



North East Hampshire and Farnham  
Clinical Commissioning Group

# Annual report and accounts 2019-20

This document is available in Braille, large print, other languages or audio format on request. To request an alternative format, please contact us:

By email: [nehfccg.public@nhs.net](mailto:nehfccg.public@nhs.net)

Telephone: 01252 335154

Write to:

NHS North East Hampshire & Farnham Clinical Commissioning Group  
Aldershot Centre for Health  
Hospital Hill  
Aldershot  
Hampshire  
GU11 1AY

# Contents

<b>PERFORMANCE REPORT</b> .....	<b>4</b>
<b>1. FOREWORD</b> .....	<b>4</b>
<b>2. PERFORMANCE OVERVIEW</b> .....	<b>6</b>
<b>3. PERFORMANCE ANALYSIS</b> .....	<b>16</b>
<b>5. SUMMARY OF FINANCIAL PERFORMANCE</b> .....	<b>24</b>
<b>6. SUSTAINABLE DEVELOPMENT</b> .....	<b>28</b>
<b>7. IMPROVING QUALITY</b> .....	<b>35</b>
<b>8. ENGAGEMENT WITH PEOPLE AND COMMUNITIES</b> .....	<b>47</b>
<b>9. REDUCING HEALTH INEQUALITY</b> .....	<b>57</b>
<b>10. HEALTH AND WELLBEING STRATEGY</b> .....	<b>63</b>
<b>11. SOCIAL MATTERS, HUMAN RIGHTS, ANTI-CORRUPTION AND ANTI-BRIBERY</b> ...	<b>67</b>
<b>12. EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE</b> .....	<b>68</b>
<b>ACCOUNTABILITY REPORT</b> .....	<b>70</b>
<b>13. MEMBERS REPORT</b> .....	<b>70</b>
<b>14. STATEMENT OF ACCOUNTABLE OFFICER'S RESPONSIBILITIES</b> .....	<b>79</b>
<b>15. GOVERNANCE STATEMENT</b> .....	<b>81</b>
<b>16. REMUNERATION REPORT AND STAFF REPORT</b> .....	<b>107</b>
<b>17. INDEPENDENT AUDITOR'S REPORT</b> .....	<b>131</b>
<b>18. NHS North East Hampshire and Farnham CCG Annual Accounts 2019-20</b> .....	<b>135</b>

# PERFORMANCE REPORT

## 1. FOREWORD

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

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

This year, three NHS England highly rated Clinical Commissioning Groups have come together to form the Frimley Collaborative, representing people across 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.

We have had another year of success with standout projects that will make a real difference to local people's lives, their health and their wellbeing. In North East Hampshire and Farnham, we were delighted to once again be awarded an 'Outstanding' rating by NHS England. We have jointly procured and launched a new community services contract in an innovative partnership between an NHS and a private provider. Through a unique partnership with one of our local authorities we have secured a new building, which when complete, will provide sustainable primary care services across one of our localities. We are also beginning the exciting journey of integrating further with our local authorities and exploring what we can do together with local people to have the biggest impact on health inequalities.

North East Hampshire and Farnham CCG became part of the Frimley Collaborative and will now continue as an associate member of the Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups in December 2019. As a well-established community-focused organisation which represents the five local areas of Aldershot, Farnborough, Farnham, Fleet and Yateley, we are committed to maintaining the links and relationships across Hampshire, for the benefit of our Hampshire based residents, whilst also making the most of new opportunities. We have for a number of years worked closely within Frimley Health and Care and now look forward to

working more formally with our new partners in the Collaborative, further strengthening our key relationships as part of the Frimley Health and Care Integrated Care System.

As a local GP in Surrey Heath and a local resident of Farnham, I am passionate about how to connect communities to their health and care services and shape and design together our future ways of working. I was very proud to be appointed as Clinical Chief Officer for the Frimley Collaborative, and therefore Accountable Officer for North East Hampshire and Farnham CCG in November 2019, having served as Clinical Chief Officer of both Surrey Heath and East Berkshire CCGs for a number of years. I am passionate about integrating health and social care and designing services around the needs of individuals, and I know these are goals I share with the teams I now have the privilege to work with.

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

**Dr Andy Brooks**

Clinical Chief Officer

23 June 2020

## **2. PERFORMANCE OVERVIEW**

The Performance Overview section of this Annual Report is designed to provide a short summary about NHS North East Hampshire & Farnham Clinical Commissioning Group (CCG), including our purpose, key objectives, achievements and any risks to achieving our objectives.

### **2.1. Our purpose**

The CCG serves a population of 231,000 people registered at 20 GP practices in Aldershot, Farnborough, Farnham, Fleet and Yateley.

The CCG is responsible for planning and purchasing (commissioning) healthcare services to meet the needs of our local population.

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

### **2.2. Our activities**

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, Accident and Emergency (A&E) and ambulance services;
- Elective (planned) hospital care, such as hip replacement surgery, hernia repairs and day surgery;
- Community health services, such as community nursing, physiotherapy, podiatry, speech & language therapy and rehabilitation 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; and
- NHS continuing healthcare for people with ongoing healthcare needs.

### **2.3. Our organisational structure**

In July 2019, the CCG's Governing Body took the decision to work more formally with NHS East Berkshire and Surrey Heath CCGs; and began to transition away from being part of the Hampshire and Isle of Wight Partnership of CCGs.

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

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

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

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

This structure will help us to maintain a local focus while working across the broader area of the [Frimley Health and Care Integrated Care System](https://northeasthampshireandfarnhamccg.nhs.uk/about-the-ccg/frimley-health-and-care-integrated-care-system).  
<https://northeasthampshireandfarnhamccg.nhs.uk/about-the-ccg/frimley-health-and-care-integrated-care-system>

Another aspect of the transition was the change in the lead for Maternity and Children’s Health services. This was transferred from North East Hampshire and Farnham CCG to NHS North Hampshire CCG in December 2019.

The working relationship with the Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups remains strong especially on key strategic areas such as managing contracts with our shared providers, improving patient pathways for children’s services and working closely Hampshire County Council.

## Map showing how the CCG fits into the wider systems of Hampshire & Frimley.



### 2.3.1. Our business model and environment

The CCG manages itself through a number of business models from 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 two Sustainability Transformation Partnership and Integrated Care System footprints - Frimley Health & Care and Hampshire & Isle of Wight.

#### In-house staff

The Local Leadership Team includes GPs and other clinicians drawn from the local area, ensuring strong local clinical leadership and focus in all decision making.

#### Shared support services

These are provided by NHS South, Central and West Commissioning Support Unit (CSU). They support the CCG by providing expertise in a range of management areas such as information governance, IT, finance and contracting. The CCG has benefited from using the CSU since 2013 –

building strong working relationships and benefiting from its knowledge and experience gained by working across other Clinical Commissioning Groups.

### **Shared commissioning expertise**

The CCG continues to share expertise for services that need a high level of collaborative commissioning, for example: NHS West Hampshire CCG leads on NHS Continuing Healthcare and Funded Nursing Care for our Hampshire residents; Surrey Downs CCG leads on the services for Farnham residents; while NHS North Hampshire CCG leads on Maternity and Children's Health services for the whole of Hampshire and Isle of Wight.

### **Other partners**

The CCG shares similar aims and objectives with our partners across Frimley, Hampshire and the Isle of Wight, placing an emphasis on care out of hospital, integrated approaches to urgent, primary, community and social care and the need to adopt common and co-ordinated approaches where appropriate.

We also work closely with a wide range of voluntary and non-statutory services locally and with our local authority partners at Surrey County Council, Hampshire County Council, Rushmoor Borough Council and Hart District Council.

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

We also liaise closely with colleagues from Public Health Surrey and Hampshire 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. For more information [click here](#).  
<https://www.hants.gov.uk/socialcareandhealth/publichealth/jsna>

The CCG is a key partner both Hampshire and Surrey Health and Wellbeing Boards. For further information [click here](#).  
<https://northeasthampshireandfarnhamccg.nhs.uk/about-the-ccg/our-partners/health-and-wellbeing-boards2>

## **2.4. Frimley Health and Care Integrated Care System**

North East Hampshire and Farnham CCG and our colleagues across the Frimley Collaborative are key partners in our local Integrated Care system, Frimley Health and Care.

Frimley Health and Care brings together Local Authorities, NHS organisations, and the voluntary sector with a clear shared ambition to work in

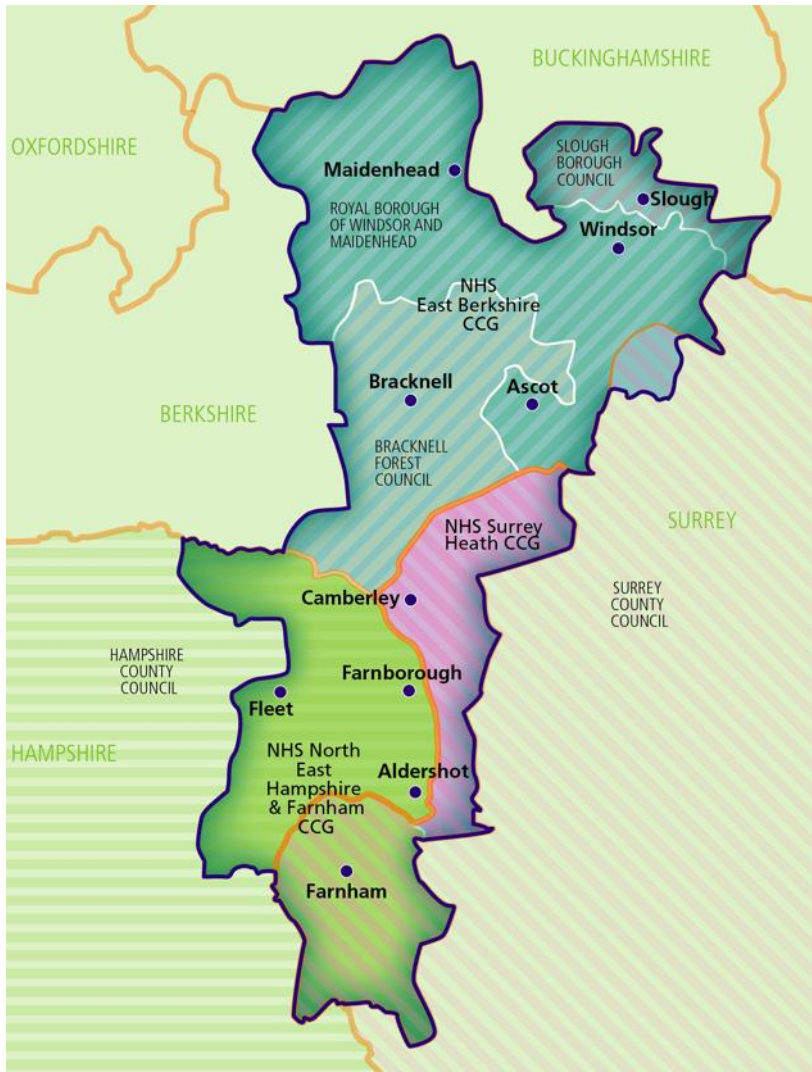
partnership with local people, communities and staff to improve the health and wellbeing of individuals, and to use our collective resources more effectively. The system has a diverse population of around 800,000 people across East Berkshire, North East Hampshire, Farnham and Surrey Heath.

This year we have been working collectively to respond as a system to the Long Term Plan, continuing to build on our strong position as a leading system - already operating a shared control total and with a single operating plan.

Our new strategy 'Creating Healthier Communities' launched in December 2019, describes the shared ambitions and priorities which will make the most difference to individual people's health and wellbeing. Working collaboratively with all our partners and with high levels of engagement, our strategy 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.

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

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



## 2.5. Our priorities and Objectives

In 2019-20, our staff worked to achieve the aims and priorities as set out in the diagram below:

### Our priorities 2019/20:



Quality,  
Performance  
& Money

We will ensure that local people have **consistent access to timely high quality care**, in line with the NHS constitution. We will improve efficiency and value for money so that **we manage within the available budget**.



Implementing  
models of  
care

We will achieve this by **fully implementing models of care** in all localities, **working with patients and partners** in order to improve outcomes and experience, and to make services sustainable.



People,  
Systems and  
Partnership

We will succeed by supporting the development of our **workforce and member practices**. We will reform the way we and the commissioning system work, planning and delivering care with our partners - **locally**, in integrated health and care **systems**, and at scale across the **Partnership**

### North East Hampshire and Farnham CCG's 19/20 Objectives:

- ✚ Building on the strength of our Vanguard Transformation Programme, we will **deliver consistently high quality services that result in positive outcomes for local people** through the work programmes of the Frimley Health and Care Integrated Care System and our CCG plans on a page.
- ✚ We will **deliver the CCG financial plan**, making best use of our resources to the benefit of the local population
- ✚ We will **implement models of care with a focus on integrated out of hospital community care models**, making them fit for the future and realising the benefits for local people, ensuring we focus on the areas where we can make most impact such as **children and young people's services and mental health and learning disability services**
- ✚ In line with the new GP/ Primary Care contract, **we will invest time and resources to build capable and sustainable primary care networks** through our CCG and System workforce programme
- ✚ We will **widen our action on prevention to help people stay healthy** through the implementation programmes to support self-care, early intervention and prevention health and wellbeing.

- ✚ We will **implement our Communication and Engagement strategy through the implementation of the ‘join the conversation programme’**, strengthening our ‘you said, we did’ approach to engagement and ensuring patient feedback drives improvement for our local community.
- ✚ We will build on the 2019/20 People Plan as **we develop and redesign our ways of working to support our people** to reflect the current and emerging landscape, underpinned through a re-launch of our staff values.
- ✚ We will strengthen the way in which we hold ourselves to account through **a shared learning approach across the CCG**, to support improvement for our workforce and local communities and refocussing our assurance reporting on the things that matter most.
- ✚ We will work effectively with local government, voluntary organisations and NHS, **re-setting the agenda with our Third Sector and enabling better use of our community assets** through the development of our system long term plan.
- ✚ We will **reform the way we influence and shape our commissioning systems**, continuing to deliver our plans for our local population, and developing a shared vision that builds on our collective ability to influence the Frimley Health and Care Integrated Care System long term plan.
- ✚ We will **develop our leadership teams**, working collaboratively across our systems in health, care and the third sector and developing a sustainable workforce fit for the future.

## 2.6. Key issues and risks

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

1. 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

2. IF there is an un-co-ordinated response to an Influenza Pandemic THEN the whole system will not be able manage the surge in demand for services.

### Finance and resources

3. 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**

4. 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**

5. 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.

Previously the CCG reported and managed the following strategic risks:

- *Providers of commissioned services are unable to meet the constitutional targets, and patients may not receive timely, responsive or high quality care and treatment.*
- *CCG is unable to deliver planned financial control totals for 2019-20. Impact on the following – (1) CCG and system reputation (2) reduced opportunity to invest in implementing models of care (3) quality of services for patients.*
- *If the CCG is unable to deliver primary care strategy this may have a negative impact on access, quality outcomes and sustainability.*
- *If the CCG is not able to develop confident and able leaders; and attract & retain staff, then we will not be able to deliver our plans and support the development of the Frimley Integrated Care Partnership.*
- *The CCG objectives and delivery plans are not aligned across our local system and partners. This will result in delays in implementing models of care for patients; impact on CCG reputation; lead to duplication of work and inefficient use of resources.*

Further information on these risks are described in the report's Governance Statement.

## 2.7. Performance Summary

For the third year in a row, NHS England rated our performance as 'outstanding' in its annual CCG appraisals. This recognition is a tribute to the huge amount of work being carried out by our staff, together with local people and our many partners, to develop and maintain high-quality and safe health services which meet the needs of our local communities.

In this year's annual report we wanted to showcase the incredible work undertaken not just across the NHS, but also local authority, voluntary and private sectors. It is only by working together that we have been able to achieve so much and overcome so many challenges.

You will read many descriptions in this report that describe quite complex ways of working. The wider relationships such as systems, partnerships and collaborative enable the CCG to work at scale to 'fast-track' health improvements across a large area and implement them locally. This ensures that we use our resources wisely, as well as learn from those who may have already successfully implemented a service or programme from which we all can benefit.

Our local North East Hampshire and Farnham communities such as place, localities, and networks remain our principal focus and so we will continue to work with our patients and partners to design, develop and deliver services that our localities need. We do this by ensuring that the objectives we set at a Collaborative level form the basis for the priorities we identify in each local area. Again, the key to this is in working together, so that we can share capacity and skills and operate with greater consistency with all our local partners for the benefit of patients.

Full details are provided within the Performance Analysis and Key Performance Measures sections of this annual report.

### **3. PERFORMANCE ANALYSIS**

#### **3.1. Our performance in 2019-20**

The NHS has taken incredible steps to be able to respond to the unprecedented demand of the COVID-19 Pandemic.

This report goes as far as possible in these circumstances with all performance based on month 9 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.

#### **3.2. Frimley Collaborative**

The three Governing Bodies of NHS East Berkshire, North East Hampshire and Farnham, and Surrey Heath met together on 25th July 2019, to agree the next steps in the journey towards greater collaboration. The Governing Bodies agreed:

- The 3 CCGs will organise their commissioning resources into five places, with a leadership team in each Place, led by an Executive Managing Director and a Clinical Leader; and
- To establish the Frimley Collaborative Board, bringing together members from the three Governing Bodies to provide strategic leadership and provide a single commissioning voice in the Frimley Health and Care Integrated Care System.

The intention of the Collaborative is to:

Deliver better health and care services for local people and improve 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; and

Use collaborative working at a strategic and operational level with other important partnerships outside of the Frimley Health and Care Integrated Care System to increase the benefit to our residents.

#### **3.3. Our Place**

Nationally, the NHS is using the terms 'Place' and 'Neighbourhood' to describe the levels within an Integrated Care System at which different functions and activities are performed.



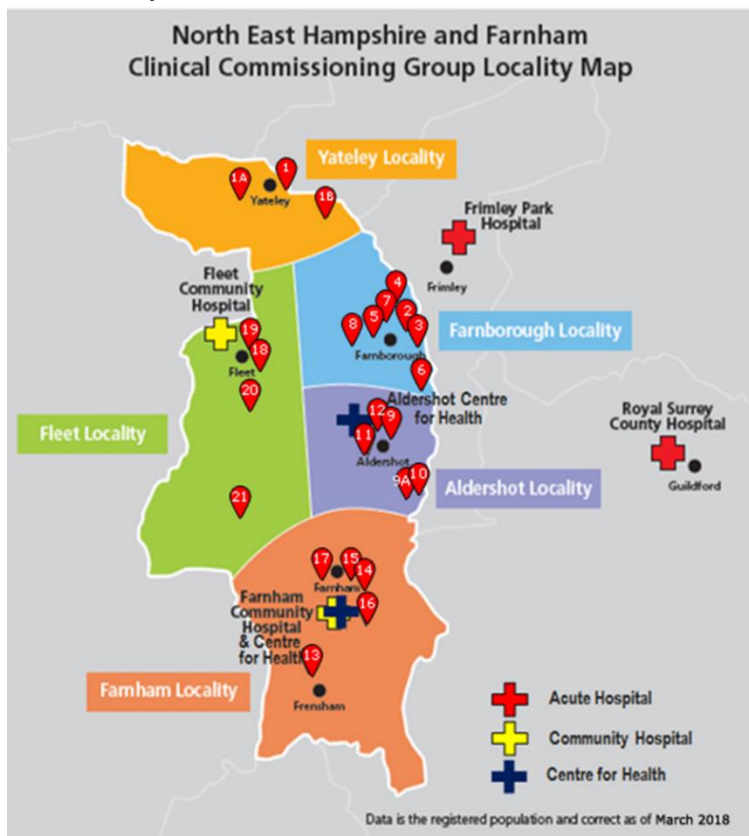
### 3.4. Primary care

Within the Long Term Plan, Primary Care Networks are described as essential building blocks of every integrated care system. These networks offer care on a scale which is small enough for patients to get the continuous and personalised care they value, but large enough – in their partnership with others in the local health and care system – to be resilient. The intention of this policy approach is to dissolve the historic divide between primary and community health services.

The networks will evolve over the next 5 years, over time becoming the key vehicle for delivering many of the commitments in the NHS long term plan. Going forward, this will mean closer working between Primary Care Networks and the integrated care system.

North East Hampshire has five Primary Care Networks mapping across the five localities of Aldershot, Farnborough, Farnham, Fleet and Yateley. This is the first year whereby foundations have been established including a wider set of staff roles supporting care needs and closer working with other local partners.

Key benefits are expected to include: greater stability of general practice through mutual support in improving workload management & benefits for patients by offering improved access, extending the range of services available to them, and by helping to integrate primary care with wider health & community services.



All CCGs will be facilitating and supporting the development of Primary Care Networks through their foundation year (2019-20) and beyond. Utilising the capacity and capability of staff within the CCG to support the networks will form part of our CCG agenda this year and in the future.

## 4. KEY PERFORMANCE MEASURES

This section of the Annual Report sets out the CCG performance against key targets, best practice and benchmarking which comprise:

- Targets set out in the NHS Constitution
- CCG local priorities
- National priorities (other than in the NHS Constitution)

The targets and performance reporting ensures that the CCG has good sight of performance to enable action to be taken to secure improvements where necessary.

### 4.1. How the CCG measures performance

Performance management of national and local targets is a key role to ensure that the services delivered to our population achieve the desired outcomes for patients and provide value for money. Led by the Managing Director, the responsibility for monitoring performance is triangulated across three areas:

- Financial Performance – establishment of detailed financial plans used to plan for patient care activity, outcomes and monitor in-year performance of our providers
- Performance against the NHS Constitutional Standards
- Performance in Quality and Outcomes – to ensure that services are safe, patients have a positive experience of healthcare and improvements in clinical outcomes are delivered

### 4.2. NHS Constitutional Standards – national priorities

The NHS has a Constitution in place which sets out its principles and values of the NHS, including the people's rights and responsibilities along with NHS pledges.

All NHS bodies, private and voluntary sector providers that provide NHS services and local authorities (which provide public health functions), are required by law to take account of the NHS Constitution in their decision making and in the day to day activities in commissioning and providing NHS care.

The Constitution has a focus upon the length of time that a patient has to wait for treatment, known as referral to treatment (RTT). When setting the national waiting time targets, it was taken into account that there will be circumstances where it is not always possible to meet the standards, e.g. 95% of patients should be treated at Emergency Departments within four hours.

#### **New Clinical Access Standards**

As one of the Clinical Access Standards Test Sites, Frimley Park Hospital stopped reporting the 4-hour performance from 12th July 2019.

The Urgent and Emergency Care New Clinical Standards Phase 1 testing commenced on 22nd May and ended on 3rd July 2019. During this test phase, Frimley Park Hospital have been submitting daily data to the National Team around mean time waits in the Emergency Department, with the Trust working on how they would capture the information in relation to the Standards. This data is now being reported daily along with patient 12 hour waits from attendance on Frimley Park Hospitals Bed Report. Conversations around Clinical Pathways will now start to emerge.

The existing targets around 12 hours from Decision to Admit, and the 1 hour + Ambulance Handover Delays remain in place.

Phase 2 Testing commenced on 24th July 2019 and has now ended. Data submission already established (Mean times in the Emergency Department) from Phase 1 will continue to be reported during Phase 2. Phase 2 will see the collection of Time to Initial assessment, and also Mental Health Standards.

#### **4.3. Achievements in 2019-20 (see table below)**

##### **Dementia Diagnosis**

NHS England has estimated the prevalence of dementia in every part of the country and set CCGs the target of ensuring the actual number of local diagnoses is at least 66.7% of the estimated prevalence. The CCG has commissioned targeted work to identify those experiencing dementia which has increased the number of local diagnoses in the last year. Currently we are meeting the target with 67.4% of the estimated prevalence having received a diagnosis.

##### **Early Intervention in Psychosis**

During the year, 80% of local patients experiencing a first episode of psychosis were treated by local mental health services provided by Surrey and Borders Partnership NHS Foundation Trust within two weeks of referral, significantly above the national target of 53%.

##### **Cancer Targets**

The CCG has demonstrated its commitment to ensuring local people receive access to timely cancer care by meeting all eight constitutional metrics and the one non-constitutional metric for cancer for the year.

#### **4.4. Performance challenges in 2019-20**

There are some areas where the CCG will be working with providers to improve in 2019-20:

##### **Diagnostics**

*Standard: 99% of patients waiting for a diagnostic test should wait less than 6 weeks from referral*

The CCG did not achieve the Diagnostics time target although it was just under the 99% target with 98.20% of patients waiting less than 6 weeks.

### **Ambulance Response Times**

Local ambulance services are provided to the CCG by South East Coast Ambulance Service NHS Foundation Trust. The CCG is working collaboratively with local commissioners, national bodies, and system partners to support the ambulance trust to improve performance against their core targets. Performance has improved locally in the last year but continues to be below target. We are working with Frimley Health NHS Foundation Trust to reduce handover delays to ensure that ambulances are turned around as quickly as possible.

### **Referral to Treatment Times (RTT)**

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

This year 88.07% of the CCG's patients on an incomplete treatment pathway have waited no longer than 18 weeks for treatment compared to the national target of 92%.

### **Children and Adolescent Mental Health Services (CAMHS)**

Demand for our Children and Adolescent Mental Health and Eating Disorder Services providers, combined with a backlog of patients from the previous year, has seen waiting times for both assessment & treatment continue to be challenging.

The CCG has committed to investing additional funds over the next 5 years to improve access to Mental Health care for Children and Young People.

The service is being closely monitored by commissioners and NHS England to ensure they get back on track and are able to sustain good waiting times for patients.

## CCG Performance: NHS Constitution standards 2019-20

<b>Are patients rights under the NHS Constitution being promoted?</b>		
Red - Target missed; Amber - within 5% of target; Green - Target met		
<b>NHS Constitution Measures</b>	Target	2019/20
<b>Referral to Treatment waiting times for non-urgent consultant-led treatment</b>		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral	92.00%	87.44%
<b>Diagnostic test waiting times</b>		
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	>99.00%	97.48%
<b>A&amp;E waits</b>		
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department (CCG)	95.00%	N/A
<b>Cancer waits - 2 week wait</b>		
Maximum 2-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93.00%	94.68%
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93.00%	94.70%
<b>Cancer waits 31 days:</b>		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	96.00%	99.14%
Maximum 31-day wait for a subsequent treatment where the treatment is surgery	94.00%	97.19%
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regime	98.00%	99.40%
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	94.00%	98.01%
<b>Cancer Waits 62 days:</b>		
Maximum two month (62-days) wait from urgent GP referral to first definitive treatment for cancer	85.00%	92.26%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90.00%	91.17%
Maximum 62-day wait for first definitive treatment following a consultants decision to upgrade the priority of the patient (all cancers)	86.00%	96.74%
<b>Category 1-4 Ambulance calls:</b>		
Category 1 is for calls about people with life-threatening injuries and illnesses, resulting in an emergency response arriving within 7 minutes (mean time) (Cat 1)	00:07:00	00:07:33
Category 2 is for emergency calls, resulting in an emergency response arriving within 18 minutes (mean time) (Cat 2)	00:18:00	00:20:09
Category 3 is for urgent calls, resulting in a response within 120 minutes (90th percentile time) (Cat 3)	02:00:00	04:01:33
Category 4 is for less urgent calls, resulting in a response within 180 minutes (90th percentile time) (Cat 4)	03:00:00	05:17:59

## Mental Health Performance Targets 2019-2020

<b>Are patients rights under the NHS Mental Health measures being promoted?</b>		
Red - Target missed; Amber - within 5% of target; Green - Target met		
<b>NHS Mental Health Measures</b>	Target	2019/20
<b>Early Intervention in Psychosis waiting times</b>		
Patients experiencing first episode psychosis will be treated with a NICE-approved care package within two weeks of referral	53.00%	80.00%
<b>Dementia Diagnosis Rate</b>		
Patients aged 65+ with dementia should be formally diagnosed	66.70%	67.38%
<b>Improving Access to Psychological Therapies (Data Apr 18 - Feb 19)</b>		
Services should be providing timely access to treatment for at least 15% of those who could benefit (people with anxiety disorders and depression)	23.30%	21.41%
Patients referred to this service should start treatment within 6 weeks of referral	75.00%	98.40%
Patients referred to this service should start treatment within 18 weeks of referral	95.00%	99.90%
Patients who complete treatment should recover	50.00%	53.50%
<b>Children and Adolescent Mental Health Services</b>		
Patients referred to this service should receive an assessment within 8 weeks of referral	95.00%	47.73%
Patients referred to this service should receive a treatment within 18 weeks of referral	95.00%	60.72%
<b>Children and Young People Eating Disorder Services</b>		
Patients referred to these services as an urgent referral should be seen within 1 week	95.00%	100.00%
Patients referred to these services as a routine referral should be seen within 4 weeks	95.00%	81.75%

## **5. SUMMARY OF FINANCIAL PERFORMANCE**

### **5.1. Financial overview**

The CCG met its financial and administrative financial duties in 2019/20. The full results are set out within the CCGs Annual Accounts and notes to the accounts at the end of this document. The key results are:

- An in-year revenue surplus of £13k against an in- year revenue resource limit of £326.4m (including running costs allowance);
- The cash balance at year end was £12.6k which was within the target set by NHS England.

### **5.2. Review of the financial year**

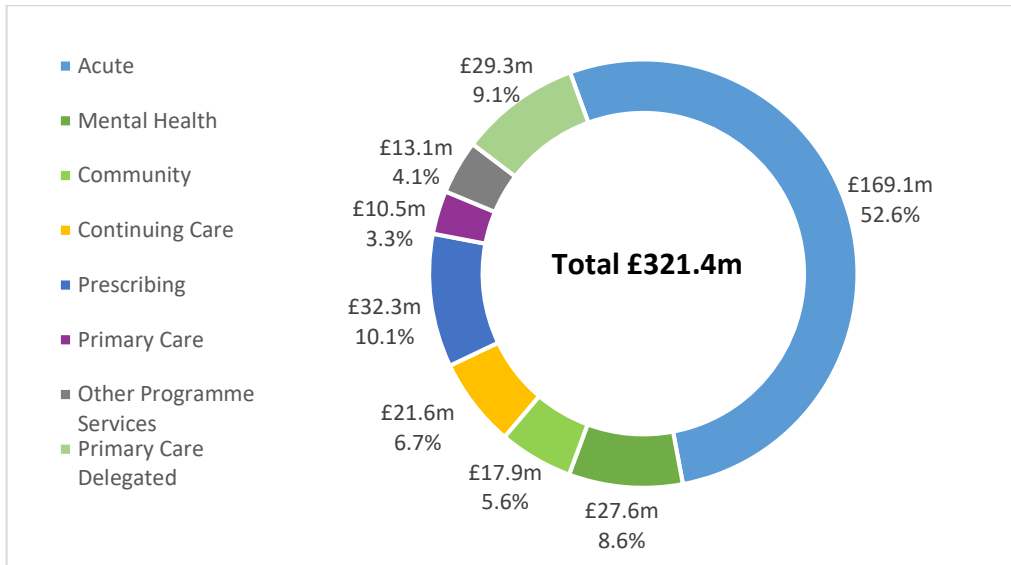
The CCG met its financial duties, which are to remain within its revenue, capital and running costs allocations, and to ensure cash at year end is no more than 1.25% of the cash drawdown in the month of March 2020.

The CCG was required to set its 2019/20 Financial Plan in accordance with the planning rules and requirements set out by NHS England which included achieving an in-year break even control total in addition to setting aside 0.5% of the allocation on a non-recurrent basis to provide a buffer to offset any wider pressures.

The CCG received a total revenue allocation of £321.4m, and a running costs allocation of £5m. Revenue expenditure for the year amounted to £326.4m, which provided an in-year surplus of £13k.

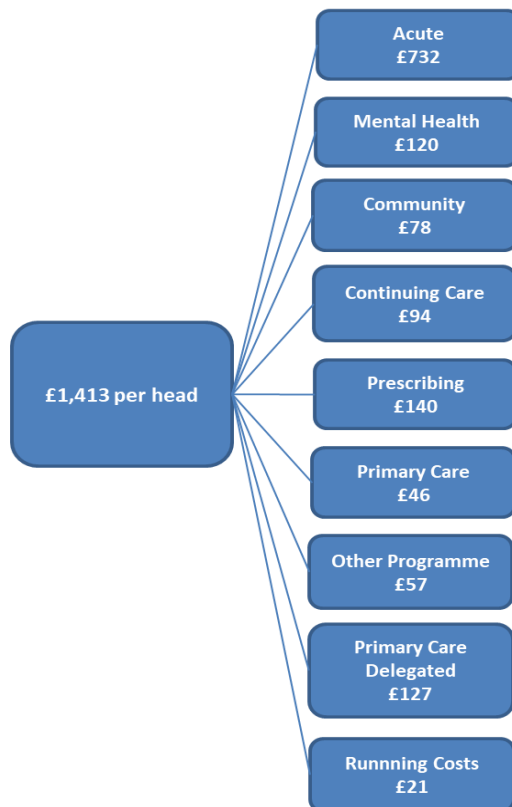
The charts show how the CCG applied this across the various commissioning areas, together with a breakdown of the amount spent per head of population.

## Commissioning Spend 2019/20



## Spend per head of population 2019/20

Population 231,000  
 Expenditure £326.4m  
 Spend per head of population £1,413



During the financial year, the CCG's major financial pressures were within:

- Acute contracts - additional activity and cost pressures;
- Continuing Healthcare – Price increases in high cost packages of care;
- Community - investments in additional capacity;
- Children's mental health commissioning – additional in year investment for ASD assessments.

The CCG set aside a contingency to manage any risks around unexpected activity or cost pressures, particularly in relation to potential over-performance on any contracts.

Despite the risks, expenditure was managed within the agreed control total. As CCGs were required to hold 0.5% of their allocation in a reserve, this curtailed the amount available for investment during the year. However, the CCG was able to provide investment into the community services to improve flow and discharge and to help manage demand on acute emergency services, thus improving care for patients. The CCG also invested in Children's mental health services to increase the number of ASD assessments to reduce the waiting list.

### **5.3. Quality, Innovation, Productivity and Prevention (QIPP)**

The NHS as a whole has to improve efficiency to offset the rising cost of healthcare from new technologies, population growth, complexity of need, inflation and other pressures.

The national programme is now well established to release savings by improving quality, driving innovation in healthcare, improving productivity and preventing ill-health.

The CCG was required to deliver savings of £10.2m (3% of overall allocation) during the year in order to achieve its break-even control total. These efficiencies were achieved through a range of measures, including the use of benchmarking information from the NHS Right Care initiative to remove unwarranted variation.

Care pathways were reviewed to ensure cost effective commissioning, reducing variation and avoid unnecessary hospital attendances and admissions through better use of primary, community and social care services. By commissioning more cost-effective services, such as continuing healthcare, targeting effective primary care prescribing and medicines optimisation, and through the continued development of the integrated care teams to provide a single point of access to services.

#### **5.4. Running Costs**

Each CCG is set a limit on how much it can spend on its administrative costs. For our CCG, this limit is £5m, which equates to £22 per head of population. The CCG remained within the limit for 2019/20.

#### **5.5. Cash**

NHS England set a cash target for each CCG, insofar as cashbook balances held should not exceed 1.25% of the CCGs cash drawdown for March 2019. The CCGs target equated to a maximum cashbook balance of £263k, the actual cashbook balance of £13k was within the threshold.

#### **5.6. Financial plan 2020/21**

NHS England issued planning guidance together with updated allocations in January 2020.

The per capita allocation for 2020/21 is £1,467, which includes the CCGs additional growth in allocation (compared to £1,432 in 2019/20).

The planning requirements for CCGs are to apply a set of business rules in order to plan to achieve an agreed control total of £17k.

The financial plan estimates the required savings for 2020/21 at £10.3m. We must achieve this level of savings to maintain our future financial stability.

#### **5.7. Better Payment Practice Code**

The Better Payment Practice Code (BPPC) requires CCGs to aim to pay all valid invoices by the due date, or within 30 days of receipt of a valid invoice. For non-NHS invoices, we paid 96.83% of the number of invoices in line with the BPPC (97.38% of the value), and for NHS invoices, we paid 97.54% of the number of invoices in line with the BPPC (99.94% of the value).

NHS organisations are deemed to have complied with this measure if at least 95% of invoices are paid within 30 days or within contract terms.

#### **5.8. Fees and charges**

The CCG is able to charge a fee to individuals who exercise their right to obtain a copy of the information that the CCG holds about them. This is known as a Subject Access Request. The CCG operated in compliance with the cost allocation and charging requirements set out in HM Treasury guidance. The CCG received no fees and charges in this respect during 2019/20.

## 6. SUSTAINABLE DEVELOPMENT

Sustainability means spending public money well, with 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. Spending money well and considering the social and environmental impacts is covered in the Public Services (Social Value) Act (2012).

In January 2020 the NHS launched the 'For a Greener NHS' programme. This builds on the 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 – go net carbon zero.

The NHS has already made considerable progress on climate change, with carbon emissions being reduced by 18% in the decade since 2007, at the same time as the NHS has significantly expanded the number of patients treated. In addition, 85% of NHS provider waste is avoiding going directly to landfill and 23% of waste was recycled in 2017. The NHS water footprint was reduced by more than one fifth (21%) between 2010 and 2017.

The NHS [Long Term Plan](https://www.longtermplan.nhs.uk/) (<https://www.longtermplan.nhs.uk/>) commitment aligns to this programme. Better use of technology could reduce 30 million outpatient appointments per year, sparing patients thousands of unnecessary trips to and from hospital. It is estimated that 6.7 billion road miles each year are from patients and their visitors travelling to the NHS.

It is our aim to support these ambitions and to help the NHS, as a whole, meet these targets.

The CCG continues to plan sustainable healthcare services by:

- developing a more integrated approach to how health care is delivered with NHS partners, primary care and local government – example(s) **Integrated Care Organisational Development Programme; Collaborative working across systems; Farnborough Centre for Health;**
- greater sharing of resources, including estate and infrastructure will lead to increased efficiencies over time – example(s) **Farnborough Centre for Health; GP practice resilience; better use of medicines; Maternity website; 'axe the fax'.**
- more patients being cared for closer to home also provides an opportunity to reduce unnecessary trips to and from hospital – example(s) **Fleet Hospital; Farnborough Centre for Health; Children's Steering Board;**

## **Integrated Care Organisational Development Programme**

The CCG has committed to invest and prioritise the development of integrated care teams and the locality model of care, building on the work and successes seen from the Happy, Healthy at Home Vanguard Programme.

A key element to ensuring we are delivering effective integrated care across all five of our localities has been to invest in developing the local workforce. The Integration Leaders Organisational Development Programme was commissioned to provide an opportunity for system partners, who are responsible for the leadership of integrated care delivery, with the skills to deliver system integration.

A key part of the programme was the opportunity for relationships to be built between individuals across primary and community care, the acute trust, voluntary services and social care; allowing these relationships to be forged and developed for the delivery of better health and care for our local communities.

The Programme built into it the principles of system leadership development and co-creation and worked to the agreed mission statement of:

*We are a group of key integration leaders within the system. Our purpose in coming together is to build relationships, develop ourselves, collaborate and help each other to influence, through innovation, the agreed outcomes needed to transform the system.*

## **Fleet Community Hospital**

The CCG has worked with Hart District Council and GP practices in Fleet to develop plans to improve the primary and community care setting in Fleet Community Hospital. The proposal is to create an Integrated Care Centre in the Community Hospital to house the Integrated Care Team as well as other healthcare professionals. This will free up space for primary care in the adjacent Fleet Medical Centre and help the local health economy to work together to resolve the funding, quality and demographic issues facing the health system.

In 2019/20, planning consent was granted to Fleet Community Hospital and includes the provision of two additional clinical rooms. This healthcare facility will enable the Integrated Care Team, Community Nurses and Paramedic Practitioners to work closely with other community services to care for the changing demands of the local population who are living for longer and often with more complex health needs. It is currently expected that work will commence on site late summer 2020 with an anticipated completion date of March 2021.

## Farnborough Locality

### Centre for Health 2020

This project has been delivered jointly between the CCG and Rushmoor Borough Council and aims to strengthen primary care and community services, resulting in a better experience, improved outcomes for patients and a more sustainable health care development for the future.

Farnborough is currently the only locality in the CCG area without a dedicated healthcare facility.

The centre will provide a modern well equipped place where local people can go for primary care services. It will provide accommodation for community nurses and integrated care teams; as well as a community midwifery hub offering personalised care and flexible appointments and dedicated advice and education; TalkPlus talking therapy services, voluntary services and dedicated community care clinics.

The centre will enable improved access to GP services and urgent care, reducing A&E attendances; improve clinical services, enhanced recruitment of the primary care workforce; create sustainability with capacity and flexibility to meet future needs. Ultimately, this will be a better use of public funds to deliver health, community and socio-economic outcomes.

The refurbishment is due to begin in Spring 2020 with the facility opening in late summer.

Farnborough Centre for Health is just one of the CCG projects planned to increase primary care capacity and sustainability. Other examples are described in the case studies below:

#### Case study 1

The CCG's primary care team has actively supported a GP surgery in Farnborough over the past 18 months. The surgery had a number of challenges and found it difficult to attract new GPs to the area as the demand for appointments from patients continued to grow.

The primary care team worked with the GP surgery partners, other GP practices in Farnborough and the 'out of hours' provider to develop sustainable options for the surgery. An incredible amount of work went into supporting the outgoing GPs and transferring the building and staff to a new provider.

As a result, the transfer went smoothly, reducing any impact on local people as the building, staff and clinics remained the same. Ultimately, the transfer has meant that the public retained an important local GP surgery practice.

## Case study 2

Giffard Drive GP Surgery will now undergo alterations and an extension to almost double the size of the practice. The plan creates seven additional rooms, a lift and other facilities to create a modern building which is fit for purpose. This development will meet the needs of the current and future population and improve sustainability for the area. This project is jointly funded by the GPs, the CCG and the NHS England Estates and Technology Transformation Fund.

## Case study 3

Alexander House Surgery will undergo alterations in the short term to increase clinical space by two rooms. This will provide healthcare for an increased population due to housing developments in the town centre, which are likely to increase the patient list by at least 2000 patients. A longer term plan for a new build is being discussed.

## Practice Support Programme

Behind the scenes of all the work in Farnborough is a Practice Support Programme run by the CCG's primary care team. In 2019-20 they focused on performance, quality & quality improvement and practice resilience. The programme also allows the CCG to understand any local issues and see early indicators where resilience may become a problem; such as the example in Farnborough.

With patient experience a key indicator of quality in healthcare, the programme has continued to focus on patient feedback via the GP Patient Survey and Friends & Family Test (see Quality section of the report).

## Collaborative working across systems

### End of Life Care

Over the last year, the CCG has collaborated with Surrey Heath CCG and East Berkshire CCG to form a Frimley Health and Care Integrated Care System End of Life Care Steering Group. The Steering Group formed in March 2019 following a successful launch event, and membership includes key representatives across health, social care, community services and Frimley Health Foundation Trust. A number of working groups have also been established to deliver the Steering Group's key priorities for 2019/20, which includes a system wide training and education strategy, an electronic Advance Care Plan and a Directory of Services.

A Frimley Health and Care Integrated Care System End of Life Care Strategy for Adults and Children has also been produced which outlines the key

principles for delivering End of Life Care across the system. A Children's End of Life Care Steering Group is now also planned.

In October 2019, North East Hampshire & Farnham CCG received £91,000 non-recurrent funding from NHS England and NHS Improvement for allocation to adults and children and young people's hospice and palliative services. The purpose of this funding was to improve local quality of care, and the CCG worked with local providers to allocate its resource. Funding was allocated to Phyllis Tuckwell Hospice Care, Thames Hospice, Shooting Star Children's Hospice and Naomi House and Jacksplace Hospices for Children and Young Adults.

This funding enabled Phyllis Tuckwell Hospice Care (PTHC) to re-open one of the closed beds on the inpatient unit, to continue to support improved patient choice. PTHC also utilised this resource to purchase a new quality assurance programme to move away from paper-based processes and maintain their good CQC rating.

The funding allocated to Thames Hospice will contribute towards the recruitment of a Project Manager to implement the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) process across Frimley Health Foundation Trust, which will enable a universal end of life approaches across the local health system.

Shooting Star Children's Hospice will be utilising their resources to invest further in the current paediatric palliative care team to improve the service across Surrey and South West London. This is the only service providing care for non-oncology children across the area.

The funding allocated to Naomi House and Jacksplace will be used as a contribution towards the establishment of a second Level 4 Paediatric Palliative Care Consultant, which will enable the development of a comprehensive regional children and young people's palliative care service. Naomi House and Jacksplace are also looking to establish a clinical network which will develop an integrated model of children and young people's palliative care services across the Wessex Region.

### **Children's Steering Board**

This year saw greater collaboration for the children/young people work programme through the introduction of the Frimley Health and Care Integrated Care System Children's Steering Board. This has enabled all organisations in the Integrated Care System to have a better understanding what community resources are already in place and for children/young people and families/carers to have greater access these services.

There are three priority areas for the children/young people work programme:

- Prevention/Self-Care
- Urgent/Emergency Care
- Neurodiversity

### **Prevention/Self-Care**

Prevention and self-care need to be at the heart of a sustainable future that requires us to look at innovative approaches to address the health inequalities across our area. To help us become better at helping people to manage their own health, it is essential to understand what community resources are already in place and how these can be used more effectively.

By working with a network of social prescribers we have been able to reach out to children/young people and families/ carers to connect them to community based support.

### **Urgent/Emergency Care**

Emergency care may not always be the right way for children and young people to access health and care services. So, by understanding why they use urgent care services we can see if there are better alternatives for them. This will reduce pressure on emergency care services and help provide more appropriate urgent care for children and young people.

### **Neurodiversity**

The word 'neurodiversity' was created as a term to describe people who live with Dyslexia, Autism, ADHD, Dyspraxia and other neurological conditions.

Frimley Health and Care Integrated Care System carried out a review of health and wellbeing needs in neurodiverse children and young people and their families. There were a number of themes identified around the need for early intervention, collaborative working and support for parents/carers to more easily navigate the system of services available/appropriate.

Through this work there is now an opportunity to explore a different model of assessment and management of neurodevelopmental disorders.

### **Better use of technology**

It is part of the Health and Social Care Secretary's 'tech vision', to modernise the health service and make it easier for NHS organisations to introduce innovative technologies. From April 2020, all NHS organisations will be required to use modern communication methods, such as secure email, to improve patient safety and cyber security.

### **Care Homes**

The National 'Axe the Fax' campaign is due to take effect 31 March 2020 and GP surgeries and other health care professionals will no longer be communicating via fax. As part of this campaign, all care homes should have

access to an nhs.net account enabling them to communicate effectively and securely with NHS teams involved in the care of their residents.

The CCG has supported the Care Homes in North East Hampshire and Farnham to attain these requirements and the subsequent NHS mail application. Currently 81% of Care Homes within the CCG area have an account and 16% are working with NHS Digital to accredit their current systems.

#### Maternity Website

We have jointly designed and developed a mobile friendly website with Maternity Voices Partnership, midwives and other stakeholders. This website provides high quality information for women and their families across their maternity experience from preconception, through pregnancy, labour, birth and returning home. Links to nationally trusted resources are combined with local support and services. The website includes a translation facility, ensuring it is accessible for women that do not have English as their first language. [www.frimleyhealthandcare.org.uk/maternity](http://www.frimleyhealthandcare.org.uk/maternity)

### Better use of resources

#### Medicines

The CCG encourages self-care through many of its programmes including raising awareness of how people manage minor health conditions and better use of medicines; by:

- Promoting the programme for which over-the-counter items should not routinely be prescribed in primary care; and
- Through local GPs, nurses and community pharmacists advising patients and carers on managing and treating minor health conditions themselves.

With the support of patients and GPs, the CCG has helped make significant savings in 2019-20 on the NHS recommended items which should not be prescribed in primary care. Between April and December 2019:

- £187,500 has been saved on the list of 25 items which should no longer be prescribed;
- £121,660 on over the counter items for minor ailments; and
- Reduced its spend on strong opioids (a national priority), saving over £70,000.

These savings have been re-invested back into local healthcare provision.

## 7. IMPROVING QUALITY

North East Hampshire & Farnham CCG continues to hold the responsibility for ensuring continual quality improvement of all locally commissioned NHS services and our local population have the right to high quality patient care; as stated by the NHS Constitution.

The NHS describes service quality as person-centred care for all that is;

**Safe** – people are protected from avoidable harm and abuse. When mistakes occur lessons will be learned.

**Effective** – people’s care and treatment achieves good outcomes, promotes a good quality of life, and is based on the best available evidence.

**A positive experience** – Staff involve and treat people with compassion, dignity and respect, and services respond to people’s needs and choices and enable them to be equal partners in their care.

**Well-led** – Providers and commissioners work in collaboration and are committed to learning and improvement.

**Sustainably resourced** – Health systems use their resources responsibly and efficiently, providing fair access to all, according to need, and promote an open and fair culture.

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

In 2019, the CCG has focused on working in greater collaboration with local CCGs and providers in order to further improve on efficient use of resources, enable a strengthened focus on quality improvement and better ensuring the benefits are experienced by patients.

Working in partnership, commissioners and providers utilise a wide range of information to assure on quality and identify areas for improvement. There has been a step-change away from lengthy Clinical Quality Review Meetings to a more integrated way of working. This has involved the CCG attending more provider internal meetings and also an increased focus on Quality Insight Visits whereby patient care can be seen first-hand. It is envisaged that



these changes will foster a more open and equal relationship with providers which should be of benefit to all parties and ultimately benefit patients.

## **Providing safe services**

### **Safeguarding**

Systems and processes are in place to fulfil specific duties of co-operation and best practice in relation to safeguarding of vulnerable people and children. The Director of Nursing and Quality is the Governing Body Lead for Safeguarding. This responsibility is further delegated to the appointed leads for Safeguarding Children and Adults. The leads represent the CCG on the Hampshire Safeguarding Partnership for Children and the Hampshire Safeguarding Adults Board and the Surrey Safeguarding Partnership for Children and Surrey Safeguarding Adults Board. The CCG is an active member of the Surrey safeguarding Children and Adults Health Subgroups.

All contracts and service level agreements require the providers to ensure they have robust systems in place to promote the welfare of adults and children. Safeguarding is also an integral component of the CCG providers Clinical Quality Review Meetings. The CCG's Quality, Performance and Finance Committee reviews the high level data on safeguarding for both performance of providers and CCG statutory function; the Governing Body receives assurance on compliance with the Safeguarding agendas through this committee.

Through the established Clinical Quality Review Meetings, the CCG ensured that all commissioned providers had the following safeguarding indicators in place:

- all eligible NHS and private providers are registered with the Care Quality Commission without conditions;
- ensure all staff are trained to the appropriate level
- ensure all staff are enabled to identify and report concerns;
- ensure the provider is working within the legislative frameworks for Safeguarding Children and Adults
- incident reporting and monitoring systems that include escalation procedures for Serious Incidents are in place and work within the NHS Serious Incident Framework Guidance;
- processes are in place for managing allegations including safer recruitment
- all providers will have a person centred approach including think family.

### **Learning Disabilities Mortality Review (LeDeR) Programme**

The Learning Disabilities Mortality Review Programme (LeDeR) was established following on from the Confidential Inquiry into Premature Deaths

of People with learning disabilities which reported that people with learning disabilities are more likely to die from causes of death that could have been avoided with good quality healthcare.

Through the completion of reviews, it is hoped that premature deaths of people with learning disabilities can be reduced by identifying ways of improving health and social care service delivery.

In the last year, there have been significant improvements in the delivery of this programme in North East Hampshire and Farnham. A number of reviews have now been completed which has enabled local learning to be disseminated across the area.

There is now a monthly meeting for a wider range of local stakeholders to meet to discuss completed reviews and the outcomes from them. This learning is then fed into the quarterly Surrey Steering Group to ensure it is also shared across the wider geographical area.

### **Serious Incidents**

Our serious incident management allows us to hold providers to account and seek assurance over their arrangement for dealing with and learning from serious incidents and never events. We do this via Serious Incident Panels on a monthly basis held with the providers to review the incidents themselves and how they have been investigated. This is also an opportunity to extract any themes and discuss larger pieces of work aimed at targeting the themes and trends.

Our responsibility for performance management of serious incidents is clearly defined and supported by clear policy and operational procedures which are consistent with the NHS England Serious Incident Framework.

'Never Events' are considered to be red flags as they highlight potential weaknesses in how an organisation manages fundamental safety processes. There were three Never Events across all providers in 2019-20 involving North East Hampshire & Farnham patients which were followed up and appropriate actions taken.

Quality Managers have attended internal review meetings with Trusts to review each individual 'Never Event' and take part in the investigation process. This is a further example of integrated provider/commissioner working enabling streamlined working and more effective use of resources.

### **Reporting incidents in Primary Care**

Use of the National Reporting and Learning System by our GP practices has continued to increase in 2019-20 with 72 reports made (49 in 2018/19 and 39 in 2017/18). The system provides a platform for practices to share learning

from internal patient safety incidents and enables the NHS to pick up on significant themes and trends nationally, producing Patient Safety Alerts that are disseminated across all practices. Learning from key incidents and themes is shared back to the practices via engagement at primary care training events. The increase in use of the system is a highly positive step towards an increasingly open and improvement-based culture across primary care.

### **Datix Clinical Concerns System**

In 2019-20, the CCG has continued to provide the Clinical Concerns platform for GP practices to support quality improvement across our local healthcare system. Use of the system has continued to grow year on year since its introduction in 2016 and provides invaluable insight into areas for quality improvement via individual case reviews and thematic analysis. The CCG works with neighbouring commissioners using the system and local providers to identify priority areas for improvement and monitoring changes made.

### **Reducing Healthcare Associated Infections**

During 2019-20, the CCG has continued to support the establishment of a Frimley Health and Care Integrated Care System Infection Prevention Control Working Group that brings together providers and commissioners in collaboration.

Key outputs from the system and CCG's work in Infection Prevent Control include;

- Introduction of a 'Catheter Passport' to support reductions in catheter related infections
- A review of the clostridium difficile reporting tool used by Frimley Health Foundation Trust so that the Trust optimises both clinical effectiveness and time efficiencies to improve patient outcomes.
- In-depth case reviews including identification of areas for improvement and sharing learning.

### **A Positive Experience of Care - Complaints, Concerns, Compliments and Feedback**

#### **Overview of the CCG complaints process**

In order to make improvements to commissioned services, the CCG welcomes feedback via complaints, concerns and compliments from members of the public. The CCG provides advice to patients and their carers about the help available if they are unhappy with the NHS care that they have received; this includes assisting a discussion with the care provider at the time a concern is identified if at all possible, and providing advice about independent advocacy

services and the Parliamentary Health Service Ombudsman (PHSO) as appropriate.

Themes and trends are reviewed as part of monthly reporting into the CCG's Quality Operational Group.

### **Complaints, Concerns, Enquiries and Compliments Received**

The table below shows the number of complaints and concerns that have been received over the financial year 2019-20.

<b>2019-20</b>	<b>Number</b>
<b>Complaints</b>	<b>6</b>
<b>Concerns</b>	<b>82</b>

### **The Friends and Family Test**

At a national level, the Friends and Family Test is the biggest source of patient opinion in the world and is a contractual requirement to be available for all those accessing NHS services. It was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. The CCG monitors feedback from patients on the Friends and Family Test as part of routine assurance review and quality improvement processes. In 2019 the CCG has seen improvements and has continued to support local practices to improve uptake and level of feedback from their patients.

### **Learning and developments related to complaints and concerns**

Complaints and concerns raised to the CCG help to inform future service improvements. The CCG ensures individual quality leads are informed of complaints or concerns relating to the providers they work with. These are then raised at the Clinical Quality Review Meetings where necessary.

### **GP Patient Survey**

The GP Patient Survey is issued directly to patients by NHS England each year between January and March. The survey asks people about their full range of experience with their GP practice including specific questions about support with long term conditions, mental health and also ease of appointment access. Each year the CCG is able to hear from over 2,000 local people who complete the survey ([GP Patient Survey website](#)). In 2019 the CCG's practices continued to perform above the national average for overall experience. The survey also revealed some areas for specific practice improvement; these are being addressed via the Practice Support Programme.

## Care Quality Commission Inspections

### Surrey & Borders Partnership NHS Foundation Trust

The Trust provides services for people with mental ill-health and learning disabilities in our area, received their Care Quality Commission inspection report in April 2019 which covered four mental health core services. The overall Good rating they received was the same as their previous inspection but with no individual domains requiring improvement (at last inspection there were two in this category) as shown below:

<b>Overall Good</b>  Read overall summary	Safe	Good ●
	Effective	Good ●
	Caring	Good ●
	Responsive	Good ●
	Well-led	Good ●

Further details can be found on the [Care Quality Commission website](#)

### South East Coast Ambulance Service NHS Trust

The Care Quality Commission report published on 15<sup>th</sup> August 2019 rated the Trust as 'Good' overall and in all domains. The emergency and urgent care services were rated as 'outstanding' overall demonstrating improvement from the last inspection in 2018. The emergency operations centre was rated as 'good' overall, again demonstrating improvement since previous inspection in 2018.

<b>Overall Good</b>  Read overall summary	Safe	Good ●
	Effective	Good ●
	Caring	Good ●
	Responsive	Good ●
	Well-led	Good ●

During the past year, the Care Quality Commission has held regular engagement meetings with the Trust and attended a range of meetings. This has enabled them to have continued oversight of Trust activities and progress made on a number of quality improvement initiatives. This information was used together with other data to inform the inspection.

The inspection included the core service areas of emergency operations centres and emergency & urgent care. These core services had a number of areas which required improvement at the previous inspection and the inspection was designed to assess the progress made. The Care Quality Commission visited Trust premises including offices, ambulance stations and emergency operations centres, observing care on ambulances and visiting hospitals and other health care locations to speak with patients and staff about their experiences of the ambulance service.

Further details can be found on the [Care Quality Commission website](https://www.cqc.org.uk/provider/RYD)  
<https://www.cqc.org.uk/provider/RYD>

### **GP Practices**

The Care Quality Commission (CQC) has continued to embed its latest inspection approach and has increased engagement with commissioners and practices in order to ensure that patients receive quality primary care. In 2019-20 eight of the CCG's practices were inspected by the Care Quality Commission resulting in seven rated as 'Good' and one rated as 'Requires Improvement' (19 of the CCG's 20 practices were rated 'Good' at the end of 2019-20; [Care Quality Commission website](https://www.cqc.org.uk/provider/RYD)). The CCG continues to support practices prior to and following inspections in order to help facilitate quality improvement.

### **Working with Care Homes (Nursing and Residential Homes)**

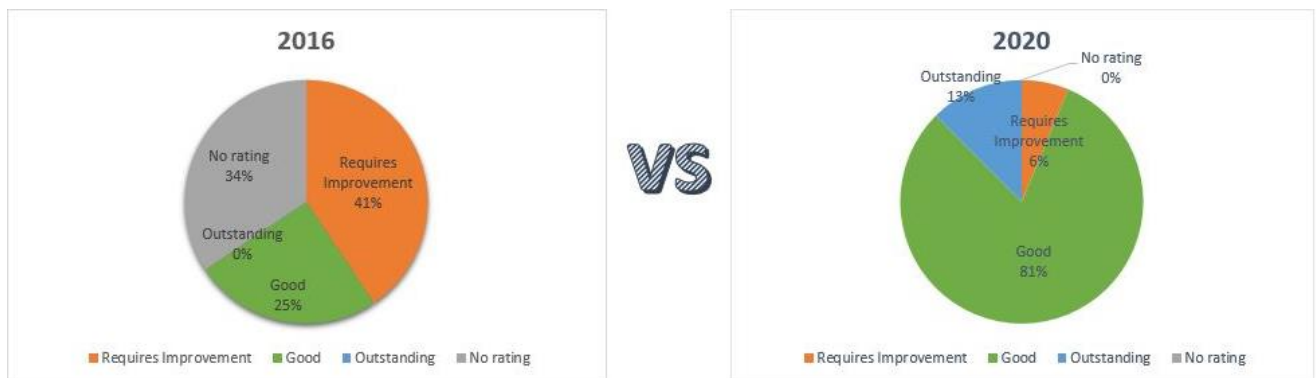
People whose home is in a Care Home, Residential and/or Nursing Home, often have complex health and care needs and as a result, these people have higher rates of hospital admissions. Experience from other areas of the country has shown that some of these admissions could be avoided if the residents received more holistic, proactive care. To support this, the Clinical Commissioning Group Care Home Leads (Nurse, Pharmacy and Dietitian) work in partnership with the Specialist and Integrated Care Teams and the Adult Social Care/Quality Assurance Teams to improve the quality of services provided by care homes in North East Hampshire and Farnham. This includes reviews of data and intelligence, attendance at safeguarding reviews and proactive joint quality insight visits in support of greater understanding of the approach to care, being a critical friend, sharing best practice and working through any issues that may arise.

*“Personally my faith has been restored that there are people and teams in the area who support services to improve and develop and I don’t how the improvements we have made could have happened without your support. I have always felt that I had your backup and most importantly through the LSE you brought together a support network and I was only made to feel empowered through their feedback and knowledge.*

*Overall the support and education has allowed our service to begin the turn around with staff, relatives and most importantly service users to benefit.”*

CARE HOME MANAGER FEB 2020

Within North East Hampshire and Farnham, there are 32 adult Nursing and/or Residential Homes registered with the Care Quality Commission. The Care Quality Commission undertakes inspections and publishes the ratings. The graph below shows the ratings for North East Hampshire and Farnham Adult Care Homes and how they have improved. The Care Home Team continue to work in partnership with all homes to support to gain a ‘Good’ rating or have a robust plan to get them there within a reasonable timeframe and aspiring to achieve a Care Quality Commission rating of ‘Outstanding’.



This combined with a bi-monthly Care Home Forum brings Care Homes from across North East Hampshire and Farnham and Surrey Heath together to learn, share best practice, network and is very well received and supported covering an array of topics. Topics covered during 2019 included All Things Medicines, Pressure Care, Dementia, Striving to Achieve Outstanding, Activities and Personalisation Of Care, and Safeguarding and Advance Care Planning. The annual Care Home Awards look to celebrate those who enhance the quality of the residents’ health and wellbeing during their stay in care homes and who deserve recognition. The Care Home Forum is a great example of engagement and collaboration, for example our January 2020 forum on continence welcomed 100 attendees from our Care Homes and partners with 66% of our homes represented.

## Hydrate

The 'Hydrate Initiative' has been undertaken throughout the homes within the Frimley Health and Care Integrated Care System. Since its roll out, we have seen a significant reduction in urinary tract infections related hospital admissions from care homes from each CCG. This has meant care home residents had fewer urinary tract infections, fewer days spent in hospital and fewer antibiotics prescribed for them.

CCG	% Reduction in UTI related Hospital admissions
East Berkshire CCG Care homes	-36%
NEHF CCG Care Homes	-22%
SH CCG Care Homes	-38%

## Red Bag Scheme

As part of the CCG's enhancing care in care homes work, Red Bags were introduced in all care homes across the CCG's area. This year the scheme has been taken to Frimley Park Hospital involving information stands and red t-shirt ward-walks and 'topic of the week' updates to identify champions on the wards, introduce an identification system on the notes and raise awareness throughout the trust. The Red Bag contains standardised paperwork, medication and personal belongings, and accompanies the patient during their hospital stay and transfer on discharge. The benefits of the Red Bag Scheme, as demonstrated by the Care Home Vanguard, are reduced admissions, reduced lengths of stay and improved communication between Care Homes and the Hospital.

## National Early Warning Score 2

Working across the Frimley Health and Care Integrated Care System, our homes have implemented the Adult Physical Observation and Escalation Chart which includes the National Early Warning Score 2 (NEWS2) to help staff to identify residents at risk of physical deterioration. This is an excellent way to support early treatment of residents, to prevent more serious illness and avoid or reduce the need for hospital admission. Face to Face training and support from community nursing has been provided and an e-learning pilot is being introduced for any homes unable to attend so far or new staff within the system.

## Care Home Pharmacy Team

When a medicine is started it is usually the best option available, however, things change: side effects might have developed, developments in medicine, health and priorities may have changed, such as developing a long term condition or a change in an existing long term condition. Any of these

reasons, as well as others can mean the medicine might not be right for you anymore.

We are becoming more aware of the need to review medication and consider the benefits of 'deprescribing'. Deprescribing is not about denying effective treatment to people who will benefit; it is about ensuring people do not receive unnecessary treatment, which is unlikely to be of benefit and may cause harm. In particular frail, older people are at greater risk of adverse effects from their medicines due to age related changes in their major organs which in turn alter pharmacokinetics and pharmacodynamics. Multiple co-morbidities lead to polypharmacy with possible drug interactions or cautions and contraindications to preferred treatments.

A care home specialist pharmacy team visits residents to carry out a medication review with the aim of optimising treatment, ensuring safe and effective use of medicines, reducing 'pill- burden' and reducing medication related admissions to hospital. Changes to medication are discussed with the GP and may include: a change to a new or different version of a medicine, changing the dose, changing the time of day you take your medicine or stopping a medicine.

In the past year, the pharmacist has reviewed 163 patients and reviewed 1,153 medications, many of which associated with falls, kidney injury and other side effects. Other interventions were also made such as updating records, making referrals ensuring monitoring takes place, explaining medications and how best to use them, including training for the staff. Audits are also carried out in the care homes to ensure safe storage and administration of medication.



### Farnham Integrated Care Services

One of the CCG's GP Federations, Farnham Integrated Care Service (FICS) was referenced in the Care Quality Commission's 'State of Health Care and Adult Social Care in England 2018/19' report, with a detailed case study which showcases the high quality work of the integrated care service around proactive case management. The case study highlights that improved patient

outcomes (reduced hospital admissions and attendances) have resulted from working together as a multi-disciplinary team to identify patients and better understand their individual holistic needs;

*“Using a proactive case-finding model, a home visiting manager became aware of a husband and wife with significant NHS 111 and ambulance activity connected to the couple. The manager used his mixed clinical/management position to bring the couple to the attention of the integrated care team. The husband has Parkinson’s Disease and had been admitted to hospital three times following falls. The home visiting manager met the couple – it transpired that the wife was the main carer for her husband, and she had Alzheimer’s Disease.*

*A case meeting concluded that while different services had been involved in each of the couple’s care, many of the care services’ actions occurred in isolation – the two people had not been considered as a couple. The team also found that the wife’s dementia was more advanced than had been realised, so the team brought in a dementia specialist to help her. Social services assessed the couple’s care needs and put support in place. A timed medication dispenser ensured the husband would take his medication, avoiding the issues that had led to his falls and preventing other health problems.*

*As a result of the team intervention, the health and quality of life of all family members improved and ongoing pressures on services reduced. More recently, both the couple have moved into the same nursing home so they are still able to be together.”*

(State of Health Care and Adult Social Care in England 2018/19, Care Quality Commission, 2019.)

## **NHS Continuing Healthcare**

NHS Continuing Healthcare is the name given to a package of care that is arranged and funded solely by the NHS for individuals who are not in hospital and have been assessed as having a ‘primary health need’. It is important that any patient eligible for Continuing Healthcare is reviewed on a regular basis and that assessments are completed at the right time and in the right setting.

In 2019-2020 we worked with partner organisations to fully implement a discharge to assess pathway to increase the number of assessments completed in the community. This was following a successful pilot of the process the year before. We are now regularly meeting the 85% of assessments completed in the community standard as set by NHS England. This is also providing better care for our patients as completing an assessment in the community better reflects patients’ needs as opposed to being done in the acute hospital.

For North East Hampshire & Farnham CCG, the Continuing Healthcare function continues to be delivered by two lead CCGs; NHS West Hampshire CCG for our North East Hampshire population and NHS Surrey Downs CCG for our Farnham population.

Assurance of this service (quality, performance and finance) is provided through a Hampshire-wide Performance and Governance Group chaired by an Executive Director from The Hampshire and Isle of Wight Partnership of CCGs. Likewise, a Surrey wide Programme Board has overseen the performance and quality for the Surrey led service.

## 8. ENGAGEMENT WITH PEOPLE AND COMMUNITIES

We put patients and the public at the heart of our CCG. Local people have a right to be involved in the planning of and decision-making regarding their health and care, the right to information and support to help them make informed decisions, and the opportunity to help shape the services that support them.

We believe that better decisions are made when patients and professionals work together. We make sure we get the community involved at the very beginning of a project and build things around local need rather than organisations.

The CCG also has a duty, under Section 14Z2 of the NHS Act 2006, to involve the public in commissioning (planning, decision-making and proposals for change that will impact individuals or groups and how health services are provided to them). We ensure that this is achieved through every level of the organisation, including growing our Community Ambassador programme and working closely with Healthwatch and patient participation groups. In this section of the report, we provide an overview of the consultation and engagement activities that have taken place over the past year (April 2019 – March 2020).

We know from experience that engagement with patients, carers and our local communities can result in:

- Better outcomes and patient experience - involving local people in decisions about their own health and care can improve quality;
- Improved services - gathering and using patient experiences can help the CCG commission (buy) and deliver services more effectively, we can use this feedback to build in elements that we know make people have a more positive experience;
- Reduced demand - informing and engaging people can increase selfcare, improve take-up rates for healthy options, and reduce inappropriate service use;
- Deliver change - involving people in discussions and decisions about service changes can make it easier to manage risks and deliver difficult change successfully.

We are continuing to drive a real culture change across the health and social care system, to put engagement and co-production at the heart of everything that we do, helping residents to actively participate in design and delivery of services – now and in the future.

## Join the Conversation

The CCG has brought together the ways it works with local people to try to ensure all sections of the community are involved and their views are heard, into one clear programme called 'Join the Conversation'.

We have come a long way from the days of services being created by clinicians and managers and then provided to people. Today, it is very much the case that we seek to work with our population to create services they tell us they need. To do this, we have been expanding the ways in which we work with local people and are further encouraging anyone within the local area to look at the different ways of sharing their thoughts on health and care services to see whether they can contribute, to join the conversation in a way that suits them.

Among the methods of working with the CCG are:

- The **Community Ambassador programme**: Local people of all walks of life who volunteer to help in whichever way they can, from attending meetings to reviewing documents or gathering patient views.
- Attending the CCG's **public meetings**, including its Annual General Meeting, Community Forums and Governing Body meetings in public.
- Being part of the **Innovation Conference**: Local people or groups are able to bid for small amounts of funding for schemes to improve their community's health and wellbeing.
- **Joining United Communities** – a quarterly meeting focussed on mental health, where patients, carers, community groups, charities and health staff share ideas, build awareness and influence decisions.
- Following and interacting with the CCG on **social media** or visiting our **website**.
- Contacting the CCG with specific ideas, questions or concerns. Details of all the groups and meetings, as well as the CCG's contact details and social media, can be found on the CCG website which has been refreshed to encourage people to join the conversation:  
[www.northeasthampshireandfarnhamccg.nhs.uk/get-involved](http://www.northeasthampshireandfarnhamccg.nhs.uk/get-involved)

## Community Ambassadors

Community Ambassador Volunteers help us to plan, develop, test and implement our programme of engagement. This helps us really get to the heart of what local people think about their local NHS services.

The Community Ambassador programme brings together individuals, voluntary sector, faith organisations and community groups who have a large reach into and throughout the five towns within the CCG boundaries.

Community Ambassadors help us better understand local issues, who we

need to speak to and the best way to reach them, so that we can learn from individual experiences and those with expert knowledge when developing, improving or evaluating local health services.

But what real impact can local people have? Over the past 4 years, the Community Ambassador Programme has had huge impact on health services provided locally and to the ways the Clinical Commissioning Group work.

In 2019/2020, Community Ambassadors have been actively involved in the following:

- Helping to shape regular events such as the Annual General Meeting, Innovation Conference and Community Forum
- Shaping, supporting and being involved with the judging for the Care Homes Awards, an event hosted jointly between North East Hampshire and Farnham CCG and Surrey Heath CCG
- Supporting local families to discuss their maternity experiences through the Maternity Voices Partnership
- Aiding in the development of local and system priorities through community conversations
- Having an on-going input around the information, support and advice available for Carers both locally and across the county
- Encouraging mental health service users to help shape, inform and improve local services through United Communities
- Reviewing leaflets and letters designed for patients and the public
- Shaping and promoting work to help people care for their own health and well-being
- Championing on-going conversations with local people around all health care provision, including equality, diversity and access to services
- Using their own lived experience to support improvements to treatment pathways and services, such as end of life care and falls.

## **Empowering Engagement**

The CCG has been championing the importance of engagement with its staff for a number of years and has now run three cohorts of our bespoke Empowering Engagement programme, which aims to embed the approach in the culture of the organisation. One recent example from this year's cohort is set out below:

*As part of the Empowering Engagement programme, a member of the Quality Team conducted a pilot project that looked to increase the amount of patient feedback included in the regular quality visits to Community Inpatient wards. This involved working closely with Healthwatch who conducted the patient interviews. On each visit, between a third and half of the patients on each ward were interviewed which*

*gave a thorough insight into patient experience on the wards. Feedback from patients included:*

*“The good thing about the ward is the nurses care, it’s obvious that they are competent at what they do and are well trained.”*

*“They have been really good with advising my family and getting all the equipment for my home. Occupational Health went for a visit today. The Hospital helped a lot with the planning, as a lot of alterations are needed at home.”*

*It is hoped that this format of quality visit can be reproduced into other settings as it gave a more balanced feel to the end report and gave a strong voice to the patients which is of utmost importance when considering the quality of care they are receiving.*

## **Exploring our Engagement Group**

The CCG recognises the critical importance and value of engaging with patients and the public in order to improve health outcomes for the local population.

The Exploring our Engagement Group began meeting in October 2019, replacing the Patient and Public Engagement (PPE) Committee. This was based on a collective decision to move away from a traditional committee to a more action learning based approach. [Find meeting reports and feedback here.](https://www.northeasthampshireandfarnhamccg.nhs.uk/get-involved/exploring-our-engagement/meeting-reports-feedback) <https://www.northeasthampshireandfarnhamccg.nhs.uk/get-involved/exploring-our-engagement/meeting-reports-feedback>

It was decided that assurance would still be required to demonstrate that good quality engagement and relevant discussions were happening with a robust process in place to evidence this. The committee felt that the new structure should involve a range of people, including both local groups and community ambassadors among others.

The Exploring our Engagement Group:

- Demonstrates that good quality engagement is happening;
- Ensures that a robust process is in place to evidence engagement and its impact;
- Uses CCG mission, vision and objectives, CCG engagement principles and NHS England requirements as tools to help provide assurance;
- Involves a range of people, including CCG staff, representatives of local groups, Community Ambassadors and other invited contributors; and
- Considers a small number of projects in detail at each meeting rather than try to understand the entirety of engagement activity.

The group developed a series of questions that will be used as a basis for their discussions. These have been carefully designed to ensure there is appropriate consideration of CCG priorities and the NHS England Involvement Assessment Framework (IAF) process:

- Does this engagement align with CCG development and engagement principles? (How? If not, why not? What could be improved?);
  - Has this work taken wider patient experience work into account where appropriate? (Provider feedback, complaints, quality data etc.);
  - Does this work show a good understanding of local community? (consider seldom heard groups, accessible information and health inequalities);
  - Can this work be used to highlight any specific good practice? (consider potential cases studies and links to IAF Assessment process); and
  - What are the impact and outcomes from this work? (Project evaluation? How will we use this work to improve future projects?)
- Further comments, questions and observations.

### **Innovation Conference**

Over the last three years we have been running our Innovation Conference and torrential rain could not dampen the spirits of the bidders and the assembled guests at the 2019 Innovation Conference. Around 80 people gathered at Oak Park Golf Club in Crondall to hear from seven project leads looking for support to get their community projects off the ground or to overcome obstacles in their ways.

As ever, there was a great buzz in the room, lots of positive discussions, insightful questioning and plenty of fruitful networking and offers of support - a hallmark of the Innovation Conference.

The shortlisting panel had put forward seven projects for consideration:

- Body confidence classes for 11 to 18 year olds
- Exercise classes for older people
- Technology skills training for disabled people
- Wellbeing sessions for young adult and adult carers
- Community engagement activities
- A furniture moving service to help people arrange their homes to cater for any new health need or equipment
- A listening service to reduce anxiety and increase socialisation

Short summaries of the shortlisted projects can be read on our website.

<https://www.northeasthampshireandfarnhamccg.nhs.uk/get->

[involved/innovation-conference/748-all-shortlisted-2019-20-innovation-conference-projects-supported](https://www.northeasthampshireandfarnhamccg.nhs.uk/get-involved/innovation-conference/748-all-shortlisted-2019-20-innovation-conference-projects-supported)

Each project lead introduced their work to the assembled audience, before spending 15 minutes on each table talking about it in more detail and fielding questions. Guests were also able to view some videos on previous Innovation Conference projects. [You can watch those here.](#)

<https://www.northeasthampshireandfarnhamccg.nhs.uk/get-involved/innovation-conference-update-and-community-forum/707-short-films-on-some-of-the-innovation-conference-funded-projects>

This model is now being considered as something that could be further rolled out across the Frimley Health and Care Integrated Care System, to help unlock potential in our local communities.

## **Carers**

A recent poll by Carers UK suggests there could be as many as 8.8 million adult carers in the UK, an increase of 2.5 million since 2011. The number of people aged 65 and over who are caring has risen to more than 2 million during the same period.

With the national contribution of carers estimated at £132 billion – more than the annual budget of the entire NHS – it is imperative that we work to support this hidden army. This is especially important when many carers suffer from loneliness and social isolation and develop physical and mental health problems themselves as a result of their caring role.

In 2019/20, the CCG was involved in two key projects aimed at raising the profile of local carers and to raise awareness of carers and caring among the wider community.

During the spring and summer of 2019, the CCG worked with the local voluntary sector and businesses to run a special arts competition for carers.

Celebrating Carers Through Art invited local carers of all ages to submit artwork in a wide range of forms and in two categories: My life as a carer, and; My life outside caring.

We received poetry, photography, needlework among the submitted artworks, all testifying to the creativity of our local carer community.

The entries were judged by a panel and those entrants whose work was considered to be outstanding were invited to a special afternoon tea in the stunning surroundings of the Elvetham Hotel, in Elvetham Heath.

Carers young and old attended with family members and celebrated each other's achievements.

The event was made possible by the generosity of local community groups and businesses who provided donations and sponsorship.

Also during the year, the CCG worked with the voluntary sector and Aldershot Football Club 'The Shots' to hold special carers' match day events at the club's EBB Stadium, when carers young and old were able to attend matches with the families, free of charge. Carers and their families can struggle to make ends meet, so a day out for them can often be beyond their means.

The guests received scarves and programmes, and a group of young carers were chosen to be mascots, to have a behind-the-scenes tour, and to lead the players out before kick-off.

There was also a spread on carers in the match programme and messages were relayed to the fans at half time, all helping to make more local people conscious of carers.

Much of the CCG's Carer agenda has been supported and/or driven by the Carers' Action Group. The group, which includes local carers, voluntary sector, county council and CCG representatives, also holds the CCG to account on its commitment to support local carers.

In terms of wider carers' support, North East Hampshire and Farnham is a joint commissioner for carers' support services across Hampshire. On September 1, 2019, we and our co-commissioners awarded a new contract for carers' support and dementia advice and emergency care planning.

Previously, the services were provided under two separate contract. By bringing them together the intention is to enhance the support to people with dementia and their carers.

Under the new contract, Andover Mind provide the carers' support and dementia advice service, while the Princess Royal Trust for Carers in Hampshire provide the emergency care planning service.

The CCG is also part of the Surrey-wide Carers Commissioning Group, and there have been engagement events for carers with regard to:

- carers' contingency planning;
- personalised care, social care and social prescribing, and;
- supporting carers in General Practice.

## **United Communities**

'Your Voice Counts' was a project to gather the public's experiences of using mental health services and look at the support that they receive and how it can be improved. The CCG commissioned Healthwatch Hampshire to lead the project over 18 months (completed in early 2018). Wide-ranging feedback

on services, experiences, successes and commissioning intentions led to the development of United Communities, a forum to ensure that these conversations can continue in a meaningful and sustainable way.

The United Communities group meets quarterly, to discuss the priority areas of work for both the Clinical Commissioning Group and for those using mental health services. The individuals, carers, representatives from community groups and from statutory organisations help commissioners within the CCG to identify gaps and look for improvements that could be made with existing NHS and community resources.

The group met four times during 2019-20 and was regularly attended by over 25 people. United Communities has welcomed guest speakers, provides an opportunity for networking, and facilitates debate and discussion on issues most important to the local community whilst also providing an opportunity for commissioners to engage directly on their upcoming projects, suggested changes to services and larger strategic transformation.

Topics covered throughout the year included:

- Mental Health Transformation in Primary Care services
- Talk Plus and Recovery College support available locally
- Learning disabilities and the importance of accessible information
- Social prescribing and the importance of our 'Making connections' services

[Further information](https://www.northeasthampshireandfarnhamccg.nhs.uk/get-involved/united-communities-mental-health-forum) and meeting notes are published on our website.  
<https://www.northeasthampshireandfarnhamccg.nhs.uk/get-involved/united-communities-mental-health-forum>

### **Voluntary Sector and Integrated Care System relationships**

As a key partner in Frimley Health and Care Integrated Care System, we actively work and collaborate with our Local Healthwatch and Voluntary, community and faith sector colleagues. In 2017 we established a Healthwatch Leads Network which brings together our Healthwatch partners from across the ICS area (Hampshire, Surrey, Windsor, Ascot & Maidenhead and Slough). In 2018 we established a Voluntary Sector Leads network bringing together our CVS and volunteer centre partners. These quarterly network meetings continue to allow us to share updates and priorities, actively explore opportunities for collaborative working and to take action on issues raised by participants.

In 2019, Frimley Health and Care Integrated Care System successfully bid for initial funding to work with partners in order to scope, understand and co-develop plans for an integrated approach to volunteering. We are working in partnership with voluntary sector colleagues with volunteer managers and

coordinators to agree our approach; measure impact; and to share learning. More information about the NHS England Voluntary Partnerships Programme is available here. <https://www.england.nhs.uk/integratedcare/resources/stp-ics-integrated-volunteering-approaches-programme-faqs/>



Initial discussions with partners across the system, have identified key areas for focus that allow us to attract and retain volunteers whilst also ensuring innovation in our approaches.

### Community Panel

It is essential that residents, patients and staff have an opportunity to shape plans and that those working on transformation programmes have an understanding of what people feel is important.

There are a number of ways in which the system already does this, outlined in our plans for [creating healthier communities](https://www.frimleyhealthandcare.org.uk/about/our-plans/creating-healthier-communities/), <https://www.frimleyhealthandcare.org.uk/about/our-plans/creating-healthier-communities/> including volunteer programmes, events, workshops, focus groups and one to one involvement that all build towards a culture of involvement, co-design and coproduction.

To complement this work, we have developed a Frimley Health and Care community panel.

Frimley Health and Care Community Panel has more than 1,500 members (recruited throughout the Summer of 2019) representing people who live in

Ascot, Bracknell, Farnham, Maidenhead, North East Hampshire, Slough, Surrey Heath and Windsor.

The panel helps us to gather views from a representative section of our community to understand their needs and experiences when planning and improving health and care. Our panel members are asked to contribute their views in many ways including completing surveys, attending discussions via focus groups or workshops and also attending relevant events.

Our first survey, in October 2019, focused on 'health and wellbeing' and asked the panel a series of questions to better understand how people access information about their health and wellbeing, how easy it is for people to find the information they need and what people felt they could do to support their own wellbeing. The full feedback report and summary is available on the [Frimley Health and Care website](https://www.frimleyhealthandcare.org.uk/get-involved/community-panel/what-the-panel-has-told-us/).  
<https://www.frimleyhealthandcare.org.uk/get-involved/community-panel/what-the-panel-has-told-us/>

### **Social media and CCG website**

Our website provides information about the work of the CCG, showcasing projects, highlighting the impact of local community involvement, and signposting engagement opportunities. We use the website to inform the public of our plans to engage, raise awareness of any consultation activity and also to provide opportunities to become involved. The website is updated regularly so we can report on the outcomes of all consultations and what we have done as a result of our activity. Our website is [www.northeasthampshireandfarnhamccg.nhs.uk](http://www.northeasthampshireandfarnhamccg.nhs.uk). Our Twitter account (<https://twitter.com/NEHFCCG>) continues to grow and we are continuing to use the channel as a friendly and informative voice about local health services – with an aim to tweet daily during the week. We also use Twitter as a route for engaging with local people and have increased our following of local partner organisations so we can help share news. We continue to promote our presence on Facebook ([www.facebook.com/northeasthampshireandfarnhamCCG](http://www.facebook.com/northeasthampshireandfarnhamCCG)) and are using Facebook more frequently to engage with other local Facebook users, sharing information about services in the city and encouraging discussions.

## 9. REDUCING HEALTH INEQUALITY

Equality and diversity are central to our work in ensuring equality of access to, and treatment by, the services that we commission on behalf of the populations of North East Hampshire & Farnham.

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

The specific duties of the Equality Act 2010 require public bodies to publish relevant proportionate information showing how they meet the General Equality Duty by 31 January each year. In addition, they require public bodies to set specific measurable equality objectives by 6 April every four years from 2012. Both general and specific duties are known as the Public Sector Equality Duties (PSED).

As a statutory public body, we must ensure we meet these legal obligations and, by publishing annual equality information, demonstrate how the organisation has used the Equality Duty as part of the process of decision making in relation to service delivery, provision of information and communication and engagement.

### 9.1. Our equality objectives

North East Hampshire & Farnham CCG is committed to meeting the requirements of the Equality Act 2010 and the Public Sector Equality Duty, by demonstrating "due regard" to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

The CCG's Equality and Diversity Strategy 2018-2021 sets out our commitment to taking equality, diversity and human rights into account in everything we do. This is whether commissioning services, employing people, developing policies, communicating with or engaging local people in our work.

The CCG's Equality and Diversity Report 2019 sets out how we have demonstrated "due regard" to the three aims described above.

Link to the strategy and reports can be found here:  
<http://www.northeasthampshireandfarnhamccg.nhs.uk/about-the-ccg/governance/equality-and-diversity>

Using the results of the Equality and Diversity survey and other forms of feedback, the CCG developed a draft set of equality objectives. These were then discussed as part of a focus group with Community Ambassadors and shared with the wider staff team. As a result of this work the following objectives have been devised.

**To deliver excellent care that meets the needs of everyone so that people will receive the right care at the right time and in the right place.**

The CCG works to deliver improved outcomes for everyone in the local community. Examples include:

### **Reducing Variation**

Our aspiration to reduce health inequalities and inequities have been fundamental to the way we have been working over the last 12 months within our integrated care system. We recognise the complexity of working in an integrated system level where there are clear benefits of working at scale and yet there is a need to understand local health inequalities. To that end, we are building strong relationships with local authorities to help us all our communities and develop more community-based solutions for our residents.

We have reviewed and refined our understanding of health inequalities and are able to describe the key outcome toward which we are working at an organisational level as well as across our integrated system: **We seek to increase healthy life expectancy.**

The way in which we do this is by standardising treatment pathways, optimising treatments and health outcomes, enabling patient self-management and providing proactive support to those in need.

### **Anticipatory Care**

The integrated care teams in each of the five CCG localities (Aldershot, Farnborough, Farnham, Fleet & Yateley) have continued working together to further improve patient care, experience and outcomes through the development of anticipatory care. The focus of anticipatory care is to work together in a multidisciplinary approach including anticipatory intervention meetings to better identify people who are at risk of poorer health and care outcomes and by putting individualised plans in place for these patients to reduce and delay these risks.

In order to continue to learn from the development of this approach and the impacts it is having for the local population, the CCG (as part of an integrated care system-wide project) is working in partnership with Healthwatch to capture the experiences of people who have been in receipt of anticipatory care.

### **Frailty**

The CCG has supported work across the Integrated Care System to implement and continue to drive forward the work that supports people who are most vulnerable to adverse health outcomes; known as frailty. This work has included building key relationships and links between Frimley Health's Frailty Liaison Team and the community Integrated Care Teams. This can specifically be seen in the close working between the Consultant Geriatricians within Frimley Park Hospital and the Integrated Care Teams at Anticipatory Intervention Meetings.

In addition, an Integrated Care System-wide Frailty Advisory Board has been established in order to drive and shape strategy, ensuring national guidelines are implemented and pathways are developed which ensure seamless care for our patients.

### **Medical Moves**

Hospital patients who are able to be discharged can sometimes be delayed from returning home because they do not have the necessary facilities at home. This can be as simple as not having the right bed or needing furniture to be moved downstairs. The delays can be stressful for patients wanting to get home and can cause disproportionate disruption to health and social care services.

In the 2019-20, North East Hampshire and Farnham Innovation Conference, The Woking Community Furniture Project submitted an application for funding for Medical Moves. The project was aimed at North East Hampshire and Farnham patients being discharged from hospital or who, for other health reasons, require the movement of furniture within their homes or the disposal of unwanted furniture.

The project caught the imagination of those attending the Innovation Conference and the project was awarded the full £2,000. They aim to be able to help at least 20 households per year.

Following the funding award, Medical Moves launched in January 2020. Within weeks they had carried out three moves, three of them supported through the project, with plans to install a hospital bed for another person in sheltered housing in Farnham.

**Continuously improve our engagement and consultation methods to ensure that all, including those with protected characteristics, have a voice in our work that is heard and considered.**

Ensure commissioning programmes and projects include robust planning to allow for a range of engagement opportunities and where required, consultation. We work with our partners, to reach further into communities, to fully understand the needs of the local people. This will support assessment of equal access to, and provision of, healthcare services for everyone. Example below: **Community Services**.

We will encourage continued conversations to help us improve, develop and design services for and with local people. We will make it clear to patients and the public how they can provide feedback in a range of ways that suit their needs. Example below: **Rushmoor Conversation**.

**Community Services**

In 2019-20, the CCG procured a new adult community health services that came into effect from the start of April 2020 for the people of North East Hampshire and Farnham and Surrey Heath.

Better, joined-up care closer to home, is the aim of a new ground-breaking partnership of Frimley Health Care and VirginCare chosen to support the area's 321,000 residents.

Under the contract, nursing, specialist practitioners, therapies, podiatry, speech and language services, rehabilitation, intermediate care and community hospital beds will be linked much closer with primary care (GP) services and organised around local communities.

The arrangements demonstrate the determination of health service commissioners and providers to work together to provide a truly joined-up service for local people.

**Rushmoor Conversation**

The CCG and Rushmoor Borough Council are working closely to understand and develop actions on major issues affecting the health and wellbeing of local people. In January 2020, a jointly hosted event, 'Rushmoor Community Conversation', was held and included a wide range of organisations from across the wider health and social care systems plus representatives from voluntary organisations.

The CCG's Clinical Chair, Dr Peter Bibawy, and Rushmoor Borough Council Leader, Councillor David Clifford, outlined why the organisations needed to

form a joint response to help tackle many of the issues affecting local people, in that in many cases no single organisation could tackle the problem alone.

Public Health provided a rich source of information and comparative data to help attendees understand wider health and social factors affecting the Rushmoor population. This has given an important start for conversations and enabled, collectively, to agree priority areas.

The CCG and Council are now working together to look at these priority areas and develop a partnership plan that outlines projects that can help tackle health and care issues and reduce inequalities.

### **Support everyone to live well and stay well through a focus on self-care, prevention and wellbeing.**

Our aim is to provide patients and the public with the skills, confidence and support to take responsibility for their own health and wellbeing. Example below: **Improving services for children and young people in Surrey.**

We will ensure that the contracts we commission consider the support needs of everyone. Example below: **Learning Disabilities Mortality Review Programme.**

#### **Improving services for children and young people in Surrey**

This year sees the Learning Disability Registers and Health Checks intensify; in 2019/20 we commissioned additional acute primary liaison learning disability specialist nurses in paediatric wards and the community. Liaison services provide enhanced training for primary care to support the delivery of robust annual enhanced health checks.

In 2020/21, we will work with our Integrated Care Partnership networks and primary care networks to increase delivery and quality of healthcare to people with learning disabilities. April 2020 will see a call to action across the county, working with all system partners to support this work.

#### **Learning Disabilities Mortality Review Programme**

In 2019/20, Surrey introduced the learning disability mortality review programme. It is the first national programme of its kind aimed at making improvements to the lives of people with learning disabilities. We have commissioned full-time lead personnel and bank specialist reviewers to ensure that every death of a person with a learning disability is reviewed to understand any health inequity that may have led to premature mortality. We will also explore best practice and take the learning from the reviews into service improvement.

## Reducing health inequality in summary

As demand for health and care becomes more complex, it is essential that our services are people based. We have worked across diverse stakeholder groups and through our clinical leaders to establish a culture of continual learning. We know that our clinicians feel engaged in the conversations and approach we are taking to address health inequalities and inequities.

## 10. HEALTH AND WELLBEING STRATEGY

The CCG plays an active role on the Health and Wellbeing Boards for both Hampshire County Council and Surrey County Council.

Hampshire's Health and Wellbeing Board brings together partners from local government, the NHS, other public services, and the voluntary and community sector. The Board aims to ensure that organisations plan and work together to improve the health and wellbeing of Hampshire residents.

It is only by working together that we can make a big difference to outcomes for all our residents.

### **Working together to influence the wider determinants of health**

The Hampshire Health and Wellbeing Board has set an ambitious strategy for Hampshire's Joint Health & Wellbeing 2019-2024. A key element of this strategy is the delivery of joined up actions of the Hampshire district and borough councils, and a range of other strategic partners to create healthier communities. This element of the strategy is led by the Hampshire Districts Health and Wellbeing Forum, for which Hart District Council is the coordinating partner. In March 2020, a collaboration between Hart District Council, Hampshire County Council and North East Hampshire & Farnham CCG will increase the Forum's capacity to drive this agenda forward by providing a part-time Project Officer from within the CCG. The Project Officer will be hosted by Hart District Council and work closely with district councils across the Hampshire County Council area, strengthening links between NHS and local authority and facilitating multi-agency action on the wider determinants of health.

### **Children's services in Hampshire**

The CCG works closely with Children and Adolescent Mental Health Services, acute hospitals, partner agencies and families to develop safe and sustainable plans for these young people.

The CCG has a number of children and young people who require very individualised plans in response to complex mental health and/or behaviours. Some of these young people are eligible for s17 aftercare (package of care that is designed to support children/young people after a period of detention under particular sections of the Mental Health Act – and to keep them well enough to avoid readmission to hospital) or Children's Continuing Care. We are working with our adult colleagues so that young people have the right support in place when they turn 18.

A proportion of these children and young people are held on the Dynamic Support Register, managed on behalf of the CCG by the Southampton, Hampshire, Isle of Wight and Portsmouth Transforming Care Project's Care,

Education and Treatment Reviews Project Team. The register helps the CCG to identify and make arrangements for children/young people with a learning disability and/or autism who may be at risk of going into a specialist hospital, or a 52-week placement because of needs that relate to mental health and/or challenging behaviour. Being on the register helps all the people involved in arranging, paying for and delivering services to work and think together. In the last 18-months, eleven children/young people from the CCG have had one or more community and/or inpatient Care, Education and Treatment Review. There is currently just one young person in a Children and Adolescent Mental Health out-of-area bed who we hope to discharge to a specialist placement soon.

### **Children and young people in Surrey**

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

### **Surrey Healthy Schools relaunch**

Surrey Healthy Schools presents an opportunity for Surrey County Council to effectively support schools in actively promoting physical, emotional and mental health and wellbeing. The newly developed Surrey Healthy Schools Self-Evaluation Tool highlights a wide variety of Surrey services and provides a comprehensive framework for schools to co-ordinate, and improve their provision to support personal development, behaviour, teaching and learning, and leadership and management in line with OfSTED's Inspection Framework, the Surrey 2030 Vision and the Health and Wellbeing Strategy. The toolkit will be launched on 31st March 2020.

### **Sexual health awareness training sessions for professionals working with young people**

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

### **Supporting national campaigns**

The CCG supports national campaigns aimed at supporting people to live well and to improve their ability to care for their own health and wellbeing.

Self-care is particularly important during winter months, when cold weather and winter bugs affect many members of the community and health services come under increasing pressure.

We promoted the uptake of the seasonal flu vaccine, particularly among designated at-risk groups (older people, young children, pregnant women, carers and people with long-term health conditions). The national emphasis this winter was on people with long-term health conditions, among whom the flu vaccine update had fallen over the previous winter.

In addition to the national campaign, the CCG also developed its own materials aimed at raising awareness among the community about what could constitute self-care. It is hoped that this work will enable people to realise how much extra control they could have over improving their own health and wellbeing.

As part of this two graphics were created: A 'self-care wheel' and a medicine cabinet. There are winter and summer versions of the self-care wheel to enable it to be used year-round.

As the winter has progressed, we have supported the different phases of the national winter campaign, including promotion of NHS111 services (phone and online) and the new pharmacy campaign ('Take the drama out of minor illness – See a pharmacist').

Following the outbreak of the Coronavirus in early 2020, the CCG, as the communications lead for the Frimley Health and Care Integrated Care System, has been in close contact with NHS England and has been supporting national efforts to share information.

The CCG's Communications and Engagement team will continue to identify key campaigns throughout the year that it can support and which it can use to promote its own work in North East Hampshire and Farnham.

### **Working together to prevent falls**

Within Hampshire, Hart district has the second highest rate of hospital admissions as a result of falls among people aged over 65. In 2019, Hart District Council and North East Hampshire and Farnham CCG worked in partnership with Hampshire County Council and other services to pilot a campaign promoting messages around maintaining independence and preventing falls amongst those patients (over 65s) who were attending their General Practice to receive their flu vaccination. Nearly two thousand wellbeing information packs were produced and distributed to patients at Oakley Health Group and Crondall New Surgery. Positive feedback was received from Practices & patients, and evaluation of the project indicated that there is a need for better communication of prevention messages to this target population. Evaluation of the pilot will be used to inform the approach for 2020.

## **Collaborating to maximise the health and wellbeing benefits of Hart's green spaces**

Hart District Council's Vision to 2040 includes ambitions to enhance the provision of green spaces managed by the Council and create green corridors between settlements to encourage sustainable healthy transport. Both ambitions have potential to improve the health and wellbeing of Hart's communities by enabling more people to be active outdoors. The CCG is a key stakeholder in this, providing valuable input through multi-agency workshops to help shape the Council's strategy and approach in order to maximise the potential health benefits for the community.

## 11. SOCIAL MATTERS, HUMAN RIGHTS, ANTI-CORRUPTION AND ANTI-BRIBERY

The CCG is committed to making progress on all social and environmental matters, human rights and their associated regulations & guidance. The CCG is responsible for planning, commissioning and designing many of the health services needed by the population in its own area. It makes decisions about health services based on the feedback received from patients and carers, which ensures the services we purchase and re-design are the ones local residents inform us that they need and are able to access.

The CCG is also committed to reducing the level of fraud, bribery and corruption within the NHS to an absolute minimum and maintaining it at that level. By doing this, valuable resources can then be used where they should be, delivering better patient care.

### Anti-corruption and bribery

The CCG has a zero tolerance policy of any fraud, bribery or corruption and aims to eliminate all such activity as far as possible. The Local Area Counter-Fraud Team is active in the prevention and deterrence of fraud, bribery and corruption through its attendance at the Audit and Risk Committee, involvement in policy-setting, awareness training and sharing of information through their website and attendance at CCG meetings. Counter fraud work has been undertaken in each of the four strategic areas. These set out the requirements in relation to:

- Strategic Governance - The organisation's strategic governance arrangements. The aim is to ensure that counter fraud measures are embedded at all levels across the organisation.
- Inform and Involve - Raising awareness of crime risks against the NHS and working with NHS staff, stakeholders and the public to highlight the risks and consequences of fraud and bribery affecting the NHS.
- Prevent and Deter - Discouraging individuals who may be tempted to commit fraud against the NHS and ensuring that opportunities for fraud to occur are minimised.
- Hold to Account - Detecting and investigating economic crime, obtaining sanctions and seeking redress.

### Counter Fraud Website

The Fraud and Security Management Service developed and launched a new website which provides a useful resource of information for CCG employees. The website can be viewed at <https://www.nhsfraudandsecurity.co.uk> An information and guidance page was also set up in respect of COVID-19 fraud and security risk and can be found at <https://nhsfraudandsecurity.co.uk/covid-19-2/>

## 12. EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE

The CCG plans for, and responds 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 Integrated Care System 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 has 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 system. The LHRP has produced a strategy and work plan for the year and has carried out an annual review of progress;
- Participating in training and testing exercises which are used to test response plans;
- Assisting with the local co-ordination 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.

### **COVID-19 Pandemic**

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

During the pandemic the Frimley Health and Care Integrated Care System 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 have had critical roles in leading and supporting the wider health and care system for the challenges we faced together. The priorities during the pandemic were to:

- Lead and resource the Frimley Health and Care Integrated Care System 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; and
- Support the health and wellbeing of our people.

### **Dr Andy Brooks**

Clinical Chief Officer

23 June 2020

# ACCOUNTABILITY REPORT

## Corporate Governance Report

### 13. MEMBERS REPORT

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

#### 13.1. Our Membership

NHS North East Hampshire & Farnham CCG covers a population of over 228,000 people registered at 20 GP practices in Rushmoor, Farnham and parts of east Hart council areas.

#### Member practices of the CCG in 2019-20

Practice Name	Address
Alexander House Surgery	2 Salisbury Road, Farnborough, GU14 7AW
Branksomewood Healthcare Centre	Branksomewood Road, Fleet, GU51 4JX
Cron dall New Surgery	Redlands Lane, Cron dall, Farnham GU10 5RF
Downing Street Group Practice	4 Downing Street, Farnham, GU9 7PA
Farnham Dene Medical Practice	Farnham Centre for Health, Hale Road, Farnham, GU9 9QS
Fleet Medical Centre	Church Road, Fleet, GU51 4PE
Giffard Drive	68 Giffard Drive, Farnborough GU14 8QB
Holly Tree Practice	42 Boundstone Road, Wrecclesham, Farnham, GU10 4TG
Jenner House Surgery	159 Cove Road, Farnborough, GU14 0HQ
Mayfield Medical Centre	Croyde Close, Farnborough, GU14 8UE
North Camp Surgery	2 Queens Road, Farnborough, GU14 6DH
Oakley Health Group	51 Frogmore Rd, Blackwater, Camberley GU17 0DB and Yateley Medical Centre, Oaklands, Yateley GU46 7LS
Princes Gardens Surgery	2A High Street, Aldershot GU11 1BJ
Richmond Surgery	Richmond Close, Fleet GU52 7US
River Wey Practice	Farnham Centre for Health, Hale Road, Farnham, GU9 9QS
The Cambridge Practice	Aldershot Centre for Health, Hospital Hill, Aldershot GU11 1AY and 276 Lower Farnham Road, Aldershot, GU11 3RB
The Border Practice	Blackwater Way, Aldershot, GU12 4DN
The Ferns Medical Practice	Farnham Centre for Health, Hale Road, Farnham, GU9 9QS
Voyager Family Health	208 Farnborough Road GU14 7JN
Wellington Practice	Aldershot Centre for Health, Hospital Hill, Aldershot GU11 1AY

## 13.2. Our Governing Body

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

Between April 2019 and end of November 2019, the Governing Body comprised of five elected GPs; five Executive Directors, three Lay Members and one Secondary Care Clinician. In addition to the voting members there are representatives from local authorities. Each Governing Body GP, known as a Clinical Director, has a specific clinical portfolio and works closely with one of the five localities within our geographical area. Clinical Directors manage GP Clinical Leads working within their respective clinical areas.

In December 2019, the Governing Body membership changed with the appointment of a new Accountable Officer and executive team. Changes to the Governing Body Members as shown in the tables below:

### Membership (no changes) in 2019-2020

---

#### Name and role

#### Voting Members April 2019 until March 2020

##### Governing Body GP members

**Dr Peter Bibawy (Chair) – Clinical Chair for a three year term of office until 30 September 2021**

**Dr Martin Ballard – Elected as a substantive Governing Body GP from 1 January 2019 for a three-year term until 31 December 2022.**

**Dr Karl Bennett – Governing Body appointed up until 23 April 2020**

**Dr Steven Clarke – Governing Body GP for a three year term of office until 30 September 2021**

**Dr Hanne Hoff - Governing Body GP for a three year term of office until 31 January 2021**

##### Secondary Care Consultant

**Dr Ed Palfrey** Secondary Care Consultant Reappointed for a second term of three years from 16 December 2018 to 15 December 2021.

##### Lay members

**Kathy Atkinson** Lay member for Patient and Public Engagement was reappointed for a second term from 8 July 2017 to 7 July 2020

**Peter Cruttenden** Lay member for Governance up until 31 March 2020.

---

---

**Name and role****Non-voting members**

**Dr Sallie Bacon** Director of Public Health, Hampshire County Council

**Clare Hook** Area Director for North East Hampshire ,Adult Services, Hampshire County Council

---

**Members that stepped down or were appointed in 2019-20****Name and role****Voting Members****Lay members**

**Elaine Budd** Lay member for Finance and Performance was reappointed for a second term of office from 7 December 2018 to 6 December 2021. On 31 July 2019 Elaine stepped down from her post and has taken an unpaid leave of absence.

**Executive Directors**

**Maggie MacIsaac** Chief Executive (Accountable Officer) April 2019 until 30 November 2019.

**Dr Andy Brooks** Clinical Chief Officer (Accountable Officer) appointed 1 December 2019

**Ruth Colburn Jackson** Managing Director April 2019 until 17 January 2020

**Emma Boswell** Executive Director of Quality and Nursing April 2019 until 31 December 2019.

Executive Director of Development and Improvement Appointed 1 January 2020

**Fiona White** Executive Director of People and Development April 2019 – 30 November 2019

**Ollie White** Interim Managing Director, appointed 18 January 2020

**Sarah Bellars** Director of Quality and Nursing appointed 2 December 2019

**Ros Hartley** Director of Strategy and Transformation April 2019 until 30 November 2019

**Roshan Patel** Chief Finance Officer April 2019 until 30 November 2019

**Rob Morgan** Director of Finance (Chief Finance Officer) appointed 1 December 2019

**Dr Lalitha Iyer** Medical Director, appointed 1 January 2020

## Other related appointments

Margaret Scott	Co-opted Lay Member. Position in CCG – Chair of Delegated Primary Care Commissioning Committee April 2019 – March 2020
Arthur Ferry	Co-opted Lay Member. Position in CCG – Chair of Quality, Performance and Finance Committee and Place Based Committee between August 2019 and March 2020.

### 13.3. Frimley Collaborative Board

The Frimley Collaborative Board replaced the meetings of the individual Governing Bodies in January 2020. It is a formal committees in common of the three CCGs. It makes decisions on matters that are common to the three CCGs and take 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 Frimley Health and Care. 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.

Members are as shown in the table below:

#### Membership of the Frimley Collaborative Board (from February 2020)

Name	Role	East Berkshire	North East Hampshire & Farnham	Surrey Heath
Dr Andy Brooks	Clinical Chief Officer	✓	✓	✓
Sarah Bellars	Executive Director of Quality & Nursing	✓	✓	✓
Rob Morgan	Director of Finance (Chief Finance Officer)	✓	✓	✓
Emma Boswell	Executive Director of Development and Improvement	✓	✓	✓
Dr Lalitha Iyer	Medical Director	✓	✓	✓
Ollie White	Interim Managing Director		✓	
Dr Peter Bibawy	Clinical Chair		✓	
Dr Steven Clarke	Clinical Director		✓	

Name	Role	East Berkshire	North East Hampshire & Farnham	Surrey Heath
Dr Ed Palfrey	Secondary Care Consultant		✓	
Kathy Atkinson	Lay Member for Patient and Public Engagement		✓	
Dr William Tong	Clinical Chair	✓		
Dr Huw Thomas	Locality Lead for the Royal Borough	✓		
Dr Jim O'Donnell	Locality Lead for Slough	✓		
Dr Jackie McGlynn	Locality Lead for Bracknell Forest	✓		
Sally Kemp	Lay Member for Governance	✓		
Clive Bowman	Lay Member for Governance	✓		
Arthur Ferry	Lay Member for Governance	✓		
Fiona Slevin-Brown	Managing Director for Bracknell Forest	✓		
Vacant	Managing Director for Slough	✓		
Vacant	Managing Director for the Royal Borough	✓		
Dr Amanda Wellesley	Secondary Care Consultant	✓		✓
Tony Fitzgerald	Interim Lay Chair			✓
Dr John Fraser	Governing Body GP			✓
Nicola Airey	Managing Director			✓
<b>Non-voting attendees</b>				
Caroline Warner	Lay Person for Patient and Public Engagement			✓
Fiona Edwards	Frimley Health and Care Integrated Care System Lead			

For details of declared conflicts of interest published on our website please [click here](https://www.northeasthampshireandfarnhamccg.nhs.uk/documents/class-6-list-and-registers).  
<https://www.northeasthampshireandfarnhamccg.nhs.uk/documents/class-6-list-and-registers>

#### 13.4. Committees of the Governing Body

##### Audit and Risk Committees in Common April 2019 to March 2020

The CCG discharged its Audit responsibilities through the Hampshire and Isle of Wight Partnership Audit Committees in Common during 2019-2020.

The CCG had two voting members on the Committees in Common, as shown in the diagram below:



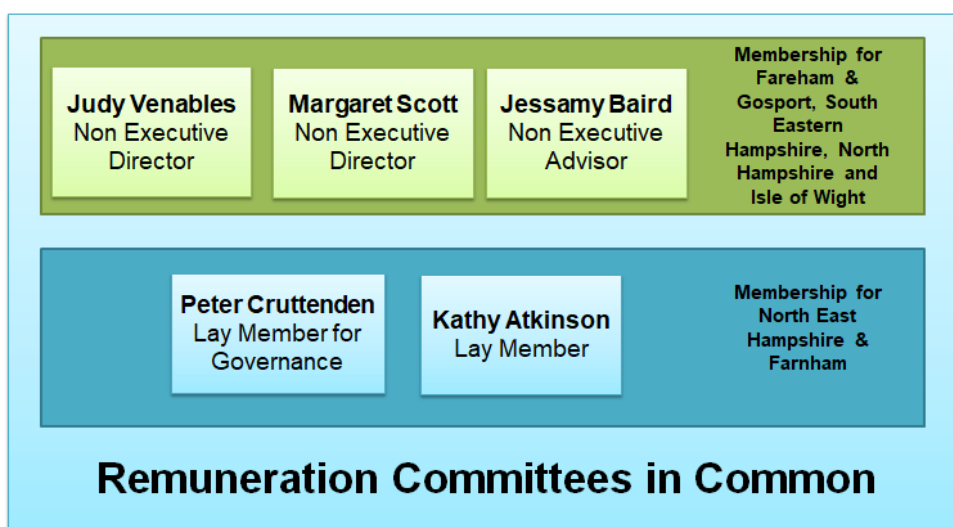
### Remuneration Committees in Common

The Remuneration Committee oversees and monitors matters relating to CCG staff and their development. In 2019-2020, the CCG discharged its Remuneration responsibilities through two committees in common:

- Hampshire & Isle of Wight Partnership April 2019 to September 2019;
- Frimley Collaborative August 2019 to March 2020.

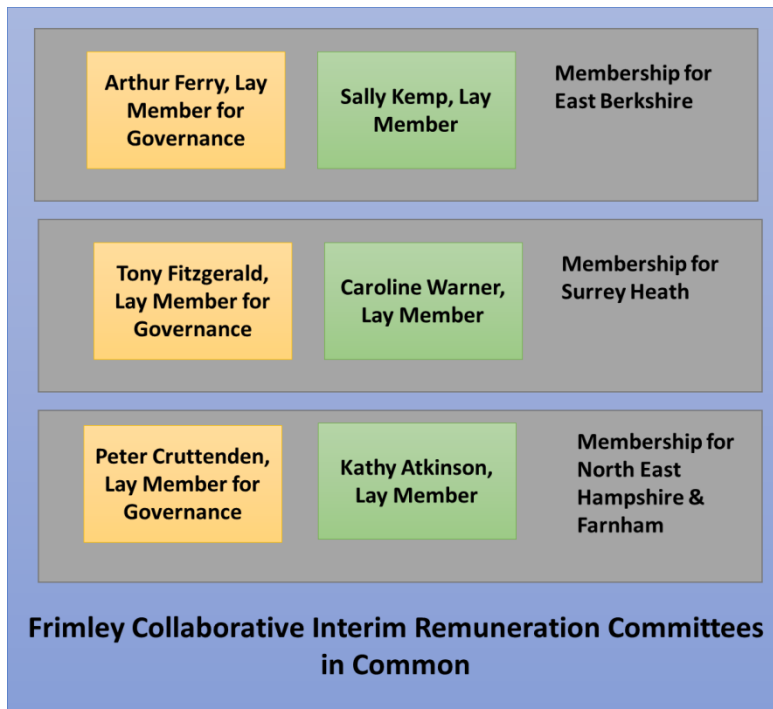
### Meeting arrangements between April 2019 – December 2019

The CCG was part of the Hampshire and Isle of Wight Partnership Remunerations Committees in Common between April 2019 – December 2020. The CCG had two voting members on the Committees in Common, as shown in the diagram below:



## Interim Meeting Arrangements for the Frimley Collaborative

Throughout August 2019 and September 2019, the CCG developed an interim arrangement with NHS East Berkshire and Surrey Heath CCGs to oversee the appointment, remuneration, fees and allowances for the Accountable Officer, single Executive Team, Clinical Chair and Lay Convenor. This Interim Committees in Common membership comprised of the lay members from each CCG as shown in the diagram overleaf.



### 13.5. March 2020 changes in response to COVID-19 Pandemic

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

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

- lead and resource the Frimley Health and Care Integrated Care System COVID 19 Incident Control Centre and
- support primary care to respond to the impact of COVID 19.

The Frimley Collaborative Board made two important decisions. To suspend meetings for three months with the exception of the Collaborative Board, Audit Committee and Primary Care Commissioning Board. The Board 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 - System use of Resource;
- Fiona Slevin-Brown - Full Time System Gold Command Lead;
- Nicola Airey - Chief Operating Officer, supporting and co-ordinating places, emphasis on primary care and community services (supported by four Interim Director of Operations, and North East Hampshire CCG's Interim Managing Director);
- Sarah Bellars – Director of Nursing and Quality - Focus on Infection Prevention and Control, Governance, Safeguarding, & System Quality;
- Emma Boswell - Staff, workforce and communications, capturing improvement practice;
- Lalitha Iyer - Aligning clinical thresholds at System, supporting Chief Operating Officer, and Director of Quality and Nursing. Ensured clinical capacity of CCG GP time in supporting the frontline.

Interim posts were also brought in for Governing Body positions:

- Clinical Chair - Peter Bibawy;
- Lay Convenor - Caroline Warner;
- Lay Members:
  - Bracknell Forest – Ed Palfrey
  - North East Hampshire & Farnham - Kathy Atkinson holding responsibilities for Patient and Public Engagement;
  - Slough and Royal Borough - Arthur Ferry holding responsibilities for governance
  - Surrey Heath - Tony Fitzgerald holding responsibilities for Primary Care
- Secondary Care Consultant - Amanda Wellesley
- Place Based Clinical Leaders:
  - Bracknell Forest – Martin Kittel
  - North East Hampshire & Farnham – Steven Clarke
  - Royal Borough – Huw Thomas
  - Slough – Jim O'Donnell
  - Surrey Heath – John Fraser

## **Additional notes**

### **13.6. Personal data related incidents**

In 2019-20, there were no reported Serious Untoward Incidents relating to data security breaches.

### **13.7. 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.

### **13.8. Modern Slavery Act**

North East Hampshire & Farnham CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the financial year ending 31 March 2020 is published on our [website](#).

## 14. STATEMENT OF ACCOUNTABLE OFFICER'S RESPONSIBILITIES

The National Health Service Act 2006 (as amended) states that each Clinical Commissioning Group shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed the Chief Executive to be the Accountable Officer of North East Hampshire & Farnham CCG.

The responsibilities of an Accountable Officer are set out under the National Health Service Act 2006 (as amended), Managing Public Money and in the Clinical Commissioning Group Accountable Officer Appointment Letter. They include responsibilities for:

The propriety and regularity of the public finances for which the Accountable Officer is answerable,

- For keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction),
- For safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities).
- The relevant responsibilities of accounting officers under Managing Public Money,
- Ensuring the 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 Section 14R 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 Clinical Commissioning Group to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Clinical Commissioning Group and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

NHS Commissioning Board (NHS England) has appointed the Director of Finance as the Accounting Officer of North East Hampshire & Farnham CCG.

The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding North East Hampshire & Farnham CCG's assets, are set out in Managing Public Money published by the HM Treasury.

As the Accounting 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 North East Hampshire & Farnham CCG's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

To the best of my knowledge and belief I have properly discharged the responsibilities set out under the National Health Services Act 2008 (as amended), Managing Public Money and in my Clinical Commissioning Group Accountable 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.

**Dr Andy Brooks**

Clinical Chief Officer

23 June 2020

## 15. GOVERNANCE STATEMENT

### 15.1. Introduction and context

*'NHS North East Hampshire & Farnham CCG is a corporate body established by NHS England on 1 April 2013 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 at 31 March 2019, the clinical commissioning group is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.'*

### 15.2. Scope of responsibility

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

*I am responsible for ensuring that the clinical commissioning group 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.'*

### 15.3. 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 Governing Body is constituted in accordance with the Health and Social Care Act 2012 and is the principle decision-making body in the commissioning and contracting of high-quality healthcare for our local community. It comprises of clinical, lay and executive directors with a variety of backgrounds, with a wide range of skills and experience. These include

members overseeing elements of governance and patient and public engagement. Details of membership are reported in the Members Report.

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 with the clinical commissioning groups across both Hampshire & the Isle of Wight and the Frimley Health and Care Integrated Care Systems.

In July 2019, the CCG, with NHS East Berkshire and Surrey Heath Clinical Commissioning Groups decided to develop a single commissioning function for the Frimley Integrated Care System. Known as the Frimley Collaborative, the three CCGs would create a single executive team, share a single Accountable Officer and organise the commissioning resource into 5 places - Slough; Surrey Heath; North East Hampshire & Farnham; Windsor & Maidenhead; Bracknell Forest. Each of the five places would have a Managing Director, Lay Member, and Clinical Lead to manage the place-based delivery plans.

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

## Our Governing Body

The Governing Body met seven times between April 2019 and December 2019 with one meeting in public September 2019. The following table shows the attendance of members at these meetings.

**Table showing membership and attendance at the Governing Body meetings held between May 2019 & November 2019**

Name and designation	22 May 2019	10 July 2019	11 Sept 2019	24 Sept 2019	9 Oct 2019	13 Nov 2019	27 Nov 2019
<b>Dr Peter Bibawy Clinical Chair</b>	A	✓	✓	✓	✓	✓	✓
<b>Maggie Maclsaac - Accountable Officer</b>	✓	✓	A	A	A	A	✓
<b>Dr Martin Ballard Governing Body GP</b>	✓	A	✓	A	✓	✓	✓
<b>Dr Karl Bennett Governing Body GP</b>	✓	A	✓	A	✓	✓	✓
<b>Dr Steven Clarke Governing Body GP</b>	A	✓	✓	✓	✓	✓	✓
<b>Dr Hanne Hoff Governing Body GP</b>	✓	✓	✓	A	✓	✓	✓
<b>Dr Ed Palfrey Secondary Care Clinician</b>	✓	✓	✓	✓	✓	✓	✓
<b>Kathy Atkinson - Lay member – patient and public engagement</b>	✓	✓	✓	A	✓	✓	✓
<b>Elaine Budd- Lay member finance and performance (until 31 July 2019)</b>	✓	✓					
<b>Peter Cruttenden - Lay member – governance</b>	✓	✓	✓	✓	✓	✓	✓
<b>Ruth Colburn-Jackson Managing Director</b>	✓	✓	✓	✓	✓	✓	✓
<b>Emma Boswell - Director of Quality and Nursing</b>	✓	✓	✓	✓	✓	✓	A
<b>Ros Hartley - Director of Strategy and Partnerships</b>	✓	✓	✓	✓	✓	✓	✓
<b>Roshan Patel – Director of Finance</b>	✓	A	✓	✓	A	✓	✓
<b>Clare Hook - Area Director for North East Hampshire Adult Services, Hampshire County Council</b>	A	A	✓	A	A	A	A

Key: A = Apologies for absence D = Nominated Deputy

Declarations and the Register of Interests are reviewed at each meeting.

<https://www.northeasthampshireandfarnhamccg.nhs.uk/documents/class-6-list-and-registers>

## Frimley Collaborative Board

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

At its meetings on 5 February and 10 March 2020, the Board considered the Frimley Health and Care Integrated Care System Draft Operational Plan for 2020/21; the continued development of integrated performance reporting and an aligned approach for risk management. At the extra-ordinary meeting on 24 March 2020 the Frimley Collaborative Board enacted Emergency Preparedness Resilience and Response arrangements in response to the COVID-19 critical incident.

The following table shows the attendance of members at these meetings.

**Table showing membership and attendance at the Frimley Collaborative Board meetings held between February & March 2020**

Name and designation	5 February 2020	10 March 2020	24 March 2020
<b>North East Hampshire and Farnham CCG</b>			
Dr Andy Brooks – Clinical Chief Officer	✓	✓	✓
Sarah Bellars – Executive Director of Nursing	✓	✓	✓
Rob Morgan – Executive Director of Finance (Chief Finance Officer)	✓	✓	✓
Emma Boswell – Executive Director of Development and Improvement	✓	✓	✓
Dr Lalitha Iyer – Medical Director	✓	A	✓
Ollie White - Interim Managing Director North East Hampshire and Farnham	✓	✓	✓
Dr Peter Bibawy – Clinical Chair North East Hampshire and Farnham	✓	✓	✓
Dr Steven Clarke - Governing Body GP North East Hampshire and Farnham	A	✓	✓
Dr Ed Palfrey – Secondary Care Clinician North East Hampshire and Farnham	✓	A	✓
Kathy Atkinson – Lay Member for Patient and Public Engagement North East Hampshire and Farnham	✓	A	✓

**Table showing membership and attendance at the Frimley Collaborative Board meetings held between February & March 2020 - continued**

<b>Name and designation</b>	<b>5 February 2020</b>	<b>10 March 2020</b>	<b>24 March 2020</b>
<b>East Berkshire CCG</b>			
<b>Dr William Tong – Clinical Chair East Berkshire</b>	✓	A	✓
<b>Dr Huw Thomas – Locality Lead for The Royal Borough</b>	A	✓	✓
<b>Dr Jim O’Donnell – Locality Lead for Slough</b>	A	✓	✓
<b>Dr Jackie McGlynn – Locality Lead for Bracknell Forest</b>	✓	✓	✓
<b>Clive Bowman – Lay Member for Governance East Berkshire</b>	✓	✓	A
<b>Arthur Ferry – Lay Member for Governance East Berkshire</b>	✓	✓	✓
<b>Fiona Slevin-Brown – Managing Director for Bracknell Forest</b>	✓	✓	✓
<b>Surrey Heath CCG</b>			
<b>Dr Amanda Wellseley – Secondary Care Consultant for Surrey Heath and East Berkshire</b>	✓	✓	✓
<b>Tony Fitzgerald – Interim Lay Chair and Lay Member for Governance Surrey Heath</b>	✓	✓	✓
<b>Dr John Fraser – Governing Body GP Surrey Heath</b>	✓	✓	✓
<b>Nicola Airey – Managing Director Surrey Heath</b>	✓	✓	✓
<b>In attendance:</b>			
<b>Caroline Warner – Lay Person for Patient and Public Engagement Surrey Heath</b>	✓	✓	✓
<b>Fiona Edwards – Frimley Health and Care Integrated Care System Lead</b>	✓	A	✓

Key: A = Apologies for absence D = Nominated Deputy

Declarations and the Register of Interests are reviewed at each meeting.

<https://www.northeasthampshireandfarnhamccg.nhs.uk/documents/class-6-list-and-registers>

## **Sub committees of the Governing Body**

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:

- Established a single Frimley Collaborative Quality, Performance and Finance Committee;
- Engagement Group replaced the Patient and Public Engagement (PPE) Committee;
- Created a new Place Based Committee; and
- Established Committees in Common for Audit and Remuneration.

## **Quality, Performance and Finance Assurance Committee**

This committee was in place between April 2019 and January 2020. It was chaired by a Lay Member, attended by Executive Directors, Secondary Care Consultant and Clinical Directors. See attendance in table overleaf.

The Committee fulfilled the assurance function in relation to quality, operational and financial performance. Its agenda was driven by risk, with updates provided at each meeting. All decisions and emerging risks were escalated to the Governing Body.

Key areas covered between April 2019 and January 2020 include:

- Investment into children and young people mental health services across both Hampshire and Surrey;
- Investment in adult mental health services;
- Integrated urgent care co-design;
- Community services procurement;
- Impact of the European Union exit;
- Risks relating to the performance and activity of our providers;
- Escalation from the Quality Operational Group;
- CCG objectives and local delivery plans; and
- CCG financial plans.

The following table shows the attendance of members at these meetings.

**Table showing Quality, Performance and Finance Assurance Committee membership and attendance for 2019-20**

<b>Name and designation</b>	<b>24 Apri 2019</b>	<b>22 May 2019</b>	<b>26 Jun 2019</b>	<b>24 July 2019</b>	<b>28 Aug 2019</b>	<b>25 Sept 2019</b>	<b>23 Oct 2019</b>	<b>18 Dec 2019</b>
<b>Elaine Budd, Lay member for finance and performance (Chair until 31 July 2019)</b>	✓	✓	✓	✓				
<b>Arthur Ferry, Lay member East Berkshire (Chair from 1 September 2019)</b>					✓	✓	✓	✓
<b>Ed Palfrey, Secondary Care Consultant</b>	A	✓	✓	✓	✓	✓	✓	✓
<b>Peter Cruttenden, Lay member for Governance</b>	✓	✓	✓	A	✓	✓	✓	✓
<b>Ruth Colburn-Jackson, Managing Director</b>	✓	✓	A	✓	✓	A	✓	✓
<b>Roshan Patel, Chief Finance Officer</b>	A	D	D	D	✓	A	A	
<b>Emma Boswell, Director of Quality and Nursing</b>	✓	D	✓	D	✓	A	✓	A
<b>Dr Peter Bibawy, Clinical Chair</b>	A	A	A	✓	A	A	✓	✓
<b>Dr Steven Clarke, Governing Body GP</b>	✓	A	✓	✓	✓	A	✓	✓
<b>Martin Ballard, Governing Body GP</b>	A	✓	A	A	✓	✓	✓	✓
<b>Dr Karl Bennett, Governing Body GP</b>	✓	A	A	A	A	✓	✓	A
<b>Dr Hanne Hoff, Governing Body GP</b>	✓	A	✓	A	A	✓	A	✓

Key: A = Apologies for absence D = Nominated Deputy

### **Patient and Public Engagement (PPE) Committee**

This committee recognises the critical importance and value of engaging with patients and the public in order to improve health outcomes for the local population.



The Exploring Our Engagement Group began meeting in October 2019, replacing the Patient and Public Engagement (PPE) Committee. This was based on a collective decision to move away from a traditional committee to a more action learning based approach.

The Patient and Public Engagement Committee only met once in May 2019 at which it agreed to change the governance framework for patient and public engagement in the CCG.

## 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.

Covered in this period of time are the procurements of Home from Hospital service; social prescribing; and Children and Young People's Safe Haven.

## Audit and Risk Committees in Common April 2019 to March 2020

The Audit and Risk Committees-in-Common held five meetings during the year. Key areas covered in 2019-20 include:

- Regular reports on single tender waivers;
- Assurance on Continuing Health Care services (hosted by West Hampshire CCG);
- Regular reports from Counter Fraud Service;
- Review of significant risks and the board assurance framework.

The following table shows the attendance of members at these meetings.

**Table showing membership and attendance in 2019-20**

Name and designation	21 May 2019	4 July 2019	3 Oct 2019	14 Jan 2020	12 Mar 2020
<b>Members of the Committee in Common:</b>					
Judy Venables (Convenor) Lay Member Hampshire and Isle of Wight Partnership of CCGs member between 1 April 2019 and 31 March 2020	✓	✓	✓	✓	✓
Martyn Davies – Lay Advisor Hampshire and Isle of Wight Partnership of CCGs member between 1 April 2019 and 31 March 2020	✓	✓	✓	✓	✓
Margaret Scott – Lay Member Hampshire & Isle of Wight Partnership of CCGs member between 1 April 2019 and 31 March 2020	✓	✓	✓	✓	✓
Elaine Budd – Lay Member for Finance North East Hampshire & Farnham CCG member between 1 April 2019 and 31 July 2019	✓				
Peter Cruttenden – Lay Member for Governance North East Hampshire & Farnham CCG member between 1 April 2019 and 31 March 2020	✓	✓	✓	✓	✓

Key: A = Apologies for absence D = Nominated Deputy

## Remuneration Committees in Common

### Meeting arrangements between April 2019 – December 2019

The Hampshire and Isle of Wight Partnership Remuneration Committee in Common held five meetings during this period. Key areas covered include:

Oversight on the new organisational structure and senior staff appointments for the Partnership;

- VSM pay award/ salary review;
- Employment relation issues;
- TUPE arrangements;
- Consultancy, interim and secondments;
- Oversight on the Partnership People Plan; and
- Review on the pay progression framework; and Workforce reports.

The following table shows the attendance of members at these meetings.

**Table showing Remuneration Committees in Common membership and attendance between April 2019 – December 2019**

Name and designation	16 May 2019	9 July 2019	8 Aug 2019	25 Sept 2019	3 Dec 2019
<b>Peter Cruttenden (Convenor) – Lay Member for Governance North East Hampshire &amp; Farnham CCG</b>	✓	✓	✓	✓	✓
<b>Kathy Atkinson – Lay Member for Patient and Public Engagement North East Hampshire &amp; Farnham CCG</b>	A	A	✓	✓	✓
<b>Margaret Scott – Lay Member Hampshire and Isle of Wight Partnership of CCGs</b>	✓	✓	✓	A	A
<b>Jessamy Baird – Lay Advisor Hampshire and Isle of Wight Partnership of CCGs</b>	✓	A	✓	✓	✓
<b>Judy Venables – Lay Member Hampshire and Isle of Wight Partnership of CCGs</b>	✓	✓	✓	✓	✓

Key: A = Apologies for absence D = Nominated Deputy

### Interim Remuneration Committees in Common Meeting Arrangements between August 2019 – March 2020

The Interim Committee was constituted to make recommendations to the respective Governing Bodies on arrangements for the appointment, remuneration, fees and allowances for the Accountable Officer, single Executive Team, Clinical Chair and Lay Convenor.

The Interim Committees in Common met formally eight times between August 2019 and March 2020. The following table shows the attendance of members at these meetings.

**Table showing Interim Remuneration Committees in Common membership and attendance**

Name and designation	9 Aug 2019	9 Sept 2019	27 Sept 2019	18 Oct 2019	15 Nov 2019	6 Dec 2019	24 Jan 2020	9 Mar 2020
Sally Kemp – Lay Member for Governance East Berkshire (August 2019 to 31 December 2019) and Independent Lay Convenor (1 Jan 2020 to 31 March 2020)	✓	✓	✓	✓	✓	✓	✓	✓
Arthur Ferry – Lay Member for Governance East Berkshire	✓	✓	✓	✓	A	A	✓	✓
Tony Fitzgerald – Interim Lay Chair and Lay Member for Governance Surrey Heath	✓	✓	✓	✓	✓	✓	✓	✓
Caroline Warner – Lay Person for Patient and Public Engagement Surrey Heath	✓	✓	✓	✓	✓	✓	✓	A
Peter Cruttenden – Lay Member for Governance North East Hampshire & Farnham CCG	✓	✓	✓	✓	A	✓	✓	✓
Kathy Atkinson – Lay Member for Patient and Public Engagement North East Hampshire & Farnham CCG	A	✓	✓	✓	✓	✓	✓	✓

Key: A = Apologies for absence D = Nominated Deputy

#### 15.4. UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance.

#### 15.5. Discharge of Statutory Functions

In light of recommendations of the 1983 Harris Review, the clinical commissioning group has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations.

In the 2020 Constitution the CCG has restated how it would discharge its responsibilities and functions. As a result, I can confirm that the clinical commissioning group is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

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

## **15.6. Risk management arrangements and effectiveness**

The CCG maintained a Governing Body Assurance Framework during 2019-20 supporting the system of internal control. These are significant parts of the risk and control framework and are designed to manage risk and to provide reasonable assurance of effectiveness.

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 be part of a wider process to development an overarching risk management strategy for the Collaborative in 2020.

The CCG reviews any impact that a project or programme of work will have on local people. This includes an assessment of risk that helps the CCG to identify mitigating actions. Engaging with local people and stakeholders is one of the actions taken to reduce potential risks. The CCG listens to patients and makes sure local people are engaged throughout the design process, helping to develop new ideas and improve existing services.

The Quality, Performance and Finance Committee played an important role to identify and prioritise the management of risks which could impact upon the achievement of the CCG's objectives; and to evaluated the likelihood of those risks being realised showing the impact should they be realised.

It is important for every employee and clinical lead to understand the Governance Framework, the Risk Management Policy and in particular the benefits of on-going identification and management of risk issues. Awareness and training continued to take place in 2019-20.

The CCG receives assurance on risk from a number of sources including Local Counter Fraud Specialist and Security Management Specialists that provide an evaluation on potential risks. The Audit Committee receives these assurances on behalf of the Governing Body.

## **15.7. Capacity to Handle Risk**

There were a 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 Chief Officer, Chief Finance Officer and Director of Nursing and Quality. To mitigate risks during this transition, phase the three CCGs set up an 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 – December 2019

- Governing Body; and
- Quality, Performance and Finance Committee.

The period January – March 2020

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

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 etc. would adversely impact upon a cohort of the population through its engagement with the public and by undertaking equality impact assessments.

## 15.8. Risk Assessment

The CCG described and reported to the governing body on the following strategic risks:

*Providers of commissioned services are unable to meet the constitutional targets, and patients may not receive timely, responsive or high quality care and treatment.*

In 2019-20, there were three significant risks that affected the CCG's ability to meet its statutory obligations to meet constitutional targets, provider performance, quality and financial plans. Specifically:

- Children's and Adolescent Mental Health Services (CAMHS); performance and waiting times in Surrey and Hampshire;
- Provider performance and not achieving the constitutional targets;
- Working within a System Control Total.

*If the CCG is unable to deliver planned financial control totals for 2019-20. Impact on the following – (1) CCG and system reputation (2) reduced opportunity to invest in implementing models of care (3) quality of services for patients.*

In 2019-20, there were three significant risks that affected the CCG's ability to deliver planned financial totals:

- Confidence in delivering system wide savings;
- Wider impact of financial challenges across the Frimley Health and Care Integrated Care System consolidated control total incurred across the system;
- Underlying system deficit and our ability to transform system finances to continue to meet the future control totals for the system.

*If the CCG is unable to deliver primary care strategy this may have a negative impact on access, quality outcomes and sustainability.*

In 2019-20, there were four significant risks that affected the CCG's ability to deliver the primary care strategy:

- Practice resilience in Farnborough;
- Delivering our primary care Estates Strategy in Farnborough;
- Primary Care Network level sustainability – to enable us to tackle access / workforce and resilience issues;
- Pace of change to expand and enhance digital in primary care;

*If the CCG is not able to develop confident and able leaders; and attract & retain staff, then we will not be able to deliver our plans and support the development of the Frimley Integrated Care Partnership.*

In 2019-20, there were three significant risks that affected the CCG's ability to develop confident and able leaders:

- Different controls for staff appointments and re-appointment across the three CCGs;
- Managing remuneration organisational development and associated HR issues through transition with two Committees in Common;
- Capacity in CCG as number of staff off sick and unfilled vacancies.

*If the CCG objectives and delivery plans are not aligned across our local system and partners. This will result in delays in implementing models of care for patients; impact on CCG reputation; lead to duplication of work and inefficient use of resources.*

In 2019-20, there was a significant risk that affected the CCG's ability to align objectives and delivery plans and this was how it could maintain influence on strategic plans and direction while developing leadership structure for the three CCGs.

The CCG has clearly articulated these risks on the Governing Body Assurance Framework (GBAF) which ensures full transparency and understanding of the risks facing the CCG at Board level. The GBAF also shows the direction of travel for each strategic risk and includes reports on the current actions taking place. These papers are always available to the public on the CCG's website to make sure the public is fully sighted on what is happening in the CCG.

Other significant risks managed through the internal system resilience group.

***Exit from the European Union*** - *If the CCG does not plan appropriately for the exit from the European Union, then the local health services may not be covered under new arrangements. This will impact local services, system resilience, CCG staffing and reputation.*

NHS England provided strategic oversight with the Local Health Resilience Partnership providing system wide planning. The Internal Resilience Group met monthly and monitored national and local risks relating to the exit. The CCG's business continuity plans were reviewed to ensure staff were fully aware of actions required if there were any workplace disruptions.

***Climate Emergency*** - *If the CCG does not recognise that climate change and wider environmental degradation are threats to the health and well-being of the local population then it will not be able to respond to any national commitment to have plans in place to tackle climate change. This will have an impact on reputation and eventually the ability to address the climate change emergency.*

The CCG continues to keep NHS England aware of all strategic risks as part of the regular dialogue and reporting arrangements.

## **15.9. Other sources of assurance**

### **Internal Control Framework**

A system of internal control is the set of processes and procedures in place in the clinical commissioning 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.

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 clinical commissioning group who have responsibility for the development

and maintenance of the internal control framework. I have drawn on performance information available to me.

I have been advised and given assurance on the effectiveness of internal controls throughout the year through the work carried out by the following:

- Governing Body;
- Audit Committee;
- Quality Performance and Finance Committee; and
- Internal audit.

Our board assurance framework provides me with evidence that the effectiveness of controls that manage risks to the clinical commissioning group achieving its principles objectives have been reviewed.

The external auditors provide me with their opinion through their annual audit letter and other reports.

Internal audit has provided reasonable assurance in their head of internal audit opinion (included at the end of this section of the report).

### **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.*

During 2019-20, the CCG has worked with the other CCGs in both the Hampshire and Isle of Wight Partnership and the Frimley Collaborative to share best practice and align processes. Due to Covid-19 the internal audit was postponed. Even without this being completed, I am content that the CCG has continued to be compliant with statutory guidance. I have taken assurance from the NHS England annual conflicts of interest self-assessment and the CCGs long standing record of assurance provided by Internal Audit. No issues have been brought to my attention in the past year that would indicate an increased risk if the audit was delayed.

### **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 ensures data quality throughout the commissioning process and, although we rely on other NHS organisations and the CSU, we gain direct assurance from these organisations on a monthly basis and gain independent

assurance from Internal Audit reports. No significant issues relating to data quality have been reported to the Governing Body.

## Information Governance

*The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the clinical commissioning group, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.*

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. In 2019-20 the CCG received **substantial assurance** from the Internal Audit on the review of the Data Security and Protection Toolkit.

This provides the assurance that the CCG has established an information governance management framework and developed robust information governance processes and procedures in line with the information governance toolkit. 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.

There are processes in place for incident reporting and investigation of serious incidents. We are developing information risk assessment and management procedures and a programme will be established to fully embed an information risk culture throughout the organisation against identified risks.

## 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 business critical models of the CCG primarily rely on activity and finance data produced by the Commissioning Support Unit (CSU) which is assured through their own processes.

The work of the CSU and the validity of its data is subject to further independent internal audit scrutiny. As Accountable Officer, I receive 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 to Audit and Risk Committee.

### **Third party assurances**

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

The CCG receives assurance reports from the following organisations:

- From the CSU for some or all services provided (as agreed between the CCG and CSU annually);
- From NHS Shared Business Services for the provision of Financial and Accounting Services and Primary Care Payments services;
- From IBM on the operation of the Electronic Staff Record (ESR) Payroll infrastructure and service;
- From NHS Business Service Authority on the operation of prescription services and dental services.

These are Service Auditor Reports which typically set out the following:

- Respective responsibilities in the Service end to end process;
- A high level description of the governance and assurance arrangements in place at the Service Organisation including arrangements for effective risk management and assurance;
- A high level description of the Service control environment;
- An assertion by the Service Organisation management regarding the design of internal controls over the process; and,
- A low level description of the Service's control objectives and supporting key controls.

Service Auditor Reports are an internationally recognised method for Service Organisations to provide details of controls and their operation in a specified period to their clients, and are prepared to internationally recognised standards (typically ISAE 3000 and 3402).

In drawing a conclusion on the control environment at the end of this Governance Statement, no significant deficiencies in controls have been reported in 2019-20.

### **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 **reasonable assurance** rating.

Only one audit was reported with a limited assurance opinion. This was for the Individual Funding Requests Service Hosted by NHS Surrey Downs CCG. I am assured that NHS Surrey Downs CCG have created and maintain an action plan to facilitate implementation of the recommendations made from this review.

No significant control issues have been identified by the auditors that might prejudice or undermine the integrity or reputation of the CCG and/or wider NHS.

#### **15.10. Review of economy, efficiency & effectiveness of the use of resources**

I am confident the CCG actively promotes the three E's in all aspects of the CCG's business. The Executive Team and the Quality, Performance and Finance Committee provide critical oversight on investments from both a clinical and financial perspective. All of the achievements of the CCG have been performed within resource limits set by NHS England.

Recruiting the right people to the right posts has been a fundamental approach the CCG has taken forward as part of managing its resources throughout 2019-20. It has maintained its strong leadership with clinical leadership central to the areas that the CCG is responsible for commissioning.

CCGs are statutory organisations responsible to their Governing Body for the delivery of both their statutory and constitutional duties and improvements in the health outcomes of their population. NHS England approaches assurance from the assumption that CCGs will deliver against these requirements.

The process uses information derived from a variety of sources including, where necessary, face-to-face visits. The nature of the oversight, including the expected frequency of assurance meetings, is agreed between NHS England and individual CCGs.

The assurance process introduces a more risk-based approach which differentiates high performing CCGs, those whose performance gives cause for concern, and those in between. It consists of the following components:

- well-led organisation;
- performance: delivery of commitments and improved outcomes;
- financial management;
- planning; and
- delegated functions.

For 2018-19 NHS North East Hampshire & Farnham CCG has received an **'outstanding' assurance** rating on all domains assessed.

#### **15.11. Delegation of functions**

On April 1 2016, the CCG assumed responsibility for commissioning local primary care services. The delegation of this role from NHS England to the CCG is an extremely important development in the planning of healthcare services provided to the local population.

As the commissioner for local primary care the CCG works more closely with its member practices on planning the services provided to local people.

No control issues have been raised by the auditors and the annual NHS England Mandated Delegated Primary Care Commissioning Review provided substantial assurance on effectiveness of the arrangements put in place by the CCG to exercise the primary medical care commissioning functions of NHS England as set out in the Delegation Agreement.

## Delegated Primary Care Commissioning Committee

The following table shows the attendance of members at these meetings.

**Table showing membership and attendance for Delegated Primary Care Commissioning Committee**

Name and designation	17 Apr 2019	22 May 2019	19 Jun 2019	17 Jul 2019	18 Sept 2019	16 Oct 2019	28 Oct 2019	20 Nov 2019	11 Dec 2019	15 Jan 2020	12 Feb 2020	11 Mar 2020
Margaret Scott (Interim Chair)	A	✓	✓	✓	A	✓	✓	A	✓	✓	✓	✓
Peter Cruttenden – Lay member for Governance	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓
Maggie Maclsaac Accountable Officer (until 1 December 2019)	A	A	D	A	A	A	A	A				
Ruth Colburn-Jackson Managing Director (until 17 January 2020)	A	A	A	A	A	D	A	✓	A	✓		
Roshan Patel – Chief Finance Officer (until 1 January 2020)	A	✓	D	D	D	D	✓	D				
Emma Boswell) – Director of Quality and Nursing (until 1 January 2020)	✓	A	✓	✓	✓	A	A	✓	A	✓		
Sarah Bellars - Director of Quality and Nursing											D	✓
Dr Ed Palfrey- Secondary Care Clinician	A	✓	A	✓	✓	✓	✓	✓	A	A	A	A
Dr Peter Bibawy Clinical Chair	D	D	A	A	A	D	D	✓	D	D	D	D
Dr Steven Clarke Governing Body GP	✓	A	✓	✓	✓	D	A	✓	✓	✓	✓	✓
Dr Martin Ballard Governing Body GP	A	✓	A	A	✓	✓	✓	✓	✓	✓	✓	✓
Dr Hanne Hoff Governing Body GP	✓	✓	A	A	A	✓	✓	✓	A	✓	✓	A
Dr Lisa Harding Wessex LMC	A	✓	✓	✓	A	A	✓	A	A	✓	A	A
Dr Clare Sieber Wessex LMC								✓	✓	A	A	A

Key: A = Apologies for absence D = Nominated Deputy

## **15.12. Counter fraud arrangements**

The Local Area Counter-Fraud Team provide an active role in the prevention and deterrence of fraud, bribery and corruption through its attendance at the Audit and Risk Committee, involvement in policy-setting and sharing of information through newsletters and attendance at CCG meetings.

In 2019-20, six allegations were received of which five were investigated. One matter remains under investigation at year end. No other significant losses are reported.

The mandatory self-assessment has been completed and the CCG received an overall 'Green' rating.

The CCG has established a positive training and awareness culture to ensure all staff receive regular training and newsletters provided by the Local Counter-Fraud Team. The Fraud and Security Management Service arranged for the South East Regional Organised Crime Unit to deliver a Cyber Crime Event which was attended by senior CCG employees and Lay Members.

The specialist attends the Audit and Risk Committee (in common) meetings and reports on progress against the Annual Plan. The plan, which is targeted to meet NHS Protect Standards for Commissioners (Fraud, Bribery and Corruption), includes strategic governance, awareness of risk of fraud, prevention initiatives, detection and investigation.

**Dr Andy Brooks**

Chief Executive Officer

23 June 2020

### 15.13. Head of Internal Audit Opinion (HoIA)

The purpose of my annual HoIA Opinion is to contribute to the assurances available to the Accountable Officer and the Governing Body which underpin the Governing Body's own assessment of the effectiveness of the organisation's system of internal control. This Opinion will in turn assist the Governing Body in the completion of its Annual Governance Statement (AGS).

My opinion is set out as follows:

1. Overall opinion;
2. Basis for the opinion;
3. Matters that have had an impact on the opinion; and commentary.

1. My overall opinion is that **reasonable assurance** can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls, put the achievement of particular objectives at risk.

2. The basis for forming my opinion is as follows:

- i. An assessment of the design and operation of the underpinning Assurance Framework and supporting processes; and
- ii. An assessment of the range of individual opinions arising from risk-based audit assignments, contained within internal audit risk-based plans that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses.

Additional areas of work that may support the opinion will be determined locally but are not required for NHS England and Improvement e.g. any reliance that is being placed upon Third Party Assurances. There are no matters to bring to your attention which have had an impact on the Head of Internal Audit Opinion.

The NHS England South, Central and West Commissioning Support Unit Service Auditor Report on Internal Controls (Type II) covering Finance, Payroll and Non-Clinical Procurement for the period 1st April 2019 to the 31st March 2020 was reviewed. The reports states that 'As a result of the COVID-19 pandemic, the CSU offices were locked down and documentation to evidence the operation of certain controls could not be retrieved'. It is noted that there were four controls the CSU Internal Auditors were unable to obtain the evidence required to confirm their operating effectiveness throughout the period or determine whether the related control objectives had been achieved.

It is also noted that exceptions were noted for five other controls and on that basis they issue a qualified opinion. All the nine controls apply to North East Hampshire and Farnham CCG; however, the control failures were not sufficiently significant to impact on our Opinion. The CCG's management should however follow this up with the CSU to confirm that the control failures have been addressed.

PWC, the independent auditors for NHS Shared Business Services, have issued their Finance and Accounting ISAE3402 Report for 2020. This report covered Finance and Accounting and associated general IT controls for the period 1 April 2019 to 31 March 2020. Their review covered twenty-one control objectives and the report did not identify any exceptions in respect of all twenty-one control objectives.

It is noted that at the time of preparing this report that it was reported that, 'for 2019/20, North East Hampshire and Farnham CCG achieved a £13,000 surplus (unaudited) against an in-year budget/allocation of £326,443,000, with all risks fully mitigated as at 31st March 2020'.

3. Matters that have had an impact on the opinion. Other assurances which were also received by the NHS North East Hampshire and Farnham CCG's Audit Committee during the year and related to audits carried out for services hosted on behalf of NHS North East Hampshire and Farnham CCG by another CCG.

**Table showing assurances received during the year and relate to audits carried out for hosted services on behalf of the CCG**

Audit	Report Status	Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance
<b>Review also Funded by North East Hampshire and Farnham CCG through a contribution of audits days and included within the plan</b>					
<b>Continuing Healthcare (CHC) Adults &amp; Children – hosted by Surrey Downs CCG</b>	Final Report		✓		
<b>Safeguarding Arrangements Children – hosted by West Hampshire CCG</b>	Final Report		✓		

Audit	Report Status	Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance
<b>Review not funded by North East Hampshire and Farnham CCG, however audit report shared by the host CCG</b>					
<b>Individual Funding Requests (hosted by Surrey Downs CCG)</b>	Final Report			✓	
<b>Personal Health Budgets - Children (hosted by Guildford and Waverley CCG) and Adults (hosted by Surrey Downs CCG)</b>	Final Report		✓		

Summary of completed internal audit work shown in the table below.

**Table showing Assurance Assessments 2019-20**

System	Report Status	Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance
<b>GBAF and Risk Management</b>	Final Report		✓		
<b>Data Security and Protection Toolkit</b>	Final Report	✓			
<b>Key Financial Systems</b>	Final Report	✓			
<b>QIPP Review</b>	Final Report		✓		
<b>Primary Care – NHS England Mandated Review</b>	Final Report	✓			
<b>Confidential Waste Management-Review of the collection process</b>	Completed	Operational review			
<b>Conflicts of Interest-NHS Mandated Review</b>	Audit paused due to COVID-19 incident response				
<b>Partnership-wide Reviews</b>					
<b>Children and Maternity Services</b>	Final Report		✓		
<b>Restricted Treatment and Procedures (RTAP)</b>	Final Report		✓		

System	Report Status	Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance
<b>CAMHS Review</b>	Final Report		✓		
<b>Other Assurances (Hosted Services)</b>					
<b>Continuing Healthcare (CHC) Adults and Children – hosted by Surrey Downs CCG</b>	Final Report		✓		
<b>Safeguarding Arrangements Children – hosted by West Hampshire CCG</b>	Final Report		✓		

#### **15.14. Review of the 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 clinical commissioning group who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the clinical commissioning group achieving its principles objectives have been reviewed.

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

- The Governing Body and the Frimley Collaborative Board;
- The audit committees in common;
- Quality, Finance and Performance Committee;
- Internal audit; and
- Other explicit review/assurance mechanisms.

Conclusion

No significant internal control issues have been identified.

**Dr Andy Brooks**

Clinical Chief Officer

23 June 2020

## **16. REMUNERATION REPORT AND STAFF REPORT**

### **16.1. REMUNERATION REPORT**

#### **16.1.1. Definition of senior manager**

The definition of 'senior managers' as per NHS England Annual Reporting guidance is:

*“Those persons in senior positions having authority or responsibility for directing or controlling the major activities of the clinical commissioning group.”*

This means those who influence the decisions of the clinical commissioning group as a whole rather than the decisions of individual directorates or departments. Such persons will include advisory or lay members.

For the purpose of this remuneration report, 'senior managers' constitute both voting and non-voting members of the CCG Governing Body.

#### **16.1.2. Remuneration Committee**

It is a statutory requirement that a CCG's governing body has a remuneration committee to determine and approve remuneration packages for the Chief Executive, Chief Finance Officer, Executive Directors and Board members. It will also approve policies relating to remuneration and the terms and conditions of employment for all CCG staff.

Their role is to provide advice, guidance and workforce related data as required by the Committee. No committee member is present for discussions about their own remuneration or terms of service.

For further details about the Remuneration committee, please see Member report.

#### **16.1.3. Remuneration of Very Senior Managers**

For any senior manager who is paid in excess of £150,000 on a full time annualised basis, the remuneration is agreed and discussed with the CCG Non-Executives at the Remuneration Committee. Some individuals, including the Clinical Chief Officer of the Frimley Collaborative, now have expanding and more complex portfolios covering multiple systems and geographies, and this has been strongly taken into consideration when agreeing the remuneration values. The Salary and Allowances table that follow contain further disclosures on the remuneration of the CCG's senior managers.

#### **16.1.4. Statement of Policy**

The Remuneration and Nominations Committee has the responsibility to maintain awareness of statutory requirements, national guidance and directions in relation to remuneration and workforce matters and to ensure

appropriate weight is given in its deliberations to the need to conserve public resources and deliver value for money.

Between 1 April 2019 and 1 December 2019, the CCG was a member of the Hampshire and Isle of Wight Partnership Remuneration Committees-in-Common with NHS Fareham and Gosport, NHS North East Hampshire & Farnham, NHS North Hampshire and NHS South Eastern Hampshire and NHS Isle of Wight CCGs and had those executive powers specifically delegated by each CCGs' Governing Bodies within the respective Schemes of Reservation and Delegation and in the Terms of Reference.

As described in the Member's Report and Governance Report the CCG was part of both the Hampshire and Isle of Wight Partnership Remuneration Committees in Common and also members of an interim Committees in Common in the newly established Frimley Collaborative with NHS East Berkshire and NHS Surrey Heath CCGs.

The CCG membership on the Remuneration Committee (as stated in the Membership Report) were authorised to investigate any activity within its terms of reference through the Scheme of Reservation and Delegation as supported by section 14M of the NHS Act 2006 (Duty for the CCG Governing Body to have a properly constituted remuneration committee). It is authorised to seek information it requires from any member, officer or employee.

#### **16.1.5. Senior Managers Service Contracts**

There have been no payments made for loss of office to any senior manager who was a member of the Governing Body during 2019/20.

#### **16.1.6. Salaries and allowances**

The tables below show the salaries and allowances paid to senior managers during 2019/20.

Table one reflects the senior managers across both the CCG and the Hampshire and Isle of Wight Partnership of CCGs.

The second table show senior managers that have been appointment or have taken up new roles a result of the CCG working in the new Frimley Collaborative.

All senior managers from both the Hampshire and Isle of Wight Partnership of CCGs and the Frimley Collaborative have been disclosed irrespective of whether or not they are specific to the CCG and the CCG's share of their remuneration is nil, as they have senior management responsibility across the entire collaborative arrangements of which the CCG is a part of.

The figures shown under “All Pension Related Benefits” in the table are a calculation of the increase in the senior manager’s accrued pension benefit at the beginning and the end of the financial year.

The required formula for this item includes a factor of 20 to allow for the predicted value of the annual pension over an average period of 20 years.

This table is subject to Audit			2019/20					
Name	Title		Full Salary & Fees  (Bands of £5,000) £'000	Performance Pay and Bonuses  (Bands of £5,000) £'000	North East Hampshire and Farnham CCG			
					Salary & Fees  (Bands of £5,000) £'000	Performance Pay and Bonuses  (Bands of £5,000) £'000	All Pension Related Benefits  (Bands of £2,500) £'000	TOTAL  (Bands of £5,000) £'000
Maggie Maclaasac	Chief Executive (Shared)	<i>i</i>	165-170	15-20	15-20	0-5	0-2.5	20-25
Dr Peter Bibawy	Clinical Chair - NHS North East Hampshire & Farnham CCG		100-105	0	100-105	0	22.5-25	125-130
Dr Nicola Decker	Clinical Chair - NHS North Hampshire CCG		85-90	0	0	0	0	0
Dr David Chilvers	Clinical Chair - NHS Fareham & Gosport CCG		65-70	0	0	0	0	0
Dr Barbara Rushton	Clinical Chair - NHS South Eastern Hampshire CCG		100-105	0	0	0	0	0
Dr Michele Legg	Clinical Chair - NHS Isle of Wight CCG		65-70	0	0	0	0	0
Ruth Colburn-Jackson	Managing Director for the North and Mid Hampshire system (Shared) and Managing Director for NHS North East Hampshire & Farnham CCG	<i>ii</i>	110-115	0	85-90	0	10-12.5	100-105
Zara Hyde-Peters	Managing Director - NHS North Hampshire CCG	<i>iii</i>	70-75	0	0	0	0	0
Sara Tiller	Managing Director - NHS Fareham & Gosport CCG and South Eastern Hampshire CCG	<i>iiii</i>	110-115	0	0	0	0	0
Alison Smith	Managing Director - NHS Isle of Wight CCG	<i>v</i>	85-90	0	0	0	0	0
Roshan Patel	Executive Director of Finance and Chief Operating Officer (Shared)	<i>vi</i>	135-140	0	15-20	0	5-7.5	25-30
Jane Cole	Interim Managing Director (NHS Isle of Wight CCG) and Interim Director of Finance (Shared)	<i>vii</i>	100-105	0	0	0	0	0
Emma Boswell	Executive Director of Quality and Nursing (Shared) and Executive Director of Development and Improvement (Shared)	<i>viii</i>	90-95	0	25-30	0	2.5-5	30-35
Julia Barton	Executive Director of Quality and Nursing (Shared)	<i>ix</i>	105-110	0	0	0	0	0
Rosalind Hartley	Executive Director of Strategy and Transformation (Shared)	<i>x</i>	100-105	0	10-15	0	0-2.5	10-15
Fiona White	Executive Director of People and Development (Shared)	<i>xi</i>	110-115	0	10-15	0	0-2.5	15-20
Alison Edgington	Director of Delivery (Shared)	<i>xii</i>	130-135	0	15-20	0	0-2.5	15-20
Andrew Whitfield	Clinical Director (Shared)	<i>xiii</i>	65-70	0	5-10	0	0-2.5	10-15
Peter Cruttenden	Convener of the Board for the HIOW Partnership of CCGs (Shared) and NHS North East Hampshire & Farnham CCG Lay Member	<i>xiv</i>	30-35	0	15-20	0	0	15-20
Judy Venables	Non-Executive Director (Shared)	<i>xv</i>	10-15	0	0-5	0	0	0-5
Margaret Scott	Non-Executive Director (Shared)	<i>xvi</i>	10-15	0	0-5	0	0	0-5
Carole Truman	Non-Executive Director (Shared)	<i>xvii</i>	15-20	0	0-5	0	0	0-5
Dr Edward Palfrey	Secondary Care Consultant (Shared)	<i>xviii</i>	25-30	0	10-15	0	0	10-15
Dr Steven Clarke	GP Elected Member - NHS North East Hampshire & Farnham CCG		45-50	0	45-50	0	0	45-50
Dr Karl Bennett	GP Elected Member - NHS North East Hampshire & Farnham CCG		45-50	0	45-50	0	5-7.5	50-55
Dr Hanne Hoff	GP Elected Member - NHS North East Hampshire & Farnham CCG		45-50	0	45-50	0	5-7.5	50-55
Dr Martin Ballard	GP Elected Member - NHS North East Hampshire & Farnham CCG		45-50	0	45-50	0	15-17.5	60-65
Elaine Budd	Lay Member - NHS North East Hampshire & Farnham CCG	<i>xix</i>	0-5	0	0-5	0	0	0-5
Kathy Atkinson	Lay Member - NHS North East Hampshire & Farnham CCG		10-15	0	10-15	0	0	10-15

This table is subject to Audit			2019/20					
Name	Title		Full Salary & Fees  (Bands of £5,000) £'000	Performance Pay and Bonuses  (Bands of £5,000) £'000	North East Hampshire and Farnham CCG			TOTAL  (Bands of £5,000) £'000
					Salary & Fees  (Bands of £5,000) £'000	Performance Pay and Bonuses  (Bands of £5,000) £'000	All Pension Related Benefits  (Bands of £2,500) £'000	
Dr Andy Brooks	Clinical Chief Officer (Shared)	xx	170-175	0	10-15	0	0	10-15
Dr William Tong	Clinical Chair - NHS East Berkshire CCG		30-35	0	0	0	0	0
Oliver White	Interim Executive Place Managaing Director for North East Hampshire and Farnham	xxi	20-25	0	20-25	0	2.5-5	20-25
Nicola Airey	Executive Place Managaing Director for Surrey Heath	xxii	100-105	0-5	0	0	0	0
Fiona Slevin-Brown	Executive Place Managaing Director for Bracknell Forest	xxiii	115-120	0	0	0	0	0
Rob Morgan	Executive Director of Finance (Shared)	xxiv	125-130	0-5	5-10	0	0-2.5	10-15
Sarah Bellars	Executive Director of Quality and Nursing (Shared)	xxv	110-115	0	5-10	0	0-2.5	5-10
Lalitha Iyer	Executive Medical Director (Shared)	xxvi	85-90	10-15	0-5	0-5	2.5-5	5-10
Amanda Wellesley	Secondary Care Consultant (Shared)	xxvii	20-25	0	0	0	0	0
Arthur Ferry	Lay Member (Shared)	xxviii	20-25	0	5-10	0	0	5-10
Tony Fitzgerald	Lay Member - Surrey Heath CCG		10-15	0	0	0	0	0
Sally Kemp	Lay Member - NHS East Berkshire CCG		10-15	0	0	0	0	0
Clive Bowman	Lay Member - NHS East Berkshire CCG		10-15	0	0	0	0	0
Dr John Fraser	GP Locality Lead for Surrey Heath		40-45	0	0	0	0	0
Dr Jim O'Donnell	GP Locality Lead for Slough		90-95	0	0	0	0	0
Dr Jackie McGlynn	GP Locality Lead for Bracknell Forest		70-75	0	0	0	0	0
Dr Huw Thomas	GP Locality Lead for the Royal Borough		45-50	0	0	0	0	0

The senior managers full Salary & Fees and Performance Pay and Bonuses are shown in the first two columns, with the amount relative to the CCG disclosed in the following columns.

- i) **Maggie Maclsaac** started the year as the Joint Accountable Officer and Chief Executive Officer for NHS Fareham & Gosport CCG, NHS Isle of Wight CCG, NHS North Hampshire CCG, NHS North East Hampshire & Farnham CCG and NHS South Eastern Hampshire CCG. During the year she also became the Accountable Officer and Chief Executive Officer for NHS Southampton CCG and NHS West Hampshire CCG, and later stepped down as the Accountable Officer and Chief Executive Officer for NHS North East Hampshire and Farnham CCG. The table below shows the CCGs which Maggie Maclsaac was Accountable Officer and Chief Executive Officer for during different date periods throughout the year. Her remuneration is split equally across the total number of CCGs shown for each date period.

<b>Period</b>					
<b>1<sup>st</sup> April 2019 - 6<sup>th</sup> June 2019</b>		<b>7<sup>th</sup> June 2019 – 16<sup>th</sup> July 2019</b>		<b>17<sup>th</sup> July 2019 – 30<sup>th</sup> July 2019</b>	<b>1<sup>st</sup> December 2019 – 31<sup>st</sup> March 2020</b>
<b>CCGs</b>	NHS Fareham and Gosport	NHS Fareham and Gosport	NHS Fareham and Gosport	NHS Fareham and Gosport	NHS Fareham and Gosport
	NHS Isle of Wight	NHS Isle of Wight	NHS Isle of Wight	NHS Isle of Wight	NHS Isle of Wight
	NHS North Hampshire	NHS North Hampshire	NHS North Hampshire	NHS North Hampshire	NHS North Hampshire
	NHS North East Hampshire & Farnham	NHS North East Hampshire & Farnham	NHS North East Hampshire & Farnham	NHS North East Hampshire & Farnham	NHS South Eastern Hampshire
	NHS South Eastern Hampshire	NHS South Eastern Hampshire NHS Southampton	NHS South Eastern Hampshire NHS Southampton NHS West Hampshire	NHS South Eastern Hampshire NHS Southampton	NHS Southampton NHS West Hampshire
<b>Number of CCGs</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>6</b>	

The Chief Executive received a retention payment which is split equally across the total number of CCGs shown above for each date period. She also received a performance related payment for the Hampshire and Isle of Wight Partnership of CCGs during 2018/19. This is split equally across NHS North East Hampshire and Farnham CCG, NHS North Hampshire CCG, NHS Fareham and Gosport CCG, NHS South Eastern Hampshire CCGG and NHS Isle of Wight CCG.

- ii) **Ruth Colburn-Jackson** was the Managing Director for NHS North East Hampshire & Farnham CCG. She left the CCG on 19th January 2020. No funding was recharged for this role. Ruth was appointed Managing Director for the North and Mid Hampshire system which encompass both NHS North Hampshire CCG and NHS West Hampshire CCG on 20th January 2020. Her remuneration is split equally between both CCGs for this time period.

- iii)* **Zara Hyde-Peters** was the Managing Director for NHS North Hampshire CCG. She left the CCG on 25th November 2019. No funding was recharged for this role.
- iv)* **Sara Tiller** is the Managing Director for NHS Fareham & Gosport CCG and NHS South Eastern Hampshire CCG with her remuneration split equally across both CCGs.
- v)* **Alison Smith** became the Managing Director for NHS Isle of Wight CCG on 19th August 2019. No funding is recharged for this role.
- vi)* **Roshan Patel** was Executive Director of Finance for the five CCGs within the Hampshire and Isle of Wight Partnership of CCGs up until 8th September 2019, with his remuneration split equally across all five CCGs. From 9th September 2019 Roshan Patel was appointed Chief Operating Officer for the five CCGs within the Hampshire and Isle of Wight Partnership of CCGs whilst remaining the statutory Chief Finance Officer for the 5 CCGs, with his remuneration split equally across all five CCGs. From 1st December 2019 Roshan Patel stepped down as the Chief Operating Officer and statutory Chief Finance Officer for NHS North East Hampshire and Farnham CCG and continued as Chief Operating Officer and Statutory Chief Finance Officer for the remaining Hampshire and Isle of Wight CCGs, with his remuneration split equally across all four CCGs.
- vii)* **Jane Cole** was the interim Managing Director for NHS Isle of Wight CCG from 1st April 2019 to 17th August 2019. No funding was recharged for this role. From 1st October 2019 Jane Cole took on the Director of Finance responsibilities when she became interim Director of Finance for four of the CCGs within the Hampshire and Isle of Wight Partnership of CCGs (NHS North East Hampshire & Farnham CCG excluded), with her remuneration split equally across all four CCGs.
- viii)* **Emma Boswell** was the Executive Director of Quality and Nursing 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 five CCGs. From 1st 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 of Nursing for NHS North East Hampshire & Farnham CCG until 31st December 2019. On 1st January 2020 she was appointed to the role of Executive Director of Development and Improvement for the Frimley Commissioning Collaborative Board, with her remuneration split between NHS East Berkshire CCG (60%), NHS North East Hampshire & Farnham CCG (20%) and NHS Surrey Heath CCG (20%).
- ix)* **Julia Barton** is the Executive Director of Quality and Nursing with a Hampshire and Isle of Wight focus for the Hampshire and Isle of Wight Partnership of CCGs, with her remuneration split equally across four of the CCGs (NHS North East Hampshire and Farnham CCG excluded).

- x) **Rosalind Hartley** was Executive Director of Strategy and Transformation for the five CCGs within the Hampshire and Isle of Wight Partnership of CCGs until 30th November 2019, with her remuneration split equally across all five CCGs. From 1st December 2019 Rosalind Hartley stepped down as the Executive Director of Strategy and Transformation for NHS North East Hampshire and Farnham CCG and continued as Director of Strategy and Transformation for the remaining Hampshire and Isle of Wight CCGs, with her remuneration split equally across all four CCGs.
- xi) **Fiona White** was the Executive Director of People and Development for the five CCGs within the Hampshire and Isle of Wight Partnership of CCGs until 30th November 2019, with her remuneration split equally across all five CCGs. From 1st December 2019 Fiona White stepped down as the Executive Director of People and Development for NHS North East Hampshire and Farnham CCG and continued as the Executive Director of People and Development for the remaining Hampshire and Isle of Wight CCGs, with her remuneration split equally across all four CCGs.
- xii) **Alison Edgington** was Director of Delivery for the five CCGs within the Hampshire and Isle of Wight Partnership of CCGs until 30th November 2019, with her remuneration split equally across all five CCGs. From 1st December 2019 Alison Edgington stepped down as Director of Delivery for NHS North East Hampshire and Farnham CCG and continued as the Director of Delivery for the remaining Hampshire and Isle of Wight CCGs, with her remuneration split equally across all four CCGs.
- xiii) **Andrew Whitfield** was a Clinical Director for the five CCGs within the Hampshire and Isle of Wight Partnership of CCGs until 30th November 2019, with his remuneration split equally across all five CCGs. From 1st December 2019 Andrew Whitfield stepped down as Clinical Director for NHS North East Hampshire and Farnham CCG and continued as Clinical Director for the remaining Hampshire and Isle of Wight CCGs, with his remuneration split equally across all four CCGs.
- xiv) **Peter Cruttenden** is the Convener (Chair) of the Board for the Hampshire and Isle Wight Partnership of CCGs, and a Lay Member for Governance for NHS North East Hampshire and Farnham CCG. His remuneration as a Lay Member for NHS North East Hampshire and Farnham CCG is fully attributable to the CCG. His remuneration as the Convenor of the Board for the Hampshire and Isle Wight Partnership of CCGs was split equally across all five CCGs until 30th November 2019, and following NHS North East Hampshire and Farnham CCG's exit from the Hampshire and Isle Wight Partnership of CCGs on 1st December 2019 his remuneration was split equally across the remaining four Hampshire and Isle Wight Partnership of CCGs from this date.
- xv) **Judy Venables** was a Non-Executive Director and Convenor (Chair) for the Audit and Risk Committee in Common for the Hampshire and Isle of Wight Partnership of CCGs, with her remuneration split equally across all five CCGs until 30th November 2019. Following NHS North East Hampshire and Farnham CCG's exit from the Hampshire and Isle Wight Partnership of CCGs on 1st December 2019 Judy

Venables' remuneration was split equally across the remaining four Hampshire and Isle Wight Partnership of CCGs from this date.

- xvi)* **Margaret Scott** is a Non-Executive Director and is the Chair for the Delegated Primary Care Commissioning Committee for the Hampshire and Isle of Wight Partnership of CCGs, as well as the Chair for NHS North East Hampshire and Farnham CCG's Delegated Primary Care Commissioning Committee. Her remuneration is split equally across all five CCGs.
- xvii)* **Carole Truman** was a Non-Executive Director for Public and Patient Engagement and Chair of the Quality Performance and Finance Committee for the Hampshire and Isle of Wight Partnership of CCGs, with her remuneration split equally across all five CCGs until 30th November 2019. Following NHS North East Hampshire and Farnham CCG's exit from the Hampshire and Isle Wight Partnership of CCGs on 1st December 2019 Carole Truman's remuneration was split equally across the remaining four Hampshire and Isle Wight Partnership of CCGs from this date. Included in Carole's full salary and fees is an arrears payment relating to 2018/19.
- xviii)* **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.
- xix)* **Elaine Budd** was a Lay Member for NHS North East Hampshire and Farnham CCG. From the 31st July 2019 she has taken a period of unpaid leave of absence.
- xx)* **Dr Andy Brooks** was Clinical Chief Officer for NHS Surrey Heath CCG and NHS East Berkshire CCG until 30th November 2019, and from 1st December 2019 became Clinical Chief Officer for the Frimley Collaborative with his remuneration split between NHS Surrey Heath CCG (20%), NHS East Berkshire CCG (60%) and NHS North East Hampshire & Farnham CCG (20%) for this period.
- xxi)* **Oliver White** was appointed Interim Executive Place Managing Director for North East Hampshire and Farnham on 20th January 2020. No funding was recharged for this role.
- xxii)* **Nicola Airey** was Director of Planning & Delivery for NHS Surrey Heath CCG until 1st December 2019, and from 2nd December 2019 became Executive Place Managing Director for Surrey Heath. Nicola Airey also received a performance payment that related to NHS Surrey Heath CCG during 2018/19.
- xxiii)* **Fiona Slevin-Brown** was Director of Strategy and Operations for NHS East Berkshire CCG until 1st December 2019, and from 2nd December 2019 became Executive Place Managing Director for Bracknell Forest.

- xxiv)* **Rob Morgan** was Interim Managing Director & Chief Finance Officer for NHS Surrey Heath CCG until 30th November 2019, and from 1st December 2019 became Executive Director of Finance for the Frimley Collaborative with his remuneration split between NHS Surrey Heath CCG (20%), NHS East Berkshire CCG (60%) and NHS North East Hampshire & Farnham CCG (20%). Rob Morgan also received a performance payment that related to NHS Surrey Heath CCG during 2018/19.
- xxv)* **Sarah Bellars** was Director of Nursing for NHS East Berkshire CCG until 1st December 2019, and from 2nd December 2019 was appointed Executive Director of Quality and Nursing for NHS East Berkshire, NHS Surrey Heath and NHS North East Hampshire & Farnham CCGs (Frimley Collaborative) with her remuneration split between NHS Surrey Heath CCG (20%), NHS East Berkshire CCG (60%) and NHS North East Hampshire & Farnham CCG (20%). In December 2019 there was an overlap in the Director of Quality and Nursing roles across all three CCGs. This allowed a robust and considered handover between the directors previously responsible for quality and nursing; and took into consideration transition arrangements for Emma Boswell and Edmund Cartwright as they stepped into new and different portfolios on 2 January 2020.
- xxvi)* **Lalitha Iyer** was Medical Director for NHS East Berkshire CCG until 1st December 2019, and from 2nd December 2019 became Executive Medical Director for the Frimley Collaborative with her remuneration split between NHS Surrey Heath CCG (20%), NHS East Berkshire CCG (60%) and NHS North East Hants & Farnham CCG (20%) for this period. Lalitha Iyer also received a performance related payment relating to both 2018/19 and 2019/20 which is split between NHS East Berkshire CCG, NHS North East Hampshire and Farnham CCG and NHS Surrey Heath CCG. The share for NHS North East Hampshire and Farnham CCG relates to the period December 2019 - March 2020.
- xxvii)* **Dr Amanda Wellesley** is the Secondary Care Consultant for NHS Surrey Heath CCG and NHS East Berkshire CCG.
- xxviii)* **Arthur Ferry** is a Lay Member NHS East Berkshire CCG. As of 1st August 2019 he additionally provided Lay Member support to NHS North East Hants and Farnham CCG, with his remuneration split between both CCGs from this date.

This table is subject to Audit		2018/19					
Name	Title	Full Salary & Fees  (Bands of £5,000) £'000	Performance Pay and Bonuses  (Bands of £5,000) £'000	NHS North East Hampshire & Farnham CCG			
				Salary & Fees  (Bands of £5,000) £'000	Performance Pay and Bonuses  (Bands of £5,000) £'000	All Pension Related Benefits  (Bands of £2,500) £'000	TOTAL  (Bands of £5,000) £'000
Maggie MacIsaac	Chief Executive (Shared) <i>i</i>	155-160	15-20	30-35	0-5	25-27.5	60-65
Dr Michele Legg	Clinical Chair - NHS Isle of Wight CCG	50-55	0	0	0	0	0
Dr David Chilvers	Clinical Chair - NHS Fareham & Gosport CCG	65-70	0	0	0	0	0
Dr Barbara Rushton	Clinical Chair - NHS South Eastern Hampshire CCG	100-105	0	0	0	0	0
Dr Peter Bibawy	Clinical Chair - NHS North East Hampshire & Farnham CCG	100-105	0	100-105	0	0	100-105
Dr Nicola Decker	Clinical Chair - NHS North Hampshire CCG	90-95	0	0	0	0	0
Martin Wakeley	Interim Managing Director - NHS Isle of Wight CCG <i>ii</i>	125-130	0	0	0	0	0
Sara Tiller	Managing Director - NHS Fareham & Gosport CCG and South Eastern Hampshire CCG <i>iii</i>	105-110	0	5-10	0	2.5-5	10-15
Ruth Colburn-Jackson	Managing Director - NHS North East Hampshire & Farnham CCG <i>iv</i>	110-115	0	110-115	0	45-47.5	155-160
Zara Hyde-Peters	Managing Director - NHS North Hampshire CCG <i>v</i>	110-115	0	0	0	0	0
Julia Barton	Executive Director of Quality and Nursing (Shared) <i>vi</i>	100-105	0	0	0	0	0
Emma Boswell	Executive Director of Quality and Nursing (Shared) <i>vii</i>	90-95	0	30-35	0	7.5-10	35-40
Rosalind Hartley	Executive Director of Strategy and Transformation (Shared) <i>viii</i>	100-105	0	20-25	0	2.5-5	20-25
Fiona White	Executive Director of People and Development (Shared) <i>ix</i>	105-110	0	20-25	0	7.5-10	30-35
Roshan Patel	Executive Director of Finance (Shared) <i>x</i>	125-130	0	65-70	0	30-32.5	95-100
Peter Cruttenden	Convener of the Board for the HIOW Partnership of CCGs (Shared) and NHS North East Hampshire & Farnham CCG Lay Member <i>xi</i>	30-35	0	15-20	0	0	15-20
Dr Steven Clarke	GP Elected Member - NHS North East Hampshire & Farnham CCG	45-50	0	45-50	0	0	45-50
Dr Karl Bennett	GP Elected Member - NHS North East Hampshire & Farnham CCG	45-50	0	45-50	0	5-7.5	50-55
Dr Hanne Hoff	GP Elected Member - NHS North East Hampshire & Farnham CCG	45-50	0	45-50	0	37.5-40	80-85
Dr Martin Ballard	GP Elected Member - NHS North East Hampshire & Farnham CCG <i>xii</i>	40-45	0	40-45	0	22.5-25	65-70
Elaine Budd	Lay Member - NHS North East Hampshire & Farnham CCG	10-15	0	10-15	0	0	10-15
Kathy Atkinson	Lay Member - NHS North East Hampshire & Farnham CCG	10-15	0	10-15	0	0	10-15
Dr Edward Palfrey	Secondary Care Consultant (Shared) <i>xiii</i>	25-30	0	10-15	0	0	10-15
Judy Venables	Non-Executive Director (Shared) <i>xiv</i>	10-15	0	0-5	0	0	0-5
Margaret Scott	Non-Executive Director (Shared) <i>xv</i>	10-15	0	0-5	0	0	0-5
Carole Truman	Non-Executive Director (Shared) <i>xvi</i>	10-15	0	0-5	0	0	0-5
Andrew Whitfield	Clinical Director (Shared) <i>xvii</i>	80-85	0	15-20	0	0-2.5	15-20

All Very Senior Managers remuneration is agreed and reviewed by the Remuneration Committee this enables the CCG to ensure that this remuneration is reasonable.

The pensions disclosure calculations are based on officer service only and do not include any benefits in respect of practitioner service.

## 16.1.7. Pension Benefits

The table below (subject to audit) illustrates the pension benefits for those members of the Governing Body who are a member of the pension scheme.

Name	Title	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
		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 1 April 2019  £'000	Real increase in Cash Equivalent Transfer Value  £'000	Cash Equivalent Transfer Value at 31 March 2020  £'000	Employers contribution to stakeholder pension  £'000
Maggie MacIsaac	Chief Executive (Shared)	0-2.5	(5)-(2.5)	70-75	175-180	1,397	25	1,484	N/A
Dr Peter Bibawy	Clinical Chair - NHS North East Hampshire & Farnham CCG	0-2.5	0-2.5	5-10	0-5	39	10	65	N/A
Dr Nicola Decker	Clinical Chair - NHS North Hampshire CCG	0-2.5	0-2.5	10-15	20-25	186	17	220	N/A
Dr David Chilvers	Clinical Chair - NHS Fareham & Gosport CCG	2.5-5	10-12.5	25-30	70-75	461	91	573	N/A
Dr Michele Legg	Clinical Chair - NHS Isle of Wight CCG	2.5-5	2.5-5	10-15	25-30	201	39	255	N/A
Ruth Colburn-Jackson	Managing Director for the North and Mid Hampshire system (Shared) and Managing Director for NHS North East Hampshire & Farnham CCG	0-2.5	(2.5)-0	25-30	50-55	334	4	361	N/A
Zara Hyde-Peters	Managing Director - NHS North Hampshire CCG	2.5-5	0-2.5	10-15	0-5	133	33	179	N/A
Sara Tiller	Managing Director - NHS Fareham & Gosport CCG and South Eastern Hampshire CCG	0-2.5	0-2.5	30-35	65-70	559	40	628	N/A
Alison Smith	Managing Director - NHS Isle of Wight CCG	2.5-5	0-2.5	20-25	0-5	271	38	345	N/A
Roshan Patel	Executive Director of Finance and Chief Operating Officer (Shared)	2.5-5	0-2.5	30-35	60-65	421	27	477	N/A
Jane Cole	Interim Managing Director (NHS Isle of Wight CCG) and Interim Director of Finance (Shared)	0-2.5	0-2.5	10-15	10-15	168	16	202	N/A
Emma Boswell	Executive Director of Quality and Nursing (Shared) and Executive Director of Development and Improvement (Shared)	0-2.5	(2.5)-0	25-30	50-55	376	12	410	N/A
Julia Barton	Executive Director of Quality and Nursing (Shared)	0-2.5	2.5-5	20-25	65-70	495	22	543	N/A
Rosalind Hartley	Executive Director of Strategy and Transformation (Shared)	0-2.5	(2.5)-0	35-40	80-85	644	14	680	N/A
Fiona White	Executive Director of People and Development (Shared)	0-2.5	(2.5)-0	25-30	65-70	417	7	449	N/A
Alison Edgington	Director of Delivery (Shared)	0-2.5	(5)-(2.5)	40-45	100-105	820	16	874	N/A
Andrew Whitfield	Clinical Director (Shared)	0-2.5	0-2.5	25-30	75-80	573	23	615	N/A
Dr Karl Bennett	GP Elected Member - NHS North East Hampshire & Farnham CCG	0-2.5	(2.5)-0	10-15	20-25	177	5	192	N/A
Dr Hanne Hoff	GP Elected Member - NHS North East Hampshire & Farnham CCG	0-2.5	(2.5)-0	10-15	30-35	201	2	215	N/A
Dr Martin Ballard	GP Elected Member - NHS North East Hampshire & Farnham CCG	0-2.5	0-2.5	15-20	30-35	230	13	254	N/A
Oliver White	Interim Executive Place Managaing Director for North East Hampshire and Farnham	0-2.5	(2.5)-0	15-20	20-25	157	1	178	N/A
Nicola Airey	Executive Place Managaing Director for Surrey Heath	2.5-5	0-2.5	25-30	55-60	481	41	547	N/A
Fiona Slevin-Brown	Executive Place Managaing Director for Bracknell Forest	0-2.5	0-2.5	40-45	95-100	721	26	781	N/A
Rob Morgan	Executive Director of Finance (Shared)	0-2.5	0-2.5	15-20	0-5	159	15	197	N/A
Sarah Bellars	Executive Director of Quality and Nursing (Shared)	0-2.5	0-2.5	30-35	65-70	525	25	578	N/A
Lalitha Iyer	Executive Medical Director (Shared)	2.5-5	7.5-10	15-20	50-55	346	66	429	N/A

Certain members do not receive pensionable remuneration therefore there will be no entries in respect of pensions for them. For staff shared across the Hampshire and Isle of Wight Partnership of CCGs and the Frimley Commissioning Collaborative 100% of their Pension benefits are reflected regardless of their proportion attributable to the CCG. Where an employee holds a Senior Manager position within another Organisation 100% of their Pension will also be disclosed in their report.

#### **16.1.8. 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 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 membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. This may be for more than just their service in a senior capacity to which disclosure applies (in which case this fact will be noted at the foot of the table). 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.

#### **16.1.9. Real Increase in CETV**

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

During the year, there was a requirement from the government to adjust the indexation on part of the public service pension schemes, known as the Guaranteed Minimum Pensions (GMP). From August 2019, this affected the method used by NHS Pensions to calculate the CETV values, and therefore 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 may therefore have been impacted and could subsequently include any increase in CETV due to the change in GMP methodology.

#### 16.1.10. Pay Multiples

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

The banded remuneration of the highest paid director or member in The CCG in the financial year 2019/20 was £185k - £190k (2018/19, £170k – £175k). This was 3.7 times (2018/19 – 3.5) the median remuneration of the workforce which was £50,819 (2018/19, £49,969). Figures are based on full time salaries and no adjustment is made for staff shared across the Hampshire and Isle of Wight Partnership of CCGs or the Frimley Commissioning Collaborative.

In 2019/20 and 2018/19, no employees received remuneration in excess of the highest paid director or member. Remuneration ranged from £20k to £187k (2018/19 £19k to £174k).

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

## 16.2. Staff Report (subject to audit)

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

The CCG employs permanent staff and also uses a limited amount of agency staff, classified as 'other'. It also buys in services from Commissioning Support Units and other CCGs. The following table sets out the staff costs for the permanent and agency staff for 2019/20:

*Note: This only reflects the headcount of staff on the CCG's Payroll.*

### 16.2.1. Number of Senior Managers

Band	Number	
	Permanent	Other
Very Senior Manager	17	5
Band 9	2	0
<b>Total</b>	<b>19</b>	<b>5</b>

Very Senior Managers include Clinical Leads, non-executives who work on a part time basis and Executives working across the Partnership.

### 16.2.2. Staff numbers and costs

Employee benefits 2019-20	Permanent Employees	Other	Total
	£'000	£'000	£'000
Salaries and wages	4,153	193	4,346
Social security costs	559	-	559
Employer Contributions to NHS Pension scheme	942	-	942
Other pension costs	0	-	0
Apprenticeship Levy	12	-	12
Termination benefits	36	-	36
<b>Gross employee benefits expenditure</b>	<b>5,702</b>	<b>193</b>	<b>5,895</b>

Employee benefits 2018-19	Permanent Employees	Other	Total
	£'000	£'000	£'000
Salaries and wages	4,087	161	4,248
Social security costs	511	-	511
Employer Contributions to NHS Pension scheme	679	-	679
Other pension costs	0	-	0
Apprenticeship Levy	12	-	12
Termination benefits	21	-	21
<b>Gross employee benefits expenditure</b>	<b>5,311</b>	<b>161</b>	<b>5,472</b>

### 16.2.3. Staff numbers (headcount)

Description	Number	
	Permanent	Other*
General Medical Practitioner	11	0
Senior Manager - Central Functions	22	5
Manager - Central Functions	13	1
Clerical & Administrative - Central Functions	27	1
Nurse - Other	0	0
Nurse - Community Services	0	0
Manager - Pharmacy	6	0
Pharmacists - Trained	0	0
Pharmacy Technicians	1	0
<b>Total Staff Numbers</b>	<b>80</b>	<b>7</b>

\*Includes Governing Body Executives, staff recharged by other NHS bodies, agency and temporary staff.

#### 16.2.4. Staff composition

The staff composition is shown in the table below:

Band	Number		
	Male	Female	Non-disclosed
Directors	11	11	0
Senior Managers	3	16	0
Other Employees	8	36	0

#### 16.2.5. Sickness Absence Data

Information on staff absence can be found in the employee benefits note in the Financial Statements. The CCG has reviewed its policies regarding the monitoring and reporting of staff sickness and absence. The Workforce Report which includes this data is a standing agenda item for the Remuneration and Nominations Committee.

FTE days available	FTE days lost to sickness absence	Adjusted FTE days lost	Average sick day per FTE
33,636	993	612	6.6

The staff sickness rate for the past 12 months averaged 2.95%, which is lower than the target of 3.5%.

We have identified some trends in our sickness absence and have been working with staff to address this through a health and wellbeing programme. As part of this work, we have developed a wellbeing plan to support staff and reduce their stress through a range of initiatives, such as training and peer support, yoga and mindfulness sessions.

#### 16.2.6. Cost Allocation and Setting of Charges for Information

We certify that the CCG has complied with HM Treasury's guidance on cost allocation and the setting of charges for information.

#### 16.2.7. Principles for Remedy

The Parliamentary and Health Service Ombudsman's six Principles for Remedy (below for information) are embedded into the Complaints Policy and Procedure in use by the CCG to ensure that the approach taken to complaints handling is reasonable, fair and proportionate and meets the needs of individuals. As commissioners, the CCG is committed to ensuring high-quality, clinically-effective services, treatments and interventions that meet the needs of patients and that

through the highlighting of complaints and concerns the CCG can make improvements to these services.

The six Principles for Remedy are:

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

The Lay Member for Patient and Public Engagement was appointed as the Freedom to Speak Up Guardian in 2019 to give independent support and advice to staff who want to raise concerns.

The Director of Quality and Nursing was appointed as the Freedom to Speak up Guardian in 2019 to give independent support and advice to anyone from primary care who want to raise concerns.

#### **16.2.8. Employee Consultation**

The CCG believes that by working in partnership with staff we can learn about peoples' experiences and views, to help prioritise the best ways to support and work together, ultimately acting as a good employer, with strong, supported teams who share organisational learning to shape the delivery of high-quality care for all.

As in previous years, the CCG continues to regularly communicate and engage with staff through monthly team briefs – a meeting where staff are informed of organisational change and are invited to be engaged and involved. Staff are also involved and invited to stakeholder events, where CCG priorities are debated and shaped, and regular communications are sent to staff via emails and one-to-one meetings are held with line managers on a frequent basis. Objective settings and personal development plans are written for staff to follow as part of their performance management plans each year too.

#### **16.2.9. Staff Partnership Forum**

The Staff Partnership Forum was established to improve communication between managers and staff, as well as to improve the working environment within the CCG and thereby staff morale. The forum is made up of representatives nominated by each team within the CCG. It is chaired by the CCG's Governing Body Lay Member for Patient and Public Engagement and is also attended by the CCG's HR Manager.

The forum is the CCG's primary means of consulting staff on a range of work-related issues, such as:

- Health and Wellbeing Activities
- Organisational Development
- Health and Safety
- Equality Act
- Organisational Policies and Procedures (changes to terms and conditions to be referred to South CCG Staff Partnership Forum)

Forum members also consider suggestions made by colleagues on any aspect of working conditions or environment and take decisions or make recommendations to senior management accordingly.

Forum meeting notes are shared with CCG colleagues by the nominated team representatives. The representatives also consult their team members on issues raised at the forum and feed their views back to the forum, as well as supporting and encouraging colleagues to put forward suggestions or ideas.

#### **16.2.10. Staff policies**

We have a range of policies and procedures that we apply to govern our approach to staff recruitment and development. These include:

- Concerns and Whistleblowing Policy
- Leave and Flexible Working Policy
- Maternity, Paternity, Adoption Leave & Shared Parental Leave and Pay Guidance
- Organisational Change Policy
- Policy for the Management of Policies and Corporate Documents
- Recruitment and Exit Procedure
- Travel and Expenses Policy

#### **16.2.11. Staff training**

All staff are required to undertake statutory and mandatory training on a variety of topics to keep standards high, ensure compliance with regulations, and to keep you safe at work.

The training staff are required to do will be specific to their role. Some training is required to be completed annually and others every three years. Training includes but is not limited to:

- Display Screen Equipment
- Fire Safety
- Information Governance

- Equality and Diversity
- Health Safety and Wellbeing
- Safeguarding Adults
- Safeguarding Children
- Fraud awareness
- Moving and Handling

#### **16.2.12. Equality**

We consider equality and diversity an important part of all our workforce policies.

When employment policies are drafted and reviewed, they are subject to an equality impact assessment to identify positive and negative impacts for staff from protected characteristic groups. This includes the impact for prospective and existing staff with disabilities. Where necessary, policies are amended to minimise potential negative equality impacts and better advance equal opportunities for disabled employees, via reasonable adjustments.

#### **16.2.13. Disabled Employees**

Recruitment by the CCG is carried out in accordance with its recruitment policy. All candidates' application forms are shortlisted anonymously and all applicants considered according to the same criteria. The organisation adheres to the Two Tick scheme in that the CCG guarantees to interview all applicants with a disability who meet the essential criteria for a job vacancy and to consider them on their abilities. Where an individual identifies a disability the CCG will make reasonable adjustments throughout the recruitment process.

Employees who become disabled in the course of their employment will have a regular review with their manager to consider how to best utilise and develop their abilities. Any adjustments which are deemed reasonable, to their employment or working conditions that would assist them in the performance of their duties should be considered.

#### **16.2.14. Trade Union**

Public sector organisations are required to report on trade union facility time, which is the paid time off for union representatives to carry out trade union activities. During 2019/20 no staff from the CCG have acted as Trade Union officials.

#### **16.2.15. Expenditure on Consultancy**

As detailed in note 5 of the financial statements, the CCG's total expenditure on consultancy service for 2019/20 is £505k.

### 16.2.16. Off Payroll Engagements

It is a Treasury requirement for public sector bodies to report arrangements whereby individuals are paid through their own companies and so are responsible for their own tax and National Insurance arrangements. In addition, payments to GP practices for the services of employees and GPs are deemed to be “off-payroll” engagements.

The CCG has two off payroll engagements still in place as at 31st March 2019.

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

No. of existing engagements as of 31 March 2020	1
Of which:	
No. that have existed for less than one year at time of reporting	0
No. that have existed for between one and two years at time of reporting	1
No. that have existed for between two and three years at time of reporting	0
No. that have existed for between three & four years at time of reporting	0
No. that have existed for four or more year at time of reporting	0

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 longer than six months:

No. of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	0
Of which:	
No. assessed as identified by IR35	0
No. assessed as not identified by IR35	0

No. engaged directly (via PSC contracted to department) and are on the department payroll	0
No. of engagements reassessed for consistency / assurance purposes during the year	0
No. of engagements that saw a change to IR35 status following the consistency review	0

### 16.2.17. Off-payroll engagements / Senior official engagements

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2019 and 31 March 2020:

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
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 must include both on-payroll and off-payroll engagements.	26

### 16.2.18. Exit packages, including special (non-contractual) payments

Table 1: Exit Packages (subject to audit)

Exit package cost band (inc. any special payment element)	Compulsory redundancies		Other departures agreed		Total		Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£	Number	£	Number	£		
Less than £10,000			1	3,088	1	3,088		
£10,000 - £25,000	1	36,299			1	36,299		
£25,001 - £50,000								
£50,001 - £100,000								
£100,001 - £150,000								
£151,001 - £200,000								
> £200,000								
<b>Total</b>	<b>1</b>	<b>36,299</b>	<b>1</b>	<b>3,088</b>	<b>2</b>	<b>39,387</b>	<b>0</b>	<b>0</b>

Redundancy and other departure cost have been paid in accordance with the provisions of NHS Agenda for Change Terms & Conditions. Exit costs in this note are accounted for in full in the year of departure. Where the CCG has agreed early retirements, the additional costs are met by the CCG and not by the NHS

Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

### **Parliamentary Accountability and Audit Report**

North East Hampshire & Farnham CCG is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements.

**Dr Andy Brooks**

Clinical Chief Officer

23 June 2020

## 17. Independent auditor's report

### Independent auditor's report to the members of the Governing Body of NHS North East Hampshire and Farnham CCG

#### Report on the Audit of the Financial Statements

##### Opinion

We have audited the financial statements of NHS North East Hampshire and Farnham CCG (the 'CCG') for the year ended 31 March 2020, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2019 to 2020.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the CCG as at 31 March 2020 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2019 to 2020; and
- have been prepared in accordance with the requirements of the Health and Social Care Act 2012.

##### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the CCG in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

##### The impact of macro-economic uncertainties on our audit

Our audit of the financial statements requires us to obtain an understanding of all relevant uncertainties, including those arising as a consequence of the effects of macro-economic uncertainties such as Covid-19 and Brexit. All audits assess and challenge the reasonableness of estimates made by the Accountable Officer and the related disclosures and the appropriateness of the going concern basis of preparation of the financial statements. All of these depend on assessments of the future economic environment and the CCG's future operational arrangements.

Covid-19 and Brexit are amongst the most significant economic events currently faced by the UK, and at the date of this report their effects are subject to unprecedented levels of uncertainty, with the full range of possible outcomes and their impacts unknown. We applied a standardised firm-wide approach in response to these uncertainties when assessing the CCG's future operational arrangements. However, no audit should be expected to predict the unknowable factors or all possible future implications for an entity associated with these particular events.

##### Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accountable Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the CCG's ability to continue to adopt the going concern basis of

accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

In our evaluation of the Accountable Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2019 to 2020 that the CCG's financial statements shall be prepared on a going concern basis, we considered the risks associated with the CCG's operating activities, including effects arising from macro-economic uncertainties such as Covid-19 and Brexit. We analysed how those risks might affect the CCG's financial resources or ability to continue operations over the period of at least twelve months from the date when the financial statements are authorised for issue. In accordance with the above, 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**

The Accountable Officer is responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

### **Other information we are required to report on by exception under the Code of Audit Practice**

Under the Code of Audit Practice published by the National Audit Office in April 2015 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Governance Statement does not comply with the guidance issued by the NHS Commissioning Board or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

### **Opinion on other matters required by the Code of Audit Practice**

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2019 to 2020 and the requirements of the Health and Social Care Act 2012; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the CCG gained through our work in relation to the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

### **Opinion on regularity required by the Code of Audit Practice**

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 in the financial statements conform to the authorities which govern them.

## **Matters on which we are required to report by exception**

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- 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 make a written recommendation to the CCG under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

## **Responsibilities of the Accountable Officer and Those Charged with Governance for the financial statements**

As explained more fully in the Statement of Accountable Officer's responsibilities [set out on page(s) 79 to 80], the Accountable Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Officer is responsible for assessing the CCG's 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.

The Accountable Officer is responsible for ensuring the regularity of expenditure and income in the financial statements.

The Audit Committee is Those Charged with Governance. Those Charged with Governance are responsible for overseeing the CCG's financial reporting process.

## **Auditor's responsibilities for the audit of the financial statements**

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 an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a 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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

We are also responsible for giving an opinion on the regularity of expenditure and income in the financial statements in accordance with the Code of Audit Practice.

## **Report on other legal and regulatory requirements – Conclusion on the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources**

### **Matter on which we are required to report by exception - 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, in our opinion we have not been able to satisfy ourselves that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

We have nothing to report in respect of the above matter.

### **Responsibilities of the Accountable Officer**

As explained in the Governance Statement, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the CCG's resources.

### **Auditor's responsibilities for the review of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources**

We are required under Section 21(1)(c) and Schedule 13 paragraph 10(a) 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 and to report where we have not been able to satisfy ourselves that it has done so. 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 its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in April 2020, as to whether in all significant respects, 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. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the CCG put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the CCG has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

### **Report on other legal and regulatory requirements – Certificate**

We certify that we have completed the audit of the financial statements of NHS North East Hampshire and Farnham CCG in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

### **Use of our report**

This report is made solely to the members of the Governing Body of the 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 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 CCG and the members of the Governing Body of the CCG, as a body, for our audit work, for this report, or for the opinions we have formed.

***Iain Murray***

**Iain Murray, Key Audit Partner**

for and on behalf of Grant Thornton UK LLP, Local Auditor

London

24 June 2020

## 18. NHS North East Hampshire and Farnham CCG Annual Accounts 2019-20

### 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	(1,115)	(1,721)
Other operating income	2	(542)	(128)
<b>Total operating income</b>		<b>(1,657)</b>	<b>(1,849)</b>
Staff costs	4	5,895	5,471
Purchase of goods and services	5	321,927	308,354
Provision expense	5	(11)	(170)
Other operating expenditure	5	275	383
<b>Total operating expenditure</b>		<b>328,086</b>	<b>314,038</b>
<b>Total Net Expenditure for the Financial Year</b>		<b>326,429</b>	<b>312,189</b>
<b>Comprehensive Expenditure for the year</b>		<b>326,429</b>	<b>312,189</b>

The notes on pages 139 to 168 form part of this statement

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

		<b>2019-20</b>	2018-19
	<b>Note</b>	<b>£'000</b>	£'000
<b>Current assets:</b>			
Trade and other receivables	9	2,631	3,129
Cash and cash equivalents	10	4	64
<b>Total current assets</b>		<b>2,635</b>	<b>3,193</b>
<b>Total assets</b>		<b>2,635</b>	<b>3,193</b>
<b>Current liabilities</b>			
Trade and other payables	11	(20,269)	(27,583)
Provisions	14	(59)	(79)
<b>Total current liabilities</b>		<b>(20,328)</b>	<b>(27,662)</b>
<b>Non-Current Assets plus/less Net Current Assets/Liabilities</b>		<b>(17,693)</b>	<b>(24,469)</b>
<b>Assets less Liabilities</b>		<b>(17,693)</b>	<b>(24,469)</b>
<b>Financed by Taxpayers' Equity</b>			
General fund		(17,693)	(24,469)
<b>Total taxpayers' equity:</b>		<b>(17,693)</b>	<b>(24,469)</b>

The notes on pages 139 to 168 form part of this statement

The financial statements on pages 135 to 138 were approved by the Audit and Risk Committee on 17 June as delegated by the Frimley Collaborative Board and signed on its behalf by:

**Dr Andy Brooks**

Clinical Chief Officer

23 June 2020

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

	<b>General fund £'000</b>	<b>Total reserves £'000</b>
<b>Changes in taxpayers' equity for 2019-20</b>		
<b>Balance at 01 April 2019</b>	<b>(24,469)</b>	<b>(24,469)</b>
<b>Changes in NHS Clinical Commissioning Group taxpayers' equity for 2019-20</b>		
Net operating expenditure for the financial year	(326,429)	(326,429)
<b>Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year</b>	<b>(326,429)</b>	<b>(326,429)</b>
Net funding	<u>333,205</u>	<u>333,205</u>
<b>Balance at 31 March 2020</b>	<b><u>(17,693)</u></b>	<b><u>(17,693)</u></b>

	<b>General fund £'000</b>	<b>Total reserves £'000</b>
<b>Changes in taxpayers' equity for 2018-19</b>		
<b>Balance at 01 April 2018</b>	<b>(20,660)</b>	<b>(20,660)</b>
<b>Changes in NHS Clinical Commissioning Group taxpayers' equity for 2018-19</b>		
Net operating costs for the financial year	(312,189)	(312,189)
<b>Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year</b>	<b>(312,189)</b>	<b>(312,189)</b>
Net funding	<u>308,380</u>	<u>308,380</u>
<b>Balance at 31 March 2019</b>	<b><u>(24,469)</u></b>	<b><u>(24,469)</u></b>

The notes on pages 139 to 168 form part of this statement

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

	Note	<b>2019-20</b> <b>£'000</b>	2018-19 £'000
<b>Cash Flows from Operating Activities</b>			
Net operating expenditure for the financial year		(326,429)	(312,189)
(Increase)/decrease in trade & other receivables	9	498	(549)
Increase/(decrease) in trade & other payables	11	(7,314)	4,533
Provisions utilised	14	(9)	(42)
Increase/(decrease) in provisions	5	(11)	(170)
<b>Net Cash Inflow (Outflow) from Operating Activities</b>		<b>(333,265)</b>	<b>(308,417)</b>
<b>Net Cash Inflow (Outflow) before Financing</b>		<b>(333,265)</b>	<b>(308,417)</b>
<b>Cash Flows from Financing Activities</b>			
Grant in Aid Funding Received		333,205	308,380
<b>Net Cash Inflow (Outflow) from Financing Activities</b>		<b>333,205</b>	<b>308,380</b>
<b>Net Increase (Decrease) in Cash &amp; Cash Equivalents</b>	10	<b>(60)</b>	<b>(37)</b>
<b>Cash &amp; Cash Equivalents at the Beginning of the Financial Year</b>		<b>64</b>	<b>101</b>
<b>Cash &amp; Cash Equivalents (including bank overdrafts) at the End of the Financial Year</b>		<b>4</b>	<b>64</b>

The notes on pages 139 to 168 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.

NHS North East Hampshire and Farnham CCG was established on 1st April 2013 as a statutory body. The clinical commissioning group has an agreed Governance Framework and continuing Operational Plan and is operating within its constitution to govern its activities. The clinical commissioning group has been allocated funds from NHS England (NHSE) up until 2023-24 in line with the Government's Five Year Forward View. Alongside this the CCG has submitted financial plans to the Governing Body and NHSE up until 2023-24. Included within the operating plans are efficiency savings to the value of £34.6m to offset financial pressures otherwise not covered by allocation; these savings have been fully identified within operational budgets and provider contracts. Due to the existence of plans going forward and the mitigation of all financial risk it is concluded that under the Government Financial Reporting Manual (FRoM) NHS North East Hampshire and Farnham CCG is a going concern for financial reporting purposes. The unprecedented COVID-19 pandemic has presented NHS North East Hampshire and Farnham CCG with a challenge, but a commitment to provide funding to cover any costs has been given by the government and so it is not considered a risk to the going concern basis of the CCG.

## 1.2 Accounting Convention

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

## 1.3 Pooled Budgets

The clinical commissioning group has entered into a pooled budget arrangement with Hampshire County Council and Surrey County Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for joint health and social care provisions and note 20 provides details of the income and expenditure. The pool is hosted by Hampshire County Council and Surrey County Council. The clinical commissioning group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

If the clinical commissioning group is in a “jointly controlled operation”, the clinical commissioning group recognises:

- The assets the clinical commissioning group controls;
- The liabilities the clinical commissioning group incurs;
- The expenses the clinical commissioning group incurs; and
- The clinical commissioning group’s share of the income from the pooled budget activities.

If the clinical commissioning group is involved in a “jointly controlled assets” arrangement, in addition to the above, the clinical commissioning group recognises:

- The clinical commissioning group’s share of the jointly controlled assets (classified according to the nature of the assets);
- The clinical commissioning group’s share of any liabilities incurred jointly; and
- The clinical commissioning group’s share of the expenses jointly incurred.

## 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

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. Payment terms are standard reflecting cross government principles.

Upon a thorough review of IFRS 15 it became clear that the standard has no material impact on the 2019-20 accounts for NHS North East Hampshire and Farnham CCG.

## **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.

## **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 Grants Payable (where relevant)**

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

## 1.9 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.

### 1.9.1 The Clinical Commissioning Group as Lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the clinical commissioning group's surplus/deficit. 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.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

### 1.10 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. Cash, bank and overdraft values are recorded at current values.

### 1.11 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 minus 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 cash flows 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.

All 2019-20 percentages are expressed in nominal terms with 2017-18 being the last financial year that HM Treasury provided real general provision discount rates.

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.

#### **1.12 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.

#### **1.13 Non-clinical Risk Pooling**

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

#### **1.14 Contingent liabilities and contingent assets**

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

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

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

#### **1.15 Financial Assets**

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

Financial assets are classified into the following categories:

- Financial assets at amortised cost;

- Financial assets at fair value through other comprehensive income; and
- Financial assets at fair value through profit and loss.

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

A thorough review of IFRS 9 has been performed and there is no material impact to NHS North East Hampshire & Farnham CCG's accounts.

### **1.15.1 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.

Upon a thorough review of IFRS 9 it became clear that the standard has no material impact on the 2019-20 accounts for NHS North East Hampshire and Farnham CCG.

### **1.16 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.

### **1.17 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.

### **1.18 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).

### **1.19 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 revisions affects both current and future periods.

#### **1.19.1 Critical accounting judgements in applying accounting policies**

Other than Going Concern (as per note 1.1), the Clinical Commissioning Group has not applied any material critical judgements whilst adhering to accounting policies in 2019-20.

#### **1.19.2 Sources of estimation uncertainty**

There are no sources of estimation uncertainty in the Clinical Commissioning Group's accounts for 2019-20.

### **1.20 Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

### **1.21 Accounting Standards That Have Been Issued But Have Not Yet Been Adopted**

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2019-20. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2020-21, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases – The Standard was effective from 1 April 2020 as adapted and interpreted by the FReM, but has now been deferred by a further year until 1 April 2021 following the COVID-19 pandemic.
- 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.

The application of the Standards as revised would not have a material impact on the accounts for 2019-20, were they applied in that year.

The CCG has commenced the assessment of the application of IFRS 16 to its financial statements. This commenced with work to identify leases which are currently operating leases and should be reclassified as finance leases as well as a broader review of recurring expenditure streams where right to use assets may be embedded in contracting arrangements. The work has progressed to March 2020, when the CCG revised its operational priorities and working patterns to deal with the COVID19 pandemic and combined with the decision to defer the implementation of IFRS16 in the NHS to 1 April 2021 means that it has not been practical to complete this work or present it for audit. The work to identify the impact of this standard is expected to recommence in Autumn 2020, but from the review and work that has been done to date suggests that the standing will not have a material impact on the CCG's accounts.

## 2. Other Operating Revenue

	2019-20 Total £'000	2018-19 Total £'000
<b>Income from sale of goods and services (contracts)</b>		
Education, training and research	0	52
Non-patient care services to other bodies	1,083	1,648
Prescription fees and charges	32	21
<b>Total Income from sale of goods and services</b>	<b>1,115</b>	<b>1,721</b>
<b>Other operating income</b>		
Other non contract revenue	542	128
<b>Total Other operating income</b>	<b>542</b>	<b>128</b>
<b>Total Operating Income</b>	<b>1,657</b>	<b>1,849</b>

## 3 Disaggregation of Income - Income from sale of good and services (contracts)

	Non-patient care services to other bodies £'000	Prescription fees and charges £'000
<b>Source of Revenue</b>		
NHS	1,070	0
Non NHS	13	32
<b>Total</b>	<b>1,083</b>	<b>32</b>
<b>Timing of Revenue</b>		
Point in time	1,083	32
Over time	0	0
<b>Total</b>	<b>1,083</b>	<b>32</b>

Revenue has been recognised at a point in time as the CCG does not have any material revenue contracts where income is received over a period of time and the duration of the contract.

## 4. Employee benefits and staff numbers

### 4.1.1 Employee benefits

	Total		2019-20
	Permanent Employees £'000	Other £'000	Total £'000
<b>Employee Benefits</b>			
Salaries and wages	4,153	193	4,346
Social security costs	559	0	559
Employer Contributions to NHS Pension scheme	942	0	942
Other pension costs	0	0	0
Apprenticeship Levy	12	0	12
Other post-employment benefits	0	0	0
Other employment benefits	0	0	0
Termination benefits	36	0	36
<b>Gross employee benefits expenditure</b>	<b>5,702</b>	<b>193</b>	<b>5,895</b>

### 4.1.1 Employee benefits

	Total		2018-19
	Permanent Employees £'000	Other £'000	Total £'000
<b>Employee Benefits</b>			
Salaries and wages	4,087	161	4,248
Social security costs	511	0	511
Employer Contributions to NHS Pension scheme	679	0	679
Other pension costs	0	0	0
Apprenticeship Levy	12	0	12
Other post-employment benefits	0	0	-
Other employment benefits	0	0	-
Termination benefits	21	0	21
<b>Gross employee benefits expenditure</b>	<b>5,310</b>	<b>161</b>	<b>5,471</b>

## 4.2 Average number of people employed

	2019-20		2018-19	
	Permanently employed Number	Other Number	Total Number	Total Number
<b>Total</b>	<b>82</b>	<b>3</b>	<b>85</b>	<b>99</b>

## 4.3 Exit packages agreed in the financial year

	2019-20 Compulsory redundancies		2019-20 Other agreed departures		2019-20 Total	
	Number	£	Number	£	Number	£
Less than £10,000	0	0	1	3,088	1	3,088
£10,001 to £25,000	0	0	0	0	0	0
£25,001 to £50,000	1	36,299	0	0	1	36,299
£50,001 to £100,000	0	0	0	0	0	0
£100,001 to £150,000	0	0	0	0	0	0
£150,001 to £200,000	0	0	0	0	0	0
Over £200,001	0	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>36,299</b>	<b>1</b>	<b>3,088</b>	<b>2</b>	<b>39,387</b>

	2018-19		2018-19		2018-19	
	Compulsory redundancies		Other agreed departures		Total	
	Number	£	Number	£	Number	£
Less than £10,000	0	0	0	0	0	0
£10,001 to £25,000	1	21,322	0	0	1	21,322
£25,001 to £50,000	0	0	0	0	0	0
£50,001 to £100,000	0	0	0	0	0	0
£100,001 to £150,000	0	0	0	0	0	0
£150,001 to £200,000	0	0	0	0	0	0
Over £200,001	0	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>21,322</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>21,322</b>

#### Analysis of Other Agreed Departures

	2019-20	
	Other agreed departures	
	Number	£
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	1	3,088
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HMT approval*	0	0
<b>Total</b>	<b>1</b>	<b>3,088</b>

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

## 4.4 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://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 employer contribution rate for NHS Pensions increased from 14.3% to 20.6% from 1st April 2019. For 2019-20, employers' contributions of £649,701 were payable to the NHS Pensions Scheme (2018-19: £694,995) at the former rate of 14.3% of pensionable pay, while NHS England paid the additional 6.3% employers' contribution on the CCG's behalf to the NHS Pension Scheme which equated to £309,119 in 2019-20. Both of these values are included in the NHS pension line of note 4.1.1, and the funding for the additional 6.3% is also recognised in these accounts.

In 19/20 NHS North East Hampshire & Farnham CCG also offered an alternative work based pension scheme (NEST) to employees, but no costs associated with this scheme were incurred. There were costs in 2018/19 and these are included in the other pension costs of note 4.1.1.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

### 4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019 updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

#### 4.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have laid Scheme Regulations confirming an increase to the employer contribution rate to 20.6% of pensionable pay from this date.

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 judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

## 5. Operating expenses

	<b>2019-20</b>	2018-19
	<b>Total</b>	Total
	<b>£'000</b>	£'000
<b>Purchase of goods and services</b>		
Services from other CCGs and NHS England	3,372	3,249
Services from foundation trusts	193,113	185,584
Services from other NHS trusts	4,096	4,268
Services from Other WGA bodies	1	1
Purchase of healthcare from non-NHS bodies	49,579	49,912
Prescribing costs	30,562	29,165
Pharmaceutical services	660	655
GPMS/APMS and PCTMS	33,620	30,584
Supplies and services – clinical	263	339
Supplies and services – general	1,400	284
Consultancy services	505	660
Establishment	941	615
Transport	11	(1)
Premises	3,315	2,221
Audit fees	38	48
Other non statutory audit expenditure		
· Internal audit services	36	40
· Other services	0	10
Other professional fees	176	287
Legal fees	16	5
Education, training and conferences	223	428
<b>Total Purchase of goods and services</b>	<b>321,927</b>	<b>308,354</b>
<b>Provision expense</b>		
Provisions	(11)	(170)
<b>Total Provision expense</b>	<b>(11)</b>	<b>(170)</b>
<b>Other Operating Expenditure</b>		
Chair and Non Executive Members	194	194
Grants to Other bodies	28	136
Research and development (excluding staff costs)	53	53
<b>Total Other Operating Expenditure</b>	<b>275</b>	<b>383</b>
<b>Total operating expenditure</b>	<b>322,191</b>	<b>308,567</b>

The Audit Fee value of £38k above is inclusive of £6k VAT.

In accordance with SI 2008 no.489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008, where a CCG contract with its auditors provides for a limitation of the auditor's liability, the principal terms of this limitation must be disclosed in a note to the accounts. The auditor's liability for external audit work carried out for the financial year 2019/20 is limited to £500k.

## 6.1 Better Payment Practice Code

Measure of compliance	2019-20 Number	2019-20 £'000	2018-19 Number	2018-19 £'000
<b>Non-NHS Payables</b>				
Total Non-NHS Trade invoices paid in the Year	5,933	71,742	5,620	63,057
Total Non-NHS Trade Invoices paid within target	5,745	69,862	5,520	62,477
<b>Percentage of Non-NHS Trade invoices paid within target</b>	<b>96.83%</b>	<b>97.38%</b>	<b>98.22%</b>	<b>99.08%</b>
<b>NHS Payables</b>				
Total NHS Trade Invoices Paid in the Year	2,802	232,591	2,919	215,514
Total NHS Trade Invoices Paid within target	2,733	232,462	2,863	215,386
<b>Percentage of NHS Trade Invoices paid within target</b>	<b>97.54%</b>	<b>99.94%</b>	<b>98.08%</b>	<b>99.94%</b>

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

## 6.2 The Late Payment of Commercial Debts (Interest) Act 1998

During the year there have been no payments under the Late Payment of Commercial Debts (Interest) Act 1998.

## 7. Operating Leases

### 7.1 As lessee

The clinical commissioning group occupies various properties, primarily Aldershot Centre for Health, which are rented to the clinical commissioning group by NHS Property Services Limited. Despite no lease being formally in place, the substance of these arrangements suggest that these should be classed as operating leases.

The CCG does not have future minimum lease payment commitments due to the fact that no formal leases are in place.

#### 7.1.1 Payments recognised as an Expense

	2019-20			2018-19		
	Buildings	Other	Total	Buildings	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000
<b>Payments recognised as an expense</b>						
Minimum lease payments	1,752	8	<b>1,760</b>	1,706	16	<b>1,722</b>
Contingent rents	0	0	<b>0</b>	0	0	<b>0</b>
Sub-lease payments	0	0	<b>0</b>	0	0	<b>0</b>
<b>Total</b>	<b>1,752</b>	<b>8</b>	<b>1,760</b>	<b>1,706</b>	<b>16</b>	<b>1,722</b>

## 8 Property, plant and equipment

NHS North East Hampshire and Farnham CCG held no PPE in 2019/20 or 2018/19.

## 9 Trade and other receivables

	<b>Current 2019-20 £'000</b>	Current 2018-19 £'000
NHS receivables: Revenue	282	1,174
NHS prepayments	914	916
NHS accrued income	849	752
Non-NHS and Other WGA receivables: Revenue	116	50
Non-NHS and Other WGA prepayments	50	17
Non-NHS and Other WGA accrued income	420	9
VAT	0	211
<b>Total</b>	<b>2,631</b>	<b>3,129</b>

The majority of trade is with NHS England and other NHS bodies. As NHS England is funded by Government to provide funding to clinical commissioning groups to commission services, no credit scoring of them is considered necessary.

### 9.1 Receivables past their due date but not impaired

	<b>2019-20 £'000</b>	<b>2019-20 £'000</b>	2018-19 £'000
	<b>DH Group Bodies</b>	<b>Non DH Group Bodies</b>	All receivables prior years
By up to three months	133	(6)	59
By three to six months	104	0	0
By more than six months	(1)	2	2
<b>Total</b>	<b>236</b>	<b>(4)</b>	<b>61</b>

The clinical commissioning group did not hold any collateral against receivables outstanding at 31 March 2020.

## 10 Cash and cash equivalents

	2019-20 £'000	2018-19 £'000
<b>Balance at 01 April 2019</b>	64	101
Net change in year	(60)	(37)
<b>Balance at 31 March 2020</b>	<b>4</b>	<b>64</b>
Made up of:		
Cash with the Government Banking Service	13	53
Cash in hand	(9)	11
<b>Cash and cash equivalents as in statement of financial position</b>	<b>4</b>	<b>64</b>

The clinical commissioning group did not hold any patients monies.

The cash in hand value relates to the balance remaining against the pooled budgets.

## 11 Trade and other payables

	Current 2019-20 £'000	Current 2018-19 £'000
NHS payables: Revenue	2,596	3,055
NHS accruals	2,410	6,364
Non-NHS and Other WGA payables: Revenue	2,602	3,075
Non-NHS and Other WGA accruals	6,481	9,674
Social security costs	58	90
VAT	3	0
Tax	46	87
Other payables and accruals	6,073	5,238
<b>Total</b>	<b>20,269</b>	<b>27,583</b>

Other payables include £305k outstanding pension contributions at 31 March 2020 (£353k at 31 March 2019)

## 12 Borrowings

The clinical commissioning group had no borrowings in 2019/20 and 2018/19.

### 13 Finance lease obligations and receivables

The clinical commissioning group had no finance lease obligations or receivables as at 31st March 2020 and as at 31st March 2019.

### 14 Provisions

	<b>Current 2019-20 £'000</b>	<b>Current 2018-19 £'000</b>
Continuing care	59	80
Other	0	0
<b>Total</b>	<b>59</b>	<b>80</b>
<b>Total current and non-current</b>	<b>59</b>	<b>80</b>

## 14 Provisions continued

	Continuing Care £'000	Other £'000	Total £'000
<b>Balance at 01 April 2019</b>	<b>80</b>	<b>0</b>	<b>80</b>
Arising during the year	52	0	<b>52</b>
Utilised during the year	(9)	0	<b>(9)</b>
Reversed unused	(64)	0	<b>(64)</b>
Unwinding of discount	0	0	<b>0</b>
Change in discount rate	0	0	<b>0</b>
Transfer (to) from other public sector body	0	0	<b>0</b>
Transfer (to) from other public sector body under absorption	0	0	<b>0</b>
<b>Balance at 31 March 2020</b>	<b>59</b>	<b>0</b>	<b>59</b>
<b>Expected timing of cash flows:</b>			
Within one year	59	0	<b>59</b>
Between one and five years	0	0	<b>0</b>
After five years	0	0	<b>0</b>
<b>Balance at 31 March 2020</b>	<b>59</b>	<b>0</b>	<b>59</b>

Pension payments are made quarterly and amounts are known. The pension provision is based on life expectancy. Legal claims are calculated from the number of claims currently lodged with the NHS Resolution and the probabilities provided by them.

Under the Accounts Direction issued by NHS England on 12th February 2014, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before establishment of the clinical commissioning group. However, the legal liability remains with the clinical commissioning group. The total value of legacy NHS Continuing Healthcare provision accounted for by NHS England on behalf of the clinical commissioning group is now nil.

A provision of £59,000 has been created which is for the potential cost of Continuing Healthcare claims in Hampshire and Surrey.

## 15 Contingencies

The clinical commissioning group had no contingent liabilities as at 31st March 2020 and as at 31st March 2019.

## 16 Commitments

### 16.1 Capital Commitments

The clinical commissioning group had no contracted capital commitments as at 31st March 2020 and as at 31st March 2019.

### 17 Other financial commitments

The NHS clinical commissioning group has entered into non-cancellable contracts (which are not leases, private finance initiative contracts or other service concession arrangements) which expire as follows:

	2019-20	2018-19
	£'000	£'000
In not more than one year	5,457	8,355
In more than one year but not more than five years	12,185	17,731
In more than five years	0	0
<b>Total</b>	<b>17,642</b>	<b>26,086</b>

The clinical commissioning group has reviewed its contracts that extend over more than one financial year. All of these contracts have break clauses, however included above are the value of those contracts where early termination would result in a significant financial impact on the clinical commissioning group.

## 18 Financial instruments

### 18.1 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.

### **18.1.1 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 therefore has low exposure to currency rate fluctuations.

### **18.1.2 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.

### **18.1.3 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.

### **18.1.4 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.

### **18.1.5 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.

## 18 Financial instruments cont'd

### 18.2 Financial assets

	<b>Financial Assets measured at amortised cost 2019-20 £'000</b>	<b>Equity Instruments designated at FVOCI 2019-20 £'000</b>	<b>Total 2019-20 £'000</b>	<b>Total 2018-19 £'000</b>
Trade and other receivables with NHSE bodies	742	0	742	1,744
Trade and other receivables with other DHSC group bodies	894	0	894	183
Trade and other receivables with external bodies	31	0	31	59
Cash and cash equivalents	4	0	4	64
<b>Total at 31 March 2020</b>	<b>1,671</b>	<b>0</b>	<b>1,671</b>	<b>2,050</b>

### 18.3 Financial liabilities

	<b>Financial Liabilities measured at amortised cost</b>	<b>Other</b>	<b>Total</b>	<b>Total</b>
	<b>2019-20</b>	<b>2019-20</b>	<b>2019-20</b>	<b>2018-19</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Trade and other payables with NHSE bodies	431	0	431	1,156
Trade and other payables with other DHSC group bodies	10,558	0	10,558	14,404
Trade and other payables with external bodies	9,173	0	9,173	6,608
Other financial liabilities	0	0	0	5,238
<b>Total at 31 March 2020</b>	<b>20,162</b>	<b>0</b>	<b>20,162</b>	<b>27,406</b>

### 19 Operating segments

The NHS clinical commissioning group consider they have only one segment: commissioning of healthcare services.

## 20 Joint arrangements - interests in joint operations

The clinical commissioning group has entered into pooled budgets with both Hampshire and Surrey County Councils as follows:

- (i) Hampshire Better Care Fund hosted by Hampshire County Council; and
- (ii) Surrey Better Care Fund hosted by Surrey County Council.

The Better Care Fund has been established by HM Government to provide funds to local areas to support the integration of health and social care. In this arrangement funds are pooled under Section 75 of the NHS Act 2006 which gives powers to local authorities and Clinical Commissioning Groups to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions.

The clinical commissioning group shares of the income and expenditure handled by the pooled budget in the financial year were:

Name of arrangement	Parties to the arrangement	Description of principal activities	Amounts recognised in Entities books ONLY 2019-20				Amounts recognised in Entities books ONLY 2018-19			
			Assets	Liabilities	Income	Expenditure	Assets	Liabilities	Income	Expenditure
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Hampshire Better Care Fund	Fareham and Gosport CCG, Hampshire County Council, North East Hampshire and Farnham CCG, North Hampshire CCG, South Eastern Hampshire CCG, West Hampshire CCG	Jointly commissioned community services as set out in Section 75 and Section 256 agreements	13	(13)	(10,601)	10,601	7	(7)	(9,977)	9,977
Surrey Better Care Fund	East Surrey CCG, Guildford and Waverley CCG, North East Hampshire and Farnham CCG, North West Surrey CCG, Surrey County Council, Surrey Downs CCG, Surrey Heath CCG	Jointly commissioned community services as set out in Section 75 agreements	84	0	(2,745)	2,661	16	(16)	(2,587)	2,587

## 21 Related party transactions

Details of related party transactions with individuals are as follows:

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000	2018/19 Payments to Related Party £'000
<b>BRANKSOMEWOOD HEALTHCARE CENTRE</b> - Dr S Clarke	1,292		106		1,395
<b>CAMBRIDGE PRACTICE</b> ( <i>formally Southlea &amp; Victoria Practice</i> ) - Dr P Bibawy	2,601		475		3,067
<b>CRONDALL NEW SURGERY</b> - Dr H Hoff	764		102		947
<b>DOWNING STREET GROUP PRACTICE</b> - Dr M Ballard	1,323		145		1,438
<b>FARNHAM INTERGRATED CARE SERVICES LTD</b> - Dr M Ballard	1,500	(50)	0		793
<b>HOLLY TREE PRACTICE</b> - Dr S Clarke	1,110		138		1,282
<b>INSIDEVUE LTD</b> - Dr S Clarke	282		0		462
<b>JENNER HOUSE SURGERY</b> - Dr E Palfrey	1,034		40		1,143
<b>LLOYDS PHARMACY LTD</b> - Dr S Clarke	100		0		117
<b>NORTH HAMPSHIRE URGENT CARE</b> - Dr H Hoff. Dr E Palfrey	4,510		0		4,405
<b>OAKLEY HEALTH GROUP</b> - Dr K Bennett	2,779		369		3,304
<b>RIVER WEY PRACTICE (ODONNELL H &amp; PARTNERS)</b> - Dr S Clarke	818		144		944
<b>SALUS MEDICAL SERVICES</b> - Dr P Bibawy. Dr S Clarke. Dr A Whitfield. Dr K Bennett. Dr H Hoff. Dr M Ballard	1,856		25		2,514
<b>SPIRE HEALTHCARE LTD</b> - Dr M Ballard,	1,751		6		1,814
<b>VOYAGER FAMILY HEALTH</b> ( <i>formally Milestone &amp; Southwood</i> ) Dr A Whitfield	2,022		144		2,082

**Department of Health** – The CCG has a relationship with the Department of Health as its parent department

The above named individuals are all NHS North East Hampshire and Farnham CCG Governing Body Members. Payments and receipts have been disclosed for the Non-NHS organisations where a Governing Body Member has an interest, and no materiality threshold has been applied. The values stated for each organisation above reconcile to the transaction totals in both 2019/20 and 2018/19.

The Hampshire and Isle of Wight Partnership of CCGs, as listed below, operate under one shared Executive structure which NHS North East Hampshire and Farnham CCG was a part of for 8 months of 2019/20 (April 2019 - November 2019). Therefore, all Governing Body Members had an interest with each Partnership CCG during this period.

- NHS Fareham and Gosport CCG
- NHS Isle of Wight CCG
- NHS North Hampshire CCG
- NHS South Eastern Hampshire CCG

Furthermore, NHS Southampton City CCG and NHS West Hampshire CCG share the same Chief Executive Officer as the Hampshire and Isle of Wight Partnership of CCGs, so are also deemed as a related party for this reason.

From 1st December 2019 NHS North East Hampshire and Farnham CCG joined the Frimley Collaborative along with NHS East Berkshire CCG and NHS Surrey Heath CCG, which also operates under one Executive structure with all Board Members having an interest with each Frimley Collaborative CCG.

Finally, some Board Members have an interest with other NHS organisations who the CCG contracts with, which include the following providers:

- Frimley Health NHS Foundation Trust
- Royal Berkshire Hospitals NHS Foundation Trust
- South Central Ambulance NHS Foundation Trust
- Southern Health NHS Foundation Trust

## **22 Events after the end of the reporting period**

None

## **23 Third party assets**

The clinical commissioning group did not hold any cash or cash equivalents on behalf of other parties.

## 24 Financial performance targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended).

NHS Clinical Commissioning Group performance against those duties was as follows:

	2019-20	2019-20	2019-20	2019-20	2018-19	2018-19	2018-19	2018-19
	Target	Performance	Variance	Target	Target	Performance	Variance	Target
	£'000	£'000	£'000	Achieved	£'000	£'000	£'000	Achieved
Expenditure not to exceed income	328,100	328,086	14	Yes	314,054	314,038	16	Yes
Capital resource use does not exceed the amount specified in Directions	0	0	0	N/A	0	0	0	N/A
Revenue resource use does not exceed the amount specified in Directions	326,443	326,429	14	Yes	312,205	312,189	16	Yes
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	0	N/A	0	0	0	N/A
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	0	N/A	0	0	0	N/A
Revenue administration resource use does not exceed the amount specified in Directions	5,007	4,903	104	Yes	4,739	4,687	52	Yes

For 2019/20, the CCG set out a plan to deliver a breakeven position against its in year allocation.

The Resource Allocation Directions for 2019/20 are based on 'in year' funding rather than a cumulative position. Therefore, the table above shows NHS North East Hampshire and Farnham CCG's financial performance against its 'in year allocation' for 2019/20.

## 25 Losses and special payments

The clinical commissioning group had no losses in 2019/20 and 2018/19.

### END OF REPORT