety
- Virtual reality programme to support people with fear of heights
- Stress less courses in schools and businesses
- Mindfulness CBT
- Employment advisers
- HealthMakers also provide self-management courses which support people to manage physical and mental health for anyone with long-term conditions

Children and Young People's Mental Health

Improving access to emotional health and wellbeing services for children and young people, in accordance with the recommendations of the NHS Future in Mind report (2015) and Long Term Plan (2019), continues to be a priority.

Our Local Transformation Plan for Children and Young People's Mental Health and Wellbeing has been refreshed in line with the requirements of the Five Year Forward View for Mental Health and the Green Paper. Local transformation work continues with a multiagency Local Transformation Plan Group leading this work. It is made up of various partners including healthcare providers, local authorities, the voluntary sector, schools and service users.

A key aspect of our transformation work over the last year has been to provide a more comprehensive and integrated Children and Adolescence Mental Health Services (CAMHS) offer at an early intervention level. With additional funding, we have set up Early Intervention (Getting Help) Teams in each of our three Places as a partnership with the local authorities and our main provider, BHFT.

In September 2019, we were successful in a bid for new Mental Health Support Teams (MHSTs). The funding was awarded for Slough, based on its demographic and social information. MHSTs will provide evidence-based early interventions for children and young people with mild to moderate mental health and emotional wellbeing issues within a selected number of schools in Slough as part of a 'whole school approach'. In 2020 we will bid for more MHSTs with the aim to increase coverage across East Berkshire.

Both programmes aim to create a new integrated pathway for emotional health and wellbeing, both within schools and the local community which is based on joint working, collaboration and co-production with a single point of entry via local authority Early Help systems.

To further develop our participation work with children and young people, we allocated funding to develop a Young Health Champions (YHC) programme, accredited by the Royal Society of Public Health. First piloted in Slough and Bracknell Forest, this young peoples led peer education emotional wellbeing programme is a partnership approach between health, education, local authorities and the voluntary sector. This also enabled a co-production network to support peer engagement, communication and service design and commissioning. To watch a video about what the young people have been doing, visit this link: https://www.youtube.com/watch?v=kKAJbQma2is&feature=youtu.be. In 2020, this programme is being expanded into all secondary schools in Slough and Bracknell Forest whilst a community model of delivery is also being piloted in the RBWM.

Young Health Champions in Bracknell Forest

In Bracknell Forest, 15 year 12 students were recruited from Ranelagh School, Easthampstead Park Community School and Sandhurst School and, whilst training for the qualification, the young people participated in a number of activities including:

- a two-day Youth Mental Health First Aid training course
- a mystery shopping exercise of local services with the opportunity to feedback their findings to professionals
- a workshop with professionals from the CCG, Early Help, Public Health and CAMHS discussing the barriers to young people accessing support
- a participation day with a number of young people from other participation groups including the Children in Care Council, the Youth Parliament and the Girls' Policy Forum, to discuss the mental health and wellbeing needs of children and young people across East Berkshire
- the procurement of the new, digital mental health services for children and young people and the delivery of peer messages within their schools, including assemblies, posters and social media posts to support World Mental Health Day
- the creation of two wellbeing rooms in school, which act as a place where Young Health Champions can support fellow students through resources and activities

In 2020, the YHC programme will be expanded to the remaining secondary schools in Bracknell.

Further information can be found on page 31 of the following link: https://www.eastberkshireccg.nhs.uk/wp-content/uploads/2019/12/LTP-master-version-24.12.2019-final-version-watermark.pdf

Young Health Champions in the Royal Borough of Windsor and Maidenhead

In January 2020, the CCG started delivering the YHC programme in RBWM. It has been developed as a community based model. Young people are being recruited and trained via youth work provision (as opposed to education). They will then deliver peer messages to young people through youth centres.

Further information can be found on page 31 of the following link: https://www.eastberkshireccg.nhs.uk/wp-content/uploads/2019/12/LTP-master-version-24.12.2019-final-version-watermark.pdf. The Young Health Champions' Report can be found by visiting: https://www.eastberkshireccg.nhs.uk/wp-content/uploads/2019/10/Young-Health-Champions-Evaluation-Report.pdf.

Attention Deficit Hyperactivity Disorder (ADHD) and Autism

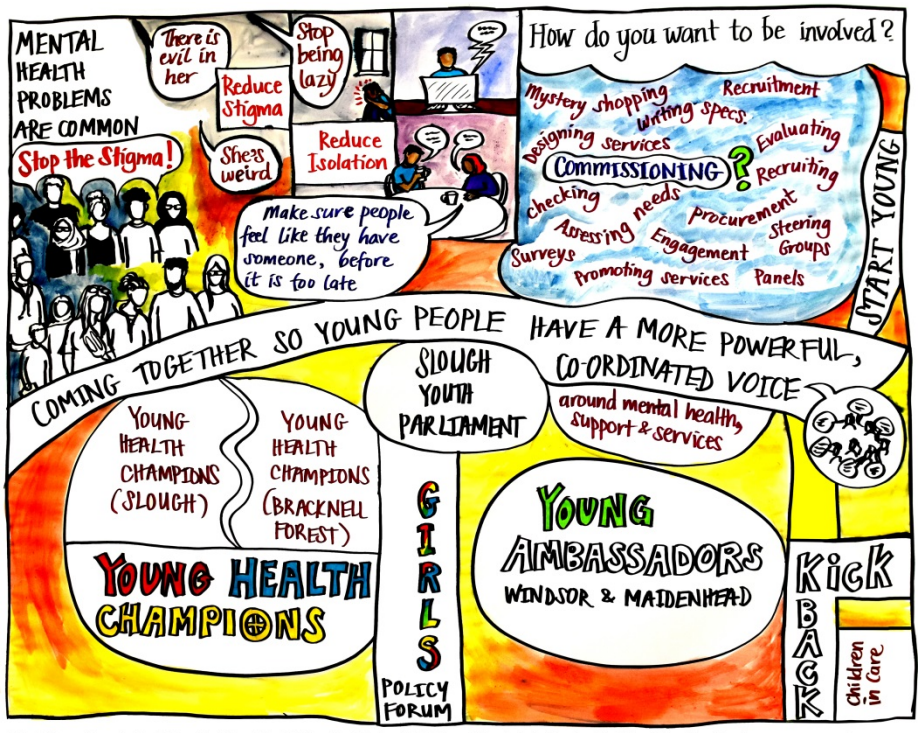
In 2019, the CCG commissioned Attain to carry out an independent review of ADHD and Autism services (for all ages) across East Berkshire. As part of the review, stakeholders including current services providers, carers, service users, local authorities, community and voluntary sector services were consulted on the current provision of services, gaps in current provision and were asked to help design what good would look like for future services.

The review highlighted inconsistencies in service provision and access, which is currently being addressed through commissioning additional support services for children, young people and their families, including support without the need for a diagnosis and during transition to adulthood.

We have also secured additional short-term funding from NHS England to help reduce waiting times. In 2019, we piloted a waiting list initiative specifically for Autism/ADHD support through BHFT. This allowed us to test innovative approaches using technology (Skype) for online Autism/ADHD assessments. The initiative resulted in a reduction in waits. The success of this pilot has led to additional CCG funding for this to continue, creating more choice for families. We are continuing to work with BHFT so this can become part of the core offer. The highlights during 2019/20 include:

- a published workforce training offer to ensure that professionals and volunteers have the confidence and capability to build emotional resilience and promote good mental health and wellbeing
- feedback from children and young people has been used to inform the priority areas of our local transformation plan

- continued commissioning for a range of support for Children and Young People (CYP) services to build more capacity in the system including provision of online support and face-to-face youth counselling in the community
- increased investment in eating disorders
- increased investment in CAMHS rapid response service, providing a swift response to young people presenting to emergency and acute services in mental health crisis. This has included the introduction of a youth and family support worker to work holistically with the young person in crisis
- commissioned increased support for Autism and ADHD through the voluntary sector for parents/carers as well as children, young people and adults. This now also includes support without a diagnosis



What Young People Are Telling Us About Mental Health, October 2019. Longridge Activity Centre, East Bershire. Graphics by www.penmendonca.com

What Young People Are Telling Us About Mental Health, October 2019. Longridge Activity Centre, East Bershire. Graphics by www.penmendonca.com

Planned Care

Cancer

The CCG has worked with the ICS in driving the cancer quality agenda in prevention, early diagnosis and personalised care, as well as supporting end-of-life care.

The CCG has been working with the Thames Valley Cancer Alliance (TVCA) and has locally adopted the cancer Locally Commissioned Service (LCS) to support the Quality Improvement Scheme. The scheme improves cancer screening and early cancer diagnosis. In East Berkshire, 43 practices are signed up with the scheme.

The elements comprised within this LCS are:

- cancer screening, especially in learning disability patients
- carrying out quality improvement activities such as significant event analysis of those diagnosed via the emergency route
- carrying out cancer awareness within the local population

All of these elements aim to enhance the patient experience following a diagnosis of cancer. Additionally, we have been working with Cancer Research UK facilitators and, together, training clinical and non-clinical staff on cancer issues. Through this process, we have also engaged to a high level with the National Cancer Diagnosis Audit by making it

mandatory as part of the Cancer LCS. Across East Berkshire, 42 practices have registered with the National Cancer Diagnosis Audit.

Working with the TVCA and Frimley Health Foundation Trust (FHFT), we have set up a multi-diagnostic clinic in the northern patch of the ICS. This service started in November 2019 and was set up to investigate patients with non-specific but concerning symptoms to exclude cancer in those that don't follow the National Institute for Health and Care Excellence Urgent Suspected Cancer guidance.

In June 2019, a Macmillan GP was appointed for 2 years. The GP has been invaluable in engaging with various projects and visiting practices; working with the CCG Cancer Team and CCG Clinical Cancer Lead.

The bowel cancer screening programme has continued to improve uptake of bowel screening in populations where uptake has previously been low. We have seen a notable increase in uptake of screening as a result of community engagement, health professional education and Cancer Research United Kingdom support to the practices. The new Faecal Immunochemical Test (FIT) used both for screening and for patients with symptoms was rolled out in October 2019 and is already showing improvement in the uptake of screening and diagnoses in bowel cancer. Public Health England recently published figures show screening uptake as follows:

	Bowel	Breast	Cervical
England	60.4%	72.4%	75.9%
CCG	56.7%	71.4%	75.4%

Each Place in the CCG has offered health and wellbeing events to cancer patients, one year post diagnosis. Three full days were organised across Slough, Bracknell and RBWM where more than 106 people attended. According to evaluation feedback these events were highly appreciated.

The main aim was to provide a supportive forum to help prepare people affected by cancer, their carers and family, for the transition through their cancer journey. The event brought together service providers from health, social, community and voluntary sectors.

The event provided information and advice relating to health and wellbeing, signposted those attending to local resources and services, and facilitated interaction with other people affected by cancer.

Ophthalmology - Hydroxychloroquine Monitoring Service

In 2018, the Royal College of Ophthalmologists (RCO) issued new clinical guidance on Hydroxychloroquine and Chloroquine Retinopathy Screening. The CCG was therefore tasked with setting up an appropriate service to monitor patients on said drugs, which was successfully set up and has been running since November 2019. The service is being delivered through a network of trained and fully equipped community optometrist practices and an innovative mobile screening unit. Monitoring takes place in physical locations closer to patients' homes, e.g. in optometrist practices with virtual advice and review undertaken by Ophthalmologists.

Community Casualty Service

The CCG has commissioned a pilot to triage all walk-in patients attending eye casualty to support patients with minor eye conditions into a community clinic. The clinic will be situated in King Edward VII Hospital and will operate alongside the eye casualty service. Evidence shows that at least 40% of patients who attend the casualty service could be seen in a community setting thus freeing up the casualty clinical team for those conditions that are urgent and require specialist intervention. It will also help with easing off waiting time therefore improving access.

Furthermore, some patients require follow up and are currently being seen in casualty as doctors are unable to refer directly to community clinic.

Ear, Nose and Throat

A redesigned specialist hearing loss pathway has been commissioned, enabled by a dynamic DXS (a clinical pathways system embedded in GP systems) which will signpost GPs to appropriate secondary clinics according to patient's symptoms. This pathway will also enable GP practices to directly refer all patients with complex/multiple conditions, over the age of 55, directly to community audiology without being sent to the ear, nose and throat community first.

These are examples of how we are implementing new ways of working and utilising wider clinical skills to free up specialist time and thus reduce pressure on outpatient clinics.

Diabetes

Over the last two years, the Frimley Health and Care ICS Diabetes Programme has focused on improving the way in which primary care manages patients with both Type 1 and Type 2 diabetes. All practices are measured against specific care process and outcome targets and for both of these, the ICS has shown year on year improvement and continues to perform above national average.

This year we have concentrated on diabetes prevention. The NHS Diabetes Prevention Programme is a national programme designed to give lifestyle support to those people at a high risk of developing Type 2 diabetes. During 2019/20 we have commissioned a single provider across the whole of the Frimley Health and Care ICS to provide the NHS Diabetes Prevention Programme service to all of our patients, ensuring a consistent and evidence based approach to preventing Type 2 diabetes. We continue to achieve referrals at a level above plan and will continue to work with the new provider over the next few years to ensure patients are receiving the best possible service.

There is growing evidence that for some newly diagnosed patients, a low calorie diet approach can reverse Type 2 diabetes. The Frimley Health and Care ICS has been selected as a pilot site to roll out a Low Calorie Diet programme to a limited number of patients over the next two years. We are one of seven selected systems across the country to pilot this approach. This is in line with the ICS strategy to support wellbeing and self care approaches with our populations. This pilot will go live in June 2020.

Raising Awareness of Type 2 Diabetes – a largely preventable condition

As part of the CCG's on-going efforts to raise awareness of Type 2 diabetes – a largely preventable condition through lifestyle and nutritional changes – a series of roadshows were held across East Berkshire.

Of the 270 people who attended and engaged with healthcare professionals, 77 completed the Diabetes UK 'Know Your Risk' assessment which helps to identify risk of developing Type 2 diabetes. For anyone who was unable to attend the events, they were able to find out their risk of Type 2 diabetes by using the Diabetes UK 'Know Your Risk' score at https://riskscore.diabetes.org.uk/start.

More information can be found here: https://www.eastberkshireccg.nhs.uk/roadshows-aimed-at-preventing-type-2-diabetes-attract-over-250-people-across-east-berkshire/.

Nephrology

The CCG has worked with secondary care consultants to enable the 'advice and guidance' function via e-Referral Service with the consultants offering advice on Renal/Nephrology pathways for patients. GPs can access specialist consultant advice prior to making a referral into secondary care. GPs benefit from the advice as it enables and supports education. Patients are provided with relevant care within the community or within primary care should they not require secondary care intervention.

The GP DXS system has been enabled with care pathways, patient information leaflets, guidance documents and referral forms on Renal to enable GPs to follow clinical pathways and support easy and effective decision making for patients.

Patient Choice Quality Assurance Framework

Choice is a key component of the NHS Five Year Forward View and is central to the future of the NHS. As CCGs have a duty to support patients to make choices, and to promote their involvement in decisions, in respect of their care or treatment, East Berkshire CCG has embedded 'Choice' in practices to ensure patients are seen at the right place, right time, first time, based on their choice of provider.

Where necessary, GPs are able to advise patients in case specialist services are not available to them at their chosen provider. As a CCG, we have complied with all the 9 standards of the Patient Choice Quality Assurance Framework and have been assessed by NHSE. This is positive and enables us to assist and support our neighbouring CCGs to embed 'Choice' within primary care through our success.

Connected Care

East Berkshire is part of the Frimley Health and Care ICS which is a partnership of more than 100 organisations providing health and care services to the population. From GPs to emergency services and from social care to mental health services these organisations are working closely together to deliver joined up services to keep you safe, healthy and cared for. Effective and safe care depends on these organisations sharing the information they hold about you quickly and accurately. In order to achieve this, they use a digital system called Connected Care to create a shared care record that securely holds critical information about you that can be accessed when you need care.

This financial year has seen significant advances in the number of organisations contributing their data to the shared care record and care professionals using the information to provide safer and more timely care to residents of East Berkshire. Each month over 20,000 resident records are accessed providing critical information that increases the safety of your care and saves the carers' valuable time.

Over a billion clinical data items in the shared care record database enable clinicians and carers to identify and prioritise direct care for those residents that need it. For example, community matrons are automatically notified when one of their patients is admitted to hospital, meaning home visits are avoided and planning for discharge care can start earlier. Other specialist teams such as GPs, frailty, diabetes and crisis are similarly benefitting from intelligent notifications from related services.

The local shared care record has been an important tool in the fight against Covid-19 not only in providing front line carers with key information about residents being cared for but in providing critical insight into the distribution of the virus and identifying vulnerable and "at risk" residents in East Berkshire so that critical services and care provision can be planned.

Further information on integrated care in the area and the role the digital local shared care record plays in enabling these services are on the Frimley Health and Care ICS website: https://www.frimleyhealthandcare.org.uk/about/integrated-care-for-every-community-nhs-england/

PERFORMANCE REPORT

Dr Andy Brooks

Clinical Chief Officer

23 June 2020

Performance Overview

The Performance Overview section of the CCG's Annual Report provides an overarching review of the key achievements we have made to deliver our priorities in 2019/20 and the actions taken to reduce our risk so as to effectively deliver on our strategic objectives.

Our Purpose

NHS East Berkshire CCG covers the geographical area of Ascot, Bracknell, Maidenhead, Slough and Windsor. The CCG commissions services for the population of 466,055 registered at our 47 practices at 1 April 2019. The CCG is responsible for planning and purchasing (commissioning) healthcare services to meet the needs of our local population.

The CCG has responsibility for both commissioning sustainable primary care services and for all the GP practices within our CCG area, which form part of our membership organisation, responsible for making sure that local people get the health services they need.

The CCG is responsible for commissioning safe and effective healthcare services for local people, including:

- primary care services (GPs)
- out of hours primary medical services
- urgent and emergency care including NHS 111, A&E and Ambulance services
- elective (planned) hospital care and day surgery
- community health services such as community nursing, physiotherapy, podiatry, speech and language therapy and rehabilitation services
- audiology services
- mental health services (including psychological therapies)
- services for people with learning disabilities
- maternity and new-born services (excluding neonatal intensive care)
- children and young people's health services such as community child health, therapists, acute care, child and adolescent emotional health and wellbeing
- NHS continuing healthcare for people with ongoing healthcare needs

Our services are commissioned from more than 300 providers but our main providers are:

- Acute hospitals
  - Frimley Health NHS Foundation Trust (FHFT)
  - Royal Berkshire NHS Foundation Trust (RBFT)
  - Ashford and St Peter's NHS Foundation Trust

- Mental health/community trust
  - Berkshire Healthcare NHS Foundation Trust (BHFT)
  - South Central Ambulance Service NHS Foundation Trust (SCAS)

A range of private and other providers including Bracknell Forest Council, the Royal Borough of Windsor and Maidenhead (RBWM) and Slough Council provide the majority of social care to the CCG's residents, but Surrey County Council and Buckinghamshire County Council also provide some services. In addition, we have a vibrant voluntary and community sector.

We have worked hard with our partners in local authorities and the ICS to improve quality of care and our financial position, whilst delivering our vision. We have monitored all the key areas of performance and any areas of concern have been brought to the attention of the Governing Body for action to be taken.

Organisational Structure

In July 2019 the CCG's Governing Body took the decision to work more formally with NHS North East Hampshire and Farnham CCG and Surrey Heath CCG to work collaboratively, so as to improve the health and care services provided to its residents in a joined up way. The three CCGs formed a Frimley Collaborative. This enables the three CCGs to make effective use of their resources and avoid duplication.

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

- Bracknell Forest
- Slough
- Surrey Heath
- RBWM
- North East Hampshire and Farnham

Each Place will have a leadership team, led by an Executive Managing Director and a Clinical Leader. The intention of the Frimley Collaborative is to:

- deliver better health and care services for local people and improving their health and wellbeing by building on strong clinical leadership, working in joined-up way with local authorities and understanding and responding to the needs of local populations
- make the best possible use of our people and financial resources for the benefit of the health and wellbeing of local populations by doing things only once where we can achieve more by working on a larger scale

- use collaborative working at a strategic and operational level with other important partnerships outside of the Frimley Health and Care Integrated Care System (ICS) to increase the benefit to our residents

This structure will help us to maintain a local focus while working across the broader area of the Frimley Health and Care ICS. As we work increasingly more closely together, we will strengthen how the Frimley Collaborative can contribute to the delivery of the strategic ambitions for the ICS and avoid duplication.

The Frimley Health and Care ICS ambitions mean that our collective focus will be on preventing ill health, supporting people to improve their own wellbeing, proactively managing the health and care needs of the population and genuinely integrating care at a local level to collectively deliver on the five year plan

The Collaborative is a key enabler to the success of the ICS and an important next step in the development of the Frimley Health and Care ICS.

The CCG manages itself through a number of business models which includes in-house, shared and bought-in services which enable the CCG to retain ownership of statutory responsibilities while benefiting from economies of scale, working with partners across the Frimley Health and Care ICS footprint.

Shared Support Services

These are provided by NHS South, Central and West Commissioning Support Unit (SCW CSU) since 2013. They support the CCG by providing expertise in a range of management areas such as contracting, business analytics, information governance, information technology and finance.

We liaise closely with colleagues from public health in the three local authorities in East Berkshire who provide details about the health needs of our local population based on information from the Joint Strategic Needs Assessment (JSNA), which informs our local planning decisions. The CCG is a key partner in Health and Wellbeing Boards for the three local authorities and works closely with them to deliver the local plans.

Frimley Health and Care Integrated Care System (ICS)

The three CCGs in the Frimley Collaborative are key partners in our local Frimley Health and Care ICS. The Frimley Health and Care ICS brings together local authorities, NHS organisations, and the voluntary sector with a clear, shared ambition to work in partnership with local people, communities and staff to improve the health and wellbeing of individuals, and to use our collective resources more effectively. The system has a diverse population

of around 800,000 people across East Berkshire, North East Hampshire, Farnham and Surrey Heath.

This year we have been working collectively in response to NHS Long Term Plan and have a single operating plan.

Map showing the area covered by the Frimley Health and Care Integrated Care System

The CCG is an active member of the Frimley Health and Care ICS Communications Network. The network has been developing a communications and engagement approach to setting the strategic objectives.

Working collaboratively with all our partners in the system, our intention is that the Frimley Health and Care Integrated Care System's Five Year Strategy develops through high levels of engagement; reflects local needs, issues and priorities and is ambitious for our population and system. It will tackle the wider determinants of health and wellbeing for our population and finally it is rooted in evidence - its development has been based on what people have told us, alongside good data and intelligence.

Throughout July 2019, we invited over 250 people from a cross-section of our organisations to come through our 'Inspiration Station' This included representation from all our partner organisations, community representatives and our voluntary sector colleagues. The aim of the sessions was to bring different expertise and experience to collaboratively discuss what is important for our people locally, where we need to focus our energy and the 'Frimley

Pound' and how we work together to shape the 'creating healthier communities' plan for the next five years. From East Berkshire, we secured participation from staff as well as patient groups. More information can be found here: https://www.frimleyhealthandcare.org.uk/about/our-plans/the-inspiration-station/.

The feedback from the Inspiration Station was used to help develop the strategic priorities and the overarching Frimley Health and Care ICS strategy. Communications and engagement features prominently on the 'Plan on a page' which can be seen here: https://www.frimleyhealthandcare.org.uk/media/1084/plan-on-a-page.jpg

Healthwatch England was awarded funding to carry out local engagement with the public to support the development of our Frimley Health and Care ICS strategy. A bespoke survey was created and received over 1,500 responses. The full Healthwatch report can be found here: https://www.frimleyhealthandcare.org.uk/media/1292/ics-long-term-plan-report-final.pdf

The Health and Wellbeing Alliance consists of the Chairs and Vice Chairs of the Health and Wellbeing Boards across the ICS area and has a role in agreeing key messages from the ICS and the overall communication strategy.

CCG Strategic Priorities

The CCG has four strategic priorities which were developed with our member practices in 2019 and these along with the NHS Long Term Plan have set our direction of work for the coming years.

Person – Our integrated care approach is all about putting support around the 'person'. This brings a personalised approach to health and care support for people with complex needs (or whose needs are likely to become complex in the near future), focussing on keeping well, addressing their individual needs and their all-round wellbeing.

Place - We are developing our PCNs across the CCG area which will facilitate practices to collaborate and share their resources. With this way of working, practices will be able to deliver improved services to patients in their local area and it also supports practices themselves to become more sustainable. We have worked closely with our partners, particularly local authorities and Health and Wellbeing Boards, to provide a collective approach to improving the health and wellbeing of local populations.

Integrate – The CCG has been an active partner in the Frimley Health and Care ICS over the past year and we have developed an ICS Operational Plan for 2019/20. This brings a collective set of plans together across all the organisations in the ICS - commissioners, local authorities and providers. We have also been collaborating with North East Hampshire

and Farnham and Surrey Heath CCGs in our commissioning activities. We have further developed our Integrated Care Team model, to provide a coordinated response across health and care services, which will support people to stay well and independent for as long as possible.

Engage - Last May we launched the 'Big Conversation' about out of hospital urgent care. We wanted to hear from local people to understand what was important to them when they had an urgent care need and where they would go. We engaged with over 2,300 people during this time and what we heard is shaping the options for future services.

Everything we do as an organisation is based around these priorities; for example, all Governing Body meetings start with a real 'person' story. As an organisation, engagement is considered a golden thread which needs to run through everything and this is everyone's business. You can read about the many ways in which we are already working to these priorities in the Review of the Year section.

Key Issues and Risks

There are some keys areas that the CCG identified which could be risks for the delivery of the clinical priorities. The CCG Governing Body regularly reviews its key risks and publishes an assurance framework which describes these and the mitigating actions in place to reduce these risks. During the year key areas that were identified included:

- Ensuring people are empowered to look after themselves
- Ensuring the CCG understands the future needs of its community
- To actively seek to address health Inequalities
- Ensure the implementation of Primary Care Networks and engagement from practices to deliver on the NHS Long Term Plan, Primary Care Transformation and Frimley Health and Care ICS Operating Plan.
- Ensuring the acceleration and to embed the adoption of technology and information sharing in clinical and corporate areas
- The CCG to communicate and consider the health and wellbeing of its staff during the period of organisational changes
- Engagement with staff, member practices, and stakeholders on the future developments
- Engagement with local people on future developments
- To ensure sufficient financial resources to commission the right services in the right settings with the right outcomes for our patients, at an affordable price.
- Implementation of the Place based model for delivering services to the local population and aligning with Local Authorities.

In March 2020, the CCG shifted its focus to managing a critical incident relating to Covid-19. The key risks identified at this point in time relate only to the CCG's response to the pandemic.

Quality and Safeguarding Risk

- IF there is unprecedented and unplanned demand on health services THEN providers will not have capacity to respond. This may impact on quality of care; patients may not receive timely and responsive treatment.

System and Partnership Working

- IF there is an un-coordinated response to an Influenza pandemic THEN the whole system will not be able to manage the surge in demand for services

Finance and Resources

- IF there is unprecedented and unplanned demand on health services THEN providers will not have capacity, finance and resources to respond. This will put pressure on the whole system to provide appropriate financial support

Primary Care and Community Services

- IF there is unprecedented and unplanned demand on primary care services THEN practices will not have capacity, finance and resources to respond. This may result in reduced access, quality and practice resilience

Staff

- IF staff experience sustained high volume, work pressure and significant anxiety THEN this will have an impact on performance, increasing staff sickness absence. The Collaborative will not be able to operate effectively and support the wider NHS.

Performance Analysis

The CCG's performance is measured against a suite of key performance indicators.
These comprise targets set out in:

- NHS Constitution Standards
- National priorities other than the Constitutional Standards
- CCG local priorities

These performance indicators clearly outline the parameters in which the CCG should be operating in close collaboration with its providers and system partners. They are designed to set out the minimum service delivery, ensuring safe and desired outcomes for our

patients. Regular reporting of the CCG's performance against these targets allows local and system leaders to respond to deteriorating areas of service provision quickly and efficiently. Most targets are reported nationally, providing the ability to benchmark the CCG's performance against other similar organisations in England.

This section will focus on these national standards, financial, quality and outcomes performance can be found in subsequent sections of this report.

How is CCG Performance Assessed?

The CCG's performance is assessed by NHS England/Improvement against the requirements of the NHS Oversight Framework (NHS OF). This NHS OF now replaces the CCG Improvement and Assessment Framework (IAF) previously used to establish CCG performance.

The NHS OF can be found here: https://improvement.nhs.uk/resources/nhs-oversight-framework-201920/.

The NHS OF dashboard is available for CCGs to display performance against a suite of 58 indicators with a benchmarking tool to help assess performance against other similar organisations. Indicators are refreshed on a monthly, quarterly and annual basis depending on when data is available. The NHS OF will be the focal point for support and dialogue between NHS England/Improvement, CCGs and providers working within our ICS.

The NHS OF will form the basis of assessment of Commissioner's performance in 2019/20. East Berkshire CCG as part of the Frimley Health and Care ICS expects to receive its assessment against the NHS OF in the early summer and as such will not be in time for the publication of this report.

The NHS has taken incredible steps to be able to respond to the unprecedented demand of the Covid-19 pandemic throughout Q4 for 2020 and this has impacted on the performance data against the constitutional standards. Therefore, in this report the performance is based on month nine figures and reflects normal working with the exception of winter pressures and the strike action that took place at Frimley Park Hospital in December 2019.

2019/20 has been a year of continued good progress for the CCG and the wider Frimley Health and Care ICS that we work within. Both the Frimley Health and Care ICS and CCG have been classed as 'Good' by national regulators for 2018/19 against the Improvement IAF. This 'good' status recognises delivery of high-quality services with good outcomes for patients, within the financial resources that we have available to us. The rating for 2019/20 will be available in the early summer of 2020.

For 2019/20, the following outlines the key indicators in the NHS OF where the CCG has performed well and not so well in the last reporting periods. Some indicators have reporting periods that predate 2019/20 and below is the latest data available for these specific indicators.

Table: Summary of Key Indicators: NHS OF for East Berkshire CCG; Published Jan 2020

Key		Achieved target / increasing and improving
		Not achieved target / increasing and improving
		Not achieved target / decreasing and not improving

Indicator in NHS OF (Jan 2020) **Planned Care**	**Target**	**Period**	**East Berkshire CCG Performance**			**Rank against all CCGs**	**Rank against closest 10 CCGs**
103b Diabetes Diagnosis <1 year who attended structured education course	NA	17/18	19.94%		Highest Performing Quartile	24/191	2/11
122c One year survival from all cancers	75%	2017	73.8%		Inter Quartile	61/191	6/11
122d Cancer patient experience	NA	2018	8.7		Inter Quartile	147/191	6/11
122a Cancer diagnosed at an early stage	NA	2017	48/7%		Lowest Performing Quartile	161/189	9/11
122b Treatment for cancer in 62 days of referral	85%	Q2 2019	91%		Highest Performing Quartile	5/191	1/11
133a % Patients waiting for diagnostic test in 6 weeks	<1%	Q3 2019	0.95%		Highest Performing Quartile	24/191	1/11

Planned care has seen a pleasing increase in uptake of structured education courses for diabetes patients during 2018. This has continued into 2019 and underpins the development of the diabetes work stream in tackling reversal of the national trend in increasing diabetes prevalence.

In addition, cancer indicators relating to wait times for urgent referrals, cancer experience and one year survival from cancers, report good performance or improvement in position for the CCG. However cancer diagnosed at an early stage whilst remaining a challenge for the CCG, we have made some progress in improving uptake of cancer screening programmes. In particular, we have launched our multi-diagnostic clinic at Wexham Park Hospital. These initiatives will start to demonstrate an improvement in our metric over the next financial year.

Diagnostics wait times are being achieved most months but are under pressure, especially in endoscopy services, where demand is outstripping capacity in some tests offered following national campaigns in bowel and prostate cancer.

Indicator in NHS OF (Jan 2020) **Urgent Care**	**Target**	**Period**	**East Berkshire CCG Performance**			**Rank against all CCGs**	**Rank against closest 10 CCGs**
121a Provision of high-quality hospital care	NA	2019	68	↑	Highest Performing Quartile	10/189	1/11
127e Delayed transfers of care per 100,000 population	NA	2019	7.4	↑	Inter Quartile	60/191	4/11

Urgent care national indicators are sparse for East Berkshire CCG in the NHS OF this year, as our main provider, Frimley Health NHS Foundation Trust (FHFT), participated in the piloting of revised clinical standards for measuring performance in A&E departments. As such, reporting of the usual A&E metric of 4 hour waiting times has been suspended throughout 2019/20. However, the CCG performed favourably against the indicator 121a, regarding provision of high-quality care, as this is derived from the CQC ratings of our main acute provider, FHFT, which received a rating of “good” in its most recent CQC inspection.

Delayed transfers of care are improving and performance compares favourably to other CCGs. Traction in delayed transfers of care improvement has been as a result of numerous initiatives to address issues with flow within our local acute hospital. This has included the introduction of the patient “discharge passport” and increased collaboration between agencies within the system.

Indicator in NHS OF (Jan 2020) Mental Health	Target	Period	East Berkshire CCG Performance			Rank against all CCGs	Rank against closest 10 CCGs
123c People with 1st episode of psychosis starting treatment within 2 weeks of referral	56%	Q2 2019	90%	↑	Highest Performing Quartile	30/191	3/11
123g SMI (Serious Mental Illness) physical health checks	60%	Q2 2019	38%	↑	Highest Performing Quartile	37/190	1/11
124b People with Learning Disability (LD) receiving a physical health check	75%	Q4 2018	62%	↑	Highest Performing Quartile	32/190	1/11

Mental health indicators are illustrating an improved position. For example, (123c) people with an episode of psychosis entering treatment within 2 weeks has sustained higher than average performance when compared nationally. Our main provider, Berkshire Healthcare NHS Foundation Trust (BHFT), is considered best in class for this service.

The two indicators regarding physical health checks for both our serious mental illness (SMI) and LD populations are showing promising improvement. Both of these indicators are relatively new and as such data capture and quality has been a challenge. However, each quarter the data capture improves and performance is showing an upward trend. East Berkshire CCG is ranked best in the 10 closest CCGs for these two indicators.

Indicator in NHS OF (Jan 2020) Continuing Healthcare (CHC)	Target	Period	East Berkshire CCG Performance			Rank against all CCGs	Rank against closest 10 CCGs
131a % of CHC assessments taking place in an acute setting	<15%	Q2 2019	12%	↑	Lowest Performing Quartile	157/191	8/11

Continuing Healthcare assessments conducted in the acute setting have reduced very favourably over the course of 2019/20 and the CCG is pleased to see achievement of this standard from the end of Q2. This has been sustained due to continued focus on managing referrals and reducing the backlog into Q3, but data is not yet published in the NHS OF.

Delivery of the Constitutional Standards in 2019/20 (up to end of Q3 data is presented as Q4 data is severely impacted by Covid-19 response)

The CCG works collaboratively with key providers, namely Frimley Health NHS Foundation Trust (FHFT), Berkshire Healthcare NHS Foundation Trust (BHFT), South Central Ambulance Service NHS Foundation TRUST (SCAS) and Royal Berkshire NHS Foundation Trust (RBFT) to sustain good performance. In addition to these main providers, we also work with a number of independent providers and London Trusts where appropriate. The following summarises the standards and performance up to end Q3 2019/20, where data is available.

Key		Target achieved
		Target not achieved - but within 10%
		Target not achieved

NHS Constitutional Standards	Target	Q3 2019/20
Referral to Treatment Waiting Times for Non-urgent Consultant-led Treatment		
Patients on incomplete non-urgent pathways (yet to start treatment) waiting 18 weeks or less from referral to hospital treatment	92%	89.8%
Patients on incomplete non-urgent pathways (yet to start treatment) waiting 52 weeks or less from referral to hospital treatment	0	9
Diagnostic Wait Times		
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	<1%	1.0%
A&E Waits		
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department	<4 hrs	No Data**
12 hour trolley waits	0	0
Mixed Sex Accommodation		
Mixed sex accommodation breaches	0	326
Cancer Waits - 2 Week Wait		
Maximum 2 week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	96.7%
Maximum 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially	93%	97.3%

NHS Constitutional Standards	Target	Q3 2019/20
suspected)		
Cancer Waits - 31 Days		
Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	96%	98.3%
Maximum 31 day wait for a subsequent treatment where the treatment is surgery	94%	96.5%
Maximum 31 day wait for subsequent treatment where that treatment is an anti-cancer drug regime	98%	
Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	94.1%
Cancer Waits - 62 Days		
Maximum 2month (62 days) wait from urgent GP referral to 1st definitive treatment for cancer	85%	89.1%
Maximum 62 day wait from referral from NHS screening service to 1st definitive treatment for all cancers	90%	100%
Category 1-4 Ambulance Response (South Central Ambulance Service)		
Category 1 (CAT1) is calls for people with life-threatening injuries and illnesses, resulting in an emergency response arriving within 7 minutes (mean)	00:07:00	00:07:39
Category 2 (CAT2) is for emergency calls, resulting in an emergency response arriving within 18 minutes (mean)	00:18:00	00:21:49
Category 3 (CAT3) is for urgent calls, resulting in a response within 120 minutes (90th percentile)	02:00:00	03:00:02
Category 4 (CAT4) is for less urgent calls, resulting in a response within 180 minutes (90th percentile)	03:00:00	04:04:02

*Note: ** East Berkshire CCG main provider, FHFT, has participated in the national pilot scheme for clinical access standards in A&E. As such, all reporting of A&E 4hr wait times have been suspended and thus no data is available for this measure. We are awaiting the output of the clinical access standards pilot and information on next steps from NHS England/Improvement.*

Overall performance of the CCG in Constitutional Standards has been good for the first 3 quarters of 2019/20. We compare favourably to most other similar CCGs in most indicators. The year has presented its challenges and these challenges will become more acute in Q4 as we continue to manage the impact of rising demand and the impact of the Covid-19 outbreak. The following outlines our performance in each set of indicators listed.

CCG performance in 18 weeks Referral to Treatment (RTT) standard has not achieved the 92% threshold in 2019/20, with average performance of 90.1%. The CCG although underperforming against the national standard is still one of the best performing CCGs in RTT 18 weeks in the South region. Achievement has been challenging with increasing demand in some specialties, in particular dermatology. This was due to Frimley Health NHS Foundation Trust (FHFT) receiving a significant number of unexpected referrals from out of the area; a result of Royal Berkshire NHS Foundation Trust (RBFT) declaring it was unable to take any routine dermatology referrals from December 2018. Repatriation of these patients has begun in September 2019 but the impact of the additional demand on capacity at FHFT continues to affect the CCG's RTT performance overall. The CCG works closely with our providers both across and outside the system to resolve these issues along with NHS England/Improvement.

The cases of 52 weeks waiting reported above are all out of area cases. Our main providers FHFT and RBFT have not reported any 52 weeks attributable to East Berkshire CCG in 2019/20 Q3 to date. Examples of 52 week out of area cases include Guys and St Thomas (other), University College London (other), Hillingdon (other) and Oxford (Trauma and Orthopaedics). All out of area cases are monitored and dates for treatment sought as early as possible.

Diagnostic 6 week wait times are achieving the standard at or just under 1% most months but have been variable throughout the year. Pressure in endoscopy has been experienced by both FHFT and RBFT, impacting CCG performance. Demand in endoscopy has increased following national screening campaigns and increased capacity has been offered in response however demand continues to rise.

Mixed sex accommodation (MSA) breaches for the CCG have been falling throughout the year, when compared to 2018/19. NHS England/Improvement introduced revised guidance during 2018/19 regarding the definition for MSA breaches in order to align and ensure consistent reporting across Trusts. This resulted in a significant increase in the number of breaches reported in 2018/19 and into 2019/20. East Berkshire CCG reported Q3 year to date 326 MSA breaches compared to 1,400 breaches for the whole year 2018/19. Estate modifications at the day surgery units in FHFT at both Frimley Park and Heatherwood sites have contributed to these reductions.

In urgent care, reporting of the A&E 4 hr waits standard was suspended for FHFT from May in 2018/19 as the Trust has been participating as a pilot site for the new clinical access standards. The Urgent and Emergency Care Plan consisting of seven pillars continues to be implemented with significant progress in the offer of NHS 111 Online during 2019/20. The new Emergency and Assessment Centre at the Wexham Park site opened in April 2019, with state of the art A&E facilities and short stay hospital wards. The new facility will

also offer emergency ambulatory care services 7 days a week and a fully functioning Frailty Unit, resulting in more patients receiving rapid assessment and treatment to return home on the same day. The CCG welcome this new development and the enhanced urgent and emergency care services it will be able to offer East Berkshire patients.

Cancer performance has continued to be strong at our main provider FHFT, ranked as one of the best performing Trusts in cancer waiting times in England. FHFT has been successfully moving towards implementing the 28 day faster diagnosis with shadow reporting throughout 2019/20. They are in a good position to meet this new standard in 20/21 when reporting will be mandatory.

Ambulance response times have been performing well in Q1 and Q2 2019/20 with South Central Ambulance Service NHS Foundation Trust (SCAS), the CCG's main provider, performing in the top quartile of ambulance trusts. However in Q3, demand has increased coupled with capacity issues resulting in lower than desired response times reported. In particular, East Berkshire has been impacted with the highest vacancy rate for paramedics in the Thames Valley area. SCAS has instigated an ambitious action plan to address this with increased recruitment initiatives and schemes to reduce attrition but this is proving difficult as the cost of living in East Berkshire undermines these plans to attract and retain staff. International recruitment is underway along with the development of a paramedic apprenticeship scheme.

NHS Mental Health Standards	Target	Q3 2019/20
Dementia Diagnosis Rate		
Patients aged 65+ with dementia should be formally diagnosed	66.7%	68.2%
Early Intervention in Psychosis waiting times		
Patients experiencing first episode psychosis will be treated with a National Institute for Health and Care Excellence approved care package within two weeks of referral	53%	86.7%
Improving Access to Psychological Therapies (IAPT)		
The proportion of people with depression and/or anxiety disorders that have access to and enter psychological therapies for treatment	4.75% 5.5% by Q4	4.8%
Patients referred to this service should start treatment within 6 weeks of referral	75%	98%
Patients referred to this service should start treatment within 18 weeks of referral	95%	100%
Patients who complete a course of treatment and discharged as moving to recovery	50%	59%

Learning Disabilities (LD)		
Reliance on inpatient care for people with LD or Autism; commissioned beds by CCG	6	5
Serious Mental Illness (SMI) Physical Health Checks		
People on SMI Register receiving a physical health check	60%	38%
Children and Young People (CYP)		
Patients referred to CYP Eating Disorders services as an urgent referral should be seen within 1 week	95%	76.5%
Patients referred to CYP Eating Disorders services as a routine referral should be seen within 4 week	95%	80.8%
Patients under 18yrs of age with a diagnosable mental health condition to have access to CYP mental health services	34%	22.9%

Dementia diagnosis rate performance is currently above the required 67% threshold with consistent performance year to date. Some challenges remain in Slough with engagement with hard to reach groups. Much focus, led by the clinical dementia leads, has improved this position.

For Early intervention in Psychosis, our main provider BHFT continues to perform well with achievement significantly above the 53% threshold.

Performance across the IAPT indicators is strong for the CCG with our provider BHFT continuing to deliver compliance to access, recovery rates and wait times. At the of end Q3 the CCG is in a good position to achieve the required 22% access rate by the end of Q4, but it still remains a challenge. In particular, engagement in the Slough Place in achieving the access standard presents difficulty in the hard to reach Black, Asian Minority and Ethnic (BAME), community and transient groups residing in Slough. Our main provider, BHFT has put additional steps in place to address this gap and is making good progress on improving engagement with these communities.

SMI patients receiving a physical health check is a relatively new indicator and although the CCG is underperforming, progress with reporting against this indicator is an upward trend. Currently the CCG remains the highest performing CCG in the South region against this indicator

Performance in the national indicators relating to CYP continue to present a challenge, as is the national picture. CYP Mental Health access standard is a relatively new metric in its second year with a target of 34% CYP with a diagnosable mental health condition accessing services. East Berkshire CCG has encountered difficulties in demonstrating performance in this metric. The CCG is confident it is offering the required access to children and young people but cannot as yet demonstrate this in collected, national data. A

number of our providers are from the voluntary sector and have been unable for most of 2019/20 to flow data to NHS Digital (NHSD). The 22% performance outlined above is the contribution of our main mental health NHS provider (BHFT) plus two or three other non-NHS organisations that are successfully flowing data to NHSD from late spring. However, other voluntary sector organisations which the CCG commissions to provide services, i.e. Youth Counselling and Autism Support have only begun to flow data from the end of Q3 and into Q4 due to connectivity issues. The CCG has worked closely with all non-NHS providers in this regard to develop a digital solution. All organisations will be flowing data to NHSD by Q4. As this is a rolling 12 month metric, the full effect will not be seen for several months.

CCG performance in both routine and urgent eating disorder wait times remains below the standard. CAMHS Eating Disorders Service continues to be under pressure with increased referrals of often higher than expected acuity. To address this shortfall commissioners, jointly in Berkshire, completed an urgent review of the service with our provider BHFT. Short-term funding was made available to allow additional recruitment of staff. Wait times are improving, as illustrated in Q3, as the impact of the additional staff is felt and staff morale boosted.

NHS Continuing Healthcare (CHC) Standards	Target	Q3 2019/20
Continuing Healthcare Assessment		
Eligibility decision made within 28 days of receipt of referral/positive checklist	>80%	87%
Assessment for CHC eligibility to be completed in acute hospital setting	<15%	10%

For the first time the CCG has achieved both the CHC national metrics regarding) assessments completed in 28 days and ii) assessments completed in an acute setting. Improvements in the quality of referrals received and the reduction of the backlog to zero have facilitated this.

Improve Quality

The CCG works collaboratively with providers and other CCGs to ensure high-quality and safe care is provided across all commissioned services and that patient and their carers' experience is exceptional. There has been closer working in the year on a number of quality initiatives across the Frimley Health and Care ICS and further development of an ICS approach to quality, for example an ICS Quality Impact Assessment.

There is a monthly Frimley Health and Care ICS Quality Collaborative meeting, which all partners attend to focus on quality issues that are system based. The East Berkshire Quality Committee met until December 2019 and this has been replaced by a Frimley Collaborative Quality, Performance and Finance Committee meeting and Place based meetings, which review quality from a local level.

Under these structures the 3 areas of quality are monitored.

All providers of services commissioned by the CCG have a quality schedule that is mapped against the NHS Outcomes. The Quality Schedule indicators are standards to support the monitoring of safety, effectiveness and patient/carer experience. Quality is reviewed at the regular Clinical Quality review meetings for each provider with a standard NHS contract. There are a number of contractual levers that can be used if the provider does not meet the standard the CCG has commissioned; one of these levers is called a Contract Performance Notice (CPN). A CPN is a tool that allows the commissioner and the provider to work together to meet the standard of care commissioned. No CPNs were issued in 2019/20. However there is now a more joint approach between the CCG and providers to further drive improvements, for example, the Quality Team attending provider internal patient safety meetings.

Patient Experience

The aim is to have measurable ambitions that help to reduce poor patient experience and to understand and assess the quality of care experienced by vulnerable groups of patients. The evidence base is information gathered from the friends and family test, complaints, safe staffing levels, incidents and NHS choices. The CCG strives to ensure that providers deliver on the NHS Constitution, patients' rights and commitments. All of these areas are monitored and reported as per the structure above.

Safety of Clinical Services

The CCG has worked with providers to increase the reporting of harm to patients, targeting areas of concern raised by external or local intelligence including proactive assurance of performance against national standards and ensuring that actions from lessons learned were taken effectively and monitored.

Learning from Deaths

The Integrated Care System Mortality Review Group continues to meet on a quarterly basis. The membership includes providers and CCGs from across the Frimley Health and Care ICS area, as well as representatives from Berkshire West CCG and the Royal Berkshire NHS Foundation Trust (RBFT). The purpose of the group is to coordinate partnership working on mortality reviews, pool learning and drive forward improvement actions across the system. The group reports into the Frimley Health and Care ICS Quality Collaborative.

Key issues and areas for further system work identified by the group to date include:

- mental health, substance misuse and mortality
- falls prevention
- identification and management of deteriorating patients
- listening to carers and family members

The Learning Disabilities Mortality Review (LeDeR) Programme in the CCG has continued to review and action lessons learnt to facilitate practice improvements to be shared across organisations.

Key learning and initiatives are summarised below:

- identification and timely escalation of deterioration in the community
- hospital/community liaison
- bringing carers into hospital

The LeDeR Steering Group recognised the need for an operational group to translate learning into practical initiatives; this group is currently being set up and will include

representatives from clinical and local authority teams, with medical input envisaged from a lead GP.

Serious incidents are events in health care where the potential for learning is so great or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. Serious incidents can extend beyond incidents which affect patients directly and include incidents which may indirectly impact patient safety or an organisation's ability to deliver ongoing healthcare.

"Never Events" are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong, systemic, protective barriers are available at a national level and should have been implemented by all healthcare providers.

Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death is not required to have happened as a result of a specific incident occurrence for that incident to be categorised as a Never Event.

Serious Incidents and Never Events are fully investigated by the organisation and each organisation has an internal governance structure to ensure that the investigation is robust and lessons learnt. The CCG has oversight of the investigation ensuring an appropriate level of investigation has been completed and the CCG requires assurance that the action plan is robust, with the recommendations in the action plan completed. The CCG can also commission external investigations. The Healthcare Safety Investigation Branch can also conduct independent investigations of patient safety concerns in NHS-funded care across England particularly with maternity cases. With some incidents, more than one organisation is involved and the CCG facilitates organisations to work together during the investigation process to provide a more comprehensive investigation. This will continue to be developed across the ICS until the new national framework is published.

Good Clinical Practice

The CCG works with providers to ensure that clinicians and services are systematically working to accepted best practice guidelines and that there are systems of clinical communication which are timely, accurate, relevant and systematic. Patient experience stories have been reflected at both the Governing Body and Quality and Constitutional Standards Committee meetings.

Agreed Pathways of Care

The CCG has worked with primary, community and secondary care services ensuring effective adoption of agreed care pathways with indicators which measure the quality of a whole care pathway that are evidence based. When new care pathways are being

developed following the agreed CCG commissioning intentions there is a quality review. A quality and equality impact assessment is used as part of the project management process.

Staff Satisfaction

Staff satisfaction is an important indicator of quality and there is a good evidence base which supports that happy, well-motivated staff, deliver better care and that their patients have better outcomes. NHS staff work very hard, often under great pressure and the CCG has worked with providers of NHS services to make it possible for them to do the best job they can. The CCG used the results from the staff surveys and the staff Friends and Family Test to improve the quality of services being commissioned. The CCG has also surveyed its own staff to have an understanding of the needs of its workforce. There is considerable pressure on the local workforce with a number of providers including primary care experiencing high staff vacancy rates within all professions. For example, SCAS 999 front line staff show a vacancy rate between 23-25% for 2019/20. The CCG has also been experiencing high vacancy rates in its CHC team.

Safeguarding

The CCG publishes a separate mandatory safeguarding annual report; this will be published on the CCG website later in the year.

Assurance Visits

The Quality Team have continued to carry out a programme of assurance visits with providers and primary care. The Quality Team also link with providers on their internal assurance visits as well. The team feedback any immediate findings and also provide a report with recommendations. These reports are shared with the relevant committees. The team also involves a lay member (if possible) on these visits.

National Commissioning for Quality and Innovation (CQUINS)

The CQUIN scheme is intended to deliver clinical quality improvements and drive transformational change. For 2019/20 there were national CQUINS for the providers to deliver on. These can be found at https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20/. The Quality Team monitor the progress against targets each quarter.

Infection Prevention and Control Provision

Healthcare Associated Infections Statistics: Results of Mandatory Reporting

Table: Methicillin Resistant Staphylococcus Aureus bacteraemias/bloodstream infections (MRSA BSIs) for 2019/20

Organisation Name	Code	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
NHS EAST BERKSHIRE CCG	15D	0	0	0	0	2	0	0	0	0	2	0	1	**5**
FRIMLEY HEALTH NHS FOUNDATION TRUST **Trust Assigned cases**	RDU	0	0	0	0	1	0	0	0	0	1	1	1	**4**

There is a zero tolerance approach to MRSA BSIs. There have been 5 reported cases; all hospital-onset.

Agreed learning points:

- increase education of nurses within the Renal Unit on use of database
- improve communication between services utilising patient held records (renal)

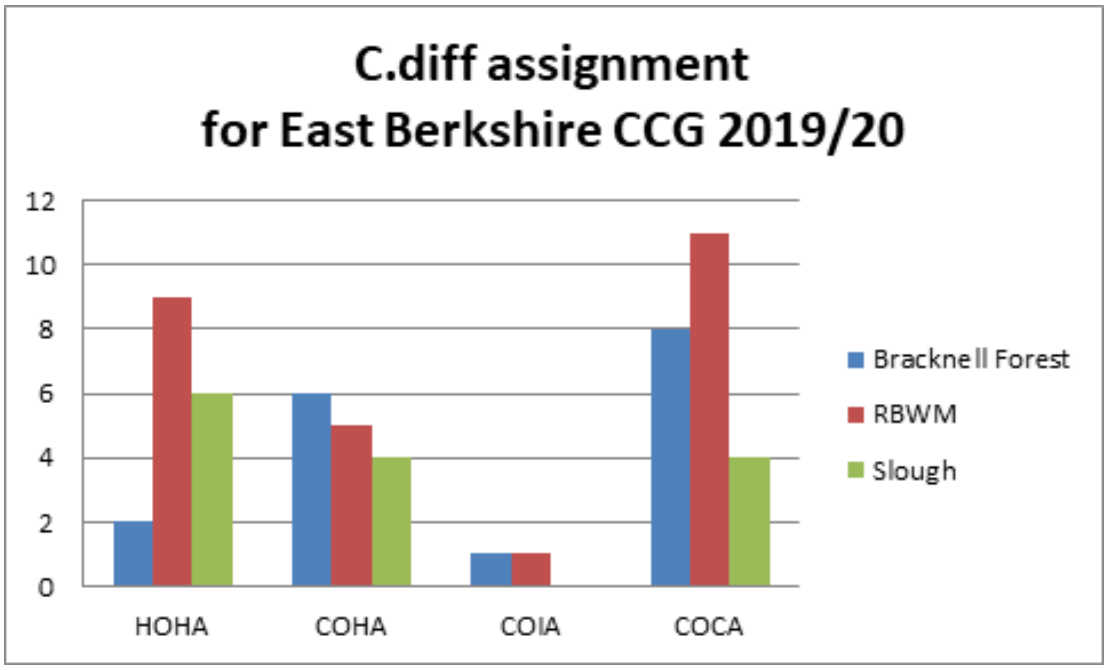
Clostridium difficile Infection (CDI)

New case assignment definitions were introduced this year:

- hospital-onset, healthcare associated (HOHA): cases that are detected in the hospital two or more days after admission
- community-onset, healthcare associated (COHA): cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks
- community-onset, indeterminate association (COIA): cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 12 weeks but not the most recent four weeks
- community-onset, community associated (COCA): cases that occur in the community (or within two days of admission) when the patient has not been an inpatient in the trust reporting the case in the previous 12 weeks

Table: CDI cases by CCG 2019/20

Organisation Name	Code	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
NHS EAST BERKSHIRE CCG	15D	7	7	5	2	6	7	11	3	4	3	1	1	**57**



There was a decrease of 12% in total cases compared with the 2018/19 data. The case objective for East Berkshire CCG was 60 cases for 2019/20.

There were 5 lapses of care involving patients that were identified in 2019/20. The themes of these cases were as follows:

- Incomplete documentation
- Delay in sampling
- Delay in isolating
- Not following prescribing guidelines

Table: Local Acute Trust CDI Objectives and CDI Cases 2019/20

Organisation Name	CDI Objectives 2019/20	CDI ACTUAL cases* 2019/20
Frimley Health NHS Foundation Trust	61	51
Royal Berkshire NHS Foundation Trust	24	55

*Note: *This figure includes both HOHA and COHA. The total case objective for Royal Berkshire NHS Foundation Trust was reduced from 2018/19 despite the change of assignments.*

Escherichia Coli (E.coli) BSI

The NHS Long Term Plan supports a 50% reduction in Gram-negative bloodstream infections (GNBSIs) by 2024/25. The focus for 2019/20 has been on reducing healthcare associated *E. coli* bloodstream infections because they represent 55% of all GNBSIs.

The table below shows the count of *E.coli* with three years comparison. There is a minimal reduction in the total count. There is a system wide action plan in place and the focus has been on reducing both the number of catheters and the numbers of urinary tract infections.

There is a national improvement resource 'Preventing healthcare associated Gram-negative bloodstream infections (GNBSI)'. Locally, we have been involved in supplying information for this and also using some of the resources. There has been a decrease in 3.5% of total cases from 2017/18 – 2019/20.

Table: *E.coli*-bacteraemia 2019/20 and for comparison 2018/19 and 2017/18

	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2019/20	**34**	**30**	**16**	**30**	**32**	**37**	**22**	**23**	**27**	**25**	**26**	**29**	**331**
2018/19	28	33	21	20	40	25	37	26	27	19	29	32	**337**
2017/18	22	23	29	32	33	30	42	30	29	35	12	26	**343**

Vaccination - Influenza Campaign

Seasonal influenza (Flu) is a key factor in NHS winter pressures. The National Flu Plan aims to reduce the impact of Flu in the population through a series of complementary measures. Flu vaccination is commissioned by NHS England for groups at increased risk of severe disease or death should they contract flu. Key aims of the immunisation programme are to actively offer flu vaccination to 100% of people in eligible groups. The CCG has been working with partners to look at innovative ways to increase childhood immunisations, particularly in Slough.

Care Quality Commission (CQC) Inspections

All the practices in the CCG are rated as Good or above at the end of March 2020 except for 1 which is rated as 'requires improvement'. The CCG offers support to practices before an inspection and if they are rated inadequate or requires improvement.

Clinical Concerns

The CCG actively encourages reporting of clinical concerns regarding providers. The concerns are then raised with providers and, where appropriate, actions identified. There have been quality improvement initiatives identified through this process.

Patient Experience

The CCG monitors patient experience from our providers by review at Clinical Quality Review meetings. There are quarterly patient experience reports from providers that include complaints with themes by specialty and actions arising, Friends and Family Test outcomes, compliments, Patient Advice and Liaison Service (PALS), NHS Choices summary and covering 'what you said, we did'. Robust scrutiny by the CCG is given to providers to ensure that there is learning and improvement in the experience of patients. A collated summary report of provider/patient experience including CCG PALS and complaints has been presented to the CCG in order to review provider performance across NHS East Berkshire. Clinical concerns also looks into the patient experience and Healthwatch are able to raise issues with the CCG.

Friends and Family Test

The CCG monitors the Friends and Family Test from acute and community providers on a monthly basis via their quality schedule submissions and the review of nationally published data. Patients attending their GP practice are also invited to take part in the Friends and Family Test and the CCG recommend that practices work with their Patient Participation Group to assess the responses and make any changes based on the feedback. Practices should inform patients on any changes that they have made or plan to make. There is also a staff Friends and Family Test which monitors if services would be recommended to patients by staff members.

Freedom of Information Requests (FOI)

Under the Freedom of Information Act and the Environmental Information Regulations a member of the public has the right to request any recorded information held by a public authority, such as a government department, local council or the NHS. Some information may be withheld because it is exempt, for example because it is commercially sensitive or is scheduled to be published at a future date. Some exemptions are subject to a Public Interest Test.

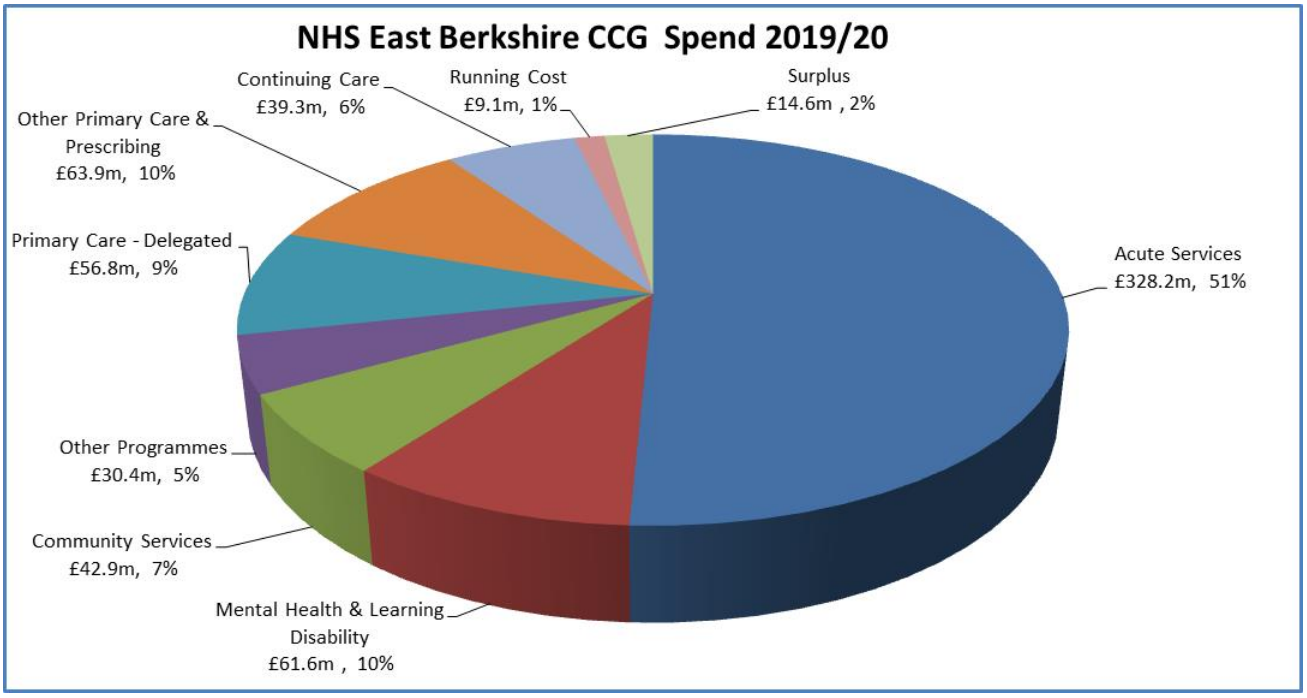
Providing information under the FOI Act is a frontline, statutory requirement and public authorities (including CCGs) are required to answer FOI requests within 20 working days. Failure to answer within 20 working days constitutes a breach of the Act.

Between April 2019 and March 2020 the CCG received 265 requests.

The NHS East Berkshire Training Hub

The NHS East Berkshire Training Hub acts primarily as a vehicle for primary care workforce transformation by supporting the recruitment, upskilling and retention of the current workforce. This year Health Education England has changed the way funding has been allocated and therefore there has been an expectation that by April 2020 there will be one training hub across the ICS. There has been a co-design group working on this and from January 2020 a shadow board has been in place. Key areas of work have been on GP and General Practice Fellowships, upskilling the workforce, for example, with protected learning times and the implementation of the General Practice Nurse 10 Point Plan. The new roles as identified in the NHS Long Term Plan are also being supported in their education to be able to fulfil these roles through the Training Hub.

Financial Performance



Clinical Commissioning Groups are expected to manage expenditure within the resources allocated by NHS England, and deliver a minimum 1% cumulative surplus (which can be carried forward to future years). This requires not only careful management of the finances

but also strong internal control mechanisms to ensure the resources of the CCG are handled in a way which is up to public standards and can be sustained year on year.

The CCG spent £632.2m in 2019/20 (net operating costs), which equates to £1,338 for every person registered with our practices. NHS East Berkshire CCG has reported a cumulative surplus of £14.6m for the year. As set out in the 2019/20 NHS Planning Guidance, CCGs are required to set aside 0.5% for contingency.

Approximately half of our expenditure, £328.2m, is spent on acute services. Our main provider is Frimley Health NHS Foundation Trust (FHFT), with whom we spent £239.2m in 2019/20. Our other main provider is the Royal Berkshire NHS Foundation Trust, £27.9m, and then there are range of smaller contracts with other providers such as Ashford and St Peters Hospitals, Royal Surrey County Hospital and Oxford University Hospitals. This category of expenditure (acute services) also includes ambulance and Urgent Care Centre costs. The majority of our community and mental health services are provided by Berkshire Healthcare NHS Foundation Trust (BHFT) (£85.3m).

Under full delegated responsibility for Primary Care (GP) commissioning, in 19/20 the CCG received an allocation of £56.8m from NHS England. The majority of GP costs are funded through contracts held directly by NHS England and administered by East Berkshire CCG. We also meet the cost of drugs prescribed by our local GPs of £51.0m and pay for the GP 'out of hours' service of £4.7m.

In common with many CCGs across the country during 2019/20 East Berkshire CCG experienced significant financial pressure on its acute hospital contracts, particularly in the cost of emergency admissions. Other significant cost pressures included expenditure on mental health Section 117 packages of care due to an increase in the number of patients eligible for support. These financial pressures and unexpected costs have been funded from the financial contingencies that the CCG established at the start of the year.

The CCG spent £25.5m in partnership with our local authority partners under the Better Care Funds with Bracknell Forest Council, Slough Borough Council, Surrey County Council and the RBWM, supporting greater integration across health and social care services.

As already mentioned elsewhere in this Annual Report, we are also part of the Frimley Health and Care Integrated Care System (ICS), which includes East Berkshire CCG, Surrey Heath CCG, North East Hampshire and Farnham CCG, Berkshire Healthcare NHS Foundation Trust, Frimley Health NHS Foundation Trust, Surrey and Borders Partnership NHS Foundation Trust and our local authorities.

Looking to 2021/22, we will continue to work together with our Frimley Health and Care ICS partners to tackle the challenges of increasing demand for healthcare caused by an ageing population, ensuring that acute services are configured in the most clinically and cost effective way, and that, where appropriate, patients are cared for at home or in community settings rather than in expensive hospital beds. East Berkshire CCG has received programme growth of £22m to cover inflation, population growth, pay awards, a range of new national policy pressures, local service developments and the CCG has to re-create its contingency budget. The CCG estimates that it may need to develop a substantial Quality, Innovation, Productivity and Prevention (QIPP) programme to mitigate the impact of these pressures.

Further details about our expenditure in 2019/20 are available in our Financial Statements. These statements have been prepared in accordance with the Directions issued by NHS England under the National Health Service Act 2006, and are audited by KPMG LLP. Our external audit for 2019/20 costs us £85,000 plus VAT.

Sustainable Development

As an NHS organisation, and as a spender of public funds, we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets, we can improve health both in the immediate and long term even in the context of rising cost of natural resources. Demonstrating that we consider the social and environmental impacts, ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

In January 2020 the NHS launched the ‘For a greener NHS’ programme. This builds on the great work being done by trusts and other NHS organisations across the country, sharing ideas on how to reduce the impact on public health and the environment, save money and eventually get to net carbon zero.

As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. It is our aim to meet this target by reducing our carbon emissions 28% by 2020-21 using 2007-08 as the baseline year.

The CCG evaluates the environmental and socio-economic opportunities during procurement process through the use of the standard NHS contract and have a business case template for all projects and programmes.

The CCG acknowledges its responsibility towards creating a sustainable future; we help achieve that goal by running awareness campaigns that promote the benefits of sustainability to our staff. The CCG has taken the following actions:

- pay slips for all staff are electronic
- some meetings are held virtually enabled by digital solutions
- recycling points for crisp packets and stationary
- signage relating to single use plastic cups

Adaptation

Events such as heatwaves, cold snaps and flooding are expected to increase as a result of climate change. To ensure that the CCG would continue to meet the needs of our local population during such events, we have developed a business continuity plan in partnership with other local agencies to use in such incidences.

Partnerships

As a commissioning and contracting organisation, we will need effective contract mechanisms to deliver our ambitions for sustainable healthcare delivery. The NHS policy framework already sets the scene for commissioners and providers to operate in a sustainable manner. Crucially for us as a CCG, evidence of this commitment is provided in part through contracting mechanisms with our service providers. Information on these measures is available here: http://www.sduhealth.org.uk/policy-strategy/reporting/sdmp-annual-reporting.aspx

Performance

As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. It is our aim to meet this target by reducing our carbon emissions by 34% using 2007-08 as the baseline year.

The movement to a paperless NHS can be supported by staff reducing the use of paper at all levels, this reduces the environmental impact of paper, reducing cost of paper to the NHS and can help improve information security. The CCG promotes a paperless environment, encouraging staff to recycle paper waste. All papers for meetings are safely shared electronically with all Governing Body and other committee members via secure software.

Travel

We can improve local air quality and improve the health of our community by promoting active travel to our staff and to the patients and public that use our services. Every action counts and we are a lean organisation trying to realise efficiencies across the board for cost and carbon (CO_2e) reductions. We support a culture for active travel to improve staff wellbeing and reduce sickness. The CCG manages business travel, encouraging staff to use technology for meetings, travel by public transport or travel together to meetings to reduce air pollution and noise caused by cars and other forms of transport.

Engaging People and Communities

The CCG has a commitment to community and patient engagement that runs through everything we do. We encourage patient and public involvement and listen to people to understand our local communities better and commission high quality services. Effective communication and engagement plays a central role in many CCG projects and programmes.

For each individual project or stream of work, the CCG individually evaluates requirements for engagement and communication and sets out an action plan using the most appropriate methodologies. This may include public meetings, workshops, surveys, focus groups and online channels. Our engagement principles are available on our website (https://www.eastberkshireccg.nhs.uk/getting-involved/), and underpin all that we do. We believe that practice based patient groups are vital to developing our approach to involvement and we have actively supported networks of these groups to develop and, in turn, support one another to be the best that they can.

We work closely to support our partners and communicate via each other's networks to achieve consistent messaging with our local population. Local community groups and leaders are a key asset to reaching those who are generally seldom heard.

Communications and Engagement Strategy

Our latest Communications and Engagement Strategy, approved in March 2019 by the Governing Body, includes an overview of the structure, processes and assurance methods in place to support patient and public engagement. It has since been reviewed to take into account things such as the merger of the 3 CCGs into 1, changes in Lay Members and their roles, reference to the Clinical Strategy, the Frimley Health and Care ICS Operational Plan and the NHS Long Term Plan. It also refers to the CCG's Improvement and Assessment Framework on patient and community involvement indicator as a way of monitoring what we are doing.

Internal Communications and Engagement with Member Practices

Over the past three years, we have been developing our internal communications structure within the CCG and with member practices, as can be seen below:

- 2016/17: weekly GP news bulletin was introduced
- 2017/18: new member practice extranet was launched
- 2018/19: review of GP news bulletin undertaken
- 2019/20: revised GP news bulletin published with separate clinical alert published monthly

As mentioned above, we reviewed the GP news bulletin and our internal communication with general practices, including the member practice extranet. The review involved engagement with practice managers from across NHS East Berkshire, identifying the key challenges and finding a solution that would work for all. This year, we updated the template based on the insight we learned.

Making Engagement Everyone's Business

In December 2019, we delivered a 'lunch and learn' session on winter communications, which highlighted the importance of planning, targeted communications and engagement as well as evaluation as an example of what a good communications and engagement process looks like.

HealthMatters

HealthMatters is the name of the annual publication launched at the AGM which summarises key information from the approved and already published Annual Report. It is part of our efforts to make the annual report accessible. Through this publication, we share our achievements with residents across East Berkshire and explain how and where NHS money has been spent. These can be seen on the website: https://www.eastberkshireccg.nhs.uk/wp-content/uploads/2019/09/EastBerks-Health-Matters-2019.pdf.

CCG Leaflet Accompanying Council Tax Letters

The CCG has a positive relationship with local authorities, and for the third year running, has developed informative leaflets which have been distributed to households with council tax notices. This year we focused on the "Feeling unwell?" campaign and the leaflets hit doorsteps in March 2020. In the RBWM, the council tax page has the "Feeling unwell?" poster and information shared on it, as the local authority was no longer doing flyers to accompany the letters.

Keeping In Touch List

The CCG holds a list of 400 people who have consented to receive email communications about news, upcoming events, and ways to get involved as well as have their say with the

local NHS. This list is GDPR compliant and has been used to engage and communicate about the 'Big Conversation', extended access to GP appointments, advertising the CCG Lay Member vacancies and details of upcoming CCG meetings.

Digital Communication and Engagement

The CCG continues to work to align its online presence with programmes of work. Our digital channels allow us to build an honest, open and transparent relationship about the work we are doing with our local residents, patients and stakeholders. We have built a strong digital presence in engaging with our local communities to support our commissioning. By using social media we also aim to drive more people to our website where they can access additional information on the work we are doing and how they can help shape and get involved with their local NHS. The report can be found here; https://www.eastberkshireccg.nhs.uk/?page_id=5421

New Ways of Communicating Explored as Part of Flu Campaign

Each year, we promote the national flu campaign strongly to encourage patients and staff to have the flu jab. This year, we worked with East Berkshire Primary Care to launch a short animation video which was shared with local GP practices, patients, partner agencies and the wider public. Since its launch on YouTube, the video has been viewed over 250 times. The video can be seen here: https://youtu.be/i8XkchRqaDQ.

In addition, we teamed up with a local radio station to run a series of messages, included regular articles in our Patient Group newsletters and paid for an advertisement alongside some editorial in a free family magazine which is distributed to hundreds of schools in Berkshire. Our social media campaign ran for the duration with 4,500 people reached via the CCG's Facebook page and 26,400 people via Twitter.

Even after this activity, we noted we were still experiencing lower uptake in Slough when it came to the children's flu immunisation when compared with other local areas. To understand the reasons behind this, we worked with a local GPs and other health care professionals, to launch a short on-line survey specifically aimed at parents with children aged between 2 and 11 years old living in Slough. More information can be found here: https://bit.ly/2SSELSo. In just two weeks of the survey going live, it attracted 165 responses with this number expected to rise. The results of this survey will not only inform next year's flu campaign, local messages and targeted activity, but also our wider activity in Slough.

Collaborative Working Paved the Way for Self Care Week this Year

Supporting 'Self Care Week' in East Berkshire this year saw collaborative working at its finest with the CCG, local partners and others coming together to launch a new on-line

toolkit for local people – titled 'Think Self Care for Life'. The toolkit can be found here: https://www.eastberkshireccg.nhs.uk/your-health/self-care-week-2019/.

Clinicians identified five key areas as being most relevant to the communities of East Berkshire and the messaging focused around these. To date, the toolkit has received 2,429 unique page views. The campaign was pushed via social media, but also by text messages directly from practices to patients. To further support this, public and staff events were organised in support of the campaign which were well attended.

Winter Communications

Working as part of the Frimley Health and Care ICS, it was agreed that we would have one overarching winter communications and engagement plan which supported the national message, and a supplementary East Berkshire plan as an appendix due to its local focus.

This campaign has been based on A&E and walk-in centre attendance data and insights from patient groups, professionals and the local population. The campaign has grown year on year. More detail of how engagement and clinical input has driven the campaign can be found here: https://www.eastberkshireccg.nhs.uk/our-work/feeling-unwell/.

The Focus on Schools

Planning sessions with the Primary Care Team and member practices ahead of winter identified a desire to work with schools to help spread the message of where to go when feeling unwell. We translated this wish into an activity and session plan which was drafted after significant engagement with teachers and public health leads, and focused around the "Feeling unwell?" materials. Flyers were given to all children who participated, as well as stickers and bookmarks. Visit the following link to see the resources developed for the schools:
https://www.eastberkshireccg.nhs.uk/our-work/feeling-unwell/winter-19-20-resources/.

So far, we have reached over 500 children from 13 schools across East Berkshire. The main message we started with was effective handwashing, and kicked off the session with a handwashing video – in hindsight with Covid-19, this was a well-timed initiative.

Lift the Baby

This campaign has been a joint initiative between 10 health and social care partners, led by Berkshire East and West Berkshire CCGs along with NHS Creative, and supported by the Lullaby Trust. For more information and to watch the video, please visit: https://liftthebaby.org.uk/. The teams won a Silver Excellence Award for the Lift the Baby campaign.

Working with Local Media

The Communications and Engagement Team continues to work with the media as an important stakeholder and have had press releases well-received and published. Many releases supported local campaigns such as winter, flu, cardiology and diabetes where social media also played into the channel mix.

Campaigns

We continue to publicise health campaigns via our digital platforms to encourage people to get involved in local campaigns and support the behaviour change agenda. More information can be seen here: https://www.eastberkshireccg.nhs.uk/campaigns-in-2019-20/

Our Approach to Campaigns: Staying Hydrated is Easy When You Know How Campaign

During August to September 2019, the CCG ran a month long campaign to raise awareness of the importance of staying hydrated and drinking water to reduce urinary tract infections.

Our approach to this included:

- a press release to local media and featured in the Patient Group Bulletin
- creation of a webpage
- a social media campaign: Facebook, Twitter, launched Instragram

Results:

- website: viewed 100 times (45 hits directly from Facebook) https://www.eastberkshireccg.nhs.uk/your-health/staying-hydrated-is-easy-when-you-know-how/
- Twitter: 7,641 impressions
- key partners retweeted including public health, voluntary sector, local authority and member practices
- Facebook reach: 7,217 and 10,433 impressions
- Instagram: launched Instagram with this and received a reach of 405

Getting Involved with Your Local NHS

There are a number of ways staff, stakeholders, patients and members of the public can get involved in the work carried out by the CCG. Recognising the number of ways people can get involved in the work we do, the communication and engagement team created a diagram to help members of the public make an informed decision regarding exactly how they wanted to be involved. The diagram can be seen here: https://www.eastberkshireccg.nhs.uk/wp-content/uploads/2019/03/get-involved-edit.jpg.

The Get Involved diagram was also helpful to staff, identifying the engagement channels that are available, the various levels of engagement and potential impact on the CCG.

Community Partnership Forum (CPF)

The Community Partnership Forum's terms of reference can be found on the CCG website here: https://www.eastberkshireccg.nhs.uk/wp-content/uploads/2018/03/20170721-tors-final-1.pdf.

The CPF is open to everyone and meeting venues are rotated to provide access to different populations. The agenda and planned topics are promoted ahead of each meeting using a variety of communication channels as well as by Healthwatch and other local partners.

The meeting held on children and young people's mental health in June had a room packed with people from an array of backgrounds including teachers, police, voluntary sector and parents.

Meetings are open to the public and invitations are sent to everyone on our distribution list. Web copy, social media messages and images are shared with key partners who then promote this through their own digital channels. Regular attendees include the CCG Clinical Chair, Healthwatch representatives from local Get Involved groups, Older People's Advisory Forum, members of the wider public, patients and carers.

The meeting is live streamed in an attempt to attract a wider audience that might not normally attend a meeting and comments and questions can be raised remotely. To date, this has not been overly successful.

CPF meetings are held alternately in each CCG area and attendees can claim via our 'Volunteer Expenses Policy' if required. All venues provide a hearing aid loop system and we have never been requested to provide translation services.

Patient Panel

The Patient Panel was created in 2015 to support ongoing projects that needed a team of committed individuals to contribute to projects as they developed.

This year, there have been few longer scale projects that have needed this style feedback and a number of projects that were seeking support have come to a natural close. There has also been an increased demand for patient partners. For patient panel and patient partner members, patient transport is offered or alternatively, transport costs can be reimbursed via the 'Volunteer Expenses Policy'.

Patient Partners

Patient partners are members of the public, with appropriate experience, who are recruited to work with the CCG on important issues.

One example of a current project engaging patient partners is eConsult. A role specification was drawn up and shared via GP Patient Groups for a patient partner, who would help:

- help us inform the roll out
- give us constructive challenge
- help us to continually focus on what is important for local people
- help us review public facing communications
- this work is currently underway, so no further analysis can be given at this time

eConsult

Working as part of the Frimley Health and Care Integrated Care System (ICS), it was agreed to work in partnership across a range of initiatives to enhance local health and care services and improve outcomes for its patient population. The GP Online Consultation programme is managed as part of the Frimley Health and Care ICS Digital work stream. The project aims to deploy eConsult to all GP practices across NHS East Berkshire CCG.

As part of this project, the CCG recruited two patient partners. A role specification was drawn up and shared via GP practice patient groups, who would help:

- help us inform the roll out
- give us constructive challenge
- help us to continually focus on what is important for local people
- help us review public facing communications

The patient partners have supported the roll out of eConsult across practices by reviewing the CCG communications plan and ensuring the messages are clear and easy to understand for patients, as well as suggesting best communications channels to raise awareness amongst patients. Having patient partners to support this project ensures we focus on the things that are important for local people and patients.

The communications approach for the roll out of eConsult has been dependant on each GP practice. The CCG has worked with individual GP practices to introduce and embed eConsult within current general practice workflow. A communications plan and toolkit is shared with each practice to support them with the roll out to patients.

In the coming year, we are looking to launch a wider campaign across East Berkshire to raise awareness of eConsult.

General Practice Patient Groups and Networks

The CCG believes that patient groups in practices are important for our engagement work and also to provide an additional channel of communication to patients. Although we are one CCG, each of the three localities has their own General Practice Patient Group Network, which has developed differently; a reflection of the varying profiles and needs of each geographic area. The CCG has actively supported this and acknowledge the uniqueness of each locality.

The networks receive regular updates on key topics from the CCG but also lead the agenda and updates they require. Patient group representatives at these networks are asked to cascade information back through their own groups and more widely to registered patients via methods such as their newsletters. There is evidence that this does work, although it could be more widespread. To support this and to keep patient groups updated of any key developments, campaigns, and other news in between the meetings, the CCG continues to publish monthly Patient Group Bulletins. This has generic content which will be of interest to all localities, supplemented with local content. Previous editions of this can be found on the website under Patient Participation Groups (PPGs). The CCGs provide administrative support to these networks and fund the venues.

More information about patient groups can be seen later in the 'place' focused updates in this section.

Your Voice Matters (survey tool website)

The Your Voice Matters website is an accessible, mobile compatible website, which allows patients, carers, staff and members of the public to let us know what is important to them.

The CCG has used Your Voice Matters to ask Slough parents about their feelings towards the children's' flu vaccine for example (https://www.eastberkshireccg.nhs.uk/nhs-commissioners-invite-slough-parents-of-children-aged-2-11-to-take-part-in-short-flu-survey/), as well as to evaluate the winter communications. Reports can be developed and shared on the same page so we are closing the loop. See here for an example: https://your-voice-matters.eastberkshireccg.nhs.uk/communications/feeling-unwell-nhsdontknowheretogo-evaluation/.

We have also used the website to run internal surveys with CCG staff.

SLIDO

The CCG has increasingly used SLIDO as an engagement tool at live events, either with staff, member practices or members of the public. It has proven to be a really good tool to receive anonymous feedback. This feedback is then compiled and reports are generated highlighting the responses and where possible, the resulting actions.

How Engagement Has Informed the Work We Do

Behaviour change

The winter campaign is based on understanding what influences behaviour, and developing messages to support that positive behaviour change. The evaluation indicates these materials have been received positively, and a high proportion of people with the behavioural intention along the lines we are encouraging.

Children and Young People's Mental Health - What have we done to engage with CYP?

Make Your Mark ballot, October 2019

The recent Make Your Mark ballot for 11 to 18-year-olds was one of the largest consultations of young people in UK history. In 2019 in East Berkshire, 20,415 young people took part in voting for their top issues of concern.

Nationally, the area that was key for this ballot was, 'mental health services should be improved with young people's help and should be available in schools' and this was voted the third most important issue for young people. In Slough and RBWM, mental health was voted the second most important issue of concern (behind knife crime), and in Bracknell Forest it was voted third (out of 10 issues).

The results of the ballot reinforced the importance of mental health as an issue for children and young people. Furthermore, they reminded us that, if our plans for local transformation are to succeed, children and young people themselves need to be the driving force behind the change to ensure that services genuinely work for them.

Young Health Champions Co-production Network

To further develop our participation work with children and young people, NHS East Berkshire CCG allocated funding to expand our Young Health Champions (YHC) programme, accredited by the Royal Society of Public Health. Based on a partnership between health, education, local authorities and the voluntary sector, this project has allowed us to move our participation approach from consultation to coproduction.
Phase 1 of the programme has already started in Slough and Bracknell Forest, and Phase 2 will see it extended to more secondary schools across these areas as well as coming to RBWM in 2020.

The project aims to:

- deliver a young people-led, peer-education emotional wellbeing programme
- form a co-production network to support peer engagement, communication and service design and commissioning

Working with Our Providers Berkshire Healthcare Foundation Trust

BHFT have a full-time participation worker and are committed to the active involvement of children, young people and their parents/carers in making decisions about changes to CYP and family services, including specialist Children and Adolescent Mental Health Services (CAMHS).

CAMHS service-user participation groups are held on a monthly basis allowing young people and families to give feedback based on their overall experience of CAMHS, highlight their service priorities, carry forward actions to achieve key improvements, and give their views on various developments within CAMHS. This work has involved a number of focus groups to explore some of the main areas of concern for service users, including:

- waiting-times communication
- a review of the CAMHS environment
- a focus group for the Autism Assessment Team and ADHD pathways
- focus groups to develop the CYPF (Children Young People and Families) (https://cypf.berkshirehealthcare.nhs.uk/)
- appointment times consultation and review
- communications review

During the last year, BHFT has also offered young people, parents and carers the opportunity to give feedback on CAMHS as a whole. The feedback is vital and has helped shape priorities for CAMHS. The participation groups offer an important avenue through which we can receive first-hand descriptions of the experience of families who have been through the CAMHS system, are current service users, and those who have recently been referred to Berkshire Healthcare CAMHS.

The feedback from focus groups was pulled together, along with the feedback received from ESQ and the friends and family test. Themes from the feedback were presented at the CAMHS leadership meeting where decisions can be made and appropriate action taken.

The service response was communicated back to service users via 'You said we did' posters and booklets, examples of these posters can be found on pages 34 – 39 here: https://www.eastberkshireccg.nhs.uk/wp-content/uploads/2019/12/LTP-master-version-24.12.2019-final-version-watermark.pdf.

Special Educational Needs and Disabilities Event (SEND)

Local young people with SEND came together in October, supported through their schools to attend a local event planned by Young Event Makers, who are local young people that are really passionate about helping other young people from schools and really grasp the idea of participation and voicing change.

The event was facilitated by the children's charity Kids and the aim of the event was to gather feedback from SEND young people on how they'd like to shape services and policy decisions. A number of local professionals from across health and local authorities were also present to listen to views of the young people. Further information can be found here: https://www.eastberkshireccg.nhs.uk/our-work/mental-health-services-18s/.

Adults and children Attention Deficit Hyperactivity Disorder (ADHD) and Autism support and services provision review engagement

As part of the CCG review into current ADHD and Autism services provision, it was pivotal to consult with a number of stakeholders including, existing services providers, carers, service users, local authorities, community and voluntary sector services, to gain an understanding on what is working well with the current service provision and help to identify gaps.

The engagement activities were done via:

- 4 stakeholder workshops with a total attendance of 102 people
- a survey with 109 responses received
- speaking to provider service users
- engaging with providers and local authorities to gain an understanding of the current service provision to identify gaps, issues and inconsistencies

We used a number of channels to communicate the upcoming workshops. This was done via the Eventbrite website, CCG social media channels, the CCG website, Patient Group Bulletins via GP practices, and working with local partners to encourage sharing of the information.

As a result of all of the engagement activities carried out, a full review report was drafted, alongside a summary version and an easy read version.

The output of the Attain review was received in May 2019 and included:

- a review of the current service provision
- a blueprint for Autism and ADHD services and support in East Berkshire, and its wider region. The principles of this 'Blueprint' are early help, collaboration, system navigation, communication and environment.
- an implementation framework

What has happened as a result?

- working alongside all local key stakeholders we have developed a distribution list to ensure we are communicating all messages to parents, carers, staff, partners and anyone who has an interest in the service review development

- developed a web page on the CCG website and a bulletin to ensure anyone interested in the service review can be kept up to date with the latest work. To date we have had over 350 hits to the web page
- the published report recommended an implementation framework. Phase 1, was to socialise the findings of the review. In October 2019, we held a workshop inviting all those who were part of the initial review and anyone else who might be interested in ADHD and Autism service provision. Over 50 people attended, including parent and carers of children with Autism/ADHD, young people with Autism/ADHD, community and voluntary groups, health, education and local authority representatives

During the workshop, attendees had an opportunity to feedback on the blueprint model. The workshop outputs reports highlights how further involvement and engagement led to another iteration to the final model.

Next Steps

The implementation framework consists of 4 phases. Work is currently underway from Phase 2- 4. This includes:

- finalising a training guide for professionals and volunteers
- recommissioning of training and workshops for parents/carers
- engagement and planning with partners

We will continue to engage with stakeholders and partners throughout the process of implementation.

Place Updates

This financial year, there has been a much greater focus on working at local 'Place' level, to support the work that we do. This means working closer with PCNs, local authority teams, Healthwatch, the voluntary sector and local community groups, to ensure our messages are getting through, while building a greater insight into our local population. One example of working at place is through patient groups.

The Royal Borough of Windsor and Maidenhead

The Windsor, Ascot and Maidenhead Patient Network Group (WPNG) meets bimonthly and is made up of representatives from the patient groups across the RBWM practices. It works as a forum for sharing best practise from respective GP practices, as well as feeding back on NHS services and supporting the design and delivery of work programmes for the area in collaboration with the CCG. The WPNG also support the CCG in communicating key messages with individual practice patient groups and with the wider community.

Topics for discussion this year have included updates:

- on PCNs across the area
- presentations on integrated care decision making
- from community and voluntary sector groups to see how Patient Groups can work with communities

This year the CCG worked with the WPNG to develop a 'Top tips guide for effective PPGs'. The guide provides support for practices which may be struggling to set up PPGs, or for those who may need support and shared learning of practice on how to further develop existing PPGs. This guide has also been shared with Patient Groups across Slough and Bracknell.

In addition to this, the newly appointed Patient and Public Involvement Lead for Windsor, Ascot and Maidenhead has been visiting GP surgeries and their PPGs to offer advice and assistance about how to develop PPGs. Some of the work has included supporting practices and PPGs to develop work plans and discuss ideas and ways to recruit PPG members.

Slough

Free blood pressure checks were offered in Slough with seventeen pharmacies across Slough taking part in the scheme. For more information visit the website at: https://www.eastberkshireccg.nhs.uk/get-your-free-blood-pressure-checks-at-a-local-pharmacy-slough/. East Berkshire CCG has continued to support practices at Place level, for example with the Colnbrook drop-in events in partnership with the parish council and key local partners.

The Slough Patient Reference Group (PRG)

The Slough PRG meets bi-monthly and is made up of representatives from Slough practices.

Topics for discussion this year have included updates:

- on PCNs across the Slough area
- presentation on how PPG's can support when a practice in involved in a Care Quality Commission (CQC) inspection

The Slough Co-Production Network

The Co-Production Network is made up of local people with experience of health and social care services and professionals from Slough Borough Council Adult Social Care, Healthwatch and East Berkshire CCG. The group launched in March 2019 to change the way local statutory authorities work with people who use health and social care services.

The group aims to:

- shape local health and social care services
- really listen and engage with local people
- make decisions about services together
- work with and engage the wider community

The Slough Safeguarding One Communications Group

This group is led by the Slough Local Authority Strategic Safeguarding Executive Group. The group works with key partners across Slough to cascade various safeguarding messages and communications to maximise impact across the safeguarding agenda in Slough.

Slough People's Assemblies

Healthwatch Slough hosted a number of events over the year for the CCG to understand local health issues. The events were held in various community settings within Slough.

Young Health Champions Slough

In 2018, the CCG embarked on training the first cohort of Young Health Champions (YHCs) in Slough. Fifteen Year-12 students were recruited select schools.

While completing the Royal Society of Public Health qualification, the YHCs 'secret shopped' several services. Their feedback led to tangible changes, such as amending the Slough Borough Council website to more accurately signpost people to Child and Adolescent Mental Health Services (CAMHS).

Between September 2019 and October 2019 the Young Health Champions delivered workshops about mental health and emotional wellbeing to primary school pupils.

Our YHCs also:

- delivered sessions for pupils at other schools as part of mental-health awareness day
- represented the views of young people at a meeting with Slough Borough Council regarding usage of council buildings and encouraging more young people to use The Curve
- engaged with representatives from the CCG, Early Help (Slough Borough Council) and the Young People's Service regarding barriers young people face to accessing support for mental health
- presented to head teachers about their experiences of promoting mental health at a conference at Dorney Lake
- participated in the commissioning process for the digital offer

- contributed to the selection of new CCG staff by sitting on interview panels completed two days of mental health first aid training

Further information can be found by visiting pages 30 – 31 of the following link: https://www.eastberkshireccg.nhs.uk/wp-content/uploads/2019/12/LTP-master-version-24.12.2019-final-version-watermark.pdf.

Links to other docs

- Local Transformation Plan 2020 https://www.eastberkshireccg.nhs.uk/wp-content/uploads/2019/01/FINAL-LTP-refresh-13th-Jan-2019-NHS-East-Berkshire-CCG-watermark.pdf
- Little Blue Book of Sunshine https://www.eastberkshireccg.nhs.uk/wp-content/uploads/2017/05/lbbos-booklet-east-berks.pdf
- Local Training Offer https://www.eastberkshireccg.nhs.uk/wp-content/uploads/2020/02/CCG-training-offer-full.fin_.pdf

World Tuberculosis (TB) Day 2019

TB is a key priority for Slough as it has the highest rate of TB in the South East. There were 207 cases of TB among Slough residents between 2013 and 2015, giving an incidence rate of 47.8 per 100,000 population, which is significantly higher than the national average of 12 per 100,000 population (Slough Health Profile 2017).

We have raised awareness in the community as follows:

- partnership working with the Public Health England, Local Authorities and Public Health (PH)Teams across East Berkshire with a particular focus on Slough where issues are more prevalent.
- radio jingle in Hindi and English aired on Asian Star for the whole month of March 2019
- Asian Star Radio interview in Punjabi with a Senior TB Nurse aired live at midday
- web banner on the home page of Asian Star for the month of March
- public events held in Slough

What has been Influenced as a result of this engagement?

As a result of the radio jingle in Hindi and the interview in Punjabi, the TB clinic saw an increase of referrals in Slough reported by the TB Nurses.

Further information can be found here: https://www.eastberkshireccg.nhs.uk/health-partners-host-events-in-slough-to-support-world-tuberculosis-day-2019/ and here: https://www.eastberkshireccg.nhs.uk/getting-involved/how-we-have-engaged/

Bracknell Forest

The Bracknell and Ascot Patient Assembly which meets four times a year and is made up of patient group representatives from each practice, continues to go from strength to strength, providing a valuable platform for networking and information sharing and discussion.

At the start of the new year a Chair was elected and the current Vice-Chair was re-elected following a nominations process led by the CCG's communications team. Both chairs' continue to work together with the CCG's Communications Place lead and Lay member for Patient and Public Engagement.

Through their combined efforts, patient groups have heard from a series of guest speakers who have provided timely and informative updates on health and social care. These include local service developments, winter campaign, self care week 2019, Connected Care Share Record and social prescribing.

Community engagement to support planning applications and estates transformation

The communications and engagement to support the Ascot Plan and the proposal for a new community health centre to be built has been strong. We engaged with local community members and listened to what they said through engagement events. Scores of people attended a drop-in session in late October to have their say on the latest plans for the community health centre in Sunningdale, subject to planning permission. For more information please visit this link: https://www.eastberkshireccg.nhs.uk/feedback-ascot-health-centre-plans/. The new facility would enable access to a wider range of services in the community and a more collaborative way of delivering primary care, with the potential to offer services for urgent care and on-the-day primary care, as well as additional healthcare professionals such as physiotherapists, mental health teams and voluntary sector.

Equality and Diversity

The CCG is committed to equality of opportunity for all people and to eliminating unlawful discrimination. We recognise and value the diversity of the local communities and believe that equality is central to the commissioning of modern, high-quality health services, particularly in relation to the protected characteristics as set out by the Equality Act 2010. We have set our objectives through patient and staff consultation.

The key objectives are:

- we will make sure information is accessible.
- we will develop an inclusive workforce that reflects our local communities and provide appropriate levels of equality and diversity training and development to all staff and members of the Governing Body

The CCG's Equality and Diversity strategy was used to inform a work plan undertaken in 2018/19; this plan is updated every two years The group has published an Equality, Diversity and Inclusion Annual Report 2018/19, which provides an overview of the work undertaken by the CCG and can be accessed at: https://www.eastberkshireccg.nhs.uk/about-us/policies/equality-and-diversity/.

The CCG is meeting statutory duties in relation to the Public Sector Equality Duty (PSED). It provides an overview of the information available about the CCG's patient population and workforce.

During 2019/20 the following progress has been made towards the CCG's equality, diversity and inclusion objectives:

- on-going review of implementation of the Accessible Information Standard by commissioned services
- ensuring accessible information shared as part of the engagement for commissioning services
- continuing to improve the accessibility of the CCG's website during Phase 2 of its development
- improving processes around equality impact assessment (EIA), to ensure that considerations of equality issues are robustly evidenced in all decision making documents
- consistently collate protected characteristic data relating to Serious Incidents.
- improving quality of data relating to the CCG's workforce held on Electronic Staff Record
- improving responses to the staff survey in relation to EIA, particularly around experiences of discrimination and harassment, and access to reasonable adjustments

Reducing Health Inequalities and Health and Wellbeing Strategies

The CCG is committed to address inequalities in outcome and achieve fair and equitable access to health services. The CCG is committed to upholding the NHS Constitution which

outlines a number of commitments and pledges to uphold patient dignity, equality and diversity and human rights on all aspects of commissioning, employment practice, and engagement and involvement.

The three Places in the CCG, (Bracknell Forest, Slough, the RBWM) have a different population profile.

Whilst some wards in Ascot, Bracknell, Maidenhead and Windsor are relatively deprived compared to the rest of NHS East Berkshire, none of the Lower Super Output Areas (LSOAs) are amongst the 20% most deprived nationally. Slough however has 5 (6%) of the LSOAs in the 20% most deprived nationally.

Life expectancy differs between our three Places see table below:

Table: Life expectancy at birth

Place	Men (years)	Comparison to national	Women (years)	Comparison to national
Bracknell Forest Borough Council	**81.8**	**Significantly better**	**85.0**	**Significantly better**
Slough Borough Council	**78.5**	**Significantly worse**	**82.7**	**Similar to the national figure**
Royal Borough of Windsor and Maidenhead	**81.2**	**Significantly better**	**84.8**	**Significantly better**

The CCG continues to work closely with Public Health in understanding the health needs of the different communities, including those that may otherwise be hidden. We are using analytical tools in order to gather increasingly detailed data to improve this understanding and inform our commissioning activity, supporting our Placed based approach and the work within the newly established PCNs. Alongside this the CCG has continued to engage with patient groups, community groups and partners along with the local authorities to listen and respond, ensuring we improve outcomes and reduce inequalities. Together with partners at local Health and Wellbeing Boards we support delivery of joint health and well-being strategies/plans for our local populations. Details are in the tables for each Place.

The CCG in 2019/20 has supported the delivery of the following project across the three Places to reduce inequalities:

Homelessness Outreach

Following the pilot schemes last year the CCG has continued to develop its homeless outreach service in 2019/20 which provides dedicated GP and nurse support for this vulnerable group within each Place. The services are working collaboratively with local

charitable organisations to promote and provide flu vaccinations and screening and treatment for Hepatitis C; exploring opportunities to broaden the service to encompass areas of dentistry and podiatry as well as extending the support to encompass other transient groups such as gypsies, travellers and sex workers.

Bracknell Forest Place

The Place population profile differs from the national picture with a larger proportion of children and young people (aged 5 to 19) and adults aged 35 to 54. In contrast, there are a smaller proportion of adults aged 20 to 34.

The recorded prevalence of diabetes, chronic kidney disease, mental health disorders and dementia is lower than the national prevalence rates. The prevalence of depression is higher.

The mortality rate for respiratory diseases in Bracknell Forest is better than the national average for all metrics: https://fingertips.phe.org.uk/search/cancer#page/0/gid/1/pat/6/par/E12000008/ati/102/are/E06000038/cid/4/page-options/ovw-tdo-0.

The mortality rate for cancer is slightly less the national average, except for the under 75 year old mortality rate which is considered preventable for female under 75s: https://fingertips.phe.org.uk/search/cancer#page/0/gid/1/pat/6/par/E12000008/ati/102/are/E06000038/cid/4/page-options/ovw-tdo-0.

The CCG continues to support the provision of a range of health and wellbeing programmes delivered through the Better Care Fund (BCF). The 2019/20 Bracknell Forest BCF Plan sets out the finance and activity to be undertaken by the CCG and partner local authority, Bracknell Forest Council, to support delivery of the objectives outlined in the Health and Wellbeing Strategy.

The Bracknell Forest Joint Health and Wellbeing Strategy for 2016-2020 is detailed in the document “Seamless Health – Bracknell Forest Joint Health and Wellbeing Strategy 2016-2020” (https://www.bracknell-forest.gov.uk/sites/default/files/documents/seamless-health-2016-2020.pdf) which was published in December 2015.

A new Place-based Health and Wellbeing Strategy is being developed. The Bracknell Forest Council Plan 2019-23 includes priority to support vulnerable people so that they are kept safe and remain independent.

In summary the strategies are:

Strategy	Local Theme	CCG Plan	BCF Plan
Bracknell Forest Health and Wellbeing Strategy	Protecting vulnerable people	Safeguarding of vulnerable people, in care homes, carers	Care Home Quality Project across NHS East Berkshire BCFs; Carers' support services
	Increasing life expectancy by focussing on inequalities	Cancer, cardiology, diabetes	Memorandum of understanding for carers across East Berkshire BCFs
	Improving mental health and wellbeing	Mental health and prevention services	BF Community Network (support for carers)
Bracknell Forest Council Plan 2019-23	Develop and implement a council wide programme of measures to help improve the health of our local population.	Physical inactivity project, diabetes prevention programme, CAMHs, physical inactivity project, smoking cessation, weight reduction, cancer screening	Falls prevention / Falls tier 3 Integrated respiratory services
	Develop a new early help mental wellbeing service for children and young people, working with partners, including our schools.	Child and Adolescent Mental Health Services	

Strategy	Local Theme	CCG Plan	BCF Plan
Bracknell Forest Council Plan 2019-23	Align our social care services with Primary Care Networks to allow improved integration of care and health activities	Diabetes prevention programme, physical inactivity project, smoking cessation, weight reduction, cancer screening	Integrated care teams includes community matron and in-reach function to acute trusts and voluntary sector to address social isolation; Anticipatory Care Planning, Place Access Points and cluster Multi-Disciplinary Teams (MDTs) supporting those at risk; Voluntary sector support from Red Cross and Age UK to assist resettling people following discharge. Assessment and Rehabilitation Centre including the Community Clinic at Brants Bridge; home based Intermediate Care Service. Developing integrated care teams to support anticipatory care pathways. Working closely with hospitals to support discharge to assess and communication to identify people who may need community support on discharge earlier on in their hospital stay.

Strategy	Local Theme	CCG Plan	BCF Plan
Bracknell Forest Council Plan 2019-23	Review our Disabled Facility Grants Adaptations Service to speed up applications to support people to live independently, implementing a new policy	Personal health budgets, complex case management, assistive technology,	Assistive technology / community equipment; outcome based domiciliary care; intermediate care services aims to support people to regain and maximise independence. Includes extended working hours and new team roles including nursing and assistive technology
	Work with the CCG to develop a joint community and health facility at Blue Mountain.	Integrated care	
	Deliver a new residential facility for people with dementia, at Heathlands in Bracknell in, partnership with health partners.	Dementia care	Care Homes programme
	Use social prescribing and support the voluntary sector to help reduce isolation and loneliness	Social prescribing	Integrated Care Decision making, social prescribers in cluster MDTs

Strategy	Local Theme	CCG Plan	BCF Plan
Bracknell Forest Council Plan 2019-23	Ensure there are opportunities for everyone to enjoy and participate in sports and leisure activities.	Physical inactivity project	

The BCF plan is signed off by the Health and Wellbeing Board, and progress is reviewed quarterly at the Better Care Fund Programme Board; which is attended by Senior Officers within the CCG and council, council member and a clinical lead. Plans are reviewed at the public meeting of the Health and Wellbeing Board.

Slough Place

The population profile differs from the national picture with a larger proportion of children aged 0 to 14 and younger adults aged 25 to 44, but a smaller proportion of adults aged 50 and over. 29% of the CCG's total registered population is under 19.

5 of the lower super output areas in the CCG boundary are in the 20% most deprived nationally.

The recorded prevalence of cardiovascular diseases, cancer, respiratory diseases, chronic kidney disease, depression and dementia is lower than the national prevalence rates and comparator CCG group. The recorded prevalence of diabetes is higher. Mental health disorders are marginally higher than England.

In 2019/20 the CCG contributed £9.070m towards the pooled budget in support of the Slough BCF programme. The BCF plan 2019/20 sets out the finance and activity to be undertaken by the CCG to deliver the objectives of the health and wellbeing strategy, within the agreed NHSE framework. The plan is signed off by the Slough Wellbeing Board, and progress and performance monitoring is regularly reported through the Health and Social Care Partnership.

In 2019/20 the CCG's contribution continued supporting delivery of the BCF programme by funding a number of schemes across Slough that both prevent admissions to hospital and help transfer people back home. Slough BCF schemes include provision of short term rehabilitation and reablement services, an integrated cardio-wellness service, telehealth and telecare schemes, falls prevention, children's asthma service, a responder service,

enhanced GP support to care homes, support for carers and dementia advice and support for residents and their carers. The BCF also supports the delivery of High Impact Change Model for the management of transfers of care, which include 'discharge to assess' to ensure assessments of care needs for the medium and longer term are done once the person has left hospital.

This investment helps contribute to delivering aims of the Slough Wellbeing Strategy. The Slough Wellbeing Board has been refreshing its strategy this year and is identifying four priority areas on which to focus in order to improve the health and wellbeing of the residents of Slough. These are:

- starting Well
- integration
- strong, healthy and attractive neighbourhoods (building community asset resilience)
- workplace health

It also supports the Council in objectives set in its 5 year plan which include:

- Slough children will grow up to be happy, healthy and successful and
- our people will be healthier and manage their own care needs

Strategy	Local Theme	CCG Plan	BCF Plan
Slough 5 year plan	Slough children will grow up to be happy, healthy and successful	CAMHs services	Children's community asthma service
	Our people will be healthier and manage their own care needs	Diabetes prevention programme, physical inactivity project, smoking cessation, weight reduction, personal health budgets	Integrated cardio-wellness service, falls prevention, telehealth, telecare, wellbeing prescribing

The Royal Borough of Windsor and Maidenhead (RBWM) Place

The population profile is similar to the national picture with a slightly lower proportion of adults aged 25 to 34 and a higher proportion of adults aged 35 to 54. 23% of the CCG's total registered population is under 19.

The recorded prevalence of some cardiovascular diseases, respiratory diseases, diabetes, chronic kidney disease, mental health disorders and depression are lower than the national prevalence rates. The prevalence of cancer, dementia and serous mental health disorders are similar.

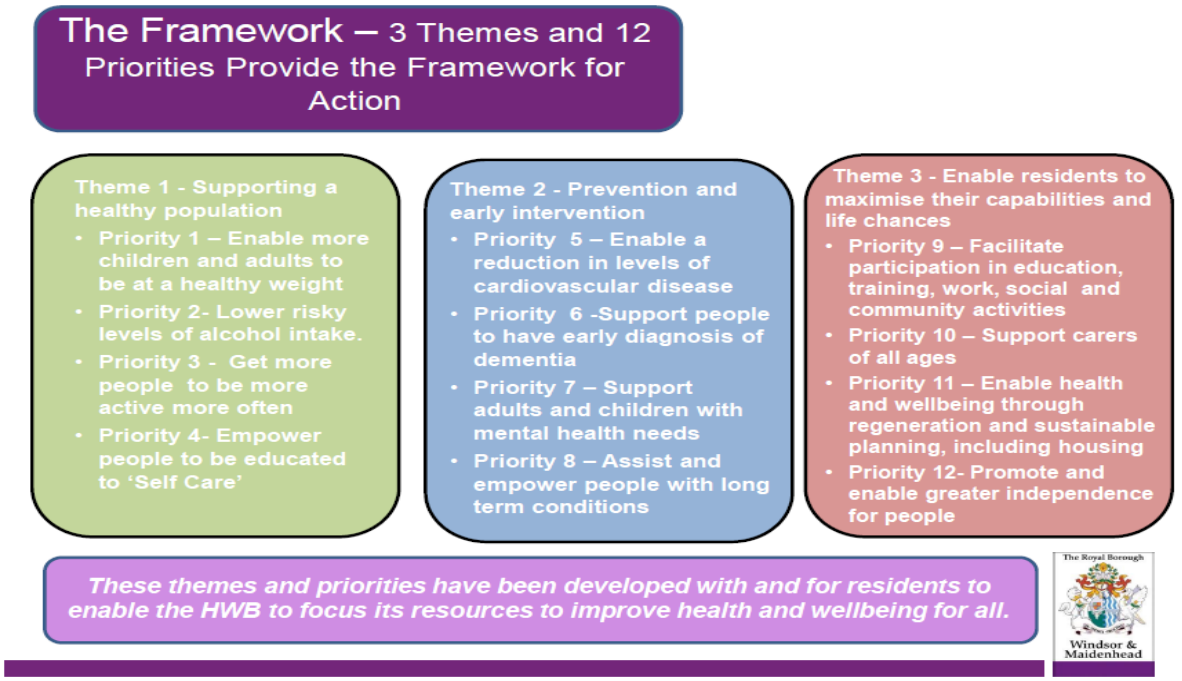
The Joint Health and Wellbeing Strategy 2016-20 for RBWM sets the vision for all agencies working together in the borough:

"The Royal Borough of Windsor and Maidenhead will be a healthy place to work, live and play where residents are enabled to be independent.'

The strategy is underpinned by three key themes and twelve priorities (see diagram below), which are delivered through three partnership boards shaped around the three life stages: Developing Well, Living Well and Ageing Well. For example, the Ageing Well Board brings together a range of partners, including voluntary sector organisations and the fire service, to deliver key priorities such as falls prevention, reducing loneliness and social isolation, a collaborative approach to self care and a calendar of prevention focussed activities across the borough.

The Health and Wellbeing Board provides oversight to the delivery of the Better Care programme of work through the Better Care Fund Board.

RBWM Joint Health and Wellbeing Strategy



In 2019/20 the CCG contributed £8.868m towards the pooled budget in support of the BCF programme. The BCF Plan 2019/20 sets out the finance and activity to be undertaken by the CCG to deliver to objectives of the health and wellbeing strategy, within the agreed NHSE framework.

Maximising the use of all resources, both financial and staffing, remain significant challenges for the ICS which is key to the BCF success. Local competition for skills and staff recruitment is set within the context of a rising demand for services to meet the needs of the increasing older population. The borough already has a large older population at 18.7% and this is expected to rise to 21.4% by 2025. The number of people living with dementia is also expected to rise in the next five years and to have doubled by 2035.

In 2019/20 the CCG's contribution continued to support the BCF programme by funding a number of schemes that prevent avoidable admissions to hospital and promote safe transfer of patients back home to continue their recovery and a return to independence through the provision of a range of short term rehabilitation and reablement services, tailored to meet different resident needs. This programme of work is being undertaken within the recognised national BCF framework of good practice for the management of transfers of care known as the High Impact Change Model – localised and tailored to ensure that each individual's assessment of care needs for the medium and longer term is done at home, rather than when the person is in a hospital bed.

Other BCF funded programmes include a significant focus on the identification of and support for carers, dementia related advice and support for those diagnosed with dementia and their families/carers, post stroke recovery and support services, and a falls prevention service. Reducing the impact of loneliness and social isolation is recognised as a key challenge both nationally and locally and the social prescribing services, funded by the BCF, works closely with the voluntary sector and other community based agencies to maximise the opportunities for residents of all ages and backgrounds to enrich their lives and take advantage of the many community based services in their Place.

ACCOUNTABILITY REPORT

Dr Andy Brooks

Clinical Chief Officer

23 June 2020

Corporate Governance Report

Members Report

This section of the report contains information about our membership, the way we work as a CCG and how we carry out our legal responsibilities.

Member Profiles

East Berkshire CCG is a corporate body (a legal entity) and has 46 member practices which are organised into three Places: Bracknell, Slough and Windsor Ascot and Maidenhead.

Bracknell (13)	Slough (16)	Windsor Ascot and Maidenhead (17)
The Waterfield Practice *The Waterfield Practice - Warfield Medical Centre*	**242 Wexham Road Surgery**	**Runnymede Medical Practice** *Englefield Medical Centre*
The Sandhurst Group Practice *Yorktown Surgery*	**Langley Health Centre**	**Woodlands Park Surgery**
Kings Corner Surgery	**Crosby House Surgery**	**Linden Medical Centre**
Magnolia House	**The Avenue Medical Centre**	**Ross Road**
The Ringmead Medical Practice *The Ringmead Med Practice - Great Hollands HC* *The Ringmead Practice - Heath Hill*	**Herschel Medical Centre**	**Claremont Surgery** *Holyport Surgery*
The Gainsborough Practice (Warfield)	**Farnham Road Surgery** *Weeks Drive Surgery*	**Datchet Health Centre**
Binfield	**Upton Medical Partnership** *The Village Medical Centre*	**Cedars Surgery**
Green Meadows Partnership	**Bharani Medical Centre** *Bath Road Surgery*	**Cookham Medical Centre**
The Easthampstead Practice	**Shreeji Medical Centre**	**Lee House Surgery**

The Great Hollands Practice	**Manor Park Medical Centre**	**Symons Medical Centre**
Forest Health Group *(incl. Boundary House and Balfron)*	**40 Ragstone Rd**	**Sheet Street Surgery**
The Crown Wood Medical Centre	**Cippenham Surgery (Dr. Nabi)**	**Clarence Medical Centre**
The Evergreen Practice	**Kumar Medical Centre (Grassmere)**	**Rosemead Surgery**
	240 Wexham Rd (Dr Sharma)	**Redwood House Surgery**
	Slough Walk in Health Centre (Chappell)	**Cordwallis Road Surgery**
	The Orchard Practice (Willow Parade Surgery)	**South Meadow Surgery** *Dedworth Medical Centre*
		Radnor House Surgery and Ascot MC

Composition of Governing Body

The Governing Body is responsible for the CCG's strategy, financial control, probity, risk management, oversight, assurance and deciding which services to commission to improve the health and wellbeing of the local population. It is constituted in accordance with the Health and Social Care Act 2012 and is the principle decision-making body. It comprises of Clinical, Lay Members and Executive Directors.

Between April 2019 and end of December 2019 the Governing Body was composed of the following members:

Voting Membership

- 9 General Practitioner as Governing Body Board member's representatives of the CCG member practices (3 elected by member practices from each Place). 1 of these has been elected as the Clinical Chair
- 3 Lay Members (1 from each Place)
- 1 Secondary Care Specialist Consultant
- the Clinical Chief Officer
- the Director of Finance and/or Deputy Director of Finance
- the Medical Director
- the Director of Strategy and Operations
- the Director of Nursing and Quality

Other non-voting representative Officers from the local authorities are in attendance. See table below.

Governing Body Membership from 1 April 2019 – 31 December 2019 (no change)

Name	Role	Voting Status
Dr. William Tong	Clinical Chair	Voting
Dr. Andy Brooks	Clinical Chief Officer	Voting
Dr. Jackie McGlynn	GP Member (Bracknell)	Voting
Dr. Jim O'Donnell	GP Member (Slough)	Voting
Dr. Huw Thomas	GP Member (Windsor Ascot and Maidenhead)	Voting
Dr. Amanda Wellesley	Secondary Care Consultant Member	Voting
Arthur Ferry	Lay Member for Governance	Voting
Professor Clive Bowman	Lay Member for Primary Care	Voting
Sarah Bellars	Director of Nursing and Quality	Voting
Fiona Slevin-Brown	Director of Strategy and Operations	Voting
Gill Vickers	Local Authority Member (Bracknell)	Non-voting
Alan Sinclair	Local Authority Member (Slough)	Non-voting
Angela Morris	Local Authority Member (Windsor Ascot and Maidenhead)	Non-voting

Governing Body members' profiles can be accessed on the CCG website here: https://www.eastberkshireccg.nhs.uk/about-us/governing-body-members/governing-body-membership-april-december-2019/

Governing Body Members that stepped down or were appointed between 1 April 2019 – 31 December 2019

Name	Role	Voting Status
Dr. Nithya Nanda	GP Member (Slough) From 1 April 2019 - 30 June 2019	Voting
Dr. Nuzhet Ali	GP Member (Windsor Ascot and Maidenhead) From 1 April 2019 - 31 December 2019	Voting
Nigel Foster	Director of Finance From 1 April 2019 – 30 November 2019	Voting
Dr. Mike Hoskins	GP Member (Slough) From 1 April 2019 - 31 December 2019	Voting
Sally Kemp	Lay Member for Governance From 1 April 2019 - 31 December 2019	Voting
Dr. Martin Kittel	GP Member (Bracknell) From 1 April 2019 - 31 December 2019	Voting
Dr. Clare Neiland	GP Member (Windsor Ascot and Maidenhead) From 1 April 2019 - 31 December 2019	Voting

Frimley Collaborative Board

The three CCG's respective Governing Bodies started to meet informally together from July 2019 and established a formal Frimley Collaborative Board in January 2020 and had their first meeting in February 2020. Members are as shown in the table below.

Membership of the Frimley Collaborative Board (January 2020 - March 2020)

Name	Role	East Berkshire	North East Hampshire and Farnham	Surrey Heath
Dr. Andy Brooks	Clinical Chief Officer	✓	✓	✓

Name	Role	East Berkshire	North East Hampshire and Farnham	Surrey Heath
Sarah Bellars	Executive Director of Nursing and Quality	✓	✓	✓
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	Place Lead for the RBWM	✓		
Dr. Jim O'Donnell	Place Lead for Slough	✓		
Dr. Jackie McGlynn	Place Lead for Bracknell Forest	✓		
Clive Bowman	Lay Member for Governance	✓		
Arthur Ferry	Lay Member for Governance	✓		
Fiona Slevin-Brown	Executive Managing Director for Bracknell Forest	✓		
Vacant	Executive Managing Director for Slough	✓		
Vacant	Executive Managing Director for the RBWM	✓		

Name	Role	East Berkshire	North East Hampshire and Farnham	Surrey Heath
Dr. Amanda Wellseley	Secondary Care Consultant	✓		✓
Tony Fitzgerald	Interim Lay Chair			✓
Dr. John Fraser	Governing Body GP			✓
Nicola Airey	Executive Managing Director for Surrey Heath			✓
Non-Voting Attendees				
Caroline Warner	Lay Person for Patient and Public Engagement			✓
Fiona Edwards	Frimley Health and Care Integrated Care System Lead			

Frimley Collaborative Board members' profiles can be accessed on the CCG website here: https://www.eastberkshireccg.nhs.uk/about-us/governing-body-members/

The Collaborative Board replaced the meetings of the individual Governing Bodies in January 2020. It is the formal committee in common of the three CCGs. It makes decisions on matters that are common to the three CCGs taking the needs of local communities into account. The three CCGs remain as statutory organisations.

The Board provides strategic leadership to the CCG and provides a single commissioning voice in the Frimley Health and Care ICS. The Board is also responsible for managing the commissioning activities that the five Places agree to undertake together. Working in this way is designed to reduce fragmentation and duplication, increase consistency, enabling better use of resources and creating a simplified interface with the Integrated Care System.

The Board holds the statutory responsibility for the work of the CCG and has oversight of delivery of the Operational Plan, alongside the work to address local priorities.

Committee(s), including Audit Committee April 2019 to December 2019

Information on each of the Committees and Sub-Committees are contained in the Governance Statement beginning on page 89.

The Governing Body established an Audit Committee to critically review and report to the Governing Body on the relevance and robustness of the governance and assurance processes on which the Governing Body relies. This includes but is not limited to:

- critically reviewing the CCG's financial reporting, internal control principles, and good business practice
- ensuring that the CCG's activities are managed in accordance with the law and regulations governing the NHS and ensuring appropriate relationships with both internal and external auditors are maintained
- reviewing the Annual Report and Financial Statements for the CCG, to be considered as a separate agenda item before submission to NHS England
- reviewing the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensuring that any such concerns are investigated proportionately and independently
- satisfying itself that the organisation has adequate arrangements in place for counter fraud and security that meet NHS Counter Fraud Authority Standards and will review the outcomes of work in these areas

In carrying out the above work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions.

The Audit Committee membership included 3 Lay Members (Sally Kemp, Arthur Ferry and Clive Bowman) and was chaired by Arthur Ferry who is also the Conflict of Interest Guardian.

The Committee met on 5 occasions throughout the year and the quoracy is to have at least 2 Lay Members present; this includes the Chair or Vice Chair of the Committee and at least 1 representative (or their identified deputy Lay Member) from the CCG. The quoracy was met for all meetings.

Audit Committee in Common from January 2020 – March 2020

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 and Farnham CCG and East Berkshire CCG) met as an Audit Committee 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 Committee 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 Committee in Common

was not taking decisions for North East Hants and Farnham CCG – this will happen from 2020-21.

Register of Interests

All Governing Body members, Senior Managers and General Practitioners who are involved in the CCGs business are required to declare their interests. The registers of Interests are maintained and published at: https://www.eastberkshireccg.nhs.uk/about-us/how-we-spend-the-money/conflict-of-interest/.

Personal Data Related Incidents

The CCG has had four information governance breaches which were reported to the Information Commissioner's Office (ICO). All incidents were investigated using the national guidance (NHS DIGITAL - Guide to Notification of Data Security and Protection Incidents Beta V1.3). The four incidents reportable to the ICO were reported via the CCG's Data Security and Protection Toolkit. As part of the CCG's internal process, reports were produced for all incidents and reported to the Data Protection Officer, Senior Information Risk Owner, the Caldicott Guardian and the Quality Committee. These reports included any lessons learnt and actions implemented.

Statement of 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, there is no relevant audit information of which the CCG's auditor is unaware that would be relevant for the purposes of their audit report
- 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 CCG's auditor is aware of it

Modern Slavery Act

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

Statement of Accountable Officer's Responsibilities

The National Health Service Act 2006 (as amended) states that each CCG shall have a Clinical Chief Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed Dr Andy Brooks to be the Clinical Chief Officer of East Berkshire CCG.

The responsibilities of a Clinical Chief Officer are set out under the National Health Service Act 2006 (as amended), Managing Public Money and in the CCG Clinical Chief Officer Appointment Letter.

They include responsibilities for:

- the propriety and regularity of the public finances for which the Clinical Chief Officers answerable
- for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the CCG and enable them to ensure that the accounts comply with the requirements of the Accounts Direction)
- for safeguarding the CCG'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 CCG 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 Section14R of the National Health Service Act 2006 (as amended))
- ensuring that the CCG 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 CCG to prepare for each financial year financial statements in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Clinical Commissioning Group and of its net expenditure, changes in taxpayers' equity and cash flows for the financial year.

In preparing the financial statements, the Clinical Chief Officer is required to comply with the requirements of the Group Accounting Manual issued by the Department of Health and in particular to:

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the Group Accounting Manual issued by the Department of Health and Social Care have been followed, and disclose and explain any material departures in the financial statements
- prepare the financial statements on a going concern basis

To the best of my knowledge and belief, and subject to the disclosures set out below (e.g. directions issued, s30 letter issued by external auditors), I have properly discharged the responsibilities set out under the National Health Service Act 2006 (as amended), Managing Public Money and in my CCG Clinical Chief Officer Appointment Letter.

I also confirm that:

- as far as I am aware, there is no relevant audit information of which the CCG's auditors are unaware, and that as Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the CCG's auditors are aware of that information
- that the annual report and accounts as a whole is fair, balanced and understandable and that I take personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable

Dr Andy Brooks

Clinical Chief Officer

23 June 2020

Governance Statement

Introduction and context

East Berkshire CCG is a corporate body established by NHS England on 1 April 2018 under the National Health Service Act 2006 (as amended).

The CCG'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 of 1 April 2019, the CCG 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 Clinical Chief 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.

Governance Arrangements and Effectiveness

The main function of the Governing Body is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it.

The CCG is a clinically led organisation with strong clinical engagement from GPs through its Assembly of Members, which has been in place and operating successfully. The Assembly of Members was selected and then appointed its Governing Body and delegated to it the power to develop the strategic direction of the CCG and to conduct the overall management of the CCG. The Governing Body has been in place since its inception on 1 April 2018, and has provided the leadership and stewardship of the CCG, including a governance framework which ensures transparency, accountability and probity. The CCG has worked on a coordinated plan to create the CCG's vision, values and priorities and to develop the governance framework, financial plan and our strategic plan.

Between April 2019 and December 2019 the CCG held its own Governing Body and membership. The CCG continued to function within a complex and evolving healthcare landscape and collaborated Surrey Heath CCG and North East Hampshire and Farnham CCG.

In July 2019 the CCG, with Surrey Heath CCG and North East Hampshire and Farnham CCG decided to develop a single commissioning function for the Frimley Health and Care Integrated Care System (ICS) known as the Frimley Collaborative. The three CCGs created a single Executive Team, shared a single Accountable Officer and organised the commissioning resource into 5 Places - Bracknell Forest, Slough, Surrey Heath, North East Hampshire and Farnham, RBWM. Each of the five Places has a Managing Director, Lay Member, and Clinical Lead to manage the Place based delivery plans.

Since January 2020, the Governing Bodies of the 3 CCGs' have met 3 times formally to discharge their responsibilities together as Committees in Common.

I confirm that the CCG has been able to maintain the functions of the Governing Body through these arrangements and that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it.

I confirm that the CCG has maintained a strong focus on effective governance in its new governance framework and this is consistent with the changes in the CCG's updated constitution.

The constitution requires that the CCG will at all times observe the principles of good governance in the way it conducts its business. These principles include the Good Governance Standard for Public Services, the Nolan Principles, the seven key principles of the NHS Constitution and the Equality Act 2010.

I confirm that the updated Constitution maintains the embedded Standing Orders. These Standing Orders, combined with the Scheme of Delegation and Prime Financial Policies, form the procedural governance framework. They set out the structure and arrangements for conducting the business of the CCG, the appointment of Member Practice representatives, and the procedures to be followed at meetings of the CCG, the process to delegate powers and the declaration of interests and standards of conduct.

GP Council (Assembly of Members)

As a clinically led membership organisation 'Members' participate in the work of the CCG through the GP Council. Member practices have selected appropriately qualified and competent Members to represent their practice at the GP Council meetings. The GP Council is the forum for member practices to give direction, inform and approve the commissioning and financial plans for the population of the CCG.

The CCG is divided into 3 Places; Bracknell Forest, Slough and RBWM to ensure that there is effective membership engagement. Each Place has elected 3 General Practitioners to be members of the Governing Body.

Each of the Places meets on a monthly basis and annually. These meetings are well attended; a register of attendance is taken at every meeting to ensure that the high level of practice engagement established is maintained. Member practices actively participate and contribute to shaping commissioning intentions and plans, as well as using their clinical expertise and experience to inform the development of clinical pathways and the delivery of services. There are Clinical Leads for key service redesign work as an example in areas of dementia, dermatology, and cardiology. The need for the Clinical Lead is identified at these meetings. The post is then advertised and an individual is selected; this ensures that there is a broad and inclusive approach across member practices in the work of the CCG.

The members participate in the work of the CCG through the Council of Members. Each member has appointed an appropriately qualified and competent member of its practice to be its representative to the Council of Members.

The GP Council's remit and responsibilities are clearly defined in the CCG Constitution. There are a number of matters that are reserved for decision by the Assembly. A decision can only be carried when 70% of votes are cast at a meeting of the Council of Members, and no action may be taken by the Governing Body without such approval (except calling a meeting of the Council of Members or circulating a written resolution requesting such approval for members to vote on). When a vote is taken, it is formally recorded in the minutes of the meeting, which are distributed to all Member Practices.

The matters reserved to the GP Council cover:

- applying to NHS England to
    - o change the vision or values of the CCG or doing anything that is inconsistent with them
    - o change the Geography
    - o change the name of the CCG
    - o merge with any other Clinical Commissioning Group
    - o remove any Member for any reason other than those set out in paragraph 37 of the CCG's constitution (for example a Member breaching the policy for managing conflicts of interests, for failing to comply with decisions of the Governing Body or for consistent and/or flagrant breaches of this Constitution)]
- approval of the Annual Operating Plan, the commissioning strategy/plan and the Annual Report which are recommended by the Governing Body
- entering into certified externally financed development agreements
- extension of terms of members of Governing Body in exceptional circumstances
- removal of a Governing Body member subject to the requirements detailed in the CCGs Constitution

Governing Body

The Council of Members have appointed members of the Governing Body via a selection and election process. The Governing Body has been given delegated power to develop the strategic direction of the CCG, provide assurance and conduct the overall management of the CCG, having taken account of all relevant statutory requirements and Department of Health and NHS England guidance. The Governing Body will ensure there is quality and value for money for the commissioned services for the population in its geography.

The Governing Body has established a Clinical Leadership/Innovation/Delivery forum in each Place. This is a forum for clinical GP Governing Body members and other Clinical Leads to review the current and future clinical issues affecting local people in the context of the CCG and wider collaborative priorities. It will also provide an opportunity for clinicians to explore and make recommendations to the Business Planning and Clinical Commissioning Committee on opportunities to adopt new and emerging innovations. The objective of the group is not only to directly inform the CCG on the commissioning plans, but also to make formal recommendations to the Business Planning and Clinical Commissioning Committee. The forum provides the Committee with supporting information used to inform recommendations and will provide assurance on its actions to deliver the objectives of the CCG.

The CCG's Governance arrangements, agreed by the membership practices and set out in the CCG's constitution, gives the Governing Body the power to lead and manage the CCG

on the members' behalf. The Governing Body has a responsibility to ensure there are appropriate healthcare services for the resident population.

As the Clinical Chief Officer, I work closely with Governing Body members on delivering the strategy and objectives of the CCG and much of this work is coordinated by the Governing Body and Clinical Leadership/Innovation/Delivery Forum in each Place. The CCG has continued to develop and improve the organisational structures through its organisational development initiatives which have focused on the CCG's committee, risk and governance structures, as well as collaborative work with key stakeholders including patients and the public.

The CCG has strong partnership working as the key partner in the Frimley Health and Care Integrated Care System (ICS) and working with the three local authorities, (Bracknell Forest Council, Slough Borough Council and RBWM). This partnership working with the local authorities has been in place for a number of years and provides a solid basis for integrating health and social care, by using the Better Care Fund (BCF) policy framework and funding, alongside the Health and Wellbeing Board to strategically drive greater integration.

In conjunction with the CCG Chairman, an annual work programme is developed and the agenda for each meeting is agreed between us.

The scope of the Governing Body's accountabilities and responsibilities are clearly articulated in the CCG's Constitution.

The Governing Body has met in public on 2 occasions during 2019/20 to consider; debate and agree commissioning and financial plans, service developments and policies amongst many other business matters. Over the past year, there has been good attendance at all the meetings. The quoracy is as follows:

- there are 6 clinical representatives with at least 2 clinical representative from each Place
- there are 2 lay representatives
- 3 executive members (Clinical Chief Officer, Medical Director and the Director of Nursing and Quality are Executive as well as Clinical for quoracy purposes)

The Governing Body met on 9 occasions throughout the year and the quoracy was met on all occasions.

Delegated Committees of the Governing Body

The following committees were accountable to the CCG's Governing Body from 1 April 2019 until 31 December 2019:

- Audit Committee - statutory
- Remuneration Committee - statutory
- Primary Care Commissioning Committee (PCCC) - statutory
- Quality and Constitutional Standards Committee
- Business Planning and Clinical Commissioning Committee
- Finance and Quality Innovation Productivity and Prevention (QIPP) Committee

The Governing Body approves and reviews the terms of reference for each committee annually which includes information on the membership.

From 1 January 2020 due to the collaboration with the other 2 CCGs and development of Frimley Collaborative Board the above named committees came to end except for the Primary Care Commissioning Committee. The remaining have been replaced by:

- Place Committee in Common - East Berkshire wide
- Quality, Performance and Finance Committee - Frimley wide
- Audit Committee in Common - Frimley wide - statutory
- Remuneration Committee in Common - Frimley wide - statutory

Frimley Collaborative Board

The 3 CCGs met informally together in July 2019 and established a formal Collaborative Board in January 2020 (see page 84 for responsibilities of the Board).

Other Partnership Committees/Forums

East Berkshire CCG as part of the Frimley Heath and Care ICS, which works with a range of partners to realise system level changes that ensure the long term sustainability of the Health and Care sector in NHS East Berkshire and across the Frimley Health and Care ICS footprint**.** The CCG is an active member of the following:

- Accident and Emergency Delivery Board - system wide
- System Leaders Group - system wide
- three Health and Wellbeing Boards – partnership board chaired and organised by each respective local authority (Bracknell Forest Council, Slough Borough Council, the RBWM)
- Community Partnership Forum - East Berkshire wide

Remuneration Committee

See details under section Remuneration and Staff Report on page 125.

The Primary Care Commissioning Committee (PCCC)

The PCCC is corporate decision-making committee for the management of the delegated powers and associated functions to deliver benefits for primary care. The committee is responsible for:

- planning, including needs assessment, primary medical care services in the CCG's area
- undertaking reviews of primary medical care services in the CCG's area
- co-ordinating a common approach to the commissioning of primary care services generally
- managing the budget for commissioning of primary [medical] care services in CCG's area
- ensuring collaborative working on monitoring and addressing issues of quality in primary care
- supporting the development of a joint strategy for primary care estates which meets current and future needs
- supporting the development of the CCG's Primary Care Information Management and Technology (IM&T) Strategies related to the General Practice Forward View and NHS East Berkshire Primary Care Strategy. Overseeing annual IM&T work plans and individual projects are implemented, monitored and revised as required

The committee voting membership includes:

- 3 Lay Members for Governance from each Place or their nominated deputy
- the Chair and Vice Chair of the PCCC are the Lay Representatives of the CCG
- the CCG's 2 Executive Directors (can be deputised by another Executive Director and/or Clinical Chief Officer. One must be Director of Nursing and Quality)

Non-voting core members:

- Assistant Director of Primary Care (or nominated deputy)
- GP Governing Body Member (x1)

The quoracy of the PCCC requires 4 voting members to be present. There must always be clinical advice available if not already part of the voting membership (i.e. Director of Nursing and Quality or deputy). The Committee meets bi-monthly and has met on 7 occasions throughout the year and was quorate for each of these meetings.

Quality and Constitutional Standards Committee (QCSC)

QCSC committee is responsible for ensuring that there is adequacy of control relating to as follows:

- appropriate mechanisms are in place to monitor and drive forward the constitutional standards and quality of services commissioned by East Berkshire CCG, agreeing courses of action where concerns have been identified
- receiving and mandate action on reports on quality in respect of the services commissioned by East Berkshire CCG; the reports will include but are not limited to provider performance against CQUINs, patient experience (including complaints and compliments received as commissioners) and clinical performance indicators
- ensuring the patient voice is listened to in order to understand the diversity of the patient experience
- receiving, review and scrutinise reports on themes and trends of serious incidents occurring in commissioned services and note the minutes of the serious incident panels
- receiving regular safeguarding reports and note the minutes of the safeguarding groups to ensure that there are robust systems and processes in place to safeguard adults and children
- considering national quality reports and results from relevant national audits
- review performance against constitutional standards and quality indicators in the NHS Outcomes Framework
- receiving internal and external audit reports relating to quality and follow up action plans
- ensuring adequate systems are in place for the governance of research in line with the Department of Health's requirements
- monitoring arrangements in place within East Berkshire CCG relating to Equality and Diversity issues, ensuring compliance with statutory obligations and implementation of equality action plans
- reviewing and approving Information Governance policies, procedures and arrangements (including FOI publication scheme and policy, Subject Access Requests, Records Management)
- reviewing the procedures for the Data security and Protection Toolkit and progress with meeting the standards
- receiving report on:
    - the information governance breaches each month and associated actions,
    - audits and training data relating to Information Governance

The meetings were chaired by Director of Nursing and Quality as the Secondary Care Consultant role was vacant. The membership includes the following:

- Governing Body member Secondary Care Consultant (Chair)
- Director of Nursing and Quality or assigned Deputy (Vice-Chair)
- Clinical Chair, East Berkshire CCG
- Clinical Chief Officer
- Quality Clinical Place Leads
- Director of Strategy and Operations
- Quality team members
- Healthwatch

The Committee is quorate when at least 4 members are present, consisting of:

- the Chair or a Deputy
- the Director of Nursing and Quality or a Deputy
- Quality Clinical Lead
- Healthwatch

The Committee met bimonthly and met on 4 occasions throughout the year and was quorate for each of these meetings. This Committee was replaced by the Quality, Performance and Finance Committee from January 2020.

Finance and Quality Innovation Productivity and Prevention (QIPP) Committee

The role of the Finance and QIPP Committee is to advise and support the Governing Body in scrutinising and tracking delivery of key financial and QIPP priorities as specified in the CCG's Strategic and Operational Plans. It is responsible for:

- reviewing the development of the CCG's Medium Term Financial Strategy, annual budgets/short-term financial plans for agreement by the CCG Governing Body
- advising the Governing Body to ensure that the CCG operates within its Standing Financial Instructions and statutory requirements in respect of financial, procurement and performance management. (The Audit Committee is responsible for setting these policies)
- monitoring CCG expenditure against budgets, including running cost and financial standing in-year and recommending corrective action to the Governing Body should year-end forecasts suggest that financial balance will not be achieved
- developing, reviewing and monitoring the effectiveness and implementation of the QIPP programme, and hold to account the Performance Review Groups on the local delivery of the finance and QIPP plans
- receiving regular commissioning performance reports for each of the CCG's main areas of commissioning expenditure. These will particularly focus on activity and cost

- overseeing performance of commissioning support services (SCW CSU and other providers). The lead officers from those organisations are invited to attend the meeting to report on the progress made
- reviewing the procurement register in light of business and commissioning decisions which are related to contracts, to ensure that planned procurements are robust, timely, delivering quality, value for money and have followed due processes
- the Finance and QIPP Committee will need to assure itself on the processes and procedures and the monitoring of the procurement register with the timely submission of business cases for decisions to Business Planning and Clinical Commissioning Committee
- assure there is a forward plan of commissioning activities in line with the procurement register that reduces the risk to the CCG of requiring Single Tender Waivers and unplanned extensions and allows appropriate testing of the market for potential providers

The meeting is chaired by the CCG Clinical Chair (April 2019 - December 2019). The membership includes the following:

- CCG Clinical Chair
- Deputy Director of Finance
- Director of Strategy and Operations (Vice Chair)
- Clinical Chief Officer
- GB Lay Member
- Director of Nursing and Quality
- Clinical representative from each Place x 3
- Chair of Performance Review Groups x 3
- Head of Financial Management and Reporting (non-voting)
- Associate Director of Contracting and Performance (non-voting)
- other representatives may be invited by the Chair to attend the meetings on an ad hoc basis

The Committee is considered quorate when at least 4 members are present, including at least the Deputy Director of Finance or the Director of Strategy and Operations, and 1 representative (either clinical or PRG Chair) from each Place.

The Committee met on 9 occasions between April 2019 - December 2019. The quoracy was not met on 5 occasions. However, there were no decisions made when the meeting was not quorate. This Committee was replaced by the Quality, Performance and Finance Committee from January 2020.

Business Planning and Clinical Commissioning Committee

The role of the Business Planning and Clinical Commissioning Committee is to ensure a strategic approach to commissioning, approve proposals for new commissioning activities and recommend the CCG Operating Plan to Governing Body. The responsibility includes:

- reviewing the CCG Operating Plan and making a recommendation for approval to the Governing Body, ensuring that clinically led commissioning underpins the development of the document and associated work programmes
- reviewing clinically led proposals for new innovative commissioning activities generated by key commissioning groups including the Planned Care Programme, and Mental Health Programme Boards
- instigating clinically led commissioning programmes linked to the achievement of the strategic aims of the CCG with the aim of developing clear commissioning proposals for approval by the Committee
- under delegated authority from the Governing Body, to approve commissioning proposals, business cases and tenders up to a maximum value of £1m for East Berkshire CCG
- for commissioning proposal, business cases and tenders greater that £1m for the CCG, to review and scrutinise the proposals and make recommendations to the CCG Governing Body as appropriate
- ensuring system commissioning decisions are considered with enough time to plan for robust engagement and planning for the continued provision of care which will improves outcomes and is aligned to system priorities and effectively uses NHS resources
- ensuring that an up to date register is kept which lists all contracts, where there is a fixed end date
- ensuring alignment with agreed joint commissioning activities with the three NHS East Berkshire Unitary Authorities
- identifying the interdependencies between programmes of work to ensure strategic alignment and management of any unintended consequences
- ensuring that commissioning decisions are directly related to the recommendations resulting from the Commissioning for Value packs and that the CCG commissioning team are adopting the Right Care methodology in all its work
- reviewing the clinical and financial impact of existing, new innovation projects, QIPP project and agree the process to either spread or cease according to outcomes
- reviewing the financial impact of policies relating to the CCG
- overseeing the work of the Children and Young Peoples Transformation Programme Board
- approving the policies relating to Communications and Patient engagement

- ensuring that all commissioning decisions meet the CCG duties for Equality and Diversity, and patient public consultation and engagement

The Committee is chaired by Clinical Chief Officer and the membership is as follows:

- Clinical Chief Officer (Chair has delegated the responsibility to Director of Strategy and Operations to chair in their absence)
- Director of Strategy and Operations (Vice Chair)
- Deputy Director of Finance (or nominated deputy)
- Director of Nursing and Quality (or nominated deputy)
- Medical Director
- Clinical Chair
- Clinical representative from each Place x3
- Lay Member x2

Other key representatives may be invited by the Chair to attend the meetings as required.

The Committee is considered quorate when at least 4 members are present, including at least 2 members of the Executive Team and 2 Clinical members.

The Committee met on 6 occasions during the period from 1 April 2019 until 31 December 2019 and the quoracy was met on all occasions. This committee was replaced by Place Based Committee from January 2020.

Sub Committees of the Governing Body (January 2010- March 2020)

In the last quarter of 2019/20 a number of changes were made to the CCG's committees and how it discharged its responsibilities. The CCG's developed:

- a Place Based Committee
- a single Frimley Collaborative Quality, Performance and Finance Committee
- an Engagement Group which replaced the Patient and Public Engagement (PPE) Committee
- an Audit Committee in Common
- a Remuneration Committee in Common

Place Based Committee

The Committee replaced the previous governance arrangements (clinical executive and quality, performance and finance committees) into a single meeting that manages the local arrangements to improve the health of, and the quality of healthcare for, the local population; the delivery of the quality, operational and financial performance, and the design of services.

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

Frimley Collaborative Quality, Performance and Finance Committee

In March 2020, the CCG discharged its responsibilities for the first time through a Frimley Collaborative Quality, Performance and Finance Committee with NHS Surrey Heath CCG and North East Hampshire and Farnham CCG. The aim of the Committee is to ensure that effective, integrated arrangements are established for monitoring, assurance and continuous improvement of quality, performance and finance of the Collaborative, and the design of services in each of the five Places (Bracknell Forest, Slough; Surrey Heath; North East Hampshire and Farnham and the RBWM) to meet the needs of individuals/patients.

Changes in response to Covid-19 Pandemic from March 2020

In March 2020, the CCG changed how it worked in response to the Covid-19 pandemic. An extra-ordinary Frimley Collaborative Board meeting took place 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
- to support primary care to respond to the impact of Covid-19

The Frimley Collaborative made two important decisions. Firstly, to suspend meetings for three months with the exception of the Frimley Collaborative Board, Audit Committee and Primary Care Commissioning Committee. Secondly, the Frimley Collaborative also approved the delegation of emergency/extraordinary powers to the 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, Executive Director of Finance - system use of resource
- Fiona Slevin-Brown - System Gold Command Lead for Covid-9
- Nicola Airey - Chief Operating Officer across the Frimley Collaborative, supporting and coordinating Places, emphasis on primary care and community services

(supported by four Interim Director of Operations, and North East Hampshire and Fareham CCG's Interim Executive Managing Director
- Sarah Bellars - Director of Nursing and Quality - focus on infection prevention and control, governance, safeguarding and system quality
- Emma Boswell - Director of Improvement and Development-staff, workforce and communications, capturing improvement practice
- Dr. Lalitha Iyer - Aligning clinical thresholds at System, supporting the Chief Operating Officers, and Director of Nursing and Quality. Ensuring 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 - Dr. Ed Palfrey
    - North East Hampshire and Farnham - Kathy Atkinson holding responsibilities for patient and public engagement
    - Slough and RBWM - Arthur Ferry holding responsibilities for governance
    - Surrey Heath - Tony Fitzgerald holding responsibilities for primary care
- Secondary Care Consultant - Dr. Amanda Wellesley
- Place Based Clinical Leaders:
    - Bracknell Forest - Dr. Martin Kittel
    - North East Hampshire and Farnham - Dr. Steven Clarke
    - RBWM - Dr. Huw Thomas
    - Slough - Dr. Jim O'Donnell
    - Surrey Heath - Dr. John Fraser

UK Corporate Governance Code

The CCG is 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.

For the financial year ending 31 March 2020 and up to the date of signing this statement, the CCG complied with best practice guidance on leadership, effectiveness and accountability. The CCG Constitution, approved by NHS England, defines the accountability structure of the CCG, along with the roles and responsibilities of the Assembly of Members, and of the Governing Body and its membership.

Discharge of Statutory Functions

In light of the recommendations of the 1983 Harris Review, the CCG has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that the CCG is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

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

Risk Management Arrangements and Effectiveness

The CCG recognises that risk management is an integral part of good management practice and that to be most effective it should be embedded as part of the CCG's overall culture and ways of working. The CCG has a web based incident reporting system called Datix and a web based risk management tool for recording the CCG risks.

Capacity to Handle Risk

The CCG's Risk Management Framework sets out the organisation's attitudes to risk and defines the structures for the management and ownership of risk throughout the organisation. The strategy describes the risk management processes in place within the CCG including the key stages of risk identification, risk analysis and evaluation, risk control and reduction, and processes for ongoing monitoring and review. Each risk has a delegated risk owner who has responsibility for determining the inherent risk, identifying the controls and the mitigating actions. The risks are also aligned with the CCG strategic objectives.

The CCG has the Assurance Framework to support robust governance processes by identifying the risks on not delivering on the CCG objectives. In 2019 there were a number of workshops with the Governing Body to:

- understand the risks to which the organisations aims and objectives are exposed. As it is important that the organisation deals with those risks in an informed proactive manner as opposed to reacting to things once they have gone wrong
- ensure the CCG implements risk management practices which become accepted and are business as usual in which the organisation operates in

- identify the organisation's risk appetite

The risks faced by the CCG against its objectives are identified through various means, including risk assessments, audit, incident reports and complaints, through self-assessment and by NHS England. The CCG also identified if any policies/business cases that would adversely impact upon a cohort of the population through its engagement with the public and by undertaking equality impact assessments.

Risk Appetite

The Governing Body considered what levels and types of risk that it was prepared to accept in pursuance of its objectives. Risks can be considered in terms of both opportunity and threat. Risk appetite is the amount of risk the CCG is prepared to accept. The CCG recognises that it is not possible and not always desirable or economic to eliminate all risks and that its systems of control should not be so rigid as to prevent innovation and imaginative use of limited resources. When all reasonable control mechanisms have been put in place, some residual risk will inevitably remain in many processes and this level of risk can be accepted. Different levels of acceptable risk may be applicable across the organisation's remit and should be agreed at an appropriate level of tolerance or exposure to at any point in time. Appetite can be influenced by past experience, political factors and external events.

Once the risk appetite had been agreed the Assurance Framework had a comprehensive review. The risk governance was also changed.

The Audit Committee has an assurance role with the risks on the Assurance Framework.

There is a corporate risk register which consists of all the high residual risks from the different risk registers.

In March 2020, the CCG Governing Body took part in a Frimley Collaborative workshop to review strategic risks and began the process to define the risk appetite for the three CCGs. This will form part of process to develop a risk management strategy for the Frimley Collaborative in 2020.

Prevention of Risk

The CCG recognises that risk management is an integral part of good management practice and that to be most effective it should be embedded as part of the CCG's overall culture and ways of working.

The CCG has in place a robust governance framework and system of internal control that seeks to proactively prevent risks, manage, mitigate and report identified risks. This is delivered through the system of internal control which is summarised as follows:

- CCG Constitution, Standing Orders and Terms of Reference of committees that set out respective responsibilities, duties, delegated authority and scope of decision making of the Governing Body, Executive Team, committees and groups
- Prime Financial Policies and Financial Scheme of Delegation that clearly sets out the financial approval limits of the CCG Chairman, Executives and staff (CCG and CSU)
- policies and procedures that articulate the legislative and national / local policy requirements that CCG staff must adhere to (including HR policies, Information Governance policies, corporate and financial policies)
- the CCG has a whistleblowing policy in place and there is a named Lay Member for Patient and Public Engagement who is the Freedom To Speak Up Guardian. The CCG is committed to the principle of public accountability and welcome the opportunity to investigate genuine and reasonable concerns expressed by an individual or groups of staff relating to malpractice. As laid down by the Public Interest Disclosure Act 1998 (PIDA) and Bribery Act 2010, no one will be discriminated against or suffer a detriment as a result of making such a disclosure. This policy applies to everyone who works in the organisation. This policy is supported in conjunction with our policies covering grievance, disciplinary, health and safety policies and incident reporting
- standards of Business Conduct policy and related procedures on declaring interests, gifts and hospitality, which is closely aligned to the Counter Fraud policy
- risk reporting is through the risk registers and the Assurance Framework, with risk scrutiny and analysis undertaken by the Audit Committee and reported to the CCG Governing Body until December 2019 and then to the Frimley Collaborative Board from January 2020 until March 2020
- the CCG has a robust incident reporting and learning system and any learning from incidents are shared with all staff
- training in risk management is available to all staff, and mandatory training covering information governance, fire safety, equality and diversity, safeguarding and moving and handling. Staff have also been trained on the risk management tool if they are a risk or delegated risk owner.
- an internal audit programme that aligns to the CCG's risks; the programme has been designed to respond and adapt to the CCG's changing risk profile. Internal audit also work with the Local Counter Fraud Service, external audit and other stakeholders, as appropriate and produces risk reports that concentrate on the key risks to the CCG
- there is an external audit plan to review the year end accounts and governance arrangements

- local Counter Fraud Services proactively responds to potential fraud and raising fraud awareness within the CCG

Management of Current Risk

The Assurance Framework enables the Governing Body/Collaborative to be properly informed about the principal risks to the achievement of the organisation's key objectives and the controls which are in place, which are intended to manage these risks. The CCG has identified risk associated with achieving the strategic priorities.

There are key controls/systems in place to minimise the risks and potential sources of assurance is provided on the effectiveness of these controls.

The Assurance Framework provides evidence that the effectiveness of controls to manage the risks to the organisation achieving its strategic goals have been regularly reviewed.
The risk management tool supports a methodology which is consistently applied to the evaluation of all risks.

There were number of significant factors that could have had an impact on the CCG's capacity to handle risk in 2019/20.

Statutory Roles and Staff Changes

The CCG saw a number of changes including new staff being appointed to the statutory roles including Executive Director of Finance and Executive Director of Development and Improvement and 3 Place Executive Managing Directors. To mitigate risks during this transition phase, the 3 CCGs set up the Interim Remuneration Committees in Common. The Committees met together to oversee the HR process while the executive teams worked closely together during this phase.

Close Down of Committees

During 2019/20 the CCG closed down a number of committees as it developed new governance arrangements in the Frimley Collaborative. Throughout this period of time the CCG managed to maintain timely and accurate information to assess risks, including (1) an Integrated Performance Report (2) Quality Report and (3) Risk Report for:

The period April 2019 – December 2019

- Governing Body
- Quality and Constitutional Standards Committee
- Finance and QIPP Committee

The period January 2020 – March 2020

- Frimley Collaborative Board
- Frimley Collaborative Quality, Performance and Finance Committee (March 2020)
- Place Based Committee

Risk Assessment

The risk management tool 4Risk is available to the CCG and its members of staff to enable them to identify, document, assess and report risks associated with the activities of the CCG. Among these are:

- risk registers, project/operational and corporate, which document and enable understanding of the CCG's risk profile
- risk rating matrix (based on the Australian and New Zealand Risk Model), the use of which enables the CCG and its members of staff to evaluate appropriately and consistently the likelihood and impact (severity or consequence) of a given risk
- risk rating/acceptability matrix which identifies responsibility for the management or risks at different levels, e.g. low/green, moderate/yellow, high/amber and very high/red

The controls, both in place and required, and the actions taken to mitigate the risks, are documented in the Assurance Framework which has undergone regular review.

Other Sources of Assurance

Internal Control Framework

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

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

Each committee and directorate has a risk register which has controls described for every risk entry. The controls are reviewed on a monthly or quarterly basis (depending on their risk level) along with progress for reducing the risk to ensure they are still effective. Each risk has mitigating actions to reduce the risk which have a named lead to undertake the task.

The objective of the Governing Body Assurance Framework is to provide assurance against the key strategic risks and controls that the Governing Body must consider when seeking internal and external assurance.

The table below provides a summary of the strategic risk after the mitigation actions have been put in place to reduce the risks.

Compliance ID Number and linked to strategic objectives	Risk Owner	Principle Risk	Gross risk	Net risk after mitigating actions
Person AF Risk 01 Risk Appetite Innovation/Quality and Outcomes moderate level of risk level 2	Director of Nursing and Quality	If people are not empowered to look after themselves Then this could be both a quality and financial risk	16	8
Place AF Risk 02 Risk Appetite Innovation/Quality and Outcomes moderate level of risk level 2	Director of Strategy and Operations	If the CCG does not understand the future needs of its community Then this will impact on the ability to deliver the health needs of the population in the new environment.	12	6
Place AF Risk 03 Risk Appetite Innovation/Quality and Outcomes moderate level of risk level 2	Director of Strategy and Operations	If we do not actively seek to address health Inequalities Then the CCG will not meet its statutory requirement for access and outcomes of care.	20	4
Place AF Risk 04 Risk Appetite reputation high level of risk level 4	Director of Strategy and Operations	If the CCG does not ensure the implementation of Primary Care Networks and engagement from practices Then it will not be able to deliver on the NHS Long Term Plan, Primary Care Transformation and Frimley Health and Care ICS Operating Plan.	8	4

Compliance ID Number and linked to strategic objectives	Risk Owner	Principle Risk	Gross risk	Net risk after mitigating actions
Place AF Risk 05 Risk Appetite compliance/ regulatory moderate level of risk level 2	Director of Finance	If we do not accelerate and embed the adoption of technology and information sharing in clinical and corporate areas Then we will be unable to transform services and deliver the best possible care for our citizens	12	8
Engage AF Risk 06 Risk Appetite Innovation/Quality and Outcomes moderate level of risk level 2	Director of Nursing and Quality	If the CCG does not communicate and consider the health and well-being of its staff during the period of organisational changes Then staff will not be able to deliver their objectives set by the CCG strategy and deliver on the ICS operating plan	12	8
Engage AF Risk 07 Risk Appetite reputation high level of risk level 4	Clinical Chief Officer	If the CCG does not engage with staff, member practices, and stakeholders on future developments Then it could be challenged on its governance processes and its ability to implement changes	12	9
Integrate AF Risk 09 Risk Appetite finance high level of risk level 4	Director of Finance	IF the CCG does not have sufficient financial resources Then we may not be able to discharge our statutory responsibilities to commission the right services in the right settings with the right outcomes for our patients, at an affordable price	20	12
Integrate AF Risk 10 Risk Appetite Innovation/Quality and Outcomes	Clinical Chief Officer	If the CCG does not implement the Place based model Then it will not be able to deliver the CCG Clinical strategy for delivering	16	12

Compliance ID Number and linked to strategic objectives	Risk Owner	Principle Risk	Gross risk	Net risk after mitigating actions
moderate level of risk level 2		services to the local population and aligning with Local Authorities		

The system of internal control has been in place in the CCG for the entire year, from 1 April 2019 to 31 March 2020 and up to the date of the approval of the Annual Report and Accounts.

Internal Audit Programme for 2019/20

The CCG has commissioned assurance reviews from the internal auditors (PwC) on issues that the CCG working collaboratively with the internal auditors have identified as requiring strengthening and improving performance. The internal audit reports for 2019/20 are as follows:

Review	Number of Findings			
	High	Medium	Low	Advisory
Corporate Governance, Conflict of Interest and Risk Management		4	3	
Primary Care Commissioning	1	1	2	1
Key Financial Systems		2		1
Continuing Healthcare		3	2	
QIPP Scheme Evaluation (ICS Review)		2	1	
Business Continuity		4	1	1

A summary of these audits is detailed in the Head of Internal Audit Opinion on page 121.

The internal auditors have provided a generally satisfactory response with some improvements required. The CCG has put in action plans in order to achieve the CCG's strategic objectives. In addition, there was one high risk identified in the primary care

internal audit relating to practice mergers. This has been mitigated by raising awareness within the Primary Care Team as follows:

- providing training on the Primary Medical Care Policy and Guidance Manual
- taking legal advice on mergers and include that in consideration around the most appropriate actions to sustain good quality care for our population
- adopting the use of the Equality Impact Assessment form and public involvement form for any future mergers

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 their annual internal audit of conflicts of interest following NHS England's statutory guidance on managing conflicts of interest for CCGs. Internal audit of conflicts of interest has given the CCG reasonable assurance on our management of conflicts of interest and highlighted further opportunities to strengthen our process.

Data Quality

High quality data underpins every step of the commissioning cycle. It is only through the analysis of high-quality data that the CCG can move towards safe, effective, and equitable care for all.

The CCG continues to work with provider organisations on the data / information that is reported as part of the contractual process, to ensure that it is of the quality and standard required. The CCG gains assurance from providers and the Commissioning Support Unit (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 a Data Security Protection Toolkit and the annual submission process provides assurances to the CCG, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively. The Data Security and Protection Toolkit was submitted by 31 March 2020, evidencing that all mandatory standards have been met.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and have developed information governance processes and procedures in line with the Information governance toolkit. We have ensured 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 CCG has embedded an information risk culture throughout the organisation to manage identified risks and has an established information risk assessment and management process which includes investigating serious incidents and reporting incidents.

Business Critical Models

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 work of the CSU and the validity of its data is subject to further independent internal audit scrutiny. The CCG receives assurance through the CSU service auditor reports that relevant controls are in place and have been operating throughout the year. NHS England undertakes a quarterly assurance review which covers the output from these business critical models.

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

Emergency Preparedness, Resilience and Response (EPPR)

The CCG has business continuity plans for, and respond to, a wide range of incidents that could impact on health or 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 and Care ICS to deliver the CCGs' responsibilities as 'category 2' responders under the Civil Contingencies Act 2004. We have 24/7 on call rotas and incident response plans which have been formally agreed by each organisation. 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:

- working with the Local Health Resilience Partnership (LHRP). This is a strategic emergency planning meeting of all the NHS organisations from across the Frimley Health and Care ICS. 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 of 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.

Exit from European Union

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 Covid-19 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.

Covid-19 Pandemic

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

During the pandemic, the Frimley Health and Care ICS has had a single overarching coordination role across all health partners within the system. To reflect this, a single Incident Coordination Centre was set up with ‘Gold, Silver and Bronze’ functions.

The Incident Coordination Centre was responsible for reporting into the relevant Strategic Coordination Group and Tactical Operations Groups of the Local Resilience Forum.

CCG Response

In light of the Covid-19 pandemic the CCG started to work in new and different ways. CCG 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 ICS Covid-19 Incident Control Centre
- focus on our business critical activities, refocus our leadership and resource to ensure we deliver and support the system to meet demand
- plan for business continuity and maintain these during challenging times
- work with primary care and community services in their response to Covid-19 support the health and wellbeing of our people

Third Party Assurances

The CCG ensures that all third party providers with access to the organisations information assets have been identified and NHS Standard Contracts are in place, which include compliance with information governance requirements. These are reviewed on an annual basis.

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 and is set out within this annual report. I am pleased to have received an overall generally satisfactory with some improvements required. The CCG has developed an action plan to ensure that the processes are improved in these areas.

There were eleven issues identified via the Month 9 Governance Statement return and these were related to the following areas and progress has been made as follows:

Category	At Month 9	Update at Month 12
Finance, Governance and Control - Information Governance, inc data breaches	Four incidents have been reported to Information Commissioner's Office (ICO) 2019/20. .	Four incidents have been reported to Information ICO 2019/20. These incidents were investigated using the national guidance (NHS DIGITAL - Guide to Notification of Data Security and Protection Incidents Beta V1.3). As part of the CCG's internal process, reports are produced for all incidents and reported to the Data Protection Officer, Senior Information Risk Owner, Caldicott Guardian and Quality and Constitutional Standards Committee. These reports include any lessons learnt; any actions identified are monitored until completed.
Quality and Performance - Other	The CCG experiences breaches in mixed sex accommodation (MSA) at a number of providers in our patch.	New guidance had been published by NHSE in 2018/19 introducing changes in reporting that has adversely impacted reported numbers. At Frimley Health NHS Foundation Trust (FHFT), and in response to these new guidelines, MSA breaches were to be eliminated following completion of planned estates work. The CCG monitors these breaches closely and receives assurance from our providers that at no time is patient privacy or dignity compromised and everything is done to avoid such breaches.
Quality and Performance – Accident and Emergency	A&E 4 hr target has been suspended at our main Provider, FHFT, since May 2019. Their Wexham Park site opened a new ED facility in the spring of 2019 and has experienced increased demand and pressure. There has been delayed discharges in Q3 as FHFT is participating in the national pilot for the new clinical access standards.	Flow of patients through the hospital is often challenged but numbers of delayed discharges has been sustained. Actions to address delayed transfers include the implementation of the Discharge to Assess (D2A) process and use of the "Discharge Passport" which has positively impacted expediting patients requiring assessments prior to their discharge to onward care settings. Proactive communication to the public to encourage the utilisation of 111 on telephone and on line now has the ability to book directly into our 'walk in' services in Slough, Maidenhead and Bracknell. We have seen an increase in utilisation of these services as an alternative to A&E.

Category	At Month 9	Update at Month 12
Quality and Performance - Mental Health and Dementia: Mental health dementia	CYP eating disorders both urgent (1 week) and routine (4 weeks) are underperforming.	Data for Q3 published shows an improving picture for both urgent and routine waits. The challenge in performance for our main provider, Berkshire Healthcare NHS Foundation Trust (BHFT) is as a result of low numbers and as a result of capacity challenges. The CCG jointly with BHFT have completed an urgent review of the service, where actions have been agreed for creating a long term sustainable service. Short term funding has been made available to the Berkshire ED Service for both East and West Berkshire to alleviate the waiting time. Staff shortages are an issue and a recruitment drive has commenced with the additional funding and referral numbers have stabilised. BHFT anticipate an improving picture over the coming year.
Quality and Performance - Mental Health and Dementia	CYP Mental Health Access standard requires the CCG to have 34% of children and young people (CYP) under 18 yrs. to have access to mental health services by end 2019/20. The CCG is currently reporting 22% against this standard at end Q2.	The CCG is currently reporting 23% against this standard at end Q3. The data is extracted from the national mental health data set (MHSD) where currently only a proportion of our Providers are able to submit their data. Thus the reported figure for East Berkshire CCG is significantly lower than the actual access rate being offered to CYP; however, in March 2019 a one off data collection was completed by NHSD which revealed East Berkshire CCG was meeting the 34% standard and so this is a data issue rather than an access issue. The CCG is working with the voluntary sector organisations to find a digital solution to this issue and to date progress is being made. As of end Q3 all our non NHS Providers are now flowing data to the MHSDs; however, as this is a rolling 12 month metric, the effect of this data now flowing will not be visible for some months to come.
Quality and Performance - Mental Health and Dementia	SMI Physical Health checks: The CCG is required to provide Physical Health Checks for 60% of people with SMI by	Performance against this measure is currently below the expected 60% threshold at 38% for Q3. Focus on this indicator with primary care is on-going to ensure a greater uptake of the 6 physical health check measures within this cohort. This is a Quality Outcomes Framework

Category	At Month 9	Update at Month 12
	the end 2019/20. Performance against this measure is currently below the expected 50% threshold at 38% for Q2.	measure it is usual that in Q4 there is a significant increase in health checks completed and subsequently reported by practices. The CCG is the best performing CCG in the South Region and is significantly above the England average and expects to be achieving this indicator by the end of 2019/20.
Quality and Performance Ambulance Services	Ambulance Response times for South Central Ambulance Service NHS Foundation Trust (SCAS) in Thames Valley have been deteriorating over Q3.	This has been due to increased demand, failure of some private provider provision and recruitment and retention challenges, particularly in East Berkshire CCG. SCAS have provided the CCG assurance of their action plans to address the vacancy issue. This will be monitored by the CCG over coming months with scrutiny at Contract Review meetings with the Provider.
Quality and Performance – Referral to Treatment (RTT)/52 week wait	The CCG has not achieved the RTT 92% standard since February 2019. The underlying reasons for this under achievement is dermatology performance continuing to be an issue following increased referrals into FHFT from Berkshire West CCGs as a result of Royal Berkshire NHS Foundation Trust (RBFT) restricted access to routine services from December 2018. This significantly impacted service provision at Frimley Park Hospital.	RBFT is now accepting routine referrals since Sept 2019 and it is expected that the situation with dermatology referrals will improve. Secondly, the issue of reduced willingness of consultant staff to support additional lists as WLI (wait list initiatives) rates for consultants were reduced and the impact of conducting this additional work on pension benefits continues. As such, less activity has been completed impacting performance. A national solution to this is being sought. The CCG reports a small number of > 52 week waits throughout the year primarily at out of area Trusts, where complex patient have been transferred for tertiary treatment. Our main Provider, FHFT, has not reported zero > 52 week wait in 2019/20 to M09.

Category	At Month 9	Update at Month 12
Quality and Performance - Other - please specify as part of mitigating actions	6 weeks diagnostic wait	The CCG has not achieved the diagnostic 6 weeks wait standard for a number of months with performance just above the 1% standard. The underlying reasons for this is i) FHFT is challenged with pressure in endoscopy and cardiac CT due to capacity issues and ii) RBFT has significant challenge on the growth in the waiting list for endoscopy and neurophysiology. The CCG monitors the performance on a monthly basis with the Trusts concerned and agrees actions to improve the situation.
Quality and Performance - Other - please specify as part of mitigating actions	Minimal reduction in E.coli rates, there is a selected review of cases. C.diff target of 60 cases may be breached with a current YTD total of 52 cases.	For E.coli- the ICS action and implementation plan is continuing with regular meeting of the ICS Infection Prevention and Control leads and Public Health. C.diff-all cases are reviewed.
Other	Continuing healthcare (CHC) eligibility decision made within 28 days of receipt of positive Decision Support Tool checklist remains under the required threshold of 80% at 69% at end Q2	CHC eligibility decision made within 28 days of receipt of positive Decision Support Too checklist indicator achieved the required threshold of 80% at end Q3. This is a considerable improvement on the Q2 position. The CHC team as part of the Turnaround Programme have introduced robust monitoring of the 28 day process with proactive evidence chasing, securing a multi-disciplinary team (MDT) meeting date on day 1 or 2 of the referral received and inviting social workers on the day of referral received to attend the MDT. This has resulted in the backlog of cases exceeding 28 days now eliminated thus supporting a much improved performance for this indicator.

Review of Economy, Efficiency and Effectiveness of use of Resources

The Governing Body has overall responsibility for the use of the CCG's resources. This includes establishing systems and processes for planning, budgeting, procurement, implementation, monitoring, review and evaluation of all commissioned services.

The Clinical Chief Officer is responsible for providing assurance to the Governing Body that these systems and processes are in place, particularly (although not exclusively) through the development of annual and medium term plans.

The Governing Body is supported in fulfilling this responsibility by the work of the following committees:

- Audit Committee
- Remuneration Committee
- Business Planning and Clinical Commissioning Committee
- Quality and Constitutional Standards Committee
- Finance and QIPP Committee
- Primary Care Commissioning Committee

The CCG has a responsibility to ensure its expenditure does not exceed the funding allocation for the financial year. This is achieved through the drafting of the annual budget (setting out the deployment of resources within allocations and the approach to delivery and risk mitigation) and regular budget monitoring. The CCG's Scheme of Delegation and Prime Financial Policies ensure that expenditure is incurred in accordance with agreed plans and legislative requirements.

Monitoring of the financial plan has been delegated to the Director of Finance, who is the Governing Body's professional expert on finance and ensures through robust systems and processes the regularity and propriety of expenditure, is fully discharged. The Director of Finance is responsible for:

- making arrangements to support, monitor and report on the CCG's finances
- overseeing robust audit and governance arrangements leading to propriety in the use of CCG resources
- advising the Governing Body on the effective, efficient and economic use of its allocation to remain within that allocation and deliver required financial targets and duties

- producing the financial statements for audit and publication in accordance with statutory requirements to demonstrate effective stewardship of public money and accountability to tax payers
- overseeing all financial systems and internal controls
- maintaining relationships with external professional advisors and managing relationships with internal and external auditors

Delegation of Functions

The CCG has a complex risk profile due to the diversity of organisations that services are commissioned from (acute, community, primary care and private providers). These risks cover quality, financial, operational and reputational risks.

New risks identified for inclusion in organisational risk registers are assessed for their likelihood and consequence using a 5x5 risk matrix in accordance with the Risk Management Strategy. In addition, high scoring and high impact risks are reviewed by each committee and the Audit Committee. They are reported to the Governing Body on the Assurance Framework. The Audit Committee ensures that the Assurance Framework is fit for purpose and reviews risk reports from each of the committees.

The Governing Body considers whether new risks have been identified and or existing risks have increased or have been effectively mitigated. Each of the Governing Body and associated delegated sub-committees has a risk register aligned to that business area; risk owners are appointed for each risk register. The risk register is reported to the relevant committee on a regular basis and high and extreme risks are reflected in the Assurance Framework which is reported to the Governing Body, including meetings held in public.

Staff are trained and equipped to manage risk in a way appropriate to their authority and duties. All staff including Governing Body members and Clinical Leads are required to complete mandatory and statutory training covering information governance, conflict of interest, fire Safety, moving and handling. In addition Governing Body members have attended specifically designed risk workshops to enhance their understanding of identifying, managing and reporting risk.

Counter Fraud Arrangements

The CCG has procedures in place that reduce the likelihood of fraud, corruption and/or bribery occurring. These include the CCG Standing Orders and Constitution, Prime Financial Polices and Financial Scheme of Delegation and other documented policies and procedures, a system of internal control, and a system of risk assessment.

Counter fraud arrangements are in place in the CCG to ensure compliance with standards set by the NHS Protect Standards for Commissioners: Fraud, Bribery and Corruption.

- An accredited counter fraud specialist is contracted to undertake counter fraud work proportionate to identified risks and for each of the four strategic areas in relation to; strategic governance, inform and involve, prevent and deter and hold to account
- The counter fraud specialist attends Audit Committee and provides progress reports throughout the year and an annual report against each of the standards for commissioners
- There is executive support and direction for a proportionate proactive work plan to address identified risks
- Regular fraud related communications are shared with CCG staff and training is available for all staff
- The local counter fraud specialist meets with the Director of Finance (DOF) and internal audit to agree tasks to be undertaken and produce the workplan. The local counter fraud specialist also has regular liaison with the DOF to discuss any concerns that come to light throughout the year
- The DOF is proactively and demonstrably responsible for tackling fraud, bribery and corruption
- Appropriate action is taken regarding any NHS Protect quality assurance recommendations

Head of Internal Audit Opinion

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

The Head of Internal Audit concluded that sufficient internal audit work has been undertaken to allow an opinion to be given as to the adequacy and effectiveness of governance, risk management and control. In giving this opinion, it should be noted that assurance can never be absolute. The most that the internal audit service can provide is reasonable assurance that there are no major weaknesses in the system of internal control.

Opinion

Our opinion is as follows:

Satisfactory	**Generally satisfactory with some improvements required**	Major improvement required	Unsatisfactory

Governance, Risk Management and Control in relation to business critical areas is generally satisfactory. However, there are some areas of weakness and non-compliance in the framework of Governance, Risk Management and Control which potentially put the achievement of objectives at risk.

Some improvements are required in those areas to enhance the adequacy and effectiveness of the framework of Governance, Risk Management and Control.

Commentary

The key factors that contributed to our opinion are summarised as follows:

- it is based on six reviews completed in the year four have been rated as medium risk overall and two have been rated as low risk overall. There were no risks which were rated high in 2019/20. The six reports included one high risk, sixteen medium risk and nine low risk findings, with no critical rated findings identified within those reports
- in addition to the findings raised in the 2019/20 reviews, our follow up procedures performed in March 2020 identified that of the seventeen findings from 2018/19 internal audits, twelve had been completed and five were in progress
- the number of medium risk rated reports, the nature of the issues raised within them, has led us to conclude that the internal controls in place at the CCG are generally satisfactory with some improvements required

The full report can be accessed here: https://www.eastberkshireccg.nhs.uk/about-us/how-we-spend-the-money/east-berkshire-ccg-annual-report-and-agm/

Review of Effectiveness of Governance, Risk Management and Internal Control

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

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

I have been advised on the implications of the result of this review by the:

- Governing Body
- Audit Committee
- Remuneration Committee
- Quality and Constitution standards Committee
- Business Planning and Constitutional Standards Committee
- Primary Care Commissioning Committee
- Finance and QIPP Committee
- Head of Internal Audit opinion
- Detailed reports from both internal auditors and the external auditors;
- Reports and minutes to the Governing Body

From 1 April 2019 till 31 December 2019 and thereafter by the collaborative arrangement put in place by the Frimley Collaborative.

Our Assurance Framework provides me with evidence that the effectiveness of controls that manage risks to the CCG achieving its principles and objectives have been reviewed. It has been strengthened by use of a central data system to capture all the risks and can be easily updated and risks can be linked together. The Assurance Framework provides me with details of each of the risk scenarios, the risk owner, the risk rating and the controls and assurance that are in place; along with a risk mitigation plan.

All risks are evaluated with the NHS Constitution standards and other statutory and regulatory obligations in mind. Risk evaluation includes:

- compliance with the equality, diversity and human rights agendas
- financial implications associated with specific risk scenarios are taken into consideration in evaluation of the “rating”, and is supported by a Finance Risk Register

- quality implications associated with specific risk scenarios are taken into consideration in evaluation of the "rating", and is supported by a Quality Risk Register
- the risks are aligned with risk appetite to provide a framework for rating for each of the risks

A new Board Assurance Framework (BAF) was developed following risk appetite agreement and aligned with the clinical priorities through the first two quarters of the financial year.

There were 10 risks at the end of December 2019 on the BAF. All the residual risks were rated medium and have management action plans which are updated and monitored on a quarterly basis and reported to the Governing Body and assured by the Audit Committee.

From Jan 2020 until March 2020 the CCG is in the process of developing a collaborative BAF and meanwhile each of the CCGs in the Collaborative are maintaining their current BAF and managing risks as described above.

Conclusion

In conclusion, my review acknowledges that no significant internal control issues have been identified by the CCG and reported in the Assurance Framework. There were four information breeches which were reported to the ICO and subsequently, an action plan has been implemented to reduce the risk of these breeches. There was one high risk identified by internal auditors related to primary care and I am assured that there is a robust action plan in place which is closely monitored by the PCCC committee and reported to the Governing Body. I conclude that the CCG has a generally sound system of internal control that supports the achievement of its policies, aims and objectives.

Dr Andy Brooks

Clinical Chief Officer

23 June 2020

Remuneration and Staff Report

This section of the report contains details of remuneration and pension entitlements for senior managers of the CCG. Senior managers are defined as those persons in senior positions having authority or responsibility for directing or controlling the major activities of the CCG. This means those who influence the decisions of the CCG as a whole. Such persons will include advisory and lay members. In defining this, the scope the CCG have used is to include members of the decision making groups within the CCG, which the CCG has defined as the Governing Body, excluding those members with no voting rights.

Meeting Arrangements

The East Berkshire Remuneration Committee met on 2 occasions on 28 June 2019 and 13 September 2019 and the quoracy was met on both occasions. The membership included the 3 Lay Members of the CCG. The recommendations from this meeting were reported to the Governing Body. Other individuals such as the Chair of Governing Body, Clinical Chief Officer, Director of Finance and HR Officer may attend part of the meeting at the invitation of the Chair; however, no officer shall be in attendance for discussions about their own remuneration/terms of service.

Meeting Arrangements between August 2019 – March 2020

Throughout August 2019 and September 2019 the three CCGs in the Frimley Collaborative developed an Interim Remuneration Committees in Common. The membership of this committee included lay members from each of the CCGs Governing Bodies. The purpose of this committee was to make recommendations to the respective Governing Bodies on arrangements for:

- the appointment, remuneration, fees and allowances for the Clinical Chief Officer
- single Executive Team, Clinical Chair, Convenor and the associated consultation process
- consultancy, interim and secondments

Policy on the Remuneration of Senior Managers (not subject to audit)

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 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 Committee takes account of appropriate national guidance.

This section of the report contains details of remuneration and pension entitlements for senior managers of the CCG, who are members of the Governing Body with voting rights and are therefore responsible for directing/controlling the major activities of the CCG. This will include advisory and Lay Members.

Policy on the Remuneration of Senior Managers (not subject to audit)

Remuneration is designed to consider and agree fair reward based on each individual's contribution to the organisation's success taking into account the need to recruit, retain and motivate skilled and experienced professionals. This is not withstanding the need to be mindful of paying more than is necessary in order to ensure value for money in the use of public resources and the CCG's running cost allowance.

Senior managers' remuneration is set through a process that is based on a consistent framework and independent decision making based on accurate assessment of the weight of roles and individuals' performance in them.

This ensures a fair and transparent process via bodies that are independent of the senior manager whose pay is being set. Pay relating to GPs, practice nurses and practice managers working for the CCG is set out in the CCG's Remuneration Policy. No individual is involved in deciding his or her own remuneration.

The framework and processes followed for determining pay is in accordance with:

- Clinical Commissioning Groups: Remuneration Guidance for Chief Officers and Chief Finance Officer
- CCG Remuneration Policy

Executive senior managers are on permanent NHS contracts. The length of contract and terms and conditions are set out in the Agenda for Change, NHS Terms and Conditions of Service Handbook.

Governing Body GP members and lay members are on an office holder's contract. The Practice Managers and Practice Nurses are on a secondment agreement. Each of these roles re appointed for a set period as detailed in the CCG's constitution which is approved by member practices/ Governing Body. These are as follows:

- Chair – 1 year renewable
- Deputy Chair –1 year renewable
- Lay Members – 1 year renewable
- General Practitioners (one of whom will be the Chair) – 1 year renewable

The following changes occurred to the Governing Body during the year:

- Executive Director of Finance was appointed from 1 December 2019
- 1 GP Governing Body member appointed in year from 1 May 2019

Remuneration of Very Senior Managers (not subject to audit)

The Clinical Chief Officer's salary in 2019/20 on a full time annualised basis was £170,286 and exceeded the Prime Minister's salary threshold, currently £150,000. The Clinical Chief Officer's salary was set by the lay members of the CCG reflecting the commitment to being a clinically led organisation and this is underpinned by having a GP as its Chief Clinical Officer.

NHS
East Berkshire
Clinical Commissioning Group

Salaries and Allowances of Senior Managers 2019/20 (subject to audit)

Name	Title		2019-20							
							NHS East Berkshire CCG			
			Full Salary & Fees (Bands of £5000) £000	Performance Related Bonuses (Bands of £5000) £000	All Pension Related Benefits (Bands of £2500) £000	TOTAL (Bands of £5000) £000	Salary & Fees (Bands of £5000) £000	Performance Related Bonuses (Bands of £5000) £000	All Pension Related Benefits (Bands of £2500) £000	TOTAL (Bands of £5000) £000
Dr Andy Brooks	Clinical Chief Officer	1	170-175	0	0	170-175	90-95	0	0	90-95
Rob Morgan	Executive Director of Finance	2	125-130	0-5	30-32.5	160-165	25-30	0	5-7.5	30-35
Nicola Airey	Executive Place Managing Director for Surrey Heath	3	100-105	0-5	42.5-45	150-155	0	0	0	0
Ruth Colburn-Jackson	Managing Director for North East Hampshire and Farnham	4	85-90	0	12.5-15	100-105	0	0	0	0
Oliver White	Interim Executive Place Managing Director for North East Hampshire and Farnham	5	20-25	0	2.5-5	20-25	0	0	0	0
Fiona Slevin-Brown	Executive Place Managing Director for Bracknell Forest	6	115-120	0	25-27.5	140-145	115-120	0	25-27.5	140-145
Sarah Bellars	Executive Director of Quality and Nursing	7	110-115	0	30-32.5	140-145	95-100	0	25-27.5	120-125
Emma Boswell	Executive Director of Development and Improvement	8	90-95	0	17.5-20	110-115	10-15	0	2.5-5	15-20
Lalitha Iyer	Executive Medical Director	9	85-90	10-15	52.5-55	150-155	75-80	10-15	47.5-50	135-140
John Fraser	Medical Director	10	40-45	0	0	40-45	0	0	0	0
Kathy Atkinson	Non-Executive/Lay Member (North East Hampshire & Farnham CCG)	11	10-15	0	0	10-15	0	0	0	0
Arthur Ferry	Non-Executive/Lay Member (East Berkshire CCG/North East Hampshire & Farnham CCG)	12	20-25	0	0	20-25	15-20	0	0	15-20
Sally Kemp	Non-Executive/Lay Member (East Berkshire CCG)	13	10-15	0	0	10-15	10-15	0	0	10-15
Clive Bowman	Non-Executive/Lay Member (East Berkshire CCG)	14	10-15	0	0	10-15	10-15	0	0	10-15
Tony Fitzgerald	Non-Executive/Lay Member (Surrey Heath CCG)	15	10-15	0	0	10-15	0	0	0	0
Amanda Wellesley	Secondary Care Consultant	16	20-25	0	0	20-25	5-10	0	0	5-10
Dr Edward Palfrey	Secondary Care Consultant	17	10-15	0	0	10-15	0	0	0	0
Dr Peter Bibawy	Clinical Chair (NHS North East Hampshire & Farnham CCG)	18	100-105	0	22.5-25	125-130	0	0	0	0
Dr Steven Clarke	GP Elected Member - NHS North East Hampshire & Farnham CCG	19	45-50	0	0	45-50	0	0	0	0
Dr William Tong	Clinical Chair	20	30-35	0	0	30-35	30-35	0	0	30-35
Dr Jim O'Donnell	GP Locality Lead	21	90-95	0	0	90-95	90-95	0	0	90-95
Dr Jackie McGlynn	GP Locality Lead	22	70-75	0	12.5-15	85-90	70-75	0	12.5-15	85-90
Dr Huw Thomas	GP Locality Lead	23	45-50	0	10-12.5	55-60	45-50	0	10-12.5	55-60
Dr Martin Kittel	GP Board Member	24	40-45	0	0	40-45	40-45	0	0	40-45
Dr Nithya Nanda	GP Board Member	25	5-10	0	0	5-10	5-10	0	0	5-10
Dr Michael Hoskin	GP Board Member	26	15-20	0	5-7.5	25-30	15-20	0	5-7.5	25-30
Dr Nuzhet A-Ali	GP Board Member	27	20-25	0	7.5-10	30-35	20-25	0	7.5-10	30-35
Dr Claire Nieland	GP Board Member	28	10-15	0	167.5-170	180-185	10-15	0	167.5-170	180-185
Nigel Foster	Director of Finance	29	145-150	0	22.5-25	170-175	0	0	0	0
Debbie Fraser	Deputy Director of Finance	30	65-70	0	22.5-25	90-95	65-70	0	22.5-25	90-95

On 1 January 2020 NHS East Berkshire CCG, NHS Surrey Heath CCG and NHS North East Hampshire and Farnham CCG formed a collaborative governing body in common. The governing bodies of the 3 CCGs meet collectively and while each CCG still has appointed members, all those members of the collaborative governing body meetings are able to vote on decisions affecting the CCG. As a result all members of the collaborative governing body are disclosed in the remuneration report for 2019-20. Some of these roles have not been recharged to East Berkshire CCG.

The titles in the table are for the roles held by those individuals at 31 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.

1. Dr. Andy Brooks was Clinical Chief Officer for Surrey Heath CCG and East Berkshire CCG until 30 November 2019 and from 1 December 2019 became Clinical Chief Officer for Surrey Heath CCG, East Berkshire CCG and North East Hampshire and Farnham CCG.
2. Rob Morgan was Interim Managing Director and Chief Finance Officer for Surrey Heath CCG until 30 November 2019 and from 1 December 2019 became Executive Director of Finance for Surrey Heath CCG, East Berkshire CCG and North East Hampshire and Farnham CCG.
3. Nicola Airey was Director of Planning and Delivery for Surrey Heath CCG until 1 December 2019 and from 2 December 2019 became Executive Place Managing Director for Surrey Heath.
4. Ruth Colburn-Jackson was the Managing Director for NHS North East Hampshire and Farnham CCG. She left the CCG on 19 January 2020. No funding was recharged for this role.
5. Oliver White was appointed Interim Executive Place Managing Director for North East Hampshire and Farnham on 20 January 2020. No funding was recharged for this role.
6. Fiona Slevin-Brown was Director of Strategy and Operations for East Berkshire CCG until 1 December 2019 and from 2 December 2019 became Executive Place Managing Director for Bracknell Forest, the Executive Place Managing Director posts for Slough and RBWM were vacant during the period. No funding was recharged for this role.
7. Sarah Bellars was Director of Nursing and Quality for East Berkshire CCG until 1 December 2019 and from 2 December 2019 became Executive Director of Nursing and Quality for Surrey Heath CCG, East Berkshire CCG and North East Hampshire and Farnham CCG.

8. Emma Boswell was the Executive Director of Nursing and Quality with a Frimley system focus for the Hampshire and Isle of Wight Partnership of CCGs until 30th November 2019, with her remuneration split equally across all 5 CCGs. From 1 December 2019 Emma Boswell stood down as the Executive Director of Quality and Nursing for the Hampshire and Isle of Wight Partnership of CCGs, but remained the Executive Director of Quality and Nursing for NHS North East Hampshire and Farnham CCG until 31 December 2019. On 1 January 2020 she was appointed to the role of Executive Director of Development and Improvement for the Frimley Collaborative, with her remuneration split between NHS East Berkshire CCG (60%), NHS North East Hampshire and Farnham CCG (20%) and NHS Surrey Heath CCG (20%).
9. Lalitha Iyer was Medical Director for East Berkshire CCG until 1 December 2019 and from 2 December 2019 became Executive Medical Director for Surrey Heath CCG, East Berkshire CCG and North East Hampshire and Farnham CCG. The performance related pay in the table relates to both 2018/19 and 2019/20
10. Dr John Fraser was the Medical Director of Surrey Heath CCG until 31 December 2019.
11. No disclosure required.
12. Arthur Ferry was a Non-Executive/Lay Member (East Berkshire CCG). As of 1 August 2019, he additionally provided lay member support to North East Hampshire and Farnham CCG.
13. Sally Kemp was a Non-Executive/Lay Member (East Berkshire CCG) and resigned as of 6 January 2020. After which she continued to provide support as Independent Chair for the Interim Remuneration Committees in Common and for the Frimley Collaborative Board for the remainder of the year.
14. Clive Bowman was a Non-Executive/Lay Member (East Berkshire CCG) and resigned as of 31 March 2020.
15. Tony Fitzgerald is the Lay Member for Governance for Surrey Heath CCG and was also Interim Chair for Surrey Heath CCG from 30 September 2019.
16. Dr Amanda Wellesley is the Secondary Care Consultant for Surrey Heath CCG and East Berkshire CCG.
17. Dr Edward Palfrey is a Secondary Care Specialist Consultant for both NHS North East Hampshire & Farnham CCG and the four other Hampshire and Isle of Wight Partnership of CCGs. His remuneration as a Secondary Care Specialist Consultant for NHS North East Hampshire and Farnham CCG is fully attributable to the CCG, with the remuneration relating to his role as a Secondary Care Specialist Consultant for the four other Hampshire and Isle of Wight Partnership of CCGs split equally across all four CCGs.
18 – 19. No disclosure required.

20. Dr William Tong stepped down from the role of Clinical Chair for East Berkshire CCG as of 31 March 2020.
21 – 27. No disclosure required.
28. Dr Claire Nieland was appointed GP governing body member on 1 May 2019.
29. Nigel Foster continued his role as Director of Finance for East Berkshire CCG under an honorary contract to 30 November 2019. The CCG did not pay a salary, and no contribution was made in year to FHFT. During the period to 30 November 2019, the Deputy Director of Finance undertook day to day operations and all the relevant statutory responsibilities where the Director of Finance is conflicted. Nigel Foster remains the Director of Finance and IM&T at Frimley Health NHS Foundation Trust (FHFT).
30. During the period to 30 November 2019, the Deputy Director of Finance (East Berkshire CCG) undertook day to day operations and all the relevant statutory responsibilities where the Director of Finance is conflicted.

Notes: The Amount disclosed in the All Pensions Related Benefits column is the Clinical Commissioning Groups proportion not the full amount.

Salaries and Allowances of Senior Managers 2018/19 (subject to audit)

Name	Title		2018-19							
							NHS East Berkshire CCG			
			Full Salary & Fees (Bands of £5000) £000	Performance Related Bonuses (Bands of £5000) £000	All Pension Related Benefits (Bands of £2500) £000	TOTAL (Bands of £5000) £000	Salary & Fees (Bands of £5000) £000	Performance Related Bonuses (Bands of £5000) £000	All Pension Related Benefits (Bands of £2500) £000	TOTAL (Bands of £5000) £000
Dr William Tong	Clinical Chair	1	45-50	0	0	45-50	45-50	0	0	45-50
Dr Jim O'Donnell	Locality Lead	1	85-90	0	1017.5-1020	1105-1110	85-90	0	1017.5-1020	1105-1110
Dr Adrian Hayter	Locality Lead	1,2	50-55	0	0	50-55	50-55	0	0	50-55
Dr Jackie McGlynn	Locality Lead	1	75-80	0	0	75-80	75-80	0	0	75-80
Dr Martin Kittel	GP Board member	1	60-65	0	0	60-65	60-65	0	0	60-65
Dr Nithya Nanda	GP Board member	1	30-35	0	57.5-60	90-95	30-35	0	57.5-60	90-95
Dr Michael Hoskin	GP Board member	1	15-20	0	5-7.5	20-25	15-20	0	5-7.5	20-25
Dr Huw Thomas	GP Board member	1	25-30	0	145-147.5	170-175	25-30	0	145-147.5	170-175
Dr Nuzhet A-Ali	GP Board member	1,3	15-20	0	247.5-250	260-265	15-20	0	247.5-250	260-265
Gill Vickers	Local Authority Representative	7	0	0	0	0	0	0	0	0
Alan Sinclair	Local Authority Representative	7	0	0	0	0	0	0	0	0
Alison Alexander	Local Authority Representative	7	0	0	0	0	0	0	0	0
Angela Morris	Local Authority Representative	7	0	0	0	0	0	0	0	0
John Lisle	Accountable Officer	3	30-35	0	177.5-180	205-210	30-35	0	177.5-180	205-210
Dr Andy Brooks	Clinical Chief Officer	4	155-160	5-10	0	160-165	70-75	0	0	70-75
Nigel Foster	Director of Finance & Performance	6	145-150	0	57.5-60	215-220	0	0	0	0
Lalitha Iyer	Medical Director		65-70	0	12.5-15	80-85	65-70	0	12.5-15	80-85
Sarah Bellars	Director of Nursing		105-110	0	52.5-55	160-165	105-110	0	52.5-55	160-165
Fiona Slevin-Brown	Director of Strategy & Operations		110-115	0	50-52.5	160-165	110-115	0	50-52.5	160-165
Debbie Fraser	Deputy Director of Finance	6	95-100	0	40-42.5	135-140	95-100	0	40-42.5	135-140
Dr Amanda Wellesley	Secondary Care Consultant member	5	15-20	0	0	15-20	0-5	0	0	0-5
Sally Kemp	Lay member for Governance/Vice Chair		10-15	0	0	10-15	10-15	0	0	10-15
Arthur Ferry	Lay member for Governance		15-20	0	0	15-20	15-20	0	0	15-20
Clive Bowman	Lay Member for Primary Care Commissioning		10-15	0	0	10-15	10-15	0	0	10-15

Details above show the remuneration for senior managers relating to their role at East Berkshire CCG, the table also shows the full remuneration for those individuals who have senior management responsibility in more than one organisation.

1**.** Payment for the Governing Body role is via payroll; the clinical lead role is provided under a contract for service and is invoiced directly from the GP practice or the individual.
2. Dr. Adrian Hayter resigned as Place lead as of 31 March 2019.
3. Dr. Azma Nuzhet was appointed a GP governing body member on 2 April 2018.
4. John Lisle resigned as Clinical Chief Officer on 4 June 2018 and took up the role of ICS Transformation Director as of 5 June 2018 and received payment of £47k in year. Dr Andy Brooks was appointed Clinical Chief Officer on 5 June 2018.
5. Dr Amanda Wellesley was appointed Secondary care consultant on 1 December 2018.
6. As of 8 August 2017, Nigel Foster was appointed to be Director of Finance and IM&T for Frimley Health NHS Foundation Trust (FHFT). He continues his role as Director of Finance under an honorary contract for which the CCG does not pay a salary, although a contribution of £60k was made in year to FHFT to enable support at FHFT to release Nigel's time for this role and for his Integrated Care System digital and finance lead role. The Deputy Director of Finance undertakes day to day operations and all the relevant statutory responsibilities where the Director of Finance is conflicted
7. Local Authority Representatives do not receive any payment from the CCG. Alison Alexander left the role of Local Authority Representative for RBWM on 23 October 2018 and was replaced by Angela Morris

Pension Benefits as at 31 March 2020 (subject to audit)

Name	Title	2019/20							
		Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2020 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2020	Cash Equivalent Transfer Value at 1 April 2019	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Rob Morgan	Executive Director of Finance	0.0-2.5	0	15-20	0	197	159	15	0
Nicola Airey	Executive Place Managing Director for Surrey Heath	2.5-5.0	0.0-2.5	25-30	55-60	547	481	41	0
Ruth Colburn-Jackson	Managing Director for North East Hampshire and Farnham	0-2.5	0	25-30	50-55	361	334	4	0
Oliver White	Interim Executive Place Managing Director for North East Hampshire and Farnham	0-2.5	0	15-20	20-25	178	157	1	0
Fiona Slevin-Brown	Executive Place Managing Director for Bracknell Forest	0-2.5	0	40-45	95-100	781	721	26	0
Sarah Bellars	Executive Director of Quality and Nursing (Shared)	0-2.5	0-2.5	30-35	65-70	578	525	25	0
Emma Boswell	Executive Director of Development and Improvement	0-2.5	0	25-30	50-55	410	376	12	0
Lalitha Iyer	Executive Medical Director	2.5-5.0	7.5-10	15-20	50-55	429	346	63	0
Dr Peter Bibawy	Clinical Chair - NHS North East Hampshire & Farnham CCG	0-2.5	0-2.5	5-10	0-5	65	39	10	0
Dr Jackie McGlynn	GP Locality Lead	0-2.5	0-2.5	35-40	90-95	689	644	22	0
Dr Nithya Nanda	GP Body Member	0-2.5	0	10-15	30-35	207	197	1	0
Dr Michael Hoskin	GP Body Member	0-2.5	0-2.5	5-10	15-20	156	135	15	0
Dr Huw Thomas	GP Body Member	0-2.5	0-2.5	20-25	60-65	405	377	12	0
Dr Nuzhet A-Ali	GP Body Member	0-2.5	0-2.5	10-15	30-35	230	211	12	0
Dr Claire Nieland	GP Body Member	5-7.5	20-22.5	5-10	25-30	172	28	130	0
Nigel Foster	Director of Finance & Performance	0-2.5	0	35-40	65-70	679	623	20	0
Debbie Fraser	Deputy Director of Finance	0-2.5	0-2.5	20-25	55-60	492	432	24	0

- NHS Pensions are using pension and lump sum data from their systems without any adjustment for a potential future legal remedy required as a result of the McCloud judgement. (This is a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a Final Salary design.) We believe

this approach is appropriate given that there is still considerable uncertainty on how the affected benefits within the new NHS 2015 Scheme would be adjusted in future once legal proceedings are completed.

- During the year, the Government announced that public sector pension schemes will be required to provide the same indexation in payment on part of a public service scheme pensions known as the Guaranteed Minimum Pension (GMP) as applied to the remainder of the pension i.e. the non GMP. Previously the GMP did not receive full indexation. This means that with effect from August 2019 the method used by NHS Pensions to calculate CETV values was updated. So the method in force at 31 March 2020 is different to the method used to calculate the value at 31 March 2019. The real increase in CETV will therefore be impacted (and will in effect include any increase in CETV due to the change in GMP methodology).
- This disclosure is only for senior managers disclosed in the Salaries and Allowances table, where the Clinical Commissioning Group makes contributions direct to a pension scheme (i.e. as employer or a sharing arrangement is in place which is being disclosed as if the person were employed). Other persons paid via an invoice to their employer and those where no pension contributions are being made will not be included in the table.
- Lay members do not receive pensionable remuneration therefore there are no entries in respect of pensions for Non-Executive members.
- The pension disclosures have been made in full and not apportioned for any period where the senior manager may have held the post for part of the year.
- Nigel Foster held the position of Director of Finance for East Berkshire CCG until 30 November 2019 under an honorary contract. He also held the role of Director of Finance and IM&T for Frimley Health NHS Foundation Trust (FHFT) and the pension disclosed in the above table relates to his NHS role with FHFT.

Pension Benefits as at 31 March 2019 (subject to audit)

Name	Title	2018/19							
		Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2019 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2019	Cash Equivalent Transfer Value at 1 April 2018	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Dr Jackie McGlynn	GP Locality Lead	0-2.5	0-2.5	30-35	85-90	644	578	48	0
Dr Jim O'Donnell	GP Locality Lead	42.5-45	132.5-135	40-45	135-140	0	16	0	0
Dr Adrian Hayter	GP Locality Lead	0-2.5	0-2.5	15-20	45-50	389	406	0	0
Dr Nithya Nanda	GP Body Member	0-2.5	5-7.5	10-15	30-35	197	128	65	0
Dr Michael Hoskin	GP Body Member	0-2.5	0-2.5	5-10	15-20	135	111	21	0
Dr Huw Thomas	GP Body Member	5-7.5	17.5-20	20-25	60-65	377	221	149	0
Dr Nuzhet A-Ali	GP Body Member	10-12.5	30-32.5	10-15	30-35	211	0	210	0
John Lisle	Accountable Officer	0-2.5	0-2.5	30-35	0-5	497	305	32	0
Nigel Foster	Director of Finance & Performance	2.5-5	2.5-5	30-35	65-70	623	488	121	0
Lalitha Iyer	Medical Director	0-2.5	2.5-5	15-20	45-50	346	286	52	0
Sarah Bellars	Director of Nursing	2.5-5	2.5-5	30-35	65-70	525	406	107	0
Fiona Slevin-Brown	Director of Strategy & Operations	2.5-5	2.5-5	35-40	95-100	721	577	126	0
Debbie Fraser	Deputy Director of Finance	2.5-5	2.5-5	15-20	50-55	432	341	80	0

- This disclosure is only for senior managers disclosed in the Salaries and Allowances table, where the Clinical Commissioning Group makes contributions direct to a pension scheme (i.e. as employer or a sharing arrangement is in place which is being disclosed as if the person were employed). Other persons paid via an invoice to their employer and those where no pension contributions are being made will not be included in the table.
- Lay members do not receive pensionable remuneration therefore there are no entries in respect of pensions for Non-Executive members.
- The pension disclosures have been made in full and not apportioned for any period where the senior manager may have held the post for part of the year
- Nigel Foster held the position of Director of Finance for East Berkshire CCG throughout the period under an honorary contract. During that time he also held the role of Director of Finance and IM&T for Frimley Health NHS Foundation Trust (FHFT). The pension disclosed in the above table relates to his NHS role with FHFT.

Cash Equivalent Transfer Values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (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 that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation on Early Retirement or for Loss of Office (subject to audit)

No Payments were made for compensation for early retirement or for loss of office.

Payments to Past Members (subject to audit)

There were no payments made to past directors in 2019/20 (One payment 2018/19).

Pay Multiples

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

The banded remuneration of the highest paid director in CCG in the financial year 2019/20 was £115k to £120k (2018/19 £110k to £115k). This was 2.8 times (2018/19 2.9 times) the median remuneration of the workforce, which was £41,854 (2018/19 £38,599).

In 2019/20, 2 employees (2018/19 1 employee) received remuneration in excess of the highest-paid director. Remuneration ranged from £7,000 to £131,000 (2018/19 £1,000 to £131,000).

The highest paid director remains the same as the previous year; there has been a slight increase in the median remuneration and this is in line with the increase in staff paid above the highest director; the reason for the increase in banded remuneration of the highest paid director.

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.

Staff Report

Number of senior managers

Senior Manager Banding	Number of employees
Band 8a	18
Band 8b	12
Band 8c	7
Band 8d	8
Band 9	3
Director	3
Total	51

Please note – In addition to these senior managers there are a further 72 employees, total headcount including figure above for East Berkshire CCG as at 31 March 2020 – 123 employees.

Staff numbers and costs (subject to audit)

	Admin			Programme			Total		2019-20
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits									
Salaries and wages	2,817	181	**2,998**	2,007	1,678	**3,685**	4,824	1,859	**6,683**
Social security costs	312	-	**312**	209	-	**209**	520	-	**520**
Employer contributions to the NHS Pension Scheme	667	-	**667**	262	-	**262**	929	-	**929**
Apprenticeship Levy	11	-	**11**	-	-	**-**	11	-	**11**
Gross employee benefits expenditure	**3,807**	**181**	**3,988**	**2,477**	**1,678**	**4,156**	**6,285**	**1,859**	**8,144**

	Admin			Programme			Total		2018-19
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits									
Salaries and wages	2,785	226	**3,011**	2,183	2,077	**4,260**	4,968	2,303	**7,271**
Social security costs	318	-	**318**	206	-	**206**	524	-	**524**
Employer contributions to the NHS Pension Scheme	388	-	**388**	268	-	**268**	656	-	**656**
Apprenticeship Levy	10	-	**10**	-	-	**-**	10		**10**
Termination benefits	60	-	**60**	-	-	**-**	60	-	**60**
Gross employee benefits expenditure	**3,561**	**226**	**3,787**	**2,657**	**2,077**	**4,734**	**6,218**	**2,303**	**8,521**

Average number of staff employed (subject to audit)

	2019-20			2018-19
	Total Number	Permanently Employed Number	Other Number	Total Number
Total	116	99	17	118
Of the above:				
Number of whole time equivalent people engaged on capital projects	0	0	0	0

Staff composition (not subject to audit) numbers are as at 31st March 2020

The below table outlines the gender breakdown of staff:

	Female Headcount	Male Headcount	Total
Governing Body	8	9	17
Very Senior Managers	3	0	3
All other Employees	84	19	105
Total Employees	95	28	123

Please note ('All other Employees' are those with the Agenda for Change banding)

Sickness Absence data (not subject to audit)

Below outlines East Berkshire CCGs sickness absence data from 1st April 2019 to 31st March 2020:

	2019/20	2018/19
Total Days lost	970	1588
Headcount (Yearly Average)	119	123
Average Working Days Lost per head	8	13

There were no ill health retirements in 2019/20 (nil 2018/19).

Total days lost is the full time equivalent sickness days divided by the proportion of working time available in a year for a full time employee to give the total days lost. The Total Staff Years represents the total amount of time that could be worked by the workforce if they all worked full time without any sickness.

The full time equivalent total days lost due to sickness is then divided by the total staff years available to give an average number of days lost due to sickness absence.

Sickness absence is managed in a supportive and effective manner by CCG managers, with professional advice and targeted support from Human Resources, Occupational Health and staff support services which are appropriate and responsive to the needs of our workforce. The CCG's approach to managing sickness absence is governed by a clear HR policy and this is further reinforced by the provision of HR support and regular provision of data to assist line managers in the effective management of sickness absence. As the size

of the organisation is relatively small, cases of long term sickness can have a significant effect on the organisation's absence calculations.

We proactively promote the health and wellbeing of staff through the provision of annual flu inoculations, the provision of an Employee Assistance Programme and staff have access to a 24/7 helpline. The CCG has a Staff Partnership and Organisational Development Forum which has facilitated staff health and wellbeing events throughout the year such as fitness classes which were offered at a reduced rate and a walking club.

Managers ensure that the culture of sickness reporting is embedded within their teams and sickness absence is actively monitored and formally reported to the CCG on a half yearly basis as part of the workforce reporting process.

Staff Policies (not subject to audit)

See equality disclosure section below.

Employee Consultation (not subject to audit)

We recognise and value the importance of maintaining positive working relationships with our staff and their representatives. We have established a Staff Partnership, Organisational Development (OD) and Inclusion Forum as our corporate committee for staff engagement and consultation so as to work in partnership on important issues affecting our staff.

This forum is representative of our workforce and the CCG recognises all of the trade unions outlined in the national NHS Terms and Conditions of Service Handbook who have members employed within the organisation. Each team / directorate has a nominated forum representative responsible for representing the views of their colleagues and feeding back to their team. The purpose of the forum is to:

- provide a regular and effective means of joint discussion between senior management and staff on issues of mutual interest or concern
- foster maximum involvement of all partners in effective communications, engagement and consultation on working practices and employment including for example HR policies/ procedures, OD education and training
- ensure legal requirements for employee representation are met in respect of all the CCG's staff affected by organisational change (except Executive Team members who are not covered by this agreement)

The CCG actively applies its appraisal process and Personal Development Review process, and encourages 360 feedback to staff. The appraisal system ensures all staff work towards clearly defined personal objectives which are supported with learning, training and development opportunities detailed in individual personal development plans.

Executive Management Consultation

The CCG had one staff consultation which was to establish one executive team across the Frimley Collaborative. The consultation process was with nine members of executive team who were employed in permanent director roles on the respective Governing Bodies within the three CCG's. The consultation started in June 2019 and finished 30 September 2019.

Equality Disclosures (not subject to audit)

The CCG has developed an integrated approach to delivering workforce equality so it does not have a separate policy for disabled employees or for any other protected characteristics. Equalities issues are incorporated in policies covering all aspects of the employee lifecycle ranging from recruitment to performance. Our aim is to provide an environment in which all staff are engaged, supported and developed throughout their employment and to operate in ways which do not discriminate our potential or current employees by virtue of any of the protected characteristics specified in the Equality Act 2010. We are also committed to supporting our employees to maximise their performance including making any reasonable adjustments that may be required on a case by case basis.

To ensure the duties of the Equality Act 2013 and the requirements of the Public Sector Equality Duty (PSED) are met, we plan to adopt the NHS Equality Delivery System as a tool to enable analysis, review and assessment of performance against 18 evidence based outcomes incorporated within four goals:

- better health outcomes for all
- improved patient access and experience
- empowered, engaged and inclusive staff
- inclusive leadership

We are also committed to implementing the new Workforce Race Equality Standards (WRES) and will work with our providers and partners to ensure employees from BAME backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Other Employee Matters

At the end of Q3, the CCG ran a staff consultation process regarding the proposal to have a one executive team across the Frimley Collaborative. The consultation affected four post holders and there were no redundancies.

Expenditure on Consultancy

NHS East Berkshire CCG spent £372,000 on consultancy services during 2019/20 (£520,000 2018/19)

Off-payroll engagements (not subject to audit)

For all off-payroll engagements as at 31 March 2020, for more than £245 per day and that last longer than six months:

Table 1: Off-payroll engagements longer than 6 months

	2019-20 Number	2018-19 Number
Number of existing engagements as of 31 March 2020	28	36
Of which, the number that have existed:		
for less than one year at the time of reporting	4	7
for between one and two years at the time of reporting	2	8
for between two and three years at the time of reporting	3	1
for between three and four years at the time of reporting	1	2
for 4 or more years at the time of reporting	18	18

Where the reformed public sector rules apply, entities must complete Table 2 for all new off-payroll engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020, for more than £245 per day and that last for longer than 6 months.

Table 2: New off-payroll engagements

	2019-20 Number	2018-19 Number
Number of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	13	10
Of which:		
Number assessed as caught by IR35	10	7
Number assessed as not caught by IR35	3	3
Number engaged directly (via PSC contracted to department) and are on departmental payroll	0	0
Number of engagements reassessed for consistency/assurance purpose during the year	0	0
Number of engagements that saw a change to IR35 status following the consistency review	0	0

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 01 April 2019 and 31 March 2020.

Table 3: Off-payroll engagements / senior official engagements

	2019-20 Number	2018-19 Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year (1)	1	1
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or senior officials with significant financial responsibility", during the financial year. This figure should include both on payroll and off-payroll engagements (2)	29	20

Exit packages, including special (non-contractual) payments (subject to audit)

Exit package cost band (inc. any special payment element	2019-20 Compulsory Redundancies		2018-19 Compulsory Redundancies	
	Number	£	Number	£
£50,001 to £100,000	0	0	1	60,000
Total	**0**	**0**	**1**	**60,000**

Redundancy and other departure costs have been paid in accordance with the provisions of the Agenda for Change and the provision set out in Section 16 of the NHS terms and Conditions Service handbook.

Exit costs are accounted for in accordance to the relevant accounting standards and at latest in full in the year of departure.

The Remuneration Report includes disclosure of exit packages payable to individuals named in that Report.

Parliamentary Accountability and Audit Report

East Berkshire CCG is not required to produce a Parliamentary Accountability and Audit Report. The CCG has nothing to report in terms of disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges in this Accountability Report. An audit certificate and report is included in the Annual Report in the next section.

Dr Andy Brooks

Clinical Chief Officer

23 June 2020

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE GOVERNING BODY OF NHS EAST BERKSHIRE CLINICAL COMMISSIONING GROUP

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of NHS East Berkshire 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 1.

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 87, 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 87, 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 CCG's 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 East Berkshire 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 East Berkshire 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.

Dean Gibbs

for and on behalf of KPMG LLP
Chartered Accountants
15 Canada Square, Canary Wharf, London, E14 5GL

23 June 2020

Abbreviations

A&E	Accident and Emergency
ADHD	Attention Deficit Hyperactivity Disorder
BCF	Better Care Fund
BHFT	Berkshire Healthcare NHS Foundation Trust provides specialist mental health and community health services.
BAME	Black, Asian and minority ethnic
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group is responsible for planning and funding local health services and is made up of doctors, nurses and other NHS Staff. Every GP practice is a member of a CCG.
CETV	Cash Equivalent Transfer Value
CHC	Continuing Healthcare
COCA	Community-onset, community associated
COHA	Community-onset, healthcare associated
COIA	Community-onset, indeterminate association
CPE	Common Point of Entry
CPF	Community Partnership Forum
CPN	Contract Performance Notice
CQC	Care Quality Commission is the independent regulator of health and adult social care services across England. Their responsibilities include registration, review and inspection of services and their primary aim is to ensure that quality and safety are met on behalf of patients.
CQUIN	Commissioning for Quality and Innovation is the system introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care.
CPF	Community Partnership Forum
CYP	Children and Young People
D2A	Discharge to Assess
ED	Emergency Department
EPRR	Emergency Preparedness, Resilience and Response

FOI	Freedom of Information. The Freedom of Information Act 2000 provides a right of access to a wide range of information held by public authorities, including the NHS. The purpose is to promote greater openness and accountability.
FHFT	Frimley Park Hospital NHS Foundation Trust is a major trust providing NHS hospital services for around 900,000 people across Berkshire, Hampshire, Surrey and South Buckinghamshire.
GP	General Practitioner. The general practitioner is a specialist trained to work in the front line of a healthcare system and to take the initial steps to provide care for any health problem(s) that patients may have. The general practitioner takes care of individuals in a society, irrespective of the patient's type of disease or other personal and social characteristics, and organises the resources available in the healthcare system to the best advantage of the patients. The general practitioner engages with autonomous individuals across the fields of prevention, diagnosis, cure, care, and palliation, using and medical sociology.
HOHA	Hospital-onset, healthcare associated
IAF	Improvement Assessment Framework
IAPT	Improving Access to Psychological Therapies
ICDM	Integrated Care Decision Making
ICO	Information Commissioner's Office
ICS	Integrated Care System
ICTs	Integrated Community Teams
IM&T	Information Management and Technology
LAPs	Locality Access Points
LeDeR	Learning Disabilities Mortality Review Steering Group
LCS	Locally Commissioned Service
LD	Learning Disability
LHRP	Local Health Resilience Partnership
MDT	Multi-Disciplinary Team
MHSD	Mental Health Data Set
MHSTs	Mental Health Support Teams

MRSA BSI	Methicillin Resistant Staphylococcus Aureus blood stream infections
MSA	Mixed Sex Accommodation
NHS	National Health Service
NHSD	National Health Service Digital
NHSE	National Health Service England
NHS OF	NHS Oversight Framework
PCCC	Primary Care Commissioning Committee
PCNs	Primary Care Networks
PPGs	Patient Participation Groups
QIPP	Quality, Innovation, Productivity and Prevention. A large-scale programme to drive forward quality improvements in NHS care, at the same time resulting in efficiency savings.
RBH	Royal Berkshire Hospital (Royal Berkshire NHS Foundation Trust) is a major trust providing a full range of services and is the regions specialist centre for cancer, eye and renal (kidney) care serving over one million people across Berkshire and south Oxfordshire. While the main site is the Royal Berkshire Hospital in Reading, in 2011 The Trust opened a major new cancer and renal centre at the Royal Berkshire Bracknell Clinic in Bracknell.
RBWM	Royal Borough of Windsor and Maidenhead
RTT	Referral to Treatment
SCAS	South Central Ambulance Service NHS Foundation Trust serves the counties of Berkshire, Buckinghamshire, Hampshire and Oxfordshire. This area covers approximately 3,554 sq. miles with a residential population of over four million.
SCW CSU	South, Central and West Commissioning Support Unit
SEND	Special Educational Needs and Disability
SMI	Serious Mental Illness
TVCA	Thames Valley Cancer Alliance
YHC	Young Health Champions
WPNG	Windsor, Ascot and Maidenhead Patient Network Group

ANNUAL ACCOUNTS

Dr Andy Brooks

Clinical Chief Officer

23 June 2020

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	(3,940)	(6,807)
Other operating income	2	(19)	(40)
Total operating income		**(3,959)**	**(6,847)**
Staff costs	3	8,143	8,521
Purchase of goods and services	4	626,918	598,362
Depreciation and impairment charges	4	38	34
Provision expense	4	541	(1,820)
Other Operating Expenditure	4	539	311
Total operating expenditure		**636,179**	**605,408**
Comprehensive Expenditure for the year		**632,220**	**598,561**

The notes on pages 159 to 175 form part of this statement

Statement of Financial Position as at 31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Non-current assets:			
Property, plant and equipment	7	166	83
Total non-current assets		166	83
Current assets:			
Trade and other receivables	8	10,037	10,999
Cash and cash equivalents	9	180	25
Total current assets		**10,217**	11,024
Total assets		**10,383**	11,107
Current liabilities			
Trade and other payables	10	(77,352)	(75,721)
Provisions	11	(748)	(299)
Total current liabilities		**(78,100)**	(76,020)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(67,717)**	(64,913)
Non-current liabilities			
Provisions	11	(387)	(405)
Total non-current liabilities		**(387)**	(405)
Assets less Liabilities		**(68,104)**	(65,318)
Financed by Taxpayers' Equity			
General fund		(68,104)	(65,318)
Total taxpayers' equity:		**(68,104)**	(65,318)

The notes on pages 159 to 175 form part of this statement

The financial statements on pages 155 to 175 were approved by the Audit Committee on 17th of June 2020 and signed on its behalf by:

Clinical Chief Officer Date: 23rd June 2020

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

	General fund £'000
Changes in taxpayers' equity for 2019-20	
Balance at 01 April 2019	(65,318)
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2019-20	
Net operating expenditure for the financial year	(632,220)
Net funding	629,434
Balance at 31 March 2020	**(68,104)**

	General fund £'000
Changes in taxpayers' equity for 2018-19	
Balance at 01 April 2018	(57,699)
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2018-19	
Net operating costs for the financial year	(598,561)
Net funding	590,942
Balance at 31 March 2019	**(65,318)**

The notes on pages 159 to 175 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		(632,220)	(598,561)
Depreciation and amortisation	4	38	34
Decrease in trade & other receivables	8	962	1,572
Increase in trade & other payables	10	1,529	8,513
Provisions utilised	11	(110)	(1,059)
Increase/(decrease) in provisions	11	541	(1,820)
Net Cash Outflow from Operating Activities		**(629,260)**	(591,321)
Cash Flows from Investing Activities			
Payments for property, plant and equipment		(19)	(45)
Net Cash Outflow from Investing Activities		**(19)**	(45)
Net Cash Outflow before Financing		**(629,279)**	(591,366)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		629,434	590,942
Net Cash Inflow from Financing Activities		**629,434**	590,942
Net Increase/(Decrease) in Cash & Cash Equivalents	9	**155**	(424)
Cash & Cash Equivalents at the Beginning of the Financial Year		**25**	449
Cash & Cash Equivalents at the End of the Financial Year		**180**	25

The notes on pages 159 to 175 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.

1.3 Pooled Budgets

The CCG has entered into a pooled budget arrangements with Local Authorities including Royal Borough of Windsor and Maidenhead, Slough Borough Council, Bracknell Forest Borough Council and Surrey County Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for Community Equipment Store and Better Care Fund and note 14 to the accounts provides details of the income and expenditure.

The pool is hosted by Local Authorities. 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

1.4 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.

1.5 Revenue

The transition to IFRS 15 has been completed in accordance with paragraph C3 (b) of the Standard, applying the Standard retrospectively recognising the cumulative effects at the date of initial application.

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.

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.

The value of the benefit received when the clinical commissioning group accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.6 Employee Benefits

1.6.1 Short-term Employee Benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, 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.

1.6.2 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.

Notes to the financial statements

1.7 **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.

1.8 **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.

1.8.1 **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.

1.9 **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.

1.10 **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:

Early retirement provisions are discounted using HM Treasury's pension discount rate of negative 0.50% (2018-19: positive 0.29%) in real terms. 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.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

1.11 **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.

1.12 **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.

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.

All CCGs Financial assets are classified as loans and receivables.

1.12.1 **Financial Assets at Amortised cost**

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.12.2 **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.

1.13 **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.

1.13.1 **Other Financial Liabilities**

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

Notes to the financial statements

1.14 **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.

1.15 **Losses & Special Payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the clinical commissioning group not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.16 **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 judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. 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 and 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.

1.16.1 **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.

EB CCG do not have hosted services. The London Focus Group is operated under a net accounting basis where the CCG acts as a lead CCG on behalf of other CCGs.

1.16.2 **Sources of estimation uncertainty**

The following are the key 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 £8,198k.

Partially Completed Spells.
The Clinical Commissioning Group recognises expenditure relating to spells of care that are started, but not yet completed at the balance sheet date. This recognition is limited to cost and volume contracts where the activity will incur extra costs for the Clinical Commissioning Group. At the balance sheet date the Clinical Commissioning Group was recognising a Partially Completed Spells liability of £2,811k.

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. At the balance sheet date the Clinical Commissioning Group was recognising a Maternity Pathway adjustments asset of £2,002k.

Continuing Care Accrual
The Clinical Commissioning Group holds its approved care packages, Personal Health budgets, funded nursing care and additional associated charges to care in a Continuing Healthcare database which provides a forecast of annual costs. An accrual is made between the current year invoices received in year and the forecast of the annual costs

Accruals
For goods and/or services that have been delivered but for which no invoice has been received/sent, the CCG has made an accrual based upon known commitments, contractual arrangements that are in place and legal obligations.
The estimates and associated assumptions are based on historical experience, trends 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.

Continuing Care Provision

As at the date of the Statement of Financial Position final information on secondary healthcare activity and prescribing data was not available. Accruals were made for these on the basis of year to date information that was available and the trends in the data.
An amount of £1,135k has been included in the NHS Continuing Healthcare (CHC) provisions relating to the following items:

• Continuing Health Care (CHC) Waiting List clients awaiting assessment at 31 March 2020	£10k
• Appeals against earlier CCG decisions of non-eligibility for CHC funding	£1,033k
• Previously Unassessed Periods of Care (PUPoC) claims awaiting assessment	£42k
(these relate to claims in respect of clients who have died and other clients requesting an assessment for a past period of time)	
• Provision for Redundancy Costs for carers employed by Personal Health Budget holders	£50k

The final outcome has yet to be determined therefore the resultant financial effects remain uncertain at the year end.
The total cost of all outstanding CHC Waiting List clients' claims has been calculated using the average local current nursing home and homecare package weekly costs for NHS CHC Adult Fully Funded clients. Provision has been made at 33% as per the average approval rate in recent financial years.
The CHC Appeals provision has been calculated on an individual basis for each client appealing against the CCG's decision of non-eligibility. The provision is based on the time period from the start-date of the claim up to 31 March 2020 (or date client died) using the current average local nursing home and homecare package weekly costs. Provision has been made at 33% as per the average approval rate in recent financial years.
The PUPoC claims provision has been calculated on the same basis as the CHC appeals provision. Provision has been made at 4% as per the average approval rate in recent financial years for PCT Legacy PUPoC cases.
The Redundancy Costs in respect of PHB clients has been estimated on a notional basis. The numbers of Personal Health Budget (PHB) clients have increased during 2019/20 and the target is for all CHC homecare clients to be offered PHB status during 2020/21. As per national guidance, the CCG is financially responsible for bearing the redundancy costs of carers of Third Party and Direct Payment PHB clients and hence it is probable that the CCG will have to incur some expenditure of this type during 2019/20. However, at present the timings and amounts are unclear and therefore a provision has been set up to act as a reserve.

Notes to the financial statements

1.17 **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 it 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.

2. Other Operating Revenue

	2019-20 Total	2018-19 Total
	£'000	£'000
Income from sale of goods and services (contracts)		
Education, training and research	**356**	223
Non-patient care services to other bodies	**2,939**	6,037
Other Contract income	**645**	547
Total Income from sale of goods and services	**3,940**	**6,807**
Other operating income		
Charitable and other contributions to revenue expenditure: non-NHS	**19**	40
Total Other operating income	**19**	**40**
Total Operating Income	**3,959**	**6,847**

3. Employee benefits and staff numbers

3.1 Employee benefits	**Total**		**2019-20**
	Permanent Employees £'000	**Other £'000**	**Total £'000**
Employee Benefits			
Salaries and wages	**4,824**	**1,859**	**6,683**
Social security costs	**520**	**-**	**520**
Employer Contributions to NHS Pension scheme	**929**	**-**	**929**
Apprenticeship Levy	**11**	**-**	**11**
Gross employee benefits expenditure	**6,284**	**1,859**	**8,143**

The full staff cost note is in the staff report in the annual report.

3.1.1 Employee benefits	Total		2018-19
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	4,968	2,303	7,271
Social security costs	524	-	524
Employer Contributions to NHS Pension scheme	656	-	656
Apprenticeship Levy	10	-	10
Termination benefits	60	-	60
Gross employee benefits expenditure	**6,218**	**2,303**	**8,521**

3.2 Average number of people employed

	2019-20			2018-19		
	Permanently employed Number	**Other Number**	**Total Number**	Permanently employed Number	Other Number	Total Number
Total	**99.00**	**17.02**	**116.02**	98.23	20.08	118.31

There were no ill health retirements in 2019-20 (2018-19: nil).

3.3 Exit packages agreed in the financial year

The CCG has no exit package agreed in 2019-20

	2018-19	
	Compulsory redundancies	
	Number	£
£50,001 to £100,000	1	60,000
Total	**1**	**60,000**

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the Agenda for Change and the provisions set out in Section 16 of the NHS Terms and Conditions of Service Handbook.

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

The Remuneration and Staff Report includes the disclosure of exit payments payable to individuals named in that Report.

3.4 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.

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.

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

The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% from 1st April 2019. For 2019/20, NHS CCGs continued to pay over contributions at the former rate with the additional amount being paid by NHS England on CCGs behalf. The full cost and related funding has been recognised in these accounts.

3.4.1 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.

3.4.2 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 result of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgement from the Court Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

For 2019-20, total employers' contributions of £1,002,323 (CCG: £699,005 and NHSE: £303,318) were payable to the NHS Pensions Scheme (18-19 CCG: £699,028) at the rate of 20.6% (2018-19: 14.38%) of pensionable pay. The scheme's actuary reviews employer contributions, usually every four years and now based on HMT Valuation Directions, following a full scheme valuation. The latest review used data from 31 March 2016 and was published on the Government website. These costs are included in the NHS pension line of note 3.1. The value included in note 3.1. £929,466 (18-19: £655,829) varies from the total employers' contribution of £1,002,323 (18-19: £699,028) as it has been reduced by the costs of staff (£72,857) (18-19:(£43,739)) recharged to other organisations.

4. Operating expenses

	2019-20 Total £'000	2018-19 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	4,822	6,238
Services from foundation trusts	405,155	384,187
Services from other NHS trusts	9,226	8,748
Purchase of healthcare from non-NHS bodies	91,205	84,425
Prescribing costs	48,265	48,220
GPMS/APMS and PCTMS	59,467	59,425
Supplies and services – clinical	1,483	1,365
Supplies and services – general	187	38
Consultancy services	372	520
Establishment	1,550	593
Transport	1	1
Premises	3,178	2,810
Audit fees	102	108
Other non statutory audit expenditure		
· Other services	14	10
Internal Audit Fees	97	87
Other professional fees	1,148	1,190
Legal fees	86	83
Education, training and conferences	560	314
Total Purchase of goods and services	**626,918**	**598,362**
Depreciation and impairment charges		
Depreciation	38	34
Total Depreciation and impairment charges	**38**	**34**
Provision expense		
Provisions	541	(1,820)
Total Provision expense	**541**	**(1,820)**
Other Operating Expenditure		
Chair and Non Executive Members	275	210
Grants to Other bodies	157	-
Clinical negligence	1	1
Expected credit loss on receivables	3	2
Other expenditure	103	98
Total Other Operating Expenditure	**539**	**311**
Total operating expenditure	**628,036**	**596,887**

Audit fees - statutory audit services excluding VAT is £85k (2018-19: £90k), amount shown £102k (2018-19: £108k) is inclusive of VAT.

The CCG has provided £12k excluding VAT (2018-19: £12k) for the fee for the external auditors assurance report on compliance of the Mental Health Investment Standard.

In accordance with SI 2008 no.489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008, the contract with our Auditors provides for a £2m limitation of their liability.

5.1 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	21,140	90,722	20,189	88,481
Total Non-NHS Trade Invoices paid within target	20,515	87,218	19,541	81,156
Percentage of Non-NHS Trade invoices paid within target	**97.04%**	**96.14%**	**96.79%**	**91.72%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	5,689	445,784	5,515	433,084
Total NHS Trade Invoices Paid within target	5,393	424,538	5,245	429,993
Percentage of NHS Trade Invoices paid within target	**94.80%**	**95.23%**	**95.10%**	**99.29%**

The Better payment practice code requires the CCG to pay all valid invoices within 30 days of receipt of invoice.

6. Operating Leases

6.1 As lessee

6.1.1 Payments recognised as an Expense

	Buildings £'000	**Other £'000**	**2019-20 Total £'000**	Buildings £'000	Other £'000	2018-19 Total £'000
Payments recognised as an expense						
Minimum lease payments	3,015	5	**3,020**	2,687	5	2,692
Total	**3,015**	**5**	**3,020**	**2,687**	**5**	**2,692**

East Berkshire CCG occupies property owned and managed by NHS Property Services (NHSPS). Whilst our arrangement with the NHSPS falls within the definition of an operating lease, including void spaces, the rental charge for future years has not yet been agreed. Consequently, this does not include the future minimum lease payments for the arrangement.

7. Property, plant and equipment

2019-20	Information technology £'000	Total £'000
Cost or valuation at 01 April 2019	641	641
Additions purchased	121	121
Cost/Valuation at 31 March 2020	**762**	**762**
Depreciation 01 April 2019	558	558
Charged during the year	38	38
Depreciation at 31 March 2020	**596**	**596**
Net Book Value at 31 March 2020	**166**	**166**
Purchased	166	166
Total at 31 March 2020	**166**	**166**
Asset financing:		
Owned	166	166
Total at 31 March 2020	**166**	**166**

2018-19	Information technology £'000	Total £'000
Cost or valuation at 01 April 2018	590	590
Additions purchased	51	51
Cost/Valuation at 31 March 2019	**641**	**641**
Depreciation 01 April 2018	524	524
Charged during the year	34	34
Depreciation at 31 March 2019	**558**	**558**
Net Book Value at 31 March 2019	**83**	**83**
Purchased	83	83
Total at 31 March 2019	**83**	**83**
Asset financing:		
Owned	83	83
Total at 31 March 2019	**83**	**83**

7.1 Economic Lives	Minimum Life (Years)	Maximum Life (Years)
Information technology	3	5

8. Trade and other receivables

	Current 2019-20 £'000	Current 2018-19 £'000
NHS receivables: Revenue	4,246	3,437
NHS prepayments	2,002	2,005
NHS accrued income	584	738
NHS Contract Receivable not yet invoiced/non-invoice	1,778	3,352
Non-NHS and Other WGA receivables: Revenue	248	468
Non-NHS and Other WGA prepayments	490	557
Non-NHS and Other WGA accrued income	140	65
Non-NHS and Other WGA Non Contract trade receivable (i.e pass through funding)	255	161
Non-NHS Contract Assets	219	175
Expected credit loss allowance-receivables	(3)	(2)
VAT	78	43
Total Trade & other receivables	**10,037**	**10,999**

8.1 Receivables past their due date but not impaired

	2019-20 DHSC Group Bodies	**2019-20 Non DHSC Group Bodies**	2018-19 DHSC Group Bodies	2018-19 Non DHSC Group Bodies
	£'000	**£'000**	£'000	£'000
By up to three months	530	252	719	1
By three to six months	246	1	43	2
By more than six months	380	31	210	4
Total	**1,156**	**284**	**972**	**7**

8.2 Loss allowance on asset classes

	2019-20 Trade and other receivables - Non DHSC Group Bodies	**2019-20 Total**	2018-19 Trade and other receivables - Non DHSC Group Bodies	2018-19 Total
	£'000	**£'000**	£'000	£'000
Balance at 01 April 2019	(2)	**(2)**	0	0
Lifetime expected credit losses on trade and other receivables-Stage 2	(1)	**(1)**	(2)	(2)
Balance at 31 March 2020	**(3)**	**(3)**	(2)	(2)

9. Cash and cash equivalents

	2019-20 £'000	2018-19 £'000
Balance at 01 April 2019	25	449
Net change in year	155	(424)
Balance at 31 March 2020	**180**	**25**

10. Trade and other payables	**Current 2019-20 £'000**	Current 2018-19 £'000
NHS payables: Revenue	13,760	12,105
NHS accruals	8,403	16,141
Non-NHS and Other WGA payables: Revenue	20,057	18,991
Non-NHS and Other WGA payables: Capital	123	21
Non-NHS and Other WGA accruals	19,260	14,779
Non-NHS and Other WGA deferred income	19	68
Social security costs	86	79
Tax	67	80
Payments received on account	-	3
Other payables and accruals	15,577	13,454
Total Trade & Other Payables	**77,352**	**75,721**

Other payables include £109,571 outstanding pension contributions at 31 March 2020 (31 March 2019: £98,199).

11. Provisions

	Current 2019-20 £'000	**Non-current 2019-20 £'000**	Current 2018-19 £'000	Non-current 2018-19 £'000
Continuing care	748	387	299	405
Total	**748**	**387**	**299**	**405**

Total current and non-current

	Continuing Care £'000	**Total £'000**
Balance at 01 April 2019	**704**	**704**
Arising during the year	1,377	**1,377**
Utilised during the year	(110)	**(110)**
Reversed unused	(836)	**(836)**
Balance at 31 March 2020	**1,135**	**1,135**
Expected timing of cash flows:		
Within one year	748	**748**
Between one and five years	387	**387**
Balance at 31 March 2020	**1,135**	**1,135**

Continuing Care provision relates to amounts set aside for Continuing Care Waiting List clients awaiting assessment at 31st March 2020 and for appeals against previous CCG decisions of non-eligibility for Continuing Care funding.

Under the Accounts Direction issued by NHS England on 12 February 2014, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before the establishment of the Clinical Commissioning Group. However, the legal liability and the responsibility for processing and assessing the claims remains with the CCG. The total value of legacy NHS Continuing Healthcare contingent liability legally accounted for by NHS England on behalf of this CCG at 31 March 2020 is £56k (31 March 2019: £79k).

	Continuing Care £'000	**Total £'000**
Balance at 01 April 2018	**3,583**	**3,583**
Arising during the year	1,325	**1,325**
Utilised during the year	(1,059)	**(1,059)**
Reversed unused	(3,145)	**(3,145)**
Balance at 31 March 2019	**704**	**704**
Expected timing of cash flows:		
Within one year	299	**299**
Between one and five years	405	**405**
Balance at 31 March 2019	**704**	**704**

12. Financial instruments

12.1 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 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 clinical commissioning group standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the NHS clinical commissioning group and internal auditors.

12.1.1 Currency risk

The NHS 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 clinical commissioning group has no overseas operations. The NHS clinical commissioning group and therefore has low exposure to currency rate fluctuations.

12.1.2 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.

12.1.3 Credit risk

Because the majority of the NHS clinical commissioning group and revenue comes parliamentary funding, NHS 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.

12.1.4 Liquidity risk

NHS clinical commissioning group is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS clinical commissioning group draws down cash to cover expenditure, as the need arises. The NHS clinical commissioning group is not, therefore, exposed to significant liquidity risks.

12.1.5 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.

12.2 Financial assets

	Financial Assets measured at amortised cost 2019-20 £'000	**Total 2019-20 £'000**	Financial Assets measured at amortised cost 2018-19 £'000	Total 2018-19 £'000
Trade and other receivables with NHSE bodies	2,515	2,515	1,709	1,709
Trade and other receivables with other DHSC group bodies	3,978	3,978	5,723	5,723
Trade and other receivables with external bodies	976	976	964	964
Cash and cash equivalents	180	180	25	25
Total at 31 March 2020	**7,649**	**7,649**	**8,421**	**8,421**

12.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2019-20 £'000	**Total 2019-20 £'000**	Financial Liabilities measured at amortised cost 2018-19 £'000	Total 2018-19 £'000
Trade and other payables with NHSE bodies	5,025	**5,025**	4,887	4,887
Trade and other payables with other DHSC group bodies	22,758	**22,758**	25,839	25,839
Trade and other payables with external bodies	49,398	**49,398**	31,312	31,312
Other financial liabilities	-	**-**	13,455	13,455
Total at 31 March 2020	**77,181**	**77,181**	**75,493**	**75,493**

13. Operating segments

The CCG has one operating segment, commissioning of healthcare services, as reported in the Statement of Comprehensive Net Expenditure and the Statement of Financial Position.

14. Joint arrangements - interests in joint operations

The CCG has a pooled budget arrangement with Local Authorities (LA) including Royal Borough of Windsor and Maidenhead (RBWM), Slough Borough Council (SBC), Bracknell Forest Borough Council (BFBC) and Surrey County Council (SCC) for the Better Care Fund (BCF). The Pool is hosted by the Councils. Under the arrangement funds are pooled under Section 75 of the NHS Act 2006 for joint commissioning arrangements.

14.1 Interests in joint operations

			Amounts recognised in Entities books ONLY	Amounts recognised in Entities books ONLY
			2019-20	2018-19
Name of arrangement	**Parties to the arrangement**	**Description of principal activities**	**Expenditure £'000**	Expenditure £'000
BCF Pooled budget arrangement with the Royal Borough of Windsor and Maidenhead	NHS East Berkshire CCG and the Royal Borough of Windsor and Maidenhead	Commissioning of Health and Social care	9,547	8,375
BCF Pooled budget arrangement with Bracknell Forest Borough Council	NHS East Berkshire CCG and Bracknell Forest Borough Council	Commissioning of Health and Social care	6,923	6,467
BCF Pooled budget arrangement with Slough Borough Council	NHS East Berkshire CCG and Slough Borough Council	Commissioning of Health and Social care	9,070	8,567
BCF Pooled budget arrangement with Surrey County Council	NHS East Berkshire CCG and Surrey County Council	Commissioning of Health and Social care	726	684

15. Related party transactions

During the year none of the board members of the governing body or members of the key management staff, or parties related to any of them, have undertaken any material transactions with the Clinical Commissioning Group (CCG) other than those disclosed below.

The amounts shown below in the table are payments/receipts to the related party and not the member.

	2019-20				2018-19			
	Payments to Related Party £'000	**Receipts from Related Party £'000**	**Amounts owed to Related Party £'000**	**Amounts due from Related Party £'000**	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Dr Huw Thomas - GP Board member (GP Partner - Claremont & Holyport Practice)	2,039	0	3	0	8,651	0	123	0
Dr Huw Thomas - GP Board member (GP - East Berkshire Out of Hours)	9,306	0	179	0	1,668	0	9	0
Dr Lalitha Iyer - Medical Director (GP Partner - Farnham Road Surgery)	3,090	0	9	0	2,097	0	1	0
Dr Lalitha Iyer - Medical Director (Surrey Heath CCG)	231	0	0	0	8,651	0	123	0
Dr Lalitha Iyer - Medical Director (North East Hampshire and Farnham CCG)	322	0	10	0	3,614	0	6	0
Dr Jim O'Donnell - Locality Lead - Slough Locality (Farnham Road Practice)	3,090	0	9	0	0	0	0	0
Dr Mike Hoskin - GP Board member (Crosby House Surgery)	1,261	0	0	0	0	0	0	0
Dr Nithya Nanda GP Board member (Farnham Road Practice)	3,090	0	9	0	3,614	0	6	0
Dr Nithya Nanda GP Board member (Smart Medic Limited)	12	0	0	0	1,200	0	2	0
Dr Martin Kittel - GP Board member (Thames Valley Vasectomy Services)	68	0	0	0	3,614	0	6	0
Dr Martin Kittel - GP Board member (Forest End Medical Centre)	2,040	0	0	0	3	0	1	0
Dr Jackie McGlynn - Locality Lead (Kings Corner Surgery, Ascot)	780	0	2	0	63	0	0	0
Nigel Foster - Director of Finance (Director of Finance and IM&T - Frimley Health NHS Foundation Trust)	249,005	0	26,749	0	2,013	0	1	0
Andy Brooks - Clinical Chief Officer (Surrey Heath CCG)	231	0	0	0	842	0	5	0
Andy Brooks - Clinical Chief Officer (North East Hampshire and Farnham CCG)	322	0	10	0	232,725	0	5,894	0
Sarah Bellars-Director of Nursing & Quality EMT(Surrey Heath CCG)	231	0	0	0	293	0	2	0
Sarah Bellars-Director of Nursing & Quality EMT(North East Hampshire and Farnham CCG)	322	0	10	0	0	0	0	0
Fiona Slevin-Brown-Director of Strategy and Operations EMT(Surrey Heath CCG)	231	0	0	0	0	0	0	0
Fiona Slevin-Brown-Director of Strategy and Operations EMT(North East Hampshire and Farnham CCG)	322	0	10	0	0	0	0	0
Nicola Airey - Executive Place Managing Director (Surrey Heath CCG)	231	0	0	0	0	0	0	0
Peter Bibawy - Clinical Chair (North East Hampshire and Farnham CCG)	322	0	10	0	0	0	0	0
Tony Fitzgerald - Interim Lay Chair (Surrey Heath CCG)	231	0	0	0	0	0	0	0
John Fraser - GP Member (Surrey Heath CCG)	231	0	0	0	0	0	0	0
Robert Morgan - Executive Director of Finance and (Surrey Heath CCG)	231	0	0	0	0	0	0	0
Robert Morgan - Executive Director of Finance and (North East Hampshire and Farnham CCG)	322	0	10	0	0	0	0	0
Ed Palfrey - Secondary Care Clinician (North East Hampshire and Farnham CCG)	322	0	10	0	0	0	0	0
Amanda Wellesley - Chief of Medicine and A&E consultant (Western Sussex NHS FT)	58	0	5	0	0	0	0	0
Amanda Wellesley - Secondary Care Consultant (Surrey Heath CCG)	231	0	0	0	0	0	0	0
Sally Kemp - Non Executive/Lay Member (Alemus Limited)	4	0	0	0	0	0	0	0
Kathy Atkinson - Non-Executive/lay Member (North East Hampshire and Farnham CCG)	322	0	10	0	0	0	0	0
Oliver White - Interim Executive Place Managing Director (North East Hampshire and Farnham CCG)	322	0	10	0	0	0	0	0

GP practices within the area have joined other professionals in the Clinical Commissioning Group in order to plan, design and pay for services. Under these arrangements some services are designed to be delivered in a primary care setting. This involves paying GP practices for the delivery of these services. A GP is also paid by the CCG for taking a lead role on clinical services. The Director of Finance of East Berkshire CCG (also the Director of Finance and IM&T for Frimley Health NHS Foundation Trust) ceased to be the Director of Finance of the CCG as of the 30th November 2019. All such arrangements are in the ordinary course of business and follow the CCGs strict governance and accountability arrangements. Material transactions are disclosed appropriately in the accounts.

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. These entities are:

Ashford & St Peter's Hospitals NHS Foundation Trust
Berkshire Healthcare NHS Foundation Trust
Frimley Health NHS Foundation Trust
NHS Business Services Authority
NHS Resolution
NHS England
NHS South, Central And West Commissioning Support Unit
Oxford University Hospital NHS Trust
Royal Berkshire NHS Foundation Trust
South Central Ambulance Service NHS Foundation Trust

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 Royal Borough of Windsor and Maidenhead, Bracknell Forest Council, Slough Borough Council and Surrey County Council in respect of joint commissioning arrangements.

16. Losses and special payments

Losses

The total number of NHS clinical commissioning group losses and special payments cases, and their total value, was as follows:

	Total Number of Cases 2019-20 Number	**Total Value of Cases 2019-20 £'000**	Total Number of Cases 2018-19 Number	Total Value of Cases 2018-19 £'000
Administrative write-offs	4	1	0	0
Store losses	9	2	0	0
Total	**13**	**3**	**0**	**0**

There were no losses over £300,000

17. Events after the end of the reporting period

There are no post balance sheet events which will have a material effect on the financial statements of the Clinical Commissioning Group.

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 Target	**2019-20 Performance**	**2019-20 Surplus/ (Deficit)**	**2019-20 Target Met**	2018-19 Target		2018-19 Performance	2018-19 Surplus/ (Deficit)
Expenditure not to exceed income	636,182	636,179	3	Y	605,532	*	605,408	124
Capital resource use does not exceed the amount specified in Directions	121	121	-	Y	50		50	-
Revenue resource use does not exceed the amount specified in Directions	632,223	632,220	3	Y	598,685	*	598,561	124
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	Y	-		-	-
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	Y	-		-	-
Revenue administration resource use does not exceed the amount specified in Directions	9,774	9,064	710	Y	9,499		8,711	788

* The prior year target figures have been updated as they previously included the cumulative surplus.