NHS
Surrey Heath
Clinical Commissioning Group

NHS Surrey Heath Clinical Commissioning Group

Annual report and accounts

2020-21

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PERFORMANCE REPORT

1. FOREWORD

This year we have responded to the biggest issue that health and care organisations have faced in a generation. Across the Surrey Heath CCG area, your health and care services have made remarkable progress to respond to the Covid-19 pandemic. Unprecedented levels of large scale changes have been made at pace to the way services are prioritised and delivered, to maintain patient and staff safety and to ensure the services available have enough capacity to give our populations the care they need.

During this challenging period, our local population has continued to be able to access GP services and we have maintained essential hospital services, such as cancer and mental health/learning disability care.

This has been achieved thanks to strong partnership working across health and care organisations; the hard work, professionalism and commitment of staff, and the sacrifices and co-operation of our local communities through what has been a difficult time for everyone.

Although we have been repeatedly tested during the pandemic, 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 (ICS) over the last year, has put us in a strong position to meet the challenges and respond in an effective, integrated way.

There have been a number of positives that have been achieved in a short period of time. Traditional models of health care which had needed modernising have transformed at pace in response to Covid-19, based on the needs of individuals and including the rapid adoption of technology. It is essential that these benefits continue to be developed, harnessed and enhanced during the coming year.

Throughout this year, we continued to work together as the Frimley Collaborative, representing our communities across North East Hampshire and Farnham, East Berkshire and Surrey Heath. The collaboration strengthened even further as we were successful in becoming a merged organisation, Frimley CCG, from 1st April 2021.

I have become Accountable Officer for the newly formed Frimley CCG at a time of huge opportunity as we look toward the government's plans for Integrated Care Systems over the next 12 months. The government White Paper has set out how Integrated Care Systems will become statutory organisations in 2022 and I look forward to bringing our partners together to work on Frimley's plans for rapid transformation for the 800,000 people who live in the communities within the system.

As I look back through this report, reflecting on the successes of these organisations over the past year under the leadership of then Clinical Chief Officer Dr Andy Brooks, I can see how much time and energy has been committed to doing the right things for the local people in the communities we serve.

2020/2021 was another year of success with standout projects that will make a real difference to local people's lives, their health and their wellbeing. All three organisations were awarded an 'Outstanding' rating by NHS England, only 22 out of 191 in the whole country achieved the same. Communities in Surrey Heath have benefitted from improvements to integrated care through the new Adult Community Services contract and further funding for the Mental Health Integrated Care Services. Responding to local needs has also been a key part of our work with the opportunity for local people to access the Innovation Fund to help launch initiatives to improve local health and wellbeing. Connections between partner organisations, particularly in local government have been strengthened even further and have had huge tangible on the ground benefits as part of the impressive Covid-19 vaccination programme. This will stand us in good stead for the year ahead.

As Chief Executive of Frimley Health and Care ICS I have always valued the vital contribution of our commissioning organisations, recognising the connections into places and the commitment to local people and partners. The work achieved this year as part of a system-wide Incident Control approach to managing the resources across all our partner organisations, has really enabled us to integrate further and start working towards our ICS Roadmap to deliver our collective ambitions.

I am very proud to be taking on this dual role as ICS Chief Executive and Frimley CCG Accountable Officer and look forward to what we can achieve together building on the strong foundations of the organisations represented in this report.

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. By working collaboratively with individuals, their neighbourhoods, our five places, the system as a whole and across broader boundaries, we have an exciting opportunity to re-shape what we do and collectively make differences to our population that will impact on their lives and the lives of future generations.

Fiona Edwards
Accountable Officer Frimley CCG
Chief Executive Frimley Health and Care ICS
14th June 2021

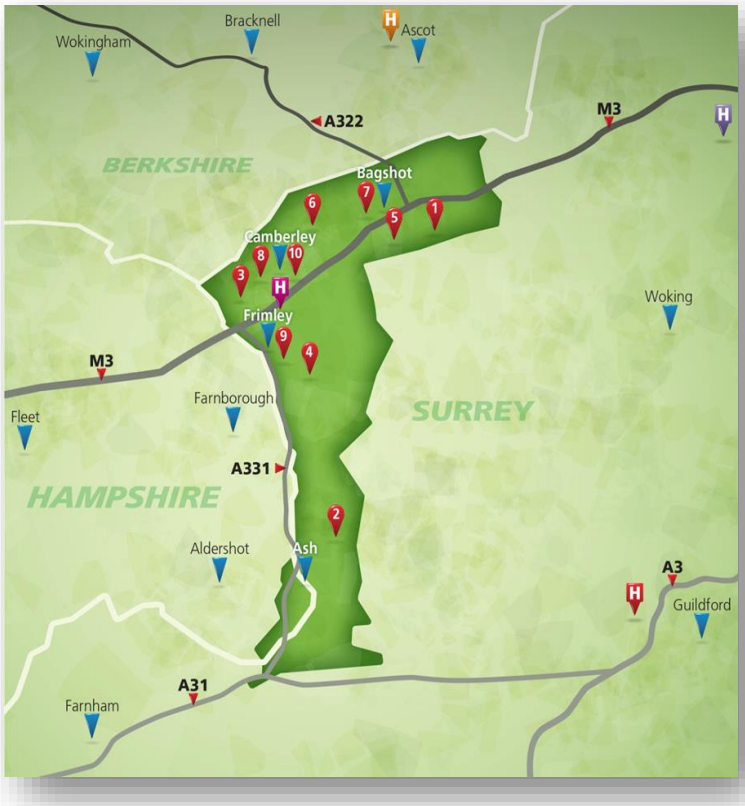
2. PERFORMANCE OVERVIEW

The Performance Overview section of this Annual Report is designed to provide a short summary about the CCG, including our purpose, key objectives, achievements and any risks to achieving our objectives.

2.1. Our purpose

The vision of Surrey Heath Clinical Commissioning Group (CCG) is to deliver the best possible health and wellbeing outcomes for our local community within the resources available. This is achieved is through using the combined leadership of local GPs, independent lay people, public health, local authority and NHS commissioning staff to make informed decisions about local healthcare. The CCG serves a population of around 100,000 across Surrey Heath and Ash Vale. We are responsible for identifying the health and care needs of people registered with the 10 GP surgeries in Camberley, Bagshot, Lightwater, Frimley and Ash Vale to ensure these health needs are met through commissioning high quality and effective health and care services.

We also work in partnership with colleagues from NHS England, NHS Trusts and other providers, CCGs, Surrey Health & Wellbeing Board, Public Health Surrey, local authorities and the voluntary sector. We are committed to understanding and responding to the needs of local people in our communities, co-designing services and working towards a 'Community Deal' as part of our ambitions.



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 North East Hampshire &Farnham CCG and East Berkshire CCG to work collaboratively, so as to improve the health and care services provided to its residents in a joined up way. The three CCGs formed the Frimley Collaborative to learn from each other and spread good practice, make more effective use of our resources and avoid duplication. The Collaborative works together across the same geography as our partner organisations in the Frimley Health and Care Integrated Care System.

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

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

The vision at place focuses on ensuring everyone has access to preventative services, advice on living well and simple, joined-up services and those who are vulnerable or high risk receive support to keep as well as possible.

Organisational Change and Merger

The three CCGs in the Collaborative have a reputation for high quality leadership and effective partnership working within local systems with all CCGs attaining an 'Outstanding' rating by NHS England in 2019-20.

Building on the success of the Collaborative the three CCGs decided to ask NHS England in 2020 to merge the three organisations into a single CCG. In November 2020 NHS England gave conditional approval and in March 2021 gave the grant of merger and the dissolution agreement for the three CCGs to create a single NHS Frimley CCG from 1 April 2021. The vision of the three CCGs coming together for formally was:

- To deliver access to safe, sustainable, high quality, equitable, affordable and effective services through innovative service models that consider national and international best practice, appropriately reflect local need and factor in the ability to manage future surge pressures (Covid-19, seasonal flu).
- To achieve the above through community collaboration, mutual decision making with people as partners, great teams, engaged and informed leaders.
- To create a health and care system that is materially higher in quality, more productive, financially sustainable and better governed.

This enables the team in Surrey Heath to focus on the importance of local insight and need, whilst recognising the strength of working as a system with a consistent core approach as we embark on the roadmap towards creating a single ICS organisation by April 2022. We have always seen the merger of our three CCGs as a step in the journey for commissioning, with this evolution intrinsically linked to the emerging thinking about roles and responsibilities of all partners within the Frimley Health and Care System (Frimley ICS). The ICS Roadmap for the development of the Frimley system has been developed with the ICS Partnership Board and over the next 12 months we will collectively determine how the role, functions and activities of CCGs will be carried out as part of the new system landscape that will come from the Government's legislative reform.

Our experience tells us that it is relationships, not organisational boundaries that determine the level of integration within systems and ultimately the ability to transform health and care outcomes. We have designed our organisation to build and develop these relationships at all levels – through individual and organisational values, neighbourhoods and relationships with Primary Care Networks, our emphasis on place, and structures with people who can work flexibly across organisational boundaries and manage complexity.

There is no single geography across which all our services will be commissioned and although some services will be commissioned on the new CCG (and Frimley ICS) footprint, others will be secured at smaller footprints (for example Surrey Heath Place or Primary Care Networks). Others may be jointly commissioned within local authority boundary footprints such as Surrey County Council and/or health commissioners in

other ICSs, while for rare disorders their services need to be considered and secured nationally or regionally. It is therefore vital that we have a strategic commissioning model that can work optimally across organisational and system boundaries.

Delivering effective place based working

Surrey Heath is one of five places in the Collaborative and in the new Frimley CCG. It has worked throughout 2020-21 with a leadership team, led by an Executive Managing Director, a Clinical Leader and a Lay Member. This structure retains the local focus while working across the broader area of the Frimley Health and Care ICS and with partners in Surrey. This organisational design will continue to enable us to manage the complexities of our local authority boundaries and continue to enthusiastically search for, and deliver, opportunities for even more joint commissioning opportunities.

Integrated Care and partnership working

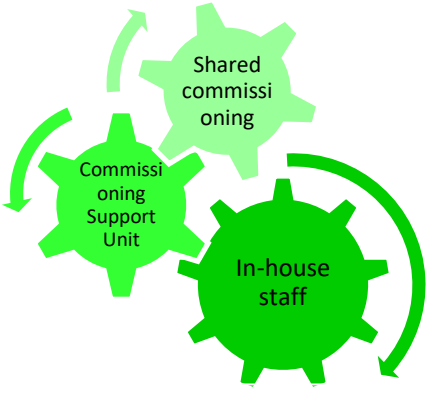
Surrey Heath has continued the journey of greater integration and collaborative working to enable the best use of resources and ensure that services are sustainable. The Integrated Care Team, that supports adults in our community, has been in place since 2015 and has continued to develop. Throughout what has been a difficult year the integrated team has continued to care for those needing support but has also spent time to ensure that the team itself has been helped to cope with the challenges faced.

2.4. Our business model and environment

In 2020-21 the CCG managed itself through a number of business models which included in-house, shared and bought-in services which enable the CCG to retain ownership of statutory responsibilities while benefiting from economies of scale, working with partners across the Collaborative and ICS.

In 2020-21 Surrey Heath CCG had three components:

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



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

In-house staff

Staff have very successfully adapted to remote working over the last year and have responded to the challenges and opportunities it brings. The Surrey Heath CCG base is normally at Surrey Heath Borough Council offices in Knoll Road, Camberley. This central location made us easily accessible to all member practices and enabled CCG staff to work closely with colleagues from Adult Social Care, Surrey Heath Borough Council and the Police who are all based in the same building. Thanks to working in this way prior to the pandemic, we have been able to maintain our close links and relationships whilst having to be based remotely.

Working in the Frimley Collaborative has meant closer relationships between the CCGs that have enabled better use of our people and our financial resources and to avoid duplication, making us more efficient and cost-effective.

Surrey Heath's Operational Leadership Team continues to work closely with social care colleagues planning and making decisions jointly. The Place Based Committee for Surrey Heath is a sub-committee of and reports into the Frimley Collaborative board. It has membership from all 7 member practices as well as representation from Surrey County Council, both Adult Social Care and Public Health, and lay membership. The committee is clinically led with the Place Clinical Lead chairing the meeting. The Place Based Committee is a partnership forum which recognises the role of partner organisations in the planning and delivery of health and care improvements. It acts as the place based assurance and delivery function of the CCG.

We also have a Local Joint Commissioning Group which is comprised of members of the CCG and Surrey County Council and who oversee the delivery of the priorities set out in the Better Care Fund.

The Surrey Heath Care Alliance is a local network of health and social care system leaders with the collective goal to help improve outcomes and reduce inequalities for the population of Surrey Heath. This network acts to engage and test ideas between commissioners and providers, strengthening integration between services and reducing duplication and perceived "gaps". The Alliance includes representatives from local providers, voluntary groups, schools and local authority and has been used to promote understanding of our community to together design what is best for the population.

Shared support services

In 2020-21 these were provided by NHS South Central and West Commissioning Support Unit (CSU) and played a key role in supporting the CCG by providing

expertise in a range of management areas such as information governance, IT and contracting. We have benefited from using the CSU since the CCG's inception, building strong working relationships and benefitting from knowledge gained across over 40+ Clinical Commissioning Groups.

Shared commissioning expertise

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

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

Surrey CCG collaborative commissioning

Surrey Heath CCG works with Surrey Heartlands CCG to commissions services across the whole of Surrey.

The current shared commissioning arrangements are as follows:

- Support services from the safeguarding adult and children team;
- Children's Services Commissioning including Children and Adolescent Mental Health (CAMHS);
- Adult Mental Health;
- Learning Disabilities;
- Emergency Ambulance Services, Patient Transport Services;
- Continuing Health Care and NHS Funded Nursing Care; and
- Carers support

Other partners

The CCG has a strong relationship with Surrey County Council in commissioning Integrated Services for Surrey Heath residents. Both organisations are committed to the continuous development of a variety of services, where the benefits for the population are enhanced through the pooling of funds and shared decision making.

The schemes jointly managed and funded through this arrangement include:

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

This arrangement allows us to work closely together, eliminating duplication and unnecessary handovers which benefit patients and staff, by delivering a more seamless care pathway. It has particularly enabled us to respond to the COVID-19 Pandemic to support residents through this difficult period of time.

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

During 20/21, we have been working with Surrey County Council and Surrey Heartlands CCG on the council's transformation programme (Transforming Outcomes for People) that has strengthened the joint commissioning of services between health and social care in Surrey. We now have integrated Children's commissioning team in place across Surrey and are in the process of exploring additional areas to streamline commissioning functions and make the system simpler to navigate for our residents.

Frimley Health and Care Integrated Care System

In 2020-21 the Frimley Health and Care ICS ambitions meant that our collective focus was on preventing ill health, supporting people to improve their own wellbeing, proactively managing the health and care needs of the population, reducing health inequalities and genuinely integrating care at a local level to collectively deliver on the five-year plan.

The partner organisations in the Frimley Health and Care ICS have worked together with a single operating plan and a single financial control total. This means that the system has a shared set of priorities and plan of how to deliver them. Working with a single financial control total allows us to make partnership based local investment decisions to support the change programme set out in the operating plan as well as delivering our 'business as usual' services.

The governance structure aligns with that already in place locally with a view to strengthening system level improvement and assurance mechanisms. Over time this will morph into a new organisational form as the CCG and ICS become a single organisation in 2022.

The five-year Frimley Heath and Care ICS ambitions are set out below:

We also align with locally relevant plans and ambitions such as those outlined by the Surrey Health and Wellbeing Board.

2.5. Our priorities and objectives in 2020-21

The Priorities for the CCG and the Collaborative reflect the response to COVID-19 and the changing NHS landscape. The key areas of focus for us have been:

- Leading the system COVID-19 response and the restoration for urgent and planned care.
- Looking after our people to create a supported and resilient workforce.
- Addressing health inequalities.
- Working with our communities.
- Primary Care Network development.
- Collaborative and ICS development.

In September 2020 we used these collaborative priorities and engagement with staff and local partners to form specific priorities and objectives relevant to our Place. The aim was to have a clear sense of local purpose and direction for staff during a period of change and uncertainty. This purpose being firmly grounded in the needs of our local communities and the COVID-19 opportunities and challenges that we needed to manage over the first 6 months of 2021-22.

These local priorities included the following areas of focus:

- Mental health and wellbeing;
- Ageing well;
- Tackling inequalities;
- Developing our people;
- Partnership;
- General Practice; and
- COVID-19 response and recovery.

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Mental health and wellbeing **Improve mental health and wellbeing.** • Early intervention • Strengthening partnership working • Mobilise new services to meet service gaps • Plan our local response to anticipated increased demand due to COVID-19.	**Ageing well** **Take steps to help our older population to live well and support them manage long term conditions that reduces their independence and quality of life.** • Further development of our Integrated Care Team approach • Support to carers • New Enhanced Care Home Model	**Begin tackling inequalities** **Working with partners, use the next 6 months to better understand how to identify and tackle inequalities in our communities and deliver care that is equitable.** • Test an improvement cycle for one know group within our community with known health outcome differences - those with learning difficulties • Accelerate prevention programmes which engages those in greatest risk of poor health
Develop our people • Support our staff development by better identifying their needs and improving the training opportunities they can access • Improve our offer to support CCG staff's health and wellbeing • Support the PCN to make full use of additional primary care roles to improve services and support practice sustainability/workload	**Partnership** • Begin working within local partners engage with our local population to develop a Community Deal • Refresh our local engagement approach • Bring benefits to local residents of new Frimley Collaborative • Review current joint commissioning arrangements with Surrey colleagues	**General Practice** • Work in partnership with member practices and the PCN to jointly agree approaches to manage demand & activity restoration (where clinically appropriate) • Review the Total Triage Model implemented as part of COVID-19 and agree our local access model/communicate to residents • Progress our Estates Plan by finalising a description of our future Clinical Model

COVID-19 response & recovery – local Focus			
1. Mental Health/wellbeing - Plan local response to anticipated increased demand & support staff wellbeing	2. Plan for winter • Increase flu vaccination uptake (incl staff) • Produce integrated place based resilience plan	3. Put in place flexible demand/capacity plan for general practice including ability to step up and down services if have second Covid-19 wave or local outbreak	4. Recovery planning - Embed positive pandemic innovations and behaviours into new models of care and ways of working - Inclusively support those in greatest need

Priorities

Despite the challenges faced last year, we made significant progress in our priorities, including:

- Successful implementation of the new Mental Health Integrated Care Service.
- Completing the procurement process for a new Children's Emotional Health and Wellbeing Service which will be operational from 1st April 2021.
- Developing a work plan for the Ageing Well priority, identifying key areas of development for the Integrated Care Team.
- Supporting our Primary Care Network to create a care homes team to provide a consistent level of support to all our care homes.
- Bringing together a group from a range of partners to begin the work on inequalities for those with learning disabilities and autism, our chosen area of focus for this priority.
- Recruiting a number of additional roles in primary care including first contact physiotherapists, clinical pharmacists and a care homes team.
- Improving the uptake of flu vaccinations.
- Supporting our staff to work remotely and flexibly during the pandemic which has enabled them to continue to support the vaccination programmes, and our acute hospital partners with nursing and administrative expertise, whilst continuing to deliver on core CCG activities for the population during the year.

2.6. Key issues and risks

The main risks and issues have been associated with the unprecedented and unplanned demand on health services as a result of the COVID-19 Public Health Emergency. Despite the pressure on capacity, finance and resources the system has been able to work hard and continuously with health and local government partners

to manage the impact on the quality of care as the surge for acute services took effect in 2020.

The COVID-19 pandemic has fundamentally changed the way we deliver care and carry out our routine business activities. A need to expand choice and modernise access to services has been a long term ambition which the pandemic has helped to accelerate, driving a positive impact on people and the environment in which they live and work; both of which are key health and wellbeing priorities for our places over the next 12 to 18 months.

2.7. Looking ahead

2021-22 offers us many opportunities as we set plans for recovery and restoration. Each of our places have clear aims to improve access to preventative services, advice on living well and simple, joined-up services and those who are vulnerable or high risk receive support to keep as well as possible.

- Recovering from the impact of COVID-19 focusing on inequalities and a partnership approach with our communities.
- Restoration and recovery – community focus moving towards lifestyle & self-management.

2.8. Performance Summary

We recognise the huge amount of work carried out by our staff, together with local people and our many partners, to respond to the COVID-19 pandemic.
In this year's annual report, we wanted to show 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 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 communities 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 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.

3. PERFORMANCE ANALYSIS

3.1. Our performance in 2020-21

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 limited performance data.

This section showcases some of our achievements over the past year, with additional examples in the following sections.

General Practice

General Practice continues to be a key element of the integrated care delivered in our community. Surrey Heath Community Partners is part of the adult community service as well as delivering care on behalf of all 7 Practices to ensure consistent and sustainable care is received by the whole population. The Surrey Heath Primary Care Network (PCN) has rapidly developed; bringing additional roles into primary care to support GP workload and ensure an appropriate workforce is available now and in the future.

The PCN was instrumental in the response to the pandemic, firstly supporting practices to work together to create a “Hot Hub” to assess and care for COVID-19 patients in the community and latterly organising the local vaccination centre. As one of the first areas in the country to begin the Covid-19 vaccine rollout, Surrey Heath CCG and its GPs have been busy vaccinating the community’s most vulnerable since December 2020.

Community services

After a successful procurement exercise with North East Hampshire and Farnham CCG an innovative new community service for Adults was mobilised and the service formally started on 1st April 2020. It is testament to the hard work of the organisations involved and all partners in Surrey Heath that this was done successfully during what was the first wave of the pandemic.

The service is delivered in partnership by Frimley Health NHS Foundation Trust and Virgin Care Services Limited. The two organisations provide some services together across both the North East Hampshire and Farnham and Surrey Heath areas, benefitting from their shared experience and learning across the wider geography covered by the two CCGs and enabling locality alignment between community teams and PCNs.

The way that the services have been commissioned supports local partners to enable patients to get joined-up, quality care closer to home, as well as helping them stay out of hospital and better manage their health and wellbeing. It also enables acute services to integrate even further with GP services, community mental health services and social care. Hospital specialists have been working even more closely with community health and care professionals, resulting in seamless, high quality

care. The three contracts awarded are worth in total £17m per annum and run until March 2025, with a possible extension to 2027.

Mental Health and Wellbeing

As part of the continued integration of care and joining up of pathways, the CCG, working with Frimley system partners, has been successful in securing a further year's transformation funding for the continued establishment of the Mental Health Integrated Care Service (MHICS), following a bid process run by NHS England. The MHICS has been implemented across the ICS and for the Surrey Heath service, we worked closely with system partners, including our main mental health services provider, Surrey and Borders Partnership NHS Foundation Trust to co-design the delivery model. The bidding process involved articulation of plans for implementation, evaluation of the progress made to date and the current model and a detailed financial model. The MHICS service links to existing community support along with primary and secondary care to provide better access and support around employment & vocation, housing, substance, self-harm as well as other community assets for people with common and serious mental illness.

Secondary Care and hospital services

As well as responding to the pandemic, our main secondary care provider Frimley Health NHS Foundation Trust (FHFT) has worked with primary care, community services and other partners to make a number of significant improvements to clinical pathways. Collaborative work has resulted in increased availability of Advice and Guidance for referrers as well as improvements to referral forms and guidelines to ensure the right information is included to aid timely triage and allocation to the appropriate pathway. For example referral form changes have been made for Cardiology and Gastro-Intestinal services as well as updates of cardiology guidelines so that they are consistent across all areas of the Frimley ICS.

Additional pathways have also been created in response to population needs and an example is the implementation of a new multidisciplinary model for patients experiencing Post-COVID syndrome or "Long COVID". The Long COVID Service for Frimley has been running since the beginning of 2021 and has used a biopsychosocial model and assessment to avoid unnecessary medicalisation. As part of the pathway, a multidisciplinary team (including GP, Psychologist, Physiotherapist and Respiratory Consultant) triage referrals remotely and signpost patients to the most appropriate service. Services signposted include:

- Psychological services
- Pain/fatigue support
- Exercise and wellbeing support
- Respiratory services
- Cardiology and other onward specialities.

4. KEY PERFORMANCE MEASURES

For most of 2020-21, the NHS has been operating under a Level 4 incident response regime, the highest level of critical incident response, which requires NHS England National Command and Control to support the NHS response. In these circumstances, NHS England co-ordinates the NHS response in collaboration with local commissioners.

From the beginning of the year, the Frimley system has put new system-wide structures in place to support all system partner organisations from our Incident Control Centre, which directs and manages our collective local resource and capacity to focus on the crisis response, in line with NHS England directives. As part of this, we have been adhering to NHSE/I's position on regulatory and reporting requirements which included;

- pausing all non-essential oversight meetings and
- streamlining assurance and reporting requirements

The brief respite in the summer of 2020, when COVID case numbers and acuity reduced, allowed the NHS to begin its response to post COVID recovery – including areas elective surgery, cancer care and other long term conditions where patients had been unable to access their usual outpatient and primary care treatment. Whilst some progress was made during this period on non COVID priorities, the second and third waves of the pandemic impacted once more and in January of this year, Amanda Pritchard, Chief Operating Officer of NHS England and NHS Improvement reconfirmed the national position on freeing up management capacity and resources to focus on the ongoing challenges faced by healthcare systems.

To this end, much of the performance monitoring and reporting routinely undertaken was suspended this year and is therefore not included in our Annual Report. Where some has continued – referral to treatment times, cancer waits and ambulance response times for example – performance has been significantly below national targets as might be expected and does not reflect the extraordinary work and efforts of services over the last year, where the overriding focus has been to save as many lives as possible.

However, as an organisation, we are aware of our responsibility to maintain an appropriate level of oversight on performance across all our services and for all our population:

- to support our ongoing work in tackling inequalities (please refer to the section on Reducing Health Inequality on page 48)
- to ensure that the unintended consequences of the pandemic response for those with non-COVID conditions and needs are minimised and
- to develop services to respond to the longer term impacts of COVID including mental health support

To that end, the Frimley Collaborative took a number of steps to provide information to support decision making and provide assurance around the quality of services during this extremely challenging period.

Collaborative wide assurance of statutory functions;

In line with the priorities set out by NHS England/Improvement we have focussed on Accident & Emergency and ambulance performance, referral to treatment (RTT) management, cancer referrals and treatment, and screening & immunisation. Weekly data has been reviewed by the performance team with exception reports escalated to the executive team to agree corrective actions.

On a monthly basis, a full report on the above metrics was shared with the Collaborative Board and is used to support lay member briefings. The focus has been on system wide performance but with additional information for each of the three CCGs in the Frimley Collaborative.

Operational Performance Management information;

A weekly operational dashboard is produced to support system oversight by the Frimley Incident Control Centre. From the beginning of January 2021, place level insights have been added to the report to support local partnership conversations.

The place insights focus on the following three priorities; vaccine roll out, reducing burden on acute services (both admissions & discharge), and supporting primary care resilience and local workforce mutual aid.

5. SUMMARY OF FINANCIAL PERFORMANCE

5.1. Financial overview

Clinical Commissioning Groups are expected to manage expenditure within the resources allocated by NHS England, and deliver a minimum of a break even position in the financial year. This requires not only careful management of the finances but also strong internal control mechanisms to ensure the resources of the CCG are handled in a way which is up to public standards and can be sustained year on year.

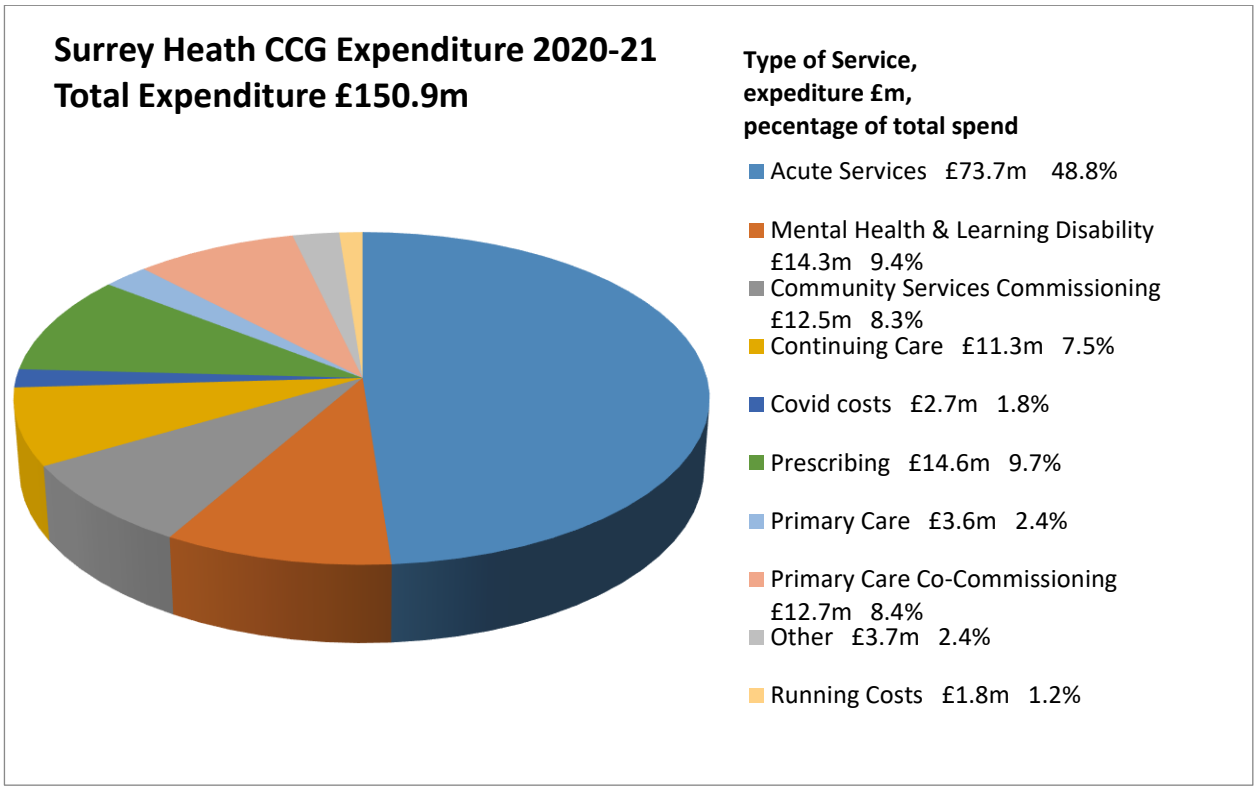
The financial regime has been very different this year as a result of covid-19 with the overriding consideration being that providers had access to sufficient funding to respond to the pandemic. Additional COVID funding was made available to CCG's and Trusts to ensure that all services were adequately resourced for the additional costs of personal protective equipment (PPE), staff and facilities. The CCG has also been reimbursed for costs incurred in ensuring faster discharge from hospital for patients who required ongoing support but could be safely discharged from an acute setting, allowing beds to be made available for more acutely unwell patients.

5.2. Review of the financial year

The CCG spent £150.9m in 2020-21, which equates to approximately £1,509 for every person registered with our practices. NHS Surrey Heath CCG has reported a surplus of £1,663kk for the year with a cumulative surplus of just over £4.9m.

The surplus this year has arisen primarily due to the CCG receiving transformation funding in year on behalf of the Frimley system which due to COVID was not fully spent in year. In line with the Group Accounting Manual, the CCG cannot carry forward this unspent resource as it relates to 2020-21 and has declared a £1,663k surplus as a result.

In 2020-21 we underwent our first value for money audit under new guidance which looks at all aspects of how the CCG manages its finances and tests its processes, decision making and financial management to ensure that we are using public money economically, effectively and efficiently for the benefit of our population



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Approximately half of our expenditure, £73.7m, is for acute services. Our main provider is Frimley Health NHS Foundation Trust (FHFT), with whom we spent £61m in 2020-21. Our other main provider is the Royal Surrey County NHS Foundation Trust, £2.9 m and then there are range of smaller contracts with other providers such as Ashford and St Peters Hospitals, Epsom and St Helier Hospitals and St George's NHS Foundation Trust. This category of expenditure (acute services) also includes ambulance costs.

Our core adult community services are mainly provided by Virgin Care Services Ltd and Frimley Health Foundation Trust (combined cost £5m) whilst our mental health services are mainly provided by Surrey and Borders Partnership NHS Foundation Trust (£9.2m).

Under full delegated responsibility for Primary Care (GP) commissioning, in 2020-21 the CCG received an allocation of £12.7m from NHS England. The majority of GP costs are funded through contracts held directly by NHS England and administered by Surrey Heath CCG. We also meet the cost of drugs prescribed by our local GPs of £14.6m and pay for the GP 'out of hours' service at a cost of £0.8m.

The CCG spent £6.4m in partnership with our local authority partners under the Better Care Fund with Surrey County Council, continuing to work in partnership with our Local Authority colleagues in supporting greater integration across health and social care services to provide a more cohesive set of services for our residents.

The CCG has spent £3.1m in total on COVID related activities, the majority of which, £2.5m, was spent on placements and home based care under the hospital discharge

scheme which was run in conjunction with Surrey County Council and Surrey Heartlands CCG. The scheme enabled patients to be safely discharged from hospital as soon as possible to either a nursing or residential care setting or with additional support at home. This supported the flow of patients through the acute hospitals and freed up bed capacity and nursing resource for COVID patients and those who were more acutely unwell.

A further £0.4m of COVID funding has been spent with General Practice (included within the Primary Care Co-Commissioning expenditure) mainly to provide additional capacity to respond to the pandemic.

The CCG is required to invest in mental health services over and above the growth increase it receives each year as part of its funding. In Surrey Heath, we have maintained this investment in services. Whilst much of this goes to our main providers, we have made some targeted investments this year, including funding to support physical health checks for those with severe mental illness, a leaflet campaign for IAPT services and a contribution to the Innovation Fund. During the year, we were audited on our achievement of the Mental Health Investment Standard for 2019/20. We are pleased to report that we received a positive audit opinion for that year and that we have continued to exceed the investment requirement in 2020-21.

5.3. Running Costs

The CCG receives a separate allocation for the costs of running the organisation based on the size of our population, which it must not overspend against. In 2020-21, we received and spent £1.8m.

5.4. Financial plan 2021-22

From the 1st April 2021, Surrey Heath CCG forms part of the new Frimley CCG following the merger with North East Hampshire & Farnham and East Berkshire CCGs. The financial planning process for 2021-22 will therefore be undertaken on the new footprint. The expectation that the CCG will continue to manage within its given resources will remain. Our plans will form part of the financial planning for the Frimley ICS, which will also be required to live within its means, requiring ever closer partnership working with our partners to deliver high quality, sustainable services within a challenging environment.

The impact of the COVID pandemic will continue to influence the financial plans for the new CCG, with block payments to most Trusts continuing at least for the first half of 2021-22. The financial plans for the year will support the operational plans which reflect the national priority areas:

- Supporting the health and wellbeing of staff and taking action on recruitment and retention;

- Delivering the NHS COVID-19 vaccination programme and continuing to meet the needs of patients with COVID-19;

- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care, manage the increasing demand on mental health services, and continue to improve maternity care;

- Expanding primary care capacity to improve access, local health outcomes and address health inequalities;

- Transforming community and urgent and emergency care to prevent inappropriate attendance at Emergency Departments (ED), improve timely admission to hospital for ED patients and reduce length of stay;

- Working collaboratively across systems to deliver on these priorities.

These priorities are backed by targeted investment as part of a £8.1 billion plan nationally to help the health service manage endemic levels of COVID-19 and begin the process of recovery following the intense winter wave of COVID.

The CCG will continue to be scrutinised in terms of delivering value for money against the backdrop of delivering transformation to services in line with the NHS Long Term Plan and the continued impact of the COVID pandemic.

Further details about our expenditure in 2020-21 are available in our Financial Statements. These statements have been prepared in accordance with the Directions issued by NHS England under the National Health Service Act 2006, and are audited by KPMG LLP. Our external audit for 2020-21 cost £46,596 exc VAT.

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/) 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, with system partners, continues to plan sustainable health and care services by:

- Continuing with a more integrated approach delivered through strong partnerships across primary, secondary and community care providers as well as local government, voluntary organisations and the community;
- Careful use of our available resources, including greater sharing of estate and infrastructure, that enables efficient and effective use of what is available;
- Delivery of care in the most suitable place with an emphasis on people being cared for closer to home, using technology to help reduce unnecessary trips and deliver care in a timely way.

6.1. Better use of technology

The impact of the COVID-19 pandemic has been significant both on how the CCG does business but also how services are provided to the population.

The NHS has had to rapidly change the way it works and the majority of CCG staff have been working remotely from home, in line with Government guidance, since March 2020. This has obviously made a significant reduction to the amount of travel undertaken by staff. We intend to continue to work in this more flexible way with the benefit both to the environment but also our staff's wellbeing and work-life balance.

As mentioned, the way that we interact with health and care services has changed over the last 12 months. This change was already planned but the use of online consultations, telephone assessments and overall use of digital assets has been adopted far more quickly in response to the pandemic. For instance all Practices now offer video consultations and there has been a tenfold increase in the number of GP online consultations used by our patients (data from February 2020 to February 2021).

Online consultation is not for everyone but does serve a very useful purpose for many. We consistently have had positive feedback regarding the eConsult online consultation system that is used by General Practice in Surrey Heath. For example, typically 70-80% of respondents who have used the service are satisfied with it and a similar number would recommend it to Family and Friends.

6.2. Better use of resources

Throughout the year the CCG has worked with partners to ensure that resources are used where they are most needed and shared according to the agreed priorities. During the pandemic this has meant our staff have flexibly supported the formal incident response in a variety of different ways, for example as part of the system Incident Control Centre, using clinical skills helping with discharges from acute hospital and fulfilling roles at the local vaccine centre.

Collaboration with Surrey Heath Borough Council

Surrey Health CCG has teamed up with Surrey Heath Borough Council (SHBC) to help residents find out more about how the mass vaccination programme is being delivered in Surrey Heath. Staff members from the council were re-deployed to remotely support General Practice, providing the telephone contact line for the public to ask questions about their vaccination and also help practices in making calls to book people appointments to receive the jab. This has meant that practice staff were able to concentrate on continuing to deliver primary care with the borough council team able to respond effectively to the 200 or so telephone calls received each day. The team at SHBC have also made outbound calls to patients who have been unable to respond to the text message offering an appointment. As well as taking work away from practices it has helped to reduce the number of lines in use at each practice and has helped to enable them to utilise the telephones for GP appointments.

Estates use and remote working

Providers have been supported to work remotely wherever able to and appropriate. This has enabled the available physical estate to be prioritised for clinical service delivery with face to face interactions, when needed, being in a safe way and ensuring correct social distancing and infection prevention procedures are followed.

The CCG has supported improvements at local practices as part of the wider estates strategy. Camberley Health Centre has had some significant building work completed this year that will help to improve the experience for patients and staff. During the work, the CCG was able to utilise our office space within the Borough Council building for administrative staff from Camberley Health Centre to work remotely. By flexibly using our office the disruption to clinical staff and service was minimised as the changes to the health centre were made.

Additional roles

As well as utilising current resource effectively the CCG with partners has been taking steps to bring additional workforce into our area. Through the national Network Contract Directed Enhanced Service, funding has been made available to PCNs to recruit additional posts across a number of specific roles. The Surrey Heath PCN has used the additional monies to recruit the equivalent of 17 new fulltime roles to support General Practice and our local health system.

The roles include Clinical Pharmacists, First Contact Physiotherapists, Physician Associates, Pharmacy Technicians and a Dietitian. Amongst other things the roles will help support care homes in our area and ensure that residents in all homes receive appropriate support from Primary Care.

Coordinated by the PCN, on 20th April the first Musculoskeletal (MSK) First Contact Physiotherapists started. Patients with back and joint pain, including conditions such as arthritis, are now be able to see a local physiotherapist directly rather than have to first have an appointment with a GP. All Practices now have this model in place and the physiotherapists are currently seeing about 150 patients a week.

Another benefit from this funding has been the continuation of the Cancer Navigator role in Surrey Heath, and is jointly funded by Macmillan Cancer Support. The role is being hosted by the Primary Care Network and will work closely with the existing Social Prescribing Link Workers. The Cancer Navigator supports people living with and beyond cancer following the completion of active treatment. They provide general information and support about cancer and the services available. Enabling people to navigate the health and social care system and make more informed choices about their cancer and their life.

Care closer to home and new ways of working

Better, joined-up care closer to home, is the aim of all our initiatives and is linked to the strategic ambition of providing the right care, in the right place at the right time. During the last year, Surrey Heath Teams have worked to maintain a ‘Home First’ approach to discharge from acute hospital. This has been a challenge during the

pandemic and the unprecedented pressures on the health system. However, we have maintained consistently low numbers of patients in the hospital who are Medically Fit For Discharge (MFFD) and worked tirelessly to maintain flow in the system. This is a significant achievement and the Surrey Heath teams have been commended by system leaders for their collaborative and proactive response in managing discharge.

Pulse Oximeters at Home

The term "silent hypoxia" refers to a condition in which the body is deprived of adequate oxygen supply at the tissue level that does not coincide with shortness of breath and is therefore not easily detected. It has been shown to be a complication of coronavirus disease and national evidence showed that a proportion of patients presented late to hospital and required intensive care and ventilation because of this, unfortunately often leading to poor outcomes.

In response, practices are operating a COVID Oximetry at Home service (CO@H). This service allows stable COVID-19 positive patients to remain at home on an oxygen monitoring device. Patients are coached on how to use the device, and what their actions should be against the relevant oxygen saturations. The small device can be used three times a day (or as required) to check saturation levels and these are reported to the Primary Care Network team on a daily basis, either by text or phone call. The readings are monitored by clinicians and patients are given any necessary prompts or advice. Over 100 residents in Surrey Heath have so far been supported in this way.

This is one example of how we are enabling people to take a greater part in the management of their own health and to use technology to help to do this.

Healthier together

To support local parents and carers Surrey Heath along with partners in the Frimley Health and Care ICS have worked with FRANK to create the new Frimley Healthier Together website (www.frimley-healthiertogether.nhs.uk). The site provides information to help parents and carers manage a range of common childhood illnesses themselves. The aim is to help them recognise what might be wrong, what to do to for their children whilst at home, and where to go for more help if they do need to see a healthcare professional.

There is information on day to day queries such as pregnancy, feeding, sleep and development together with current topics from COVID to mental health and emotional well-being. It brings together not only national resources but what is available locally in Surrey, Hampshire and Berkshire. There is also a SMS option to share with other parents and young people and it can be accessed on any device; phone, tablet or computer.

Supporting the management of Long term conditions

During 2020-21 we have investigated and implemented a number of different ways to improve the care for those in our population living with long term conditions or those

who are at risk of developing chronic conditions. It has either been through offering new services that follow the latest evidence or by using technology to change how care is delivered or who delivers it. This has included empowering people to self-care.

One example is that we are collaborating with Healthy.io as part of a pilot to improve adherence to albumin:creatinine ratio (ACR) testing for patients with diabetes using a smartphone powered home testing. This will help with early detection and prevention of Chronic Kidney Disease (CKD).

GP practices in Surrey Heath have also been part of the new ground-breaking pilot which provides a low calorie diet treatment for people who are overweight and living with type 2 diabetes. The pilot supports people to improve their diabetes control, reduce diabetes-related medication and even achieve remission (no longer have diabetes).

7. IMPROVING QUALITY

The 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

- Are we protecting our local people from avoidable harm and abuse?
- When things go wrong, are we maximising the opportunity to learn and improve? For example
  - Serious Incidents & Significant Events/incidents
  - Safeguarding
  - Mortality Reviews & LeDeR
  - Infection Prevention and Control

Effective

- Local people receive care and treatment that achieves good outcomes, promotes a good quality of life and is based on the best available evidence for example
  - PROMs – Patient Reported Outcome Measures
  - Service reviews
  - Quality and Outcomes Framework

Equitable

- Ensure inequalities in health outcomes are a focus for quality improvement
  - Knowing our local people
  - Meaningful community engagement
- Ensure that care quality does not vary due to any protected characteristic
  - Equality Impact Assessments

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. Examples are

- Patient survey
- Complaints

Well-led

- Commissioning & service provision is well-led: open and collaborate and committed to learning and improvement
  - Culture of openness and collaboration
  - Acknowledge when things are not right and take action
  - Focus on learning and improvement

Sustainable

- Responsible use of resources, providing fair access to all, according to need, promoting an open and fair culture
    - Access to services

7.1. COVID-19 Quality Response

In order for the system to understand the quality impact of COVID-19 on services and the potential consequences the Quality Team collated Quality Impact Assessments (QIAs) in March 2020 and throughout the course of the year. They took in to account changing government guidelines and national priorities. The assessments outlined any changes to services due to COVID-19. This included the rationale, timeframe and a risk assessment with any mitigation to ensure services remained safe for patients.

The QIA's and other quality issues were reviewed at a system group across that comprised of key clinical leaders across the ICS Executive Quality and Clinical Reference Group (EQCRG). The group allowed the key leaders to understand change and impact and give consideration of how any changes that would impact on the whole system and has also given System Leads the opportunity to identify and reduce health inequalities.

QIAs were also undertaken when considering service re-starts to ensure that premises were COVID-19 safe, with infection prevention and control (IPC) measures and access to appropriate personal protective equipment (PPE) in place.

7.2. Care Quality Commission (CQC) Regulation in 2020-21

The pandemic has meant that the CQC cannot return to the fixed timetable or frequency of inspections that they had previously. Where inspections are carried out on-site, the CQC developed the Emergency Support Framework (ESF) as an additional monitoring tool. Combined with other sources of information, the ESF was used to understand where the risks of unsafe care were identified and use this to prioritise support. From October 2020 the CQC implemented their new Transitional Regulatory Approach (TRA).

The CCGs have continued to maintain a close relationship with the local CQC Teams particularly for Primary Care and Care Homes in gathering assurance about the quality of services and providing support to local Providers where there are areas of concern. The CQC approved the local care home designated sites (care facilitates where care home residents are able to be safely transferred to if able to be discharged from hospital before their 14 day isolation period if positive COVID-019).

7.3. Infection Prevention and Control

The Infection Prevention and Control (IPC) Team has been working across the ICS since March 2020.In response to the Covid-19 pandemic the team resource was increased , to ensure additional support was available for primary care, care homes, Local Authorities and the Health Protection teams. This gave capacity for the CCG to

be active partners in the Health Protection Board and support outbreak management processes.

More practically the team provided advice, education and support this included:

- Wide ranging training, successfully completing the national NHS mutual aid of offering IPC training to all care homes, providing fit testing and training for personal protective equipment;
- Rapid support in service redesign, primary hot and cold pathways, testing units and vaccine centre assurance and training;and
- Advice for local services and on the ground eyes and ears for Health Protection Teams.

The increased focus on IPC measures meant that there was an overall reduction in non-Covid community onset infections such as MRSA and Clostridium difficile. However there was an increase in the initiation of antibiotics in the community; which will be reviewed and addressed in 21-22

7.4. End of Life Care (EoL)

The 2020-21 year has been one of significant challenge for the ICS EoL Steering Group and its stakeholders. At the start of the COVID-19 pandemic and national lockdown, a rapid response ICS EoL subgroup was formed, initially meeting on a weekly basis, but continuing to meet fortnightly. This has enabled rapid pace of change and implementation of training, support and timely responses to EoL areas of concern in the system.

We have worked on ensuring high quality advance care planning and disseminating resources to all stakeholders across the system. We have undertaken significant training across multiple primary, secondary and voluntary sectors, including care homes to identify end of life, support good end of life care and particular nuances of end of life relevant to patients with COVID-19.

A buddy support scheme was established to support primary care clinicians with complex end of life decision making and peer to peer support. We have worked tirelessly with the medicines management teams to ensure high quality of end of life prescribing in all sectors, commissioning of additional pharmacy capacity and end of life drug availability and training needs around these, as well as creation of standardised electronic end of life prescribing drug charts. The care homes team worked closely with the EoL group to ensure support and training in all aspects of end of life care, including medication reuse schemes. A virtual ‘death fair’ of 5 sessions from November 2020 to March 2021 was successfully delivered alongside multiple public information support documents, which were shared locally, regionally and nationally.

We continue to work on our priorities, education and training, improved data, improved EOLC for the homeless, people with learning disabilities and people from different cultures.

Despite all this, the Respect project across the ICS was initiated in September 2020, with a view to launch in April / May 2021. A timeline of resources and activity is available upon request.

The End of Life ICS team worked to support primary care on difficult conversations and advanced care planning which has been very important with supporting care homes.

7.5. Complaints, Concerns, Compliments and Feedback

To ensuring ongoing improvements to commissioned services, the CCG welcomes feedback via complaints, concerns and compliments from members of the public. The CCG can provide 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 in a discussion with the care provider at the time a concern is identified (whenever possible), and providing advice about independent advocacy services and the Parliamentary Health Service Ombudsman (PHSO) as appropriate.

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.

The table below shows the number of complaints and concerns that have been received over the financial year 2020-21:

2020-21	Surrey Heath CCG
Complaints	3
Concerns	39

Clinical Feedback

Clinical Feedback is a process which has been running in East Berkshire CCG and North East Hampshire & Farnham CCG for a considerable time and has been shown to be an effective conduit for raising and resolving patient specific issues and also identifying themes for improvement. The system was rolled out in Surrey Heath CCG by Q4 of 2020-21. During the pandemic clinical feedback has continued but was rationalised. There have also been a number of learning events when Clinical feedback identifies more than one provider is involved, with good learning from these events and actions to improve care.

Serious Incidents

The CCG has responsibility for performance management of Serious Incidents and is clearly defined within the NHS England Serious Incident (SI) Framework.

	Surrey Heath CCG
Never Events 20/21	1

The CCG has a serious incident management processes that allows us to hold providers to account and seek assurance over their arrangement for dealing with, and learning from Serious Incidents and Never Events. Never events are considered to be red flags as they highlight potential weaknesses in how an organisation manages fundamental safety processes.

Serious Incident Panels are held with providers to review the incidents and how they have been investigated. This is also an opportunity to identify any themes and discuss larger pieces of work aimed at minimising systemic risks.

Harm Reviews

During 2020 and possibly as a consequence of the pandemic, there has been an exceptional increase in the number of patients waiting for treatment, diagnostic testing and surgery for both mental and physical health.

In response to these concerns, members of the Frimley Health and Care System Quality Operational Group set up a harm review task and finish group lead by the CCG Quality Team to develop a proposal for the way forwards to ensure:

- A consistent approach across Frimley Health and Care System
- A rapid review of potential harm
- A clear understanding of the level of harm as a result of long waits
- A concise and effective method of analysing pathways
- Prompt local and system learning from long waits

The process to review harm consists of various stages to prevent and minimise harm for those experiencing a long wait, particularly as numbers of patients within this cohort begins to grow as a result of the impact of COVID-19.

Learning Disabilities Mortality Review Programme (LeDeR)

2020-21	Surrey Heath CCG
New LeDer cases	6
Completed LeDer	6

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.

The LeDeR Steering Group continued to meet on a quarterly basis to review and action lessons learnt to facilitate practice improvements to be shared across organisations. The membership includes providers, Local Authorities and CCGs from across the Frimley ICS area. The new LeDeR Operational Group has been established from March 2021 to link learning and recommendations from the Steering Group into operational practice.

Rapid reviews have taken place during periods of peak COVID-19 outbreaks which enable a more rapid overview of the patients' care. This has meant that any issues can be identified quicker to ensure mitigation of any ongoing risk.

Key learning and initiatives gathered from cases affected by the Covid pandemic are summarised below:

- Developed a specific deterioration tool for use in the care home settings when COVID-19 was suspected (carers /family will often know the person best);
- All providers to have access to an oximeter;

- In the event of another wave of COVID-19 hospitals should make reasonable adjustments for visitors to be with a relative;
- Put in place appropriate explanations of PPE for patients with learning disabilities in acute trust settings;
- The advanced care planning ReSPECT tool is not sufficiently well known and is often being completed when individuals are often too ill to be involved in the decision making for themselves. Greater promotion of the use of this tool to be undertaken by all agencies supporting individuals with a learning disability; and
- The availability of Acute Liaison Learning Disability Nurses in Acute Trusts has made a positive impact on the support available to individuals within hospital. We propose to extend the cover 24 hours, 7 days a week.

7.6. Safeguarding

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

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

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

8. ENGAGEMENT WITH PEOPLE AND COMMUNITIES

8.1. Introduction

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 want local people to be at the heart of everything we do. Patients have a right to be involved in the planning and decision making regarding their health and care and the right to information and support which will enable them to make informed decisions. Working in partnership with patients, carers, families and local people within their own communities brings a different perspective to our understanding and can challenge our view of how we think services are received and should be delivered in the future.

We know that service provision can be improved if we can learn more about the views, experiences and concerns of patients, service users, carers and our wider communities.

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.

8.2. The impact of the Covid-19 pandemic

The Covid-19 pandemic has posed fundamental challenges to how we go about meeting our usual duties to engage and communicate with our local communities.

The pandemic has affected us all and caused many organisations to change the way they are working with much activity now taking place digitally where appropriate. One challenge for us has been how we continue to carry out the high standards of local engagement activity we would normally be working towards, whilst prioritising the health, safety and welfare of everyone.

Following the introduction of social distancing and in line with government and NHS England advice, we postponed all face-to-face engagement activity in March 2020. However, we have continued to recognise a critical need to engage and have had a continued constructive dialogue with local people and patients throughout this time. We continued to monitor the situation in light of any new guidance and adapted our work accordingly as we wait to resume more traditional forms of engagement work.

8.3. Our legal duties and principles of engagement

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). 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 2020 – March 2021).

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 self-care, improve take-up rates for healthy options, and reduce inappropriate service use; and
- 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. As a Collaborative of CCGs and wider integrated care system we have developed and agreed a set of principles for engagement with people locally, which all staff at the CCG aim to use in everything that they do.

- Be open and honest about what is possible and what is not possible.
- Communicate clearly in easy to understand language.
- Listen and act on patient and carer feedback at all stages of decision making and identify how that feedback has changed what we do.
- Be accessible – the way we engage people should be tailored to the needs of the people we are trying to engage – ask people what is best for them and in places and times that meet their needs.
- Involve people as early as possible and make sure our engagement is representative to the piece of work we are engaging on.
- Base relations on equality and respect – patients and the public have an equal voice to professionals.
- Work hard to seek the views of people and communities who experience the greatest health inequalities and the poorest health outcomes, making it easier for people to take part, identify barriers and remove them.
- Allow plenty of time for people to receive information, read it and respond to it.
- Review, evaluate and publish the impact of patient, carer and public engagement.

- Allocate appropriate resources and support so that engagement can be effective.

8.4. Engagement across the Frimley Health and Care System

Working in partnership, our intention is that the Frimley Health and Care system Five Year Strategy is ambitious for our population and system. The strategy was developed through high levels of engagement, reflects local needs, issues and priorities, is rooted in evidence and aims to tackle wider determinants of health and wellbeing for our population - its development has been based on what people have told us, alongside good data and intelligence.

There are six key ambitions for the system. We will continue to support engagement activity across all of these ambitions and our CCG priorities with a focus on the development of 'community deals' with our local residents. We will work with our local residents, families , volunteers and carers to agree how we collectively (as organisations, individuals and families) create healthier communities, supporting healthy choices and designing and delivering new ways of working to improve the health and wellbeing of our local population.

The way which we engage

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.

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 Representative programme**: We work with 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, public events 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. Local people and organisations can also attend the conference to help shape projects and influence which projects are allocated resources.
- 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*: www.surreyheathccg.nhs.uk/get-involved

This year we have enabled all of our public engagement activity to continue despite the pandemic. This has required adapting our approach to delivery to a largely online/virtual approach to engagement.

8.5. Engagement response to the COVID-19 pandemic

ICS Community Panel Survey

Frimley Health and Care Community Panel has more than 1,700 members (recruited throughout the Summer of 2019) representing people who live in Ascot, Bracknell, Farnham, Maidenhead, North East Hampshire, Slough, Surrey Heath and Windsor.

The panel helps us to gather views from a representative section of this wide geography to better understand local needs and experiences which can be fed into the planning and improving of local health and care services.

The Frimley Health and Care Integrated Care System wanted to better understand how patients, people with long term health conditions and members of the public were looking after themselves during the COVID-19 global pandemic and what their experiences of health and care services had been.

These views and experiences are now being used to shape the way we work with and support local communities, both during and after this crisis, as well as to identify positive changes to health and care services under the current restrictions and where gaps may have occurred.

This survey took place throughout May therefore we recognise the results of the survey provide only an initial ‘snapshot’ as the country was in lockdown. As people’s perspectives and experiences are changing rapidly throughout the pandemic this work forms part of a more extensive engagement plan and is being used, alongside a wide range of supporting insights and data from partners across the system, such as local councils, to determine what further work is needed.

Public meetings

We have made a commitment to engage with local people and our public meetings are just one way of providing interested local people, community and charitable groups and wider stakeholders an opportunity to come together to hear updates on local health and care services and discuss key issues. This year, due to the restrictions resulting from the Covid-19 pandemic, we needed to adapt our methods so instead of a traditional face to face event, the regular community forums took place online via Zoom.

In Surrey Heath two public meetings events took place, the first in September 2020 for our first ever virtual Annual General Meeting. Approximately 70 people came together on Zoom to hear our review of 2019/20, our achievements and the challenges we faced and are continuing to face. We were able to share the ongoing

work with our partners and local people to design and provide high-quality services, working within our budget and meeting the majority of our key performance targets.

We ensured that the event was captured via a recording and that all of the supporting materials, videos and presentations were shared online.

Our second public meeting was held on 20 January 2021. This was a joint meeting with our partners at Surrey Heath Borough Council. Approximately 80 people attended the event to learn more about topics such as:

- Surrey Heath's response to the pandemic;
- the mass Covid-19 vaccination programme;
- how primary care has adapted to respond to the pandemic;
- share information on local mental health support;
- how feedback from local people is helping to shape the work of the CCG and Borough Council; and
- launch the Innovation Fund.

As with the previous public meeting we ensured that the event was captured via a recording and that all of the supporting materials, videos and presentations were shared online.

At the time of writing this Annual Report, planning is underway to further update local people with a joint public meeting with Surrey Heath Borough Council in May 2021.

Community Representatives

We work with 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. The **community representative programme** in Surrey Heath has two active and valuable members of the local community.

The CCG has also played a key supporting role in providing updates and information to **Surrey Heath Borough Council's Covid-19 Champions** group. The group was established to help myth bust and support the communication of key Covid-19 messages throughout Surrey Heath's local community and includes a diverse membership able to support those facing inequalities. It also provides a further opportunity for the CCG to ensure the voice of local people is able to influence its work.

Innovation Fund

The Innovation Fund was first established in North East Hampshire and Farnham, the funding (and supporting conference) aims to give the local community the opportunity to suggest small innovative projects that could have a big impact on local health and wellbeing, capturing community energy and enthusiasm for real health

benefits. By providing opportunities for our community to find the solutions to local health and care issues, we are able to develop models from the ground up alongside local people, supporting gaps in health inequalities in a different and more impactful way.

In 2020-21 the Surrey Heath team worked closely with North East Hampshire and Farnham CCG to offer local communities to bid for Innovation Funding. The application process took place online but still incorporated a range of opportunities to support local people, network, share ideas and innovation and provide opportunities for the wider public to hear about and get involved with the work.

At the time of writing, a panel of community representatives, partners and providers had successfully awarded several local organisations with Innovation Fund grants. Following a successful NHS Charities bid (£20k for each CCG area), plus additional funding made available from the CCG and Surrey Heath Borough Council, the Innovation Fund will be used to support our communities to find solutions to target priority areas identified with a wide range of stakeholders and partners. Local communities groups, individuals and charities are being asked to come forward with their projects and ideas to improve health and wellbeing in key priority areas.

The fundamental purpose of this work is to support local innovation, encourage community networking and development and to provide opportunities to local people for support and training. The funding itself will provide some of the necessary financial resource to push this work forward.

End of Life Care

Clinicians and managerial colleagues from the CCG supported a series of Frimley system-wide virtual ‘Death Fairs’ between November 2020 and March 2021. These sessions are designed to encourage people to talk about their wishes and generally about dying and death in an open and safe environment. Each session focussed on a different subject, for example Advance Care Planning, legal and practical requirements and medical and palliative care. These sessions were very well attended (30 members of the public on average) and the feedback has been very positive. We are planning new sessions for 2021-22.

Carers

In the absence of face-to-face meetings for the local Carers Organisations Group, Action for Carers, the local carers support provider ran virtual events for carers including support groups, mindfulness sessions and the provision of online resources in order to keep carers and carer organisations informed and up to date.

Mental Health Support to Children and Young People

To overcome some difficulties in accessing timely mental health services for children and young people, we brought together a local GP, Executive Headteacher and local CAMHS Service Manager to understand the issues on a small scale and work on

solutions in partnership. From that we put in place a system for teachers and GPs to communicate more effectively and to work together on referrals.

The CCG's Emotional Wellbeing and Mental Health service is due to launch on 1 April 2021. This new service was informed by a series of engagement events in partnership with Surrey County Council and Surrey Heartlands CCG about Emotional Wellbeing and Mental Health where children, young people, families, teachers, GPs, social workers, care professionals, voluntary sector organisations and other interested people told us what matters most to them.

8.6. 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.

Throughout 2020-21 we have continued to meet regularly via virtual meetings and we have consistently supplied a range of stakeholders with regular updates and briefings in relation to the pandemic.

Our work with Healthwatch throughout 2020-21 has included regular conversations about the feedback they received regarding health and care services which supports our ongoing improvement and development.

The voluntary sector has been integral to the partnership response to the pandemic throughout the year and our relationships with the sector are essential to our day-to-day work. This has been especially true throughout from late 2020 where the support of volunteers has been vital to the success of the local vaccination programmes across the Collaborative of CCGs. The voluntary sector, often in partnership with the local authorities, mobilised extremely quickly to enable volunteer support at very short notice at all of our vaccination sites.

8.7. 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. Although our website is no longer online, members of the public can still access information via the NHS Frimley CCG website https://www.frimleyccg.nhs.uk/

Our Twitter account 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 and are using Facebook more frequently to engage with other local Facebook users, sharing information about local services, highlighting campaigns and encouraging discussions.

*From 1st April, 2021, Surrey Heath CCG officially merged with East Berkshire and North East Hampshire and Farnham CCGs. From the 1st April the websites and social media channels merged to:

- Twitter – Frimley_CCG
- Facebook – NHSfrimleyCCG
- Website - www.frimleyccg.nhs.uk

8.8. Engagement summary

Our ambition is to place engagement at the forefront of all we do, creating healthier communities that people recognise and feel a part of. We will harness the strength of individuals to create healthier communities in the places people work or live.

Different relationships will develop between public service providers and the people who use our services, working as equal partners playing an active role in shaping and implementing transformational change.

Together we will design and deliver new models of care and different ways of working that are making a real difference to people and their local communities. People will be supported to innovate and make improvements where they live and work. We will work collaboratively across local authority, health, and voluntary sector to understand and build our communities, maximising the collective impact we can have on the health of our population.

This approach will provide strength and equality of opportunity, with the freedom and flexibility to respond in the most effective way to local needs, regardless of structures.

Following a successful procurement exercise in 2019-20 residents across Surrey Heath, the wider Surrey area and North East Hampshire have benefitted from a new streamlined wheelchair service provided by Millbrook Healthcare. A broad range of wheelchair service users, carers and clinicians from across Surrey were involved in designing the new provision of service. The CCG has worked in partnership with a wide range of stakeholders, including the voluntary and community sector, to hear from and work with people who use wheelchair services, carers and families in Surrey, over the course of this process.

The new wheelchair service commenced on 1st July 2020 with the new single provider bringing a fully integrated care model and personalised service ensuring that clinical assessments, repairs and maintenance, delivery and collection, specialist

seating and ongoing support are all provided through one organisation and single point of access for clients.

9. REDUCING HEALTH INEQUALITY

9.1. Introduction

The CCG is committed to reducing the health inequalities faced by local people. In order to achieve sustained and meaningful impacts, we are working in partnership with local organisations and with our local people across Surrey Heath. In this way the CCG has put in place shared priorities and objectives with local authority, health & social care providers and the voluntary sector.

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.

Further to this the CCG's Place Committee has given a clear mandate for the meeting to welcome partner organisations in order to gain a greater shared understanding of Surrey Heath's local communities and how to begin to tackle our health inequality priorities. This will begin in April 2021.

The CCG has been involved in several new work streams addressing health inequalities throughout 2020-21. These include Surrey Heath Borough Council's Poverty Working Group primarily focussed around supporting the Old Dean, Watchetts and Camberley town areas of deprivation and Surrey County Council's Homeless Multi-Agency Group established during the pandemic to support Surrey's homeless through Covid-19 and in the longer term. The community engagement and partnership working set up to reduce health inequalities during the Covid-19 pandemic are providing the foundations for further vital work in these areas going forwards.

In early 2021/22 Surrey Heath Borough Council, supported by the CCG and other partners, are due to launch a large scale project on tackling obesity locally. This work resulted from discussion at the Surrey Heath Care Alliance in December, where partners discussed collective priorities and agreed to focus on obesity. At this meeting and others during the year, data regarding the physical and mental health outcomes and wellbeing of our population has been used to inform decisions. The CCG, working with communities and partner agencies, has been taking steps to pursue a population health management approach with the aim to reduce the occurrence of ill-health and health inequalities, including addressing wider determinants of health.

In addition, a small group was set up to lead the way in Surrey Heath in terms of how we use the data and information we have available to make better decisions with the

intention of reducing inequalities. Its aim has been to accelerate our understanding, make connections between those that hold the insight and identify our development needs. The group includes representation from General Practice, Integrated Care Team, Commissioning and NHS South, Central and West Commissioning Support Unit. The results of this work fed into the Surrey Heath Alliance discussion in December.

9.2. The impact of the COVID-19 Pandemic

The CCG has also worked closely with Surrey County Council to understand the impacts of Covid-19 on our local population. The Covid-19 Community Impact Assessment study conducted by SCC combines data sourced from various assessments, surveys of local households and focus group interviews. Across Surrey it was seen that Covid-19 has magnified the inequalities that exist in our society affecting groups such as those with pre-existing mental health conditions, people from Black, Asian and Minority Ethnic (BAME) communities and Gypsy Roma Traveller communities. Themes identified by the study included a lack of confidence in information/guidelines from the government and mainstream media, feelings of exclusion from services and from a digital perspective, isolation, stigma and mental health. Surrey Heath was identified as one of the most impacted districts and boroughs in Surrey across a number of areas including smoking and health impacts with residents more likely to have accessed health services during the pandemic compared to the average Surrey resident.

9.3. Flu and Covid-19 Vaccination Programmes

The CCG has actively looked to support communities that experience health inequalities throughout Covid-19 in particular those who may face barriers in accessing flu and Covid-19 vaccinations.

This included working with the Surrey Heath Primary Care Network, Surrey County Council, Surrey Heath Borough Council's Housing Team and the Hope Hub to deliver outreach clinics to those experiencing homelessness. The CCG also supported local engagement with Gypsy Roma Traveller communities to share key messaging with the 'drive-thru' Flu vaccination service at Blackbushe Airport helping to improve uptake for this group.

The CCG continued its work with Surrey Minority Ethnic Forum, local Gurkha support services and Rushmore Health Living to encourage the community to attend for Flu vaccination. This was continued to support attendance at the COVID-19 Vaccination Clinic at Lakeside, with new leaflets in Nepalese, reminders on Gurkha Radio, YouTube Video advice and clinic questions in Nepalese for vaccinators. These approaches have received very positive feedback from the organisations and individuals in the community.

9.4. Innovation Conference

Following the successful award of an NHS Charities bid, Surrey Heath is working with North East Hampshire and Farnham CCG and local partners to deliver an Innovation Conference. The event itself has proven to be highly successful in supporting local

people and organisations, tapping into local expertise and ultimately improving the health and wellbeing of local communities and support the Frimley Health & Care System's Living Well Ambition through addressing the wider determinants of health, community engagement and health behaviours and lifestyle. The CCG has received a number of bids that will seek to address health inequalities, for example by supporting community groups to provide fresh food, teach basic cooking skills, and education on healthy choices as well as connecting local community garden and allotment groups right in the heart of Surrey Heath's most affected areas.

9.5. Mental Health Support

We were successful in our bid for a Mental Health Support Team (MHST). The needs analysis undertaken to support implementation of MHSTs in Surrey Heath clearly identified pockets of inequalities, and so we have been able to focus on these geographies; engaging with schools most in need of support. The response has been extremely positive and the teams have begun work with schools in early 2021.

Our Mental Health Integrated Care Service (MHICS) brings expert advice and guidance for people experiencing a wide and potentially complex range of mental health & emotional wellbeing issues into GP practices, working to understand needs and to connect people with services to provide the support needed in the community. For initial roll out of the service, there has been a focus on practices serving areas of increased deprivation and inequality.

9.6. Local Inequality Objectives

In September 2020, the Surrey Heath Place Committee reviewed the local objectives and priorities in light on the ongoing pandemic. The refreshed priorities included a specific and revised objective focused on inequalities and steps that we could collectively take to begin to tackle the inequalities present in Surrey Heath and Ash Vale.

Working with partners, we used the next 6 months to improve understanding of how to identify and tackle inequalities in our communities and deliver care that is equitable. Supported by the ICS analytics team, PCN data packs, Public Health and the CSU, data was reviewed and used to identify areas of particular inequality in our population. This approach and the Population Health Management methodology will continue to be built upon over the next year to target improvements to those with the most to gain.

The initiative also resulted in renewed focus on enabling access to the many prevention programmes available especially for those in greatest risk of poor health, for example, the Diabetes Prevention Programme and Health Checks for specific groups such as those living with severe mental illness.

9.7. Equality Impact Assessments

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

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

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

9.8. 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. As we evolve as a CCG we will continue to work with a broader partnership of organisations to tackle inequalities effectively together.

10. HEALTH AND WELLBEING STRATEGY

The CCG plays an active role with the Health and Wellbeing Board for Surrey. The Board is a group of NHS commissioners, public health, social care, local councillors, Surrey Police, borough and district council and public representatives that work together to improve the health and wellbeing of people in Surrey, closing the gap between communities that are doing well and those doing less well.

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

It is focused around three key priorities:

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

Delivering the strategy will help achieve the 'Community Vision for Surrey in 2030' as well as the delivery of our local plan in line with the NHS Long-Term plan.

In 2020, the Surrey Health and Wellbeing Board merged with the Surrey Community Safety Board. This will help services to intervene early to address the common factors that bring people into contact with the police and criminal justice system and lead to poor health. We can improve public safety, prevent offending and reoffending, reduce crime and help to improve outcomes for individuals and the wider community.

Leading a healthy life

Enabling all residents of Surrey Heath and Ash Vale to lead healthy, meaningful lives for as long as possible is a key strategic aim of the CCG and our partners. To help achieve this we endeavour to use every opportunity to spread positive health and wellbeing messages to inform and empower people regarding their own health. For example, the COVID-19 Local Vaccination Service at Lakeside and the Drive-through Flu vaccination clinic at Blackbushe Airport were used to promote local services which have included:

- One You Surrey Stop Smoking
- Healthy Surrey self-care information and signposting to local services
- Action for Carers for civilian adults and military veterans
- Citizens Advice Surrey Heath
- Falls prevention

Excess weight and physical inactivity

Actions to tackle obesity do not just benefit people's health. They can also have positive impacts on other local agendas including employability and productivity of local populations, as well as the potential to reduce the demand for health and social care. There is growing recognition that a whole systems approach, involving stakeholders from across the local system, is what is needed to tackle obesity. The CCG with other partners in Surrey Heath have embarked on a major initiative with the collective aim of reducing obesity and physical inactivity. The work is being led by Surrey Heath Borough Council and will look at prevention, with focus on the inequalities that give rise to obesity and will be a community led initiative, forming part of the first of the Community Deal conversations planned.

Cancer Screening

Cancer screening can help to diagnose cancer or risk of cancer earlier and improve the likelihood of successful treatment. Surrey Heath CCG has implemented a Quality Improvement Scheme during 2020 to focus and align effort with other schemes such as the PCN Directed Enhanced Service and the Quality Outcomes Framework. The aim is to support earlier diagnosis of cancer in primary care through improving uptake in the Bowel, Cervical and Breast screening programmes. Particular focus will be on engaging people who have previously ignored requests to attend screening and educate residents on the importance of participating.

Living independently and dying well

The Surrey Carers Team has been collecting data on the number of carers registered within practice since 2008. The annual survey report has been received and evidences progress to implement the NHS Long Term Plan requirements around carers as well as the Surrey Health and Wellbeing Strategy. In Surrey Heath each of the practices has exceeded the national ambition for registration of adult carers and are showing progress in registering young carers. Our place now has the highest percentage of patients registered as carers in Surrey.

End of Life Care needs for both the population and clinicians has been updated throughout the year to ensure information, guidance and advice was kept current. Additional bereavement support has been made available and information for people looking after someone at the end of their life shared.

Supporting the mental health and emotional wellbeing of people in Surrey Heath

Enabling the emotional wellbeing of our residents is a key priority for the CCG. We set out to empower people to seek support where required to prevent further escalation of need, but this priority is also about creating communities and environments that support good mental health.

Improving the Emotional Wellbeing and Mental Health support offer to Children and Young People

A number of initiatives started this year with the aim of better supporting children and young people when they are experiencing anxiety or anything impacting their mental health and wellbeing.

We are very excited to have been part of the procurement and mobilisation of the new Children and Young People's Emotional Wellbeing and Mental Health Service that formally commences on 1st April 2021. The strategy for a thriving community of children and young people and vision that laid the foundation for this work were developed through engagement with children, young people, parents, carers and practitioners across Surrey and is supported with an additional financial investment of £6m. This change comes at a time when the COVID-19 pandemic is having a profound impact upon the emotional wellbeing and mental health of children and young people, and current services are experiencing greater demand. The new model emphasises the importance of early intervention and stronger partnership working, as well as the need for rapid transformation to respond to demand and the changing needs of children and young people.

Surrey Heath CCG was successful in gaining national funding to implement Mental Health Support Teams (MHST) in some schools in our area. The initiative is intended to help provide early intervention for a variety of mental health and emotional wellbeing issues, such as mild to moderate anxiety, as well as helping staff within a school or college to provide a 'whole school approach' to mental health and wellbeing. The teams act as a link with local children and young people's mental health services. A number of new Education Mental Health Practitioner (EMHP) roles have been recruited and they are now part of a full time, year-long employment training programme on completion of which, they will qualify and provide one of the key roles in the MHST.

New integrated models of care to support people at risk of admission to secondary mental health services

The new Mental Health Integrated Care Service model successfully went live on 18th May in Ash Vale. The team includes a Clinical Psychologist, a Mental Health Practitioner and a Community Connector employed by Catalyst. They are now available to adults experiencing a wide and potentially complex range of mental health difficulties and who have historically fallen between available services. The service will support people to address all aspects of their life that are impacting on their mental health which could include stress, debt, social isolation, relationship problems and physical health difficulties.

Supporting people in Surrey to fulfil their potential

The impact of the COVID-19 pandemic has been considerable and not least in impacting people's employment and their mental health. The CCG has increased investment in employment services, provided by Richmond Fellowship, to support individuals to regain or retain meaningful employment, training, education or

volunteering opportunities that are right for them. The team helps people in communicating with employers to make reasonable adjustments and provide the support needed to better manage mental wellbeing at work. Due to the increased investment, this service is now open to all those presenting with a mental health need in primary care under the MHICs model.

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.

This section covers examples of where the CCG has taken into consideration social matters and human rights through:

- ICS Community Panel Survey.
- The Surrey Homeless Multi-Agency Group (MAG).
- Commitment to anti-corruption and bribery.

ICS Community Panel Survey

Frimley Health and Care Community Panel has more than 1,700 members (recruited throughout the Summer of 2019) representing people who live in Ascot, Bracknell, Farnham, Maidenhead, North East Hampshire, Slough, Surrey Heath and Windsor.

The panel helps us to gather views from a representative section of this wide geography to better understand local needs and experiences which can be fed into the planning and improving of local health and care services.

The Frimley Health and Care Integrated Care System wanted to better understand how patients, people with long term health conditions and members of the public were looking after themselves during the COVID-19 global pandemic and what their experiences of health and care services had been.

These views and experiences are now being used to shape the way we work with and support local communities, both during and after this crisis, as well as to identify positive changes to health and care services under the current restrictions and where gaps may have occurred.

This survey took place throughout May therefore we recognise the results of the survey provide only an initial ‘snapshot’ as the country was in lockdown. As people’s perspectives and experiences are changing rapidly throughout the pandemic this work forms part of a more extensive engagement plan and is being used, alongside a wide range of supporting insights and data from partners across the system, such as local councils, to determine what further work is needed.

The Surrey Homeless Multi-Agency Group (MAG):

The MAG was established to better support Surrey's homeless population during the pandemic and in the longer term. A wide network of partners have come together to reduce the impact of COVID-19 on people who are homeless or at risk of being homeless as well as provide the wrap around support needed to allow people to get and retain newly acquired accommodation. This work has been used as a case study and shared nationally via the Local Government Association

The Homeless MAG has enabled oversight of the COVID-19 response in relation to homelessness by all relevant support agencies represented. Issues concerning access to primary care, mental health or substance misuse were reviewed by the group so as to better identify how existing provision could provide a solution. The group also linked up to address resource gaps and joint issues, including around reporting and funding (enabling additional resources to be identified); managing discharge from hospitals, mental health care facilities and prison release; as well as complex situations e.g. where individuals need high support accommodation, which requires additional resources.

Some key achievements of the Surrey Homeless MAG were:

- Simplification and acceleration of access to community substance misuse support
- People were better able to access crisis mental health support
- Enhanced understanding and use of GP and other primary care offers for homeless people
- Provision of assistance with practical help, including putting specialist security in place in potentially volatile emergency housing
- Enhanced understanding of services available through the third sector
- Provision of suitable land and pods to better enable individuals to appropriately self-isolate in the event of increased COVID-19 cases
- Supported an outreach proposal for the provision of the flu vaccine at suitable community locations to improve access for rough sleepers and those in emergency / temporary accommodation

Commitment to anti-corruption and bribery

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.

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 Committees in Common, 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.

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.

Fiona Edwards

Accountable Officer

14th June 2021

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

The CCG has 7 member practices (10 surgeries):

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

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.

Since January 2020 the Governing Body has met more formally to discharge its responsibilities together as a “Committees in Common” with NHS East Berkshire and NHS North East Hampshire & Farnham CCGs. This arrangement is known as the Frimley Collaborative Board. Surrey Heath CCG shares the statutory board members with the other CCGs in the Collaborative including the Accountable Officer and Executive Team. The table overleaf shows the statutory membership of the Governing Body.

Statutory Membership of the NHS Surrey Heath CCG Governing Body as at 31 March 2021

Name and role	
Executive roles	
Dr Andy Brooks	Clinical Chief Officer (Accountable Officer) (Collaborative)
Sarah Bellars	Executive Director of Quality and Nursing (Collaborative)
Dr Lalitha Iyer	Executive Medical Director (Collaborative)
Rob Morgan	Executive Director of Finance (Chief Finance Officer) (Collaborative)
Nicola Airey	Executive Managing Director (Surrey Heath Place)
Governing Body GP members	
Dr John Fraser	Medical Director and Interim Surrey Heath Place Based Clinical Leader
Secondary Care Consultant	
Dr Amanda Wellesley	Secondary Care Specialist (Collaborative)
Lay members	
Kathy Atkinson	Interim Lay member for Patient and Public Engagement (PPE) (Collaborative)
Arthur Ferry	Interim Collaborative Lay Member for Governance and Audit (Collaborative)
Tony Fitzgerald	Lay Member and interim Lay Chair (Surrey Heath Place)

For details of declared conflicts of interest published on our website please click here www.frimleyccg.nhs.uk

The three CCGs have worked as a Collaborative across five Places of (i) North East Hampshire and Farnham (ii) Surrey Heath (iii) Slough (iv) Windsor and Maidenhead (v) Bracknell Forest. Each of the five Places has an Executive Managing Director, Lay Member and Clinical Leader who form part of the leadership team to manage the place based delivery plans. Stakeholders and local authority colleagues work alongside the leadership team for Surrey Heath meeting regularly together at its local Place Committee.

13.3. Responding to COVID-19 Pandemic

The announcement of a Level 4 National Incident on 30 January 2020 in response to Covid-19 and further directives from NHS England and NHS Improvement on 17 March 2020 for the NHS to free up capacity to manage the extraordinary and unprecedented impact of the Covid-19 pandemic - resulted in a significant number of complex changes to how the three Governing Bodies worked together as the Frimley Collaborative in 2020-21 to discharge their respective statutory duties.

NHS Surrey Heath CCG together with the other two CCGs in the Frimley Collaborative took the decision at its "Committees in Common" meeting on 24 March 2020 to:

- Suspend all non-essential meetings for a three month period with exception of the Frimley Collaborative Board; Audit and Risk Committees in Common and the Primary Care Commissioning Committees
- Approve the delegation of emergency / extra-ordinary powers to Dr Andy Brooks in his capacity as Accountable Officer and Rob Morgan as Chief Finance Officer and
- Enact Emergency Preparedness Resilience and Response (EPRR) arrangements for each of the three CCGs allowing the establishment of a Command and Control structure for the Frimley Collaborative which aligned statutory roles and responsibilities with the Frimley ICS to form a single Frimley Health and Care Incident Co-Ordination Centre. The Frimley Collaborative led the local Place Based primary care co-ordination for patients within the community.

The establishment of interim roles to support the response to the pandemic resulted in wide ranging changes to the executive, clinical and lay roles across the three CCGs of the Frimley Collaborative. As a result, members of the three Governing Bodies undertook roles at System level, either as part of the Frimley ICS Board or Frimley Collaborative Board and or locally as members of their respective Place Committees. Details of these roles are set out below and included in the notes section of the Remuneration Report.

- 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 to give greater spread of resources during the year:

Lay and Independent Members took on interim posts:

- Ed Palfrey – acting in an interim role to support Bracknell Forest Place as their Independent Member;

- Kathy Atkinson – acting as Place Based Lay Member for North East Hampshire & Farnham and with an interim Collaborative role as Lay Member for Patient and Public Engagement;
- Arthur Ferry – acting as Place Based Lay Member for Slough and Royal Borough and with an interim Collaborative role as Lay Member for Audit and Governance;
- Tony Fitzgerald – acting as Place Based Lay Member for Surrey Heath and with an interim Collaborative role as Lay Member for Primary Care;
- Amanda Wellesley – acting as the Secondary Care Specialist for each of the three CCGs in the Collaborative;

  Place Based Clinical Leaders:
- Martin Kittel – acting as the Place Based Clinical Lead for Bracknell Forest;
- Steven Clarke – acting as the Place Based Clinical Lead for North East Hampshire & Farnham and as interim Clinical Chair for North East Hampshire & Farnham CCG;
- Huw Thomas – acting as the Place Based Clinical Lead for Royal Borough;
- Jim O'Donnell – acting as the Place Based Clinical Lead for Slough and interim Clinical Chair for East Berkshire CCG;
- John Fraser – acting as the Place Based Clinical Lead for Surrey Heath.

Changes to previous GPs members on the Governing Body who stepped down from being active members are shown below:

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

13.4. Frimley Collaborative Board in 2020-21

Throughout 2020-21, the Frimley Collaborative Board continued to operate under the terms of the emergency control and command structures that it agreed at its meeting on 24 March 2020 (described in section 1.2).

In July 2020 and again in January 2021 NHS England and NHS Improvement reiterated its earlier March 2020 guidance on regulatory and reporting requirements and the continued need to reduce burden and release capacity to manage the Covid-19 pandemic:

- pausing all non-essential oversight meetings;
- streamlining assurance and reporting requirements;
- providing greater flexibility on various year-end submissions;
- focussing our improvement resources on COVID-19 and recovery priorities; and
- only maintaining those existing development workstreams that support recovery.

The three CCGs in the Frimley Collaborative provided their agreement for two further extensions of their respective EPRR arrangements providing delegated emergency powers to Dr Andy Brooks and Rob Morgan during the ongoing Covid-19 pandemic to support agile decision-making.

At its meetings, the executive members of the Frimley Collaborative Board provided assurances on the decision-making framework for the Frimley ICS Incident Control Centre (ICC) (who continued to co-ordinate the system response to the Covid-19 pandemic) through regular situation reports.

Members of the Frimley Collaborative Board agreed key priorities that aligned with the wider strategic ambitions for the Frimley ICS, they also considered how further integration of System and Place to support patient care and reduce inequalities could be accelerated across the Frimley ICS.

As part of its work to support further System and Place integration and in line with the national ambition set out in the Long Term Plan that envisaged there would be one CCG in each ICS - the three CCGs in the Frimley Collaborative agreed to consider the risks and benefits of a potential merger. Following discussion in summer 2020, the Frimley Collaborative Board agreed that it would express an intent to NHS England to merge its three constituent CCGs to one organisation, undertaking merger preparation work during winter 2020-21 and merger from 1 April 2021.

13.5. Membership

Throughout the year the Frimley Collaborative Board reviewed its membership arrangements in light of the ongoing Covid-19 pandemic and in response to the decision to progress with a merger application.

Voting Membership of the Frimley Collaborative Board April 2020 to March 2021

Name	Role	East Berkshire	North East Hampshire & Farnham	Surrey Heath
Dr Andy Brooks	Clinical Chief Officer (Accountable Officer)	✓	✓	✓
Sarah Bellars	Executive Director of Quality & Nursing	✓	✓	✓
Rob Morgan	Executive Director of Finance (Chief Finance Officer)	✓	✓	✓
Dr Lalitha Iyer	Medical Director	✓	✓	✓
Dr Steven Clarke	Interim Clinical Chair for NEHF CCG/ Clinical Lead for NEHF Place		✓	
Dr Ed Palfrey	Secondary Care Specialist / Interim independent member for Bracknell Forest Place	Interim	✓	
Kathy Atkinson	Lay Member for Patient and Public Engagement/ Place Based Lay Member for NEHF	Interim	✓	Interim
Dr Huw Thomas	Interim Clinical Leader for the Royal Borough Place	✓		
Dr Jim O'Donnell	Interim Clinical Chair for East Berkshire CCG & Clinical Lead for Slough Place	✓		
Arthur Ferry	Lay Member for Governance and Audit and Place based Lay Member for Royal Borough and Slough Places	✓	Interim	Interim
Dr Amanda Wellesley	Interim Secondary Care Specialist	✓	Interim	✓
Tony Fitzgerald	Interim Lay Member for Primary Care/ Interim Lay Chair for Surrey Heath CCG/ Place Based Lay Member for Surrey Heath Place	Interim	Interim	✓
Dr John Fraser	Interim Clinical Leader for Surrey Heath CCG			✓
Dr Martin Kittel	Interim Clinical Leader Bracknell Forest	✓		
Dr Peter Bibaway	Clinical Chair of North East Hants and Farnham CCG	✓	✓	✓

Additional executive membership of the Frimley Collaborative Board April 2020 to March 2021

Name	Role	East Berkshire	North East Hampshire & Farnham	Surrey Heath
Emma Boswell	Executive Director of Development and Improvement	✓	✓	✓
Fiona Slevin-Brown	Executive Place Managing Director Bracknell Forest	✓		
Daryl Gasson*	Executive Place Managing Director NEHF		✓	
Tracey Faraday-Drake*	Executive Place Managing Director Slough	✓		
Caroline Farrar	Executive Place Managing Director Royal Borough of Windsor & Maidenhead	✓		
Nicola Airey	Executive Place Managing Director Surrey Heath			✓
Ollie White	Interim Place Managing Director North East Hampshire and Farnham from April 2020 to May 2020		✓	
Non-Voting Attendees of the Frimley Collaborative Board April 2020 to March 2021				
Caroline Warner	Lay Person for Surrey Heath CCG and Lay Convenor for the Collaborative Board			✓
Fiona Edwards	Frimley Health and Care Integrated Care System Lead			

Note * joined in May 2020.

In 2020-21 the Frimley Collaborative Board met on thirteen occasions – attendance at these meetings is set out overleaf:

Attendance Table for the Frimley Collaborative Board 1 April 2020 – 31 March 2021.

Name and designation	14 April 2020	12 May 2020	9 June 2020	7 July 2020	8 Sep 2020	29 Sep 2020	13 Oct 2020	27 Oct 2020	10 Nov 2020	8 Dec 2020	12 Jan 2021	9 Feb 2021	9 Mar 2021	No of meetings attended
Dr Peter Bibawy	✓	✓	✓	A										3/4
Dr Andy Brooks	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13/13
Sarah Bellars	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13/13
Rob Morgan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13/13
Dr Lalitha Iyer	✓	✓	A	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	11/13
Dr Steven Clarke	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13/13
Ed Palfrey	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/13
Kathy Atkinson	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/13
Dr Huw Thomas	A	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	11/13
Dr Jim O'Donnell	✓	A	A	✓	A	A	✓	✓	✓	✓	✓	✓	✓	9/13
Arthur Ferry	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13/13
Dr Amanda Wellesley	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13/13
Tony Fitzgerald	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13/13
Dr John Fraser	✓	✓	A	✓	A	✓	A	✓	✓	✓	A	✓	✓	9/13
Dr Martin Kittel	✓	✓	✓	✓	✓	✓	A	✓	✓	A	✓	✓	✓	11/13
Emma Boswell	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13/13
Fiona Slevin-	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	12/13

Name and designation	14 April 2020	12 May 2020	9 June 2020	7 July 2020	8 Sep 2020	29 Sep 2020	13 Oct 2020	27 Oct 2020	10 Nov 2020	8 Dec 2020	12 Jan 2021	9 Feb 2021	9 Mar 2021	No of meetings attended
Brown														
Daryl Gasson		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Tracey Farraday-Drake		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Caroline Farrar		✓	✓	A	A	✓	✓	✓	✓	✓	✓	✓	✓	10/12
Nicola Airey	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13/13
Ollie White	✓	✓												2/2

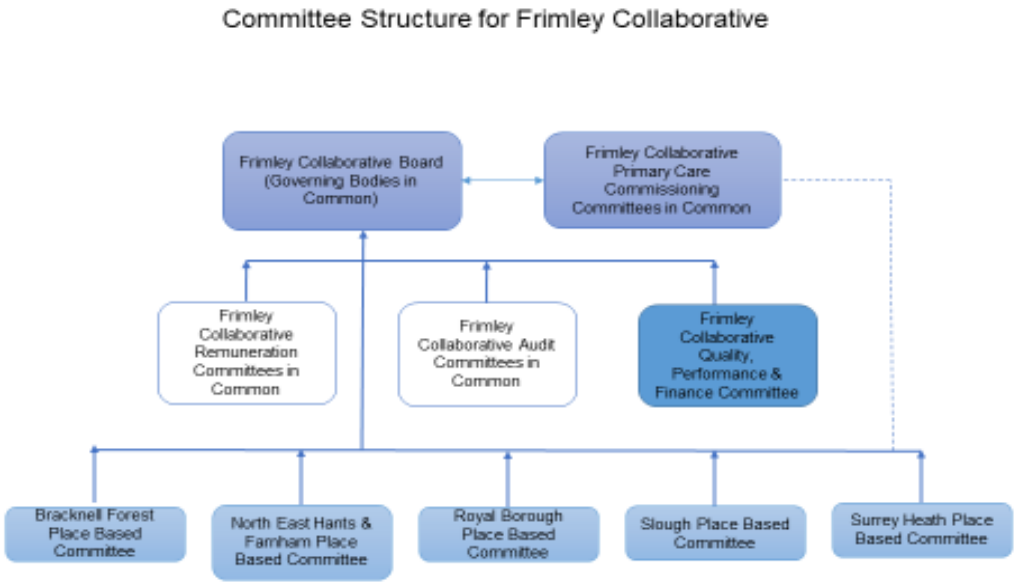
NON-VOTING ATTENDEES														
Caroline Warner	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13/13
Fiona Edwards	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/13

✓ Attended **A** Absent

Following its formation the Frimley Collaborative Board met in public on 10 March 2021.

13.6. Statutory Committees

The statutory committees of the Governing Body met as committees in common with the other CCG Governing Bodies in the Frimley Collaborative. Diagram below shows the arrangements for 2020-21.



(a) Audit and Risk Committees in Common April 2020 – March 2021

NHS Surrey Heath CCG discharged its audit responsibilities through the Frimley Collaborative Committees in Common during 2020-2021. There are three Collaborative voting members on the Committees in Common. The Frimley Collaborative Audit and Risk Committees in Common met on six occasions.

Table showing Audit and Risk Committees in Common membership and attendance between April 2020 – March 2021

Name and designation	21 May 2020	17 June 2020	16 Sept 2020	11 Nov 2020	27 Jan 2021	17 Mar 2021
Arthur Ferry (Convenor) - Lay Member	✓	✓	✓	✓	✓	✓
Tony Fitzgerald - Lay Member	✓	✓	✓	✓	✓	✓
Dr Amanda Wellesley - Secondary Care Specialist	✓	✓	✓	✓	✓	✓

✓ Attended **A** Absent

At each of its meetings, the Audit and Risk Committees in Common received updates and assurances on the impact of Covid-19 on finances, procurements, fraud and control of patient information. The External Auditors gave unqualified opinions on the

accounts for NHS East Berkshire, NHS North East Hampshire and Farnham CCG and NHS Surrey Heath CCG for 2019-20.

In 2020-21, the Audit and Risk Committees in Common made good progress on aligning work plans and reports from the various teams across the three CCGs – including the alignment of all internal audit plans for 2021-22.

The Audit and Risk Committees in Common provided oversight and scrutiny on the merger and mobilisation plans to the Frimley Collaborative Board. The Audit and Risk Committees in Common oversaw work to support the merger preparation process – including the alignment of three sets of Standing Financial Instructions to a single set of Standing Financial Instructions; the development of a single Risk Management Framework and a single aligned Conflicts of Interest Policy for the newly merged organisation. The Committees in Common agreed substantive Terms of Reference for the newly merged Frimley CCG Audit and Risk Committee.

(b) Remuneration Committees in Common April 2020 – March 2021

The Remuneration Committee oversees and monitors matters relating to CCG staff and their development. In 2020-2021, NHS Surrey Heath CCG discharged its Remuneration responsibilities through the Frimley Collaborative Committees in Common. In line with national NHS guidance issued in response to the Covid-19 pandemic to pause all non-essential oversight meetings – the Remuneration Committees in Common suspended meetings between 6 April 2020 and 4 November 2020. The Frimley Collaborative Remuneration Committees in Common met on six occasions during 2020-21. Specific terms of references were developed for the Committees to meet in common and established a voting membership as described below.

The Remuneration Committees in Common is comprised of both voting members and interim non-voting attendees. In response to the decision to progress with a merger application the capacity of the Remuneration Committees in Common was further strengthened with support from two additional interim attendees – Dr Ed Palfrey and Dr Amanda Wellesley. Membership and attendance is shown overleaf:

Table showing Remuneration Committees in Common interim membership and attendance between April 2020 – March 2021

Name and designation	6 April 2020	4 Nov 2020	2 Dec 2020	13 Jan 2021	3 Feb 2021	3 Mar 2021
Kathy Atkinson – Lay member and Convenor from 27 October 2020 to 31 March 2021	✓	✓	✓	✓	✓	✓
Arthur Ferry – Lay Member	✓	✓	✓	✓	✓	✓
Tony Fitzgerald - Lay Member	✓	✓	✓	✓	✓	✓

Table showing Remuneration Committees in Common interim non-voting attendees between April 2020 – March 2021

Name and designation	6 April 2020	4 Nov 2020	2 Dec 2020	13 Jan 2021	3 Feb 2021	3 Mar 2021
Sally Kemp – Independent Convenor until 6 April 2020	✓	x	x	x	x	x
Caroline Warner – Lay Person for Surrey Heath	A	✓	✓	A	A	A
Dr Amanda Wellesley – Secondary Care Specialist	x	✓	✓	✓	A	A
Dr Ed Palfrey - Secondary Care Specialist NHS North East Hampshire and Farnham CCG and Interim Independent Collaborative Member for Bracknell Forest	x	A	✓	A	✓	✓

✓ Attended **A** Absent x Not a member at the time of the meeting

At its meeting in April 2020 the Committees in Common noted the impact of Covid-19 and agreed the suspension of its meetings to allow executive and clinical colleagues to focus on the urgent priorities to support the collaborative response to the pandemic. The Committees in Common considered the impact that this suspension would have on its work to progress the Clinical Chair and Lay Convenor appointment processes and the Accountable Officer remuneration. Members received a paper that set out the proposed interim Clinical Chair and Interim Lay Convenor roles from the three CCGs from 1 April 2020 onwards.

The Committees in Common reconvened in November 2020 and discussed the interim Chair posts and interim Clinical leaders at Place and on the Collaborative Board. Members considered the priorities for the merger and the appointments to the Governing Body for the newly merged CCG from 1 April 2021 onwards. In addition, the Committees in Common received regular updates and assurance on the alignment of teams across the three CCGs ahead of the merger in April 2021 and confirmation that a formal TUPE consultation process had been undertaken between January and February 2021.

The Committees in Common agreed substantive Terms of Reference for the newly merged Frimley CCG Remuneration Committee and agreed key pieces of work for 2021-22 including the harmonisation of pay for Place Based Clinical Leads, Lay & Independent Members.

(c) Primary Care Committees in Common April 2020 – March 2021

On 1 April 2018, the CCG assumed responsibility for commissioning local primary care services. The delegation of this role from NHS England to NHS Surrey Heath CCG was 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.

The Primary Care Commissioning Committees for the three CCGs in the Frimley Collaborative exercised their respective delegated authority from NHS England for primary care services through membership of an Interim Primary Care Commissioning Committee. This Interim Primary Care Commissioning Committee met in extra-ordinary form in April 2020 to support rapid decision making in response to the Covid-19 pandemic. The first meeting was held in July 2020.

The first meeting was held in July 2020 with the Committee receiving and noting a detailed presentation on the general practice response to COVID-19 since January 2020. The Committee also established a reporting process for each of the five places, across the Collaborative, to report on activities and finances. These reports included procurement of and changes to local services and development of the roadmap to support the national Digital First Programme.

Subsequent meetings, held in October and December 2020, focussed on access to general practice during the pandemic. This included adoption of the prioritisation framework for general practice as promoted by the Royal College of General Practitioners. Support has also been provided to assist general practice in responding to the pandemic, including changes to a number of processes e.g. Total Triage, assistance with communicating with patients and preparing for a second wave of the virus.

Throughout the year, the Collaborative, via the Committee, has continued to provide support to general practice to ensure services were either deprioritised or suspended in a managed way and to support the sector in the recovery and restoration phase.

Table showing membership of the Primary Care Commissioning Committee in Common held between April 2020 and March 2021

Voting members and representation:			
	East Berkshire (EB)	**North East Hampshire and Farnham (NEHF)**	**Surrey Heath (SH)**
Tony Fitzgerald (Lay Member) **(Convenor)**	✓	✓	✓
Arthur Ferry (Lay Member)	✓	✓	✓
Sarah Bellars (Executive Director of Quality and Nursing)	✓	✓	✓
Caroline Farrar (Executive Managing Director and Executive lead for primary care)	✓	✓	✓
Amanda Wellesley (Secondary Care Specialist)	✓	✓	✓
GP Representatives:			
Dr Steven Clarke		✓	
Dr Huw Thomas	✓		
Dr Jim O'Donnell	✓		
Dr Martin Kittel	✓		
Dr John Fraser			✓

Other representatives
NHS England
Healthwatch
Local Medical Committees

Table showing attendance of voting members at the Primary Care Commissioning Committee in Common held between April 2020 and March 2021

	Voting members			
	21 July 2020	20 Oct 2020	15 Dec 2020	8 Mar 2021
Tony Fitzgerald (convenor)	✓	✓	✓	✓
Arthur Ferry	✓	✓	✓	A
Sarah Bellars	✓	✓	A	✓
Caroline Farrar	✓	✓	✓	✓
Amanda Wellesley	✓	✓	✓	A
Dr Huw Thomas	✓	✓	A	A
Dr Martin Kittel	A	✓	✓	A
Dr Steven Clarke	✓	✓	✓	A
Others in attendance:				
Sue Pilgrim NHS England				
Jo Hanswenzl, NHS England				
Mark Sanders Healthwatch (Bracknell Forest/ Royal Borough of Windsor and Maidenhead)				
Maria Millwood Healthwatch (Surrey Heath)				
Claire Sieber Local Medical Committee (Wessex)				

✓ Attended **A** Absent

(d) Quality Performance and Finance Committees in Common April 2020 – March 2021

In December 2019, Frimley Collaborative Board agreed to establish a Quality Performance and Finance Committee, which would:

- provide a home for specific items displaced by new ways of working across the three CCGs, ensure reporting and assurance functions were fulfilled;
- provide flexibility to adapt to the needs of the Collaborative and Integrated Care System governance and
- allow the Collaborative Board to retain its strategic focus.

The Committee did not meet between April and June as the CCGs responded to the level 4 public health emergency. The Committee started to meet from July 2020 and included representation from each of the five places in addition to executive directors.

Key topics considered during the year included:

- Winter preparedness.
- Future financial framework.
- Issues concerning services for children and young people in East Berkshire.
- Safeguarding annual reports 2019-20.
- Collaborative wide complaints and concerns report.

Throughout the year the Committee has focused its discussions on how best to develop its approach to monitoring performance across the Collaborative, ensuring that it avoided duplication with other assurance bodies. The Committee will continue to review its final Terms of Reference to reflect the ongoing development.

Table showing voting membership and attendance at meetings held between April 2020 and March 2021

Name	28 July 2020	22 Sep 2020	24 Nov 2020	02 March 2021	No of meetings attended
Members					
Amanda Wellesley, Secondary Care Specialist (Chair)	✓	✓	✓	✓	4/4
Dr Lalitha Iyer, Medical Director	✓	✓	✓	✓	4/4
Sarah Bellars, Executive Director of Quality and Nursing	✓	✓	✓	✓	4/4
Rob Morgan, Chief Finance Officer	✓	✓	✓	✓	4/4

Nicola Airey, Executive Managing Director for Surrey Heath	✓	✓	✓	A	3/4
Fiona Slevin-Brown, Executive Managing Director for Bracknell Forest	✓	A	✓	✓	3/4
Daryl Gasson, Executive Director for North East Hampshire & Farnham	✓	✓	✓	✓	4/4
Dr Jim O'Donnell, Clinical Lead for Slough	✓	A	✓	✓	3/4

✓ Attended **A** Absent

Additional notes

13.7. Changes to the Accountable Officer April 2021

In April 2021 Fiona Edwards was appointed as an Interim Accountable Officer for the merged NHS Frimley CCG. Therefore, this annual report is approved by the merged NHS Frimley CCG and duly signed by Fiona Edwards.

13.8. Personal data related incidents

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

13.9. 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.

13.10. Modern Slavery Act

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

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 Surrey Heath 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 Section14R of the National Health Service Act 2006 (as amended)),
- Ensuring that the CCG complies with its financial duties under Sections 223H to 223J of the National Health Service Act 2006 (as amended).

Under the National Health Service Act 2006 (as amended), NHS England has directed each 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;
- 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.

For the year 2020-21 NHS Commissioning Board (NHS England) appointed Dr Andy Brooks as the Accounting Officer of East Berkshire CCG. In April 2021 NHS Commissioning Board (NHS England) appointed Fiona Edwards as the interim Accountable Officer for the merged NHS Frimley CCG and is therefore the signatory for the Annual Report and Accounts for the predecessor organisation of NHS Surrey Heath.

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.

Fiona Edwards

Accountable Officer

14th June 2021

15. GOVERNANCE STATEMENT

15.1. Introduction and context

NHS Surrey Heath 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 2021, the CCG is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.'

During 2020-21 the CCG worked in a complex and emerging healthcare environment and it continued its work to develop a single commissioning function for the Frimley ICS. This alignment work for the three CCGs in the Frimley Collaborative is described further in Membership Report.

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.

I can confirm that in 2020-21 that the CCG continued to work in a “Committees in Common” form collectively referred to as the Frimley Collaborative. The Frimley Collaborative Board is comprised of executives, clinicians and lay members.

The CCG experienced extraordinary and unprecedented challenges as a result of the COVID-19 health pandemic and the decision in July 2020 to proceed with a merger with NHS East Berkshire CCG and NHS North East Hampshire & Farnham CCG. Subsequently there have been a significant number of complex changes to how the CCG has worked.

The CCG enacted its individual Emergency Preparedness Resilience and Response (EPRR) arrangements to allow the establishment of a Command and Control structure for the Frimley Collaborative which aligned statutory roles and responsibilities with the Frimley ICS to form a single Frimley ICS Incident Co-Ordination Centre. The Frimley Collaborative led the local Place Based primary care co-ordination for patients within the community.

This establishment of interim roles to (i) support the response to the pandemic and (ii) the decision to proceed with a merger application resulted in wide ranging changes to the executive, clinical and lay roles across the three CCGs of the Frimley Collaborative. As a result, members of the CCG undertook roles at System level, either as part of the Frimley ICS Board or Frimley Collaborative Board and or locally as members of their respective Place Committees. These changes to roles and responsibilities are described in detail in both the Membership and Remuneration Reports.

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.

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 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 process to delegate powers and the declaration of interests and standards of conduct.

The membership, attendance records and highlights of the work undertaken by the Frimley Collaborative Board and its sub-committees the (i) Audit and Risk Committees in Common (ii) Remuneration Committees in Common (iii) Primary Care

Commissioning Committees in Common and (iv) Quality Finance and Performance Committees in Common for 2020-21 are described separately in the Membership Report.

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.

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

As a result of the enactment of the national Public Health emergency arrangements in 2020-21 in response to the Covid-19 health pandemic, the CCG has realigned its existing Governing Body Assurance Framework priorities with those of the other CCGs in the Frimley Collaborative and taken accounts of the Frimley ICS ambitions. In January 2021 the Assurance Framework was further aligned to the NHS priorities which reflected the continuing response to the COVID-19 Pandemic.

The Assurance Framework supports 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. At each of its meetings, the Frimley Collaborative Board received a Governing Body Assurance Framework report.

I can confirm that the Frimley Collaborative Audit and Risk Committees in Common agreed an overarching Risk Management Framework ahead of Surrey Heath CCG's merger with NHS East Berkshire CCG and NHS North East Hampshire & Farnham CCG and the formation of a single CCG in the Frimley ICS – that is, NHS Frimley CCG. The Risk Management Framework for the new Frimley CCG aligns all the predecessor risks and a new set of risk management processes have been introduced along with risk management training in 2021-22.

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. I am aware that training over the past

year has not been given priority over the response to COVID-19 and I am assured that it will be a priority for the merged organisation in 2021.

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. These actions are described in the Engaging People and Communities section of this report.

The CCG has continued to receive assurance on risk from Local Counter Fraud Specialist and Security Management Specialists who have provided an evaluation on potential cyber risks during the pandemic. The Audit and Risk Committees in Common receives these assurances on behalf of the Governing Body.

15.7. Capacity to Handle Risk

The past year has seen all CCG teams re-focus their attention to support the wider NHS respond to the pandemic. While teams took a more day to day approach to managing risk, the Incident Control Centre (ICC) and Governance Team kept records of actions and decisions taken.

The Executive Team played a critical role to prioritise the management of risks which could impact upon the achievement of the CCG's objectives; and to evaluate the likelihood of those risks being realised showing the impact should they be realised. Executive Directors provided situation reports (SitReps) in place of previous business as usual risk register reports.

The CCG as part of the Frimley ICS agreed an Ethical Framework that enabled providers and primary care to work closely together offering mutual aid to minimise the impact on the quality of care.

The whole NHS were advised to suspend some non-urgent activities and reduce the number of committee meetings to give greater capacity for staff who were seconded to areas of most need. The CCG took a number of actions:

- All non-essential meetings were suspended in March. Only the Frimley Collaborative Board, the Audit and Risk Committees in Common and the Primary Care Commissioning Committees in Common continued to meet. All took a pragmatic and risk based approach to the meetings and reduced the amount of time significantly to focus on the priority areas.
- A Frimley ICS Workforce Bureau was established and many members of staff were seconded through the bureau to support NHS colleagues across the Frimley System.
- The Executive Team reported risks that took the form of a monthly a situation report based on the previous assurance framework structure.

- The Quality, Finance and Performance Committee started to meet again from July 2020 and included representation from each of the five places in addition to executive directors. The work of the Quality, Finance and Performance Committee between July 2020 and March 2021 is described in the Membership Report. The work of the CCG's Place Committee is set out in the Performance Report.

15.8. Risk Assessment

The Executive Team have described and reported monthly to the Governing Body via the Collaborative Board on five significant risks. The risks are aligned to the Collaborative strategic priorities and also correlate to the five national priorities set out by NHSE/I and system ambitions for the Frimley ICS.

CCG Strategic Priority Theme 1 – meeting the needs of our population, communities and patients.

- RISK: If there is unprecedented and unplanned demand on health services then the providers will not have capacity to respond. This may impact on quality of care; patients may not receive timely and responsive treatment.
- RISK: If there is an un-coordinated response to the influenza pandemic then the whole system will not be able to manage the surge in demand for services.

- RISK: 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.

CCG Strategic Priority Theme 4 – Creating the new Health and Care Landscape. CCG Priority Area Collaborative and ICS Development

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

CCG Strategic Priority Theme 5 – Addressing new priorities. CCG Priority Area 2: Looking after our people / supported and resilient workforce.

- RISK: If our people experience Covid-19 illness / absence or sustained high volume work, 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.

Other significant risks managed through the internal system resilience group include the **Exit from the European Union.**

The UK exited the European Union on 31 Jan 2020 and has now completed the transition period which ended on 31 December 2020.

The Frimley Integrated Care System continued to work with the incident coordination teams that have been set up for COVID-19 to ensure that there was a single, shared operational readiness and response structure across those areas to avoid conflict and to reduce burden on the system. The Frimley Collaborative has an EU Transition Lead and a dedicated Senior Responsible Officer.

Meetings are conducted when required to share intelligence and identify any further potential risks to ensure they are being managed and mitigated. EU Transition information is being managed via the Frimley ICS ICC.

The Frimley Collaborative EU Transition Plan completed in February 2021 reflects the Reasonable Worse Case Scenario planning assumptions cascaded by the Local Resilience Forums from the Ministry of Housing, Communities and Local Government. Although a deal has now been made these will continually monitored going forward.

The respective Integrated Care Systems leads for each risk areas along with the Lead for Winter 20/21 and COVID-19 will continue to oversee these key risks areas and will link with their counterparts within the other ICS's across the South East and the South East NHS England and NHS Improvement Team via the SE Incident Coordination Centres.

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.

The external auditors provide me with their opinion through their Auditor's Annual Report 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 2020-21 the CCG has worked with the other CCGs in the Frimley Collaborative to share best practice, align the management of conflicts of interest processes to ensure that it is compliant with the statutory guidance. The CCG did not update its Conflicts of Interest policy in 2020 in anticipation of the merger and development of a Conflicts of Interest Policy for the new Frimley CCG. In addition to a new policy the Collaborative have jointly procured a new system to help all staff manage their declarations of interest via an online platform. The system provides the public with easy access to the information and is open and transparent about the CCG's declarations of interest, in line with NHS England guidance.

I am pleased with the progress made and the internal audit of conflicts of interest has given the CCG reasonable assurance on our management of conflicts of interest. I can confirm there have been no conflict of interest breaches reported between 1 April 2020 and 31 March 2021.

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 CCG.

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 2020-21 the CCG received reasonable 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 Data Security and Protection 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 as part of the merger programme to help develop an information risk culture

At the time of writing no significant information governance breaches have occurred in 2020-21 and no incidents required reporting to the regulators.

Response to COVID

The CCG responded appropriately to the Covid-19 – Notice under Regulation 3(4) of the Health Service Control of Patient Information Regulations 2002. In line with the requirements set out by Secretary of State and NHS Digital this allowed action to be taken to share confidential patient information amongst health organisations and other appropriate bodies for the purposes of protecting public health, providing healthcare services to the public and monitoring and managing the outbreak. Further information can be found on NHS Frimley CCG's website https://www.frimleyccg.nhs.uk/policies-and-documents/information-governance-policies/149-covid-privacy-notice/file

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 Committees in Common.

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 2020-21.

Control Issues

During the year, Internal Audit issued a number of advisory 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.

I can confirm that the CCG did not receive any limited assurance opinions.

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 2020-21. It has maintained its strong leadership with clinical leadership central to the areas that the CCG is responsible for commissioning. The CCG has been fully involved in the first

appointment process for the new NHS Frimley CCG Governing Body ensuring the retention of existing knowledge, expertise and skills.

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 2019-20 NHS Surrey Heath CCG received an **'outstanding'** assurance rating on all domains assessed. The assurance rating for 2020-21 has yet to be notified.

15.11. Delegation of functions

On April 1 2018, 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.

15.12. Counter fraud arrangements

The Fraud and Security Management Service provide an active role in the prevention and deterrence of fraud, bribery and corruption through its attendance at the Audit and Risk Committees in Common, involvement in policy-setting and sharing of information through attendance at CCG meetings and alerts, bulletins and articles published through the dedicated Fraud and Security Management website.

The emergence of the Covid-19 global pandemic has created unprecedented challenges and across the NHS fraud referrals have increased compared to the same period in 2019-20. A bespoke Covid-19 Fraud and Security Risk Assessment was designed and undertaken across the CCG which provided support for all key functions to mitigate fraud risk.

In 2020-21, there were no allegations or investigations undertaken and no other significant losses reported

The NHS Counter Fraud Authority Standards for Countering Fraud, Bribery and Corruption in the NHS have been replaced with the Cabinet Office Government Functional Standard GovS13 with effect from January 2021. The self-assessment tool has not been published and is due for release and submission in May 2021. However a provisional rating has been undertaken which assesses the CCG as an overall 'Green' rating.

The CCG has established a positive training and awareness culture to ensure all staff receive regular training in person, virtually and through the dedicated online e-learning package. Awareness articles produced by the Local Counter Fraud Team have been disseminated to all staff and published online for all staff to access.

The Local Counter Fraud Specialist attends the Audit and Risk Committees in Common meetings and reports on progress against the Annual Plan. The plan, which is targeted to meet the 13 NHS Counter Fraud Authority Requirements in line with the 12 Components of the Government Functional Standard (GovS13).

No significant control issues have been raised by the Counter Fraud Team.

15.13. 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 Auditor's Annual Report 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 and given assurance on the effectiveness of internal controls throughout the year through the work carried out by the following:

- Collaborative Board;
- Incident Control Centre;
- Audit and Risk Committees in Common;
- 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. During COVID-19 Public Health pandemic I have taken assurance from situation reports provided to the Collaborative Board on a monthly basis. I also attended weekly ICS Chief Officer briefings to ensure a whole system approach to our response to the pandemic.

Conclusion

No significant internal control issues have been identified.

Fiona Edwards

Accountable Officer

14th June 2021

15.14. Head of Internal Audit Opinion (HoIA)

Introduction

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 Board 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's purposes 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 final Head of Internal Audit Opinion also takes into account the following third party assurances which had been received at the time of preparing this report

    - The ISAE3402 report produced by the SBS independent auditors, PWC, covered Finance and Accounting (F&A) and associated IT controls for the period 1 April 2020 to 31 March 2021. PWC's report is unqualified in respect of twenty two out of twenty three control objectives.
    - The Capita Type I Letter is distributed to delegated CCGs and provides 3rd party assurance of primary care support services. The Capita Assurance Engagements (ISAE) 3402 Type II 20/21 Report for Primary Care Support England (PCSE) outlines the state of the control environment for the period of 1 April 2020 to 31 March 2021 since last Type II report was issued in July 2020. The review was carried out by Mazars LLP. It is also reported that there is continued good progress being made in addressing the control weaknesses that were highlighted in the previous reports. The output from the Type II audit (covering the 12 months period from 1 April 2019 to 31st March 2020) has been followed up with further enhancements to our control framework, Standard Operating Procedures (SOPs) and training programmes. Mazars have issued a qualified opinion as they identified a qualification relating to three out of 16 control objectives during the period.

- The Service Auditor Report for the South Central and West Commissioning Support Unit (SCWCSU) was qualified on the basis of non-achievement of a single Payroll Control Objective '*E.2. New starters added are valid and are added accurately, completely and in a timely manner*'.
- The Type II ISAE 3000 Report produced by the NHS Digital internal auditors, PWC, covered General Practitioners Payment Services for the period 1 April 2020 to 31 October 2020 and Extraction and Processing of General Practitioner Data services for the period 1 November 2020 to 31 March 2021. PWC's report was qualified on the basis that controls were not operating effectively to achieve Control Objective 2 ("Controls are in place to provide reasonable assurance that access to systems is controlled.") during the period 1 April 2020 to 31 March 2021.
- The Type II ISAE 3402 Report produced by the NHS Business Services Authority independent auditors, PWC, covered the Prescription Payments Process for the period 1 April 2020 to 31 March 2021. PWC's report was qualified on the basis that controls were not suitably designed and/or operating effectively to achieve the following control objectives:
    - Control objective 1 "Controls are in place to provide reasonable assurance that payments are made to the correct, valid contractors";
    - Control objective 3 "Controls are in place to provide reasonable assurance that payments are accurate and complete"; and
    - Control objective 4 "Controls are in place to provide reasonable assurance that access to systems is appropriately restricted".
- The ISAE 3000 Type II Controls Report produced by the NHS Business Services Authority independent auditors, PWC, covered the provision and maintenance of the Electronic Staff Record system throughout the period 1 April 2020 to 31 March 2021. PWC's report was qualified on the basis that controls were not suitably designed and/or operating effectively to achieve the following control objectives:
    - Control Objective 1 "Controls provide reasonable assurance that changes to the system software, hardware, and network components are documented and approved."; and
    - Control Objective 2 "Controls provide reasonable assurance that security configurations are created, implemented and maintained to prevent inappropriate access".

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

Table showing Assurance Assessments 2020-21

System	Status	Assurance Assessment	Comments
CCG Specific Audits			
Key Financial Systems and budgetary control	Final Report	Substantial	
Primary Care – NHS Mandated Review	Final Report	Substantial	
Local Risk Management Arrangements	Final Report	Reasonable	
NHS Mandated Conflicts of Interest Review	Final Report	Reasonable	
DSP Toolkit	Draft Report	Substantial	
Follow up of audit recommendations	Completed	N/A	Reported to each meeting of the Audit Committees in Common
Centre for Psychology – Independent Review	Fieldwork		Audit undertaken in conjunction with Surrey Heartlands CCG
Frimley Wide Reviews			
HR Workforce	Final Report	Reasonable	
Frimley CCG Merger	Final report	Assurance level not assigned as this was an advisory review	
COVID Cost Reimbursement	Fieldwork		

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

System	Status	Assurance Assessment
Other Assurances-Hosted Services		
Individual Funding Requests (Surrey Heartlands)	Final Report	Reasonable
Personal Health Budgets Follow-Up – Adults (Surrey Heartlands)	Final Report	Assurance levels not assigned as this was a follow-up review
Personal Health Budgets Follow-Up – Children (Surrey Heartlands)	Final Report	
Additional follow up of the 2019/20 Personal Health Budgets Review – Adults	Final Report	
Additional follow up of the 2019/20 Personal Health Budgets Review – Children	Final Report	

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 Members 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.

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 2020-21.

16.1.6. Salaries and allowances

The tables below show the salaries and allowances paid to senior managers during 2020-21.

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			2020/21								
							NHS Surrey Heath CCG				
Name	Title	Note	Full Salary & Fees (Bands of £5,000) £000	Full Performance Pay & Bonuses (Bands of £5,000) £000	All Pension-related benefits (Bands of £2,500) £000	Total (Bands of £5,000) £000	Salary & Fees (Bands of £5,000) £000	Expense payments (taxable) to nearest £100 £	Performance Pay & Bonuses (Bands of £5,000) £000	All Pension-related benefits (Bands of £2,500) £000	Total (Bands of £5,000) £000
Dr Andy Brooks	Clinical Chief Officer (Accountable Officer)	*i*	170-175	0	0	170-175	30-35	0	0	0	30-35
Rob Morgan	Executive Director of Finance	*ii*	130-135	0	37.5-40	170-175	25-30	0	0	7.5-10	30-35
Sarah Bellars*	Executive Director of Quality and Nursing	*iii*	115-120	0	35-37.5	150-155	20-25	0	0	5-7.5	30-35
Lalitha Iyer*	Executive Medical Director	*iv*	95-100	5-10	0-2.5	105-110	15-20	0	0	0-2.5	15-20
Emma Boswell	Executive Director of Development and Improvement	*v*	95-100	0	35-37.5	130-135	15-20	0	0	7.5-10	25-30
Nicola Airey	Executive Place Managing Director for Surrey Heath	*vi*	110-115	0	67.5-70	175-180	110-115	0	0	67.5-70	175-180
Dr John Fraser	Interim Clinical Leader for Surrey Heath Place	*vii*	40-45	0	0	40-45	40-45	0	0	0	40-45
Kathy Atkinson	Lay Member for Patient and Public Engagement/ Place Based Lay Member for North East Hants and Farnham	*viii*	10-15	0	0	10-15	0	0	0	0	0
Arthur Ferry	Lay Member for Governance and Audit and Place based Lay Member for Royal Borough and Slough Places	*ix*	20-25	0	0	20-25	5-10	0	0	0	5-10
Tony Fitzgerald	Interim Lay Member for Primary Care/ Interim Lay Chair for Surrey Heath CCG/ Place Based Lay Member for Surrey Heath	*x*	15-20	0	0	15-20	5-10	0	0	0	5-10
Amanda Wellesley	Interim Secondary Care Specialist	*xi*	20-25	0	0	20-25	5-10	0	0	0	5-10
Daryl Gasson	Executive Place Managing Director for North East Hampshire and Farnham	*xii*	95-100	0	35-37.5	130-135	0	0	0	0	0
Oliver White	Interim Executive Place Managing Director for North East Hampshire and Farnham	*xiii*	10-15	0	2.5-5	15-20	0	0	0	0	0
Fiona Slevin-Brown*	Executive Place Managing Director for Bracknell Forest	*xiv*	115-120	0	27.5-30	145-150	0	0	0	0	0
Caroline Farrar	Executive Place Managing Director for Royal Borough of Windsor and Maidenhead	*xv*	110-115	0	30-32.5	140-145	0	0	0	0	0
Tracey Faraday-Drake*	Executive Place Managing Director for Slough	*xvi*	95-100	0	22.5-25	120-125	0	0	0	0	0
Dr Steven Clarke	Interim Clinical Chair for North East Hants and Farnham CCG/ Clinical Leader for North East Hants and Farnham Place	*xvii*	15-20	0	2.5-5	20-25	0	0	0	0	0
Dr Ed Palfrey	Secondary Care Specialist for North East Hampshire and Farnham CCG and Interim Independent Member for Bracknell Forest Place.	*xviii*	10-15	0	0	10-15	0	0	0	0	0
Dr Huw Thomas	Interim Clinical Leader for the Royal Borough of Windsor and Maidenhead Place	*xix*	40-45	0	2.5-5	45-50	0	0	0	0	0
Dr Jim O'Donnell	Interim Clinical Chair for East Berkshire CCG & Clinical Leader for Slough Place	*xx*	70-75	0	0	70-75	0	0	0	0	0
Dr Martin Kittel	Interim Clinical Leader Bracknell Forest Place	*xxi*	40-45	0	0	40-45	0	0	0	0	0
Dr Peter Bibaway	Clinical Chair North East Hants and Farnham CCG	*xxii*	40-45	0	10-12.5	50-55	0	0	0	0	0

Details above show the full remuneration for all members of the Frimley Collaborative Governing Body and that proportion relating to their role at Surrey Heath CCG.
The titles in the table are for the roles held by those individuals at 31st March 2021 unless where stated their role as a senior manager has ceased during the year. Please see the notes for details of roles undertaken during the year for those who held more than one position.
The list of senior managers includes those whose primary responsibilities are in other organisations but who form part of the Frimley Collaborative Governing Body which has replaced the individual CCG Governing Bodies. Therefore, these individuals are part of the overall governance of Surrey Heath CCG and are therefore deemed to meet the definition of a senior manager ie 'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments'

i Dr Andy Brooks was Clinical Chief Officer for Surrey Heath CCG Surrey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG and 20% of his remuneration was charged to Surrey Heath CCG for this role. His full salary and fees includes a £15k performance related element which was paid in advance and which could be recovered depending on achievement of objectives

ii Rob Morgan was Executive Director of Finance for Surrey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG and 20% of his remuneration was charged to Surrey Heath CCG for this role

iii Sarah Bellars was Executive Director of Quality and Nursing for Surrey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG and 20% of her remuneration was charged to Surrey Heath CCG for this role

iv Lalitha Iyer was Executive Medical Director for Surrey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG and 20% of her remuneration for this role was charged to Surrey Heath CCG. Payments relating to her clinical leadership work at East Berkshire are not recharged

v Emma Boswell was the Executive Director of Development and Improvement for Surrey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG and 20% of her remuneration was charged to Surrey Heath for this role.

vi Nicola Airey was Executive Place Managing Director for Surrey Heath. No recharges were made to the other CCGs for her remuneration.

vii Dr John Fraser was Interim Clinical Leader for Surrey Heath Place. No recharges were made to the other CCGs for his remuneration.

viii Kathy Atkinson was the Lay Member for Patient and Public Engagement (PPE) for the Collaborative and the Place Based Lay Member for North East Hants and Farnham. One third of her costs are attributed to Surrey Heath CCG for her Collaborative role in 2020/21.

ix Arthur Ferry was the Lay Member for Governance and Audit and the Place Based Lay Member for Royal Borough and Slough Places . One third of his costs are attributed to Surrey Heath CCG for his Collaborative role in 2020/21.

x Tony Fitzgerald was the Lay Member for Primary Care for the Collaborative and Interim Chair and Place Based Lay Member for Surrey Heath. One third of his costs are attributed to Surrey Heath CCG for his Collaborative role in 2020/21. .

xi Dr Amanda Wellesley was the Interim Secondary Care Specialist for Surrey Heath and East Berkshire CCGs. One third of her costs are attributed to Surrey Heath for this role.

xii Daryl Gasson was the Executive Place Managing Director for North East Hants and Farnham CCG from 18th May 2020. No costs were recharged to Surrey Heath CCG for this role.

xiii Ollie White was Interim Executive Place Managing Director for North East Hampshire and Farnham until 17th May 2020. No costs were recharged to Surrey Heath CCG for this role.

xiv Fiona Slevin-Brown was Executive Place Managing Director for Bracknell Forest. No costs were recharged to Surrey Heath CCG for this role.

xv Caroline Farrar was Executive Place Managing Director for Royal Borough of Windsor and Maidenhead from 1st April 2020. No costs were recharged to Surrey Heath CCG for this role.

xvi Tracey Faraday-Drake was Executive Place Managing Director for Slough from 18th May 2020. No costs were recharged to Surrey Heath for this role.

xvii Dr Steven Clarke was Interim Clinical Chair for NEH&F CCG and Clincial Lead for NEH&F Place. No costs were recharged to Surrey Heath for this role

xviii Dr Ed Palfrey was Secondary Care Specialist for North East Hampshire and Farnham CCG and Interim Independent Member for Bracknell Forest Place. No costs were recharged to Surrey Heath CCG for this role.

xix Dr Huw Thomas was Interim Clinical Leader for Royal Borough of Windsor and Maidenhead Place. No costs were recharged to Surrey Heath CCG for this role.

xx Dr Jim O'Donnell was Interim Clinical Chair for East Berkshire CCG and Clinical Leader for Slough Place. No costs were recharged to Surrey Heath CCG for this role.

xxi Dr Martin Kittel was Interim Clinical Leader for Bracknell Forest Place. No costs have been recharged to Surrey Heath CCG for this role.

xxii Dr Peter Bibaway was Clincial Chair for North East Hants and Farnham CCG until 31st August 2020

* In February 21, Remuneration Committee recommended a backdated uplift back to 1 April 20 in line with the national recommendation for Very Senior Managers. As the deadline had passed for provision of the pensionable pay data to the Pensions Agency for the Greenbury disclosures, the Pensions Agency have been unable to provide uplifed pensions figures to reflect the uplift in pay for these individuals. Therefore the pension benefit related figures disclosed above for these individuals will be based on the estimated pensionable pay at 31 March 2021 prior to the uplift.

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

Notes

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

i Dr Andy Brooks was Clinical Chief Officer for Surrey Heath CCG and East Berkshire CCG until 30th November 2019 and from 1st December 2019 became Clinical Chief Officer for Surrey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG. His remuneration was split between Surrey Heath CCG and East Berkshire CCG until 1st December when it was split between the three CCGs in the Frimley Collaborative.

ii Rob Morgan was Interim Managing Director & Chief Finance Officer for Surrey Heath CCG until 30th November 2019. From 1st December 2019 became Executive Director of Finance for Surrey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG. The annual performance bonus relates to achievements in 2018-19

iii Sarah Bellars was Director of Nursing for East Berkshire CCG until 1st December 2019 and from 2nd December 2019 was appointed Executive Director of Quality and Nursing for East Berkshire, Surrey Heath and North East Hampshire & Farnham CCGs (Frimley Collaborative). In December 2019 there was an overlap in the Director of Quality and Nursing roles across all three CCGs. This allowed a robust and considered handover between the directors previously responsible for quality and nursing; and took into consideration transition arrangements for Emma Boswell and Edmund Cartwright as they stepped into new and different portfolios on 2 January 2020.

iv Emma Boswell was the Executive Director of Quality of Nursing for NHS North East Hampshire & Farnham CCG until 31st December 2019. No costs were recharged to Surrey Heath CCG for this role. On 1st January 2020 she was appointed to the role of Executive Director of Development and Improvement for Surrey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG

v Lalitha Iyer was Medical Director for East Berkshire CCG until 31st December 2019. From 1st January 2020 became Executive Medical Director for Surrey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG. The performance bonus relates to to 2019-20. Her total salary also includes payment she receives for her role as Clinical Lead at East Berkshire CCG. No costs are recharged to Surrey Heath for this role.

vi Nicola Airey was Director of Planning & Delivery for Surrey Heath CCG until 1st December2019 and from 2nd December 2019 became Executive Place Managaing Director for Surrey Heath. No recharges were made to the other CCGs for her remuneration. The annual performance bonus relates to acheivements in 2018-19

vii Oliver White was appointed Interim Executive Place Managaing Director for North East Hampshire and Farnham on 20th January 2020. No costs were recharged to Surrey Heath CCG for this role.

viii Fiona Slevin-Brown was Director of Strategy and Operations for East Berkshire CCG until 31st December2019 and from 1st January 2020 became Executive Place Managaing Director for Bracknell Forest. No costs were recharged to Surrey

ix The roles of Executve Place Managing Director for Royal Boroughs and Slough (the other two places in East Berkshire) were appointed to in 2019-20 but the post holders did not take up their roles until 2020-21

x Ruth Colburn-Jackson was the Managing Director for NHS North East Hampshire & Farnham CCG. She left the CCG on 19th January 2020. No costs were recharged to Surrey Heath CCG for this role.

xi Edmund Cartwright was the Director Of Quality & Nursing (Interim) until 31st December 2019. No recharges were made to other CCGs for this role. The annual performance bonus relates to acheivements in 2018-19

xii Dr John Fraser was the Medical Director of Surrey Heath CCG until 31st December 2019.

xiii Andrew Lloyd was Chair of Surrey Heath CCG until 31st September 2019.

xiv Tony Fitzgerald is the Lay Member for Governance for Surrey Heath CCG and was also Interim Chair for Surrey Heath CCG from 30th September 2019. No recharges were made to the other CCGs for these roles

xv Peter Cruttenden is the Convener (Chair) of the Board for the Hampshire and Isle Wight Partnership of CCGs, and a Lay Member for Governance for NHS North East Hampshire and Farnham CCG. No costs were recharged to Surrey Heath CCG for these roles

xvi Arthur Ferry is the Lay Member for Governnance for East Berkshire CCG. No costs were recharged to Surrey Heath CCG for this role.

xvii Dr Amanda Wellesley is the Secondary Care Consultant for Surrey Heath CCG and East Berkshire CCG. Her remuneration is split bewteen the two CCGs

xviii Remuneration for GP and Practice Manager representation is made to the respective surgery, not to an individual. Dr Andy Brooks and Dr John Fraser receive remuneration in relation to their respective roles of Chief Officer and Medical Director directly and Park Road Group Practices and Upper Gordon Road practices receive remuneration additionally for their role in representing those practices at the Governing Body.

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

Pension Benefits 2020-21								
Name and Title	Real increase in pension at pension age £000 (bands of £2,500)	Real increase in pension lump sum at pension age £000 (bands of £2,500)	Total accrued pension at pension age at 31st March 2021 £000 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31st March 2021 £000 (bands of £5,000)	Cash Equivalent Transfer Value at 1st April 2020 (Note 2) £000	Real increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31st March 2021 £000	Employers contribution to stakeholder pension £000
Dr Andy Brooks Clinical Chief Officer for Surrey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG	0	0	0	0	0	0	0	0
Rob Morgan Executive Director of Finance for Surrey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG	2.5-5	0	15-20	0	197	21	240	n/a
Nicola Airey Executive Place Managing Director for Surrey Heath	2.5-5	2.5-5	30-35	65-70	547	63	636	n/a
Emma Boswell: Executive Director of Development and Improvement (Shared)	2.5-5	0-2.5	25-30	55-60	410	31	461	n/a
Oliver White: Interim Executive Place Managing Director for North East Hampshire and Farnham	0-2.5	2.5-5	15-20	25-30	178	4	215	n/a
Dayrl Gasson: Executive Place Managing Director for North East Hampshire and Farnham	0-2.5	0-2.5	45-50	95-100	797	45	862	n/a
Dr Peter Bibawy: Clinical Chair - NHS North East Hampshire & Farnham CCG	0-2.5	0-2.5	5-10	0-5	65	5	93	n/a
Sarah Bellars Executive Director of Quality and Nursing for Surrey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG *	2.5-5	0.2.5	35-40	70-75	578	30	635	n/a
Lalita Iyer Executive Medical Director for Surrey Heath CCG, East Berkshire CCG and North East Hants & Farnham CCG *	0-2.5	0-2.5	15-20	55-60	429	12	459	n/a
Fiona Slevin Brown: Executive Place Managing Director for Bracknell Forest.*	0-2.5	0-2.5	45-50	95-100	781	30	841	n/a
Caroline Farrar: Executive Place Managing Director for Royal Borough Windsor and Maidenhead.	0-2.5	0	10-15	0	131	17	166	n/a
Tracey Faraday-Drake: Executive Place Managing Director for Slough.*	0-2.5	0	0-5	0	22	10	48	n/a
Dr Huw Thomas: Interim Clinical Leader for the Royal Borough Place	0-2.5	0-2.5	20-25	60-65	405	9	426	n/a
Dr Steven Clarke: Interim Clinical Chair for North East Hants & Farnham CCG/Clinical Leader for North East Hants and Farnham CCG	0-2.5	0-2.5	5-10	25-30	192	6	207	n/a

* In February 21, Remuneration Committee recommended a backdated uplift back to 1 April 20 in line with the national recommendation for Very Senior Managers. As the deadline had passed for provision of the pensionable pay data to the Pensions Agency for the Greenbury disclosures, the Pensions Agency have been unable to provide uplifed pensions figures to reflect the uplift in pay for these individuals. Therefore the pension figures disclosed above for these individuals will be based on the estimated pensionable pay at 31 March 2021 prior to the uplift.

The titles in the table are for the roles held by those individuals at 31st March 2021 unless where stated their role as a senior manager has ceased during the year. Please see the notes in the remuneration table for details of roles undertaken during the year for those who held more than one position. The list of senior managers includes those whose primary responsibilities are in other organisations but who form **part** of the Frimley Collaborative Board which has replaced the individual CCG Governing Bodies. Therefore, these individuals are part of the overall governance of Surrey Heath CCG and are therefore deemed to meet the definition of a senior manager ie 'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments'

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

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

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

16.1.7. 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.

16.1.8. 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.

16.1.9. 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 2020-21 was £35k - £40k (2019/20, £100k – £105k), the reduction year on year reflecting that the full year of the post being shared across the three CCGs in

the Frimley Collaborative. The mid-point of the banded remuneration on an annualised basis of the highest paid director is £192,500 (2019/20 £187,500). The increase reflects the full year impact of the shared role across the three CCGs in the Collaborative. This was 2.8 times higher than the median remuneration of the workforce (2019/20 3.2 times), the increase year on year being due to the changes to the Executive team structure and the joint role of the Clinical Chief Officer with East Berkshire CCG and North East Hampshire and Farnham CCG The median remuneration of the workforce was £69,860 (2019/20 £58,562), the increase being mainly due to the impact of the Agenda for Change pay award in 2020-21 and the changes to the executive director structure on formation of the Collaborative.

In 2020-21 and 2019/20, no employees received remuneration in excess of the highest paid director or member. Remuneration ranged from £15,642 to £191,658 (2019/20 £21,335 to £188,420).

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.

The Clinical Chief Officer and Place Clinical Leader's salaries in 2020-21 on a full time annualised basis exceed £150,000. Their salaries were set by the Remuneration Committee of the CCG reflecting the commitment to being a clinically led organisation, with experienced clinicians in the roles of Clinical Chief Officer and Clinical Leader. The Surrey Heath Place Clinical Leader was previously the organisation's Medical Director before the appointment of the Collaborative Medical Director,

The CCG has largely maintained the structure of its staffing establishment in 2020-21. It continues to support the delivery of the transformation challenges faced by the NHS and to support the development of the Frimley Health and Care ICS, with a number of staff undertaking Collaborative and ICS wide responsibilities during the year.

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 2020-21:

Note: This only reflects the staff on the CCG's Payroll and excludes clinical leads and non-executive lay members.

16.2.1. Number of Senior Managers

Band	Number	
	Permanent	Other
Directors	7	0
Senior Managers	8	0
Total	**13**	**0**

16.2.2. Staff numbers and costs

Employee benefits 2020-21	Permanent Employees	Other	Total
	£'000	£'000	£'000
Salaries and wages	1,321	127	1,449
Social security costs	156		156
Employer Contributions to NHS Pension scheme	267		267
Other pension costs			
Apprenticeship Levy			
Termination benefits			
Gross employee benefits expenditure	**1,745**	**127**	**1,872**

Employee benefits 2019-20	Permanent Employees	Other	Total
	£'000	£'000	£'000
Salaries and wages	1,530	322	1,852
Social security costs	179		179
Employer Contributions to NHS Pension scheme	285		285
Other pension costs			
Apprenticeship Levy			
Termination benefits			
Gross employee benefits expenditure	**1,993**	**322**	**2,315**

16.2.3. Staff composition

The staff composition is shown in the table below:

Band	Number			
	Total	Male	Female	Non-disclosed
Directors	7	3	4	0
Senior Managers	8	2	6	0
Other Employees	11	0	11	0
Total	26	5	21	0

This excludes non-executive directors and clinical leads

16.2.4. Sickness Absence Data

Sickness absence data is not reported as the CCG has opted for the permitted reduction in disclosures this year in line with national guidance. Published data on NHS sickness absence can be found at:

NHS Sickness Absence Rates - NHS Digital

The Frimley Collaborative has undertaken an extensive health and well-being programme this year in the light of the work related and personal challenges staff have faced due to the pandemic. This has involved adopting flexible working patterns, encouraging exercise, facilitated on-line sessions, some with external support and various social activities as permitted to promote health and well-being.

16.2.5. 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.

16.2.6. 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 has the role of the Freedom to Speak Up Guardian to give independent support and advice to staff who want to raise concerns.

The Director of Quality and Nursing has the role of the Freedom to Speak up Guardian to give independent support and advice to anyone from primary care who wishes to raise concerns.

16.2.7. 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.

16.2.8. 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:

- Merger programme
- 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.

16.2.9. 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

The Staff Partnership Forum has taken an active role in reviewing the HR policies as part of the merger programme to align all policies and create new policies for the NHS Frimley CCG

16.2.10. 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

16.2.11. Equality

An equalities and diversity impact assessment has been completed as part of the merger process. A copy can be found here http://intranet.frimleyccg.nhs.uk/working-here/equality-and-diversity .

The CCG did not expect the merger itself to impact on people's roles as has been a direct transfer of contracts under TUPE. The direct impact on tackling discrimination and opportunity was therefore assessed as being neutral: i.e. that no adverse impact will be experienced by those affected by the proposal in relation to any of the protected characteristics (as defined by the Equality Act 2010).

Staff were given briefings and the opportunity to comment on and discuss the merger proposals prior to submission of the proposal to NHS England. A 30-day period was implemented in line the statutory consultation period. This ensured that affected employees were fully consulted on the proposal. Staff were also given an opportunity to comment on the equality impact assessment through the Staff Partnership Forum and via the Network for Black, Asian, Minority Ethnic Group staff.

The CCG considers equality and diversity an important part of the alignment of the three CCGs' workforce and HR policies.

Each policy is 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.

16.2.12 Freedom to Speak Up

In accordance with the duty of candour the CCG is committed to conducting its business with openness, honesty and integrity and staff are encouraged to raise concerns about any suspected wrongdoing either via the Counter Fraud Team or with one of the two Freedom to Speak Up Guardians. In 2020-21 the CCG agreed with the other two CCGs in the Frimley Collaborative to streamline its arrangements for raising concerns and Lay Member Kathy Atkinson was appointed as the independent Freedom to Speak Up Guardian for staff and Sarah Bellars as the Freedom to Speak Up Guardian for Primary Care colleagues. I can confirm that staff are provided with information about how to access the website of the National Freedom to Speak Up Guardian's Office.

The CCG has a Whistleblowing Policy which provides further guidance on the arrangements for raising concerns and the CCG is working with the other two CCGs in the Frimley Collaborative to develop a single aligned Whistleblowing Policy in 2021/22.

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 2020-21 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 2020-21 is £54k.

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 seven off payroll engagements still in place as at 31st March 2021.

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

Number of existing engagements as of 31 March 2020	Number
Of which, the number that have existed:	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	7

For all new off payroll engagements, or those that reached six months in duration between 1 April 2020 and 31 March 2021, 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	Number
Of which...	
No. assessed as caught by IR35	0
No. assessed as not caught by IR35	0
No. engaged directly (via PSC contracted to the entity) and are on the entity’s 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

The off payroll engagements set out above are for the GP representatives from the seven member practices who sit on the Surrey Heath Place Committee. Payment is made to the practices for the services of a representative, not to the individuals concerned. Assurance has been provided to the CCG by each practice that the correct amount of tax has been paid in relation to the fees paid to the practice.

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 2020 and 31 March 2021:

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.	22

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

There have been no exit packages (including redundancy payments) in 2020-21 or 2019/20.

Parliamentary Accountability and Audit Report

Surrey Heath 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.

Fiona Edwards

Accountable Officer

14th June 2021

Appendix 1 – Full list of providers

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

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

Independent Sector Providers:-
Ascenti
BMI Healthcare Collections
British Pregnancy Advice Service
Marie Stopes International
Philips Resporonic
Spire Healthcare
Sussex Community Dermatology
Upper Gordon Road Pain & MSK Service

Mental Health Services Providers;-
Assist (Aspergers)
Alzheimer's Society
Community Connexions

Dorking Healthcare
Ieso Digital Health
We Are With You
Centre for Psychology
Mind Matters Surrey (Surrey & Borders Partnership NHS Foundation Trust)
Surrey County Council
Surrey & Borders Partnership NHS Foundation Trust

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

Continuing Care Providers:-
Private Care Homes (various)
Surrey County Council

Primary Care Services:-
Surrey Heath Community Providers Ltd (GP Federation)
Bartlett Group (incorporating Frimley Green & Ash Vale Surgeries)
Camberley Health Centre
Lightwater Surgery
Park House Surgery
Park Road Group Practice (incorporating Old Dean & Heatherside Surgeries)
Station Road Surgery
Upper Gordon Road Surgery
Alliance Pharmacy (Camberley, Lightwater, Frimley Green)
Balchem Ltd (trading as Lightwater Pharmacy)
Bayfields Optician
Boots the Chemist (Camberley)
Boots Opticians Professional Services
Camberley Healthcare
Dolby Vivisol
Heatherside Pharmacy
Insight Optician
Leighton's Optician
Lloyds Pharmacy (Frimley and Wharf Road, Ash)

North Hampshire Urgent Care
RAM Dispensing Chemist
Sainsbury Pharmacy (Watchmoor Park)
Optum
First Databank
Simon Pestell Optician

Spec Savers Optician

Touchwood Pharmacy

Vision Express Optician

VSM Pharmacy

Other:-
NHS Surrey Heartlands CCG (Children's & Adult's Safeguarding, Looked After Children services, Independent Funding Requests, Medicines Management
NHS South, Central & West Commissioning Support Unit

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE GOVERNING BODY OF NHS FRIMLEY CLINICAL COMMISSIONING GROUP IN RESPECT OF NHS SURREY HEATH CLINICAL COMMISSIONING GROUP

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of NHS Surrey Heath Clinical Commissioning Group ("the CCG") for the year ended 31 March 2021 which comprise the Statement of Comprehensive Net Expenditure, Statement of Financial Position, Statement of Changes in Taxpayers' Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the CCG's affairs as at 31 March 2021 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State as being relevant to CCGs in England and included in the Department of Health and Social Care Group Accounting Manual 2020/21.

Basis for opinion

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

Emphasis of matter – Going concern

We draw attention to the disclosure made in note 1.1 to the financial statements which explains that on 1 April 2021, NHS Surrey Heath Clinical Commissioning Group was dissolved and its services were transferred to the newly formed NHS Frimley Clinical Commissioning Group. Under the continuation of service principle NHS Surrey Heath Clinical Commissioning Group is a going concern and the financial statements of the CCG have been prepared on a going concern basis because its services will continue to be provided by the successor CCG. Our opinion is not modified in respect of this matter.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the CCG's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the CCG's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.

- Assessing the incentives for management to manipulate reported expenditure as a result of the need to achieve statutory targets delegated to the CCG by NHS England.
- Reading Governing Body and Audit Committee minutes.
- Using analytical procedures to identify any usual or unexpected relationships.
- Reviewing the CCG's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated statutory resource limits, we performed procedures to address the risk of management override of controls, in particular the risk that CCG management may be in a position to make inappropriate accounting entries.

On this audit we did not identify a fraud risk related to revenue recognition because of the nature of funding provided to the CCG, which is transferred from NHS England and recognised through the Statement of Changes in Taxpayers' Equity. However, in line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we recognised a fraud risk related to expenditure recognition.

In determining the audit procedures, we took into account the results of our evaluation and testing of the operating effectiveness of some of the CCG-wide fraud risk management controls.

We also performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included seldom used accounts review, material post close journals, last five non-material year-end journal entries and those posted to unusual accounts combinations.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Agreeing a sample of year end accruals to relevant supporting documents, including actual invoices after year end, where applicable.
- Performing cut-off testing of income and expenditure in the period before and after 31 March 2021 to determine whether amounts have been recorded in the correct period.

Identifying and responding to risks of material misstatement due to non-compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors and other management (as required by auditing standards), and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

As the CCG is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The CCG is subject to laws and regulations that directly affect the financial statements including financial reporting legislation. Under the NHS Act 2006, as amended by paragraph 223I(3) of Section 27 of the Health and Social Care Act 2012, the CCG must ensure that its revenue resource allocation in any financial year does not exceed the amount specified by NHS England. Expenditure in excess of the amount specified is unlawful.

We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items and our work on the regularity of expenditure incurred by the CCG in the year of account.

Whilst the CCG is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

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

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2020/21. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2020/21.

Accountable Officer's responsibilities

As explained more fully in the statement set out on page 76, the Accountable Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the 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.

Auditor's responsibilities

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Opinion on regularity

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

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

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

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the CCG to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

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

As explained more fully in the statement set out on page 76, the Accountable Officer is responsible for ensuring that the CCG exercises its functions effectively, efficiently and economically. We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the CCG had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if we refer a matter to the Secretary of State and NHS England 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.

We have nothing to report in this respect.

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

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

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of NHS Surrey Heath Clinical Commissioning Group for the year ended 31 March 2021 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

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

14 June 2021

Financial Statements

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Statement of Comprehensive Net Expenditure for the year ended 31 March 2021

	Note	2020-21 £'000	2019-20 £'000
Income from sale of goods and services	2	(2,826)	(2,797)
Other operating income	2	(15)	(62)
Total operating income		**(2,841)**	**(2,859)**
Staff costs	4	1,872	2,315
Purchase of goods and services	5	151,734	144,379
Provision expense	5	0	26
Other Operating Expenditure	5	118	716
Total operating expenditure		**153,724**	**147,436**
Net Operating Expenditure		**150,883**	**144,577**
Comprehensive Expenditure for the year		**150,883**	**144,577**

Statement of Financial Position as at 31 March 2021

	Note	2020-21 £'000	2019-20 £'000
Current assets:			
Inventories		-	-
Trade and other receivables	8	362	919
Cash and cash equivalents	9	41	70
Total current assets		**403**	989
Total assets		**403**	989
Current liabilities			
Trade and other payables	10	(9,205)	(8,303)
Provisions	11	(68)	(108)
Total current liabilities		**(9,273)**	(8,411)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(8,870)**	(7,422)
Non-current liabilities			
Provisions	11	(125)	(85)
Total non-current liabilities		**(125)**	(85)
Assets less Liabilities		**(8,995)**	(7,507)
Financed by Taxpayers' Equity			
General fund		(8,995)	(7,507)
Total taxpayers' equity:		**(8,995)**	(7,507)

The notes on pages 125 to 140 form part of this statement

The financial statements on pages121 to 124 were approved by Audit Committee on behalf of the Governing Body on 9th June 2021 and signed on its behalf by:

Fiona Edwards

Accountable Officer

14th June 2021

Statement of Changes In Taxpayers Equity for the year ended 31 March 2021

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2020-21		
Balance at 01 April 2020	(7,507)	**(7,507)**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2020	**(7,507)**	**(7,507)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2020-21		
Net operating expenditure for the financial year	(150,883)	**(150,883)**
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial year	**(150,883)**	**(150,883)**
Net funding	149,395	**149,395**
Balance at 31 March 2021	**(8,995)**	**(8,995)**

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2019-20		
Balance at 01 April 2019	(5,931)	**(5,931)**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2020	**(5,931)**	**(5,931)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2019-20		
Net operating costs for the financial year	(144,577)	(144,577)
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(144,577)**	**(144,577)**
Net funding	143,001	143,001
Balance at 31 March 2020	**(7,507)**	**(7,507)**

The notes on pages 125 to 140 form part of this statement

Statement of Cash Flows for the year ended 31 March 2021

	Note	2020-21 £'000	2019-20 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(150,883)	(144,577)
(Increase)/decrease in trade & other receivables	8	557	447
Increase/(decrease) in trade & other payables	10	902	1,152
Provisions utilised	11	0	(41)
Increase/(decrease) in provisions	11	0	26
Net Cash Inflow (Outflow) from Operating Activities		**(149,424)**	(142,993)
Net Cash Inflow (Outflow) before Financing		**(149,424)**	(142,993)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		149,395	143,001
Net Cash Inflow (Outflow) from Financing Activities		**149,395**	143,001
Net Increase (Decrease) in Cash & Cash Equivalents	9	**(29)**	8
Cash & Cash Equivalents at the Beginning of the Financial Year		**70**	62
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**41**	70

The notes on pages 125 to 140 form part of this statement

Notes to the Financial Statements

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 2020-21 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 the 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 Surrey Heath Clinical Commissioning Group (the CCG) was dissolved on 31 March 2021 having joined with NHS East Berkshire Clinical Commissioning Group and NHS North East Hampshire and Farnham Clinical Commissioning Group to establish NHS Frimley CCG with effect from 1 April 2021. This followed approval at the NHS England Regional Support Group meeting of 2nd November 2020. The activities undertaken by the CCG have continued within the formation of NHS Frimley CCG. In accordance with the Department of Health and Social Care Group Accounting Manual, the continuation of the provision of services within the public sector means that the accounts of the CCG should be prepared on a going concern basis.

1.2 Accounting Convention

These accounts have been prepared under the historical cost convention.

1.3 Pooled Budgets

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

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

1.4 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. In addition the CCG receives income of £2.5m from the Better Care Fund pooled budget held with Surrey County Council under section 75 of the NHS Act 2006.

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

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

1.6 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 if they were a defined contribution scheme; the cost recognised in these accounts represents the contributions payable for the year. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.
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.

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.

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:
All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:
• A nominal short-term rate of -0.02% (2019-20: 0.51%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
• A nominal medium-term rate of 0.18% (2019-20: 0.55%) 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% (2019-20: 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% (2019-20: 1.99%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

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.

All CCGs Financial assets are classified as loans and receivables.

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.

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 (where reported in financial statements)

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 various judgements, estimates and assumptions. These are regularly reviewed.

1.19.1 Critical accounting judgements in applying accounting policies

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

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques deemed relevant by the Clinical Commissioning Group

The CCG's in Surrey have adopted, for hosted services, where a lead CCG acts as a payment body on behalf of other CCG's a Net Accounting Agreement. This applies to the service element only and charges for administering the hosted services have been shown gross.

The Net Accounting Agreement covers the following service areas only :-

Continuing Healthcare managed via NHS Surrey Heartlands CCG

Mental Health placements managed via NHS Surrey Heartlands CCG

Children's placements and CAMHS managed via NHS Surrey Heartlands CCG

Wheelchair Services managed via NHS Surrey Heartlands CCG

1.19.2 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Prescribing accrual. There is a time lag between when the Clinical Commissioning Group's patients receive drugs and certain other medical consumables prescribed by our GPs and when the Group pays the NHS Prescription Services for their issue. At the balance sheet date the Clinical Commissioning Group has estimated the value of this lag in relation to drugs and goods issued but not paid for to be £2,201K.

Partially Completed Spells. The Clinical Commissioning Group usually recognises expenditure relating to spells of care started by our providers at the balance sheet date but not yet completed. This recognition is limited to cost and volume contracts where the activity will incur extra costs for the Clinical Commissioning Group. The Clinical Commissioning Group works with its providers to ensure that the Partially Completed Spells accrual is accurate at the balance sheet date but it relies on the estimates of management concerning the eventual cost of the treatment.

Maternity Pathway adjustment. The Clinical Commissioning Group usually recognises reductions to expenditure relating to pathways of care where payment is recognised at the start of the ante-natal or post-natal period but where at the balance sheet date the pathway phase is incomplete. This recognition is limited to cost and volume contracts where the activity will incur extra costs for the Clinical Commissioning Group. The Clinical Commissioning Group works with its providers to ensure that the Maternity Pathway adjustment is accurate at the balance sheet date but it relies on the estimates of management concerning the phasing of the treatment.

The financial regime in 2020/21 which is being rolled into next year involved fixed payments for activity in the year with no additional variability for the number of patients treated. Therefore, there are no grounds to calculate accruals at 31st March 2021 or carry forward opening accruals for partially completed spells of care or the maternity pathway adjustment

The CCG has reached agreement with its providers to either pay down or reverse out the positions based on the values as at 31st March 2020 and is therefore not carrying any balances on the balance sheet as at 31st March 2021.

The estimates and associated assumptions are based on historical experience and other factors, that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

1.2 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 2020-21. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2022/23, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases – The Standard is effective 1 April 2022 as adapted and interpreted by the FReM.
- 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.

2 Other Operating Revenue

	2020-21 Total £'000	2019-20 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	**13**	19
Non-patient care services to other bodies	**2,635**	2,677
Other Contract income	**178**	101
Total Income from sale of goods and services	**2,826**	**2,797**
Other operating income		
Charitable and other contributions to revenue expenditure: non-NHS	**15**	62
Total Other operating income	**15**	**62**
Total Operating Income	**2,841**	**2,859**

3 Revenue

3.1 Disaggregation of Income - Income from sale of good and services (contracts)

	Education, training and research	Non-patient care services to other bodies	Patient transport services	Prescription fees and charges	Dental fees and charges	Income generation	Other Contract income
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Source of Revenue							
NHS	13	148	-	-	-	-	-
Non NHS	-	2,487	-	-	-	-	178
Total	**13**	**2,635**	**-**	**-**	**-**	**-**	**178**

	Education, training and research	Non-patient care services to other bodies	Patient transport services	Prescription fees and charges	Dental fees and charges	Income generation	Other Contract income
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Timing of Revenue							
Point in time	13	2,635	-	-	-	-	178
Over time	-	-	-	-	-	-	-
Total	**13**	**2,635**	**-**	**-**	**-**	**-**	**178**

4. Employee benefits and staff numbers

4.1 Employee benefits

	Total		2020-21
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	**1,322**	**127**	**1,449**
Social security costs	**156**	**-**	**156**
Employer Contributions to NHS Pension scheme	**267**	**-**	**267**
Gross employee benefits expenditure	1,745	127	1,872
Total - Net admin employee benefits including capitalised costs	1,745	127	1,872
Net employee benefits excluding capitalised costs	1,745	127	1,872

	Total		2019-20
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	**1,530**	**322**	**1,852**
Social security costs	**178**	**-**	**178**
Employer Contributions to NHS Pension scheme	**285**	**-**	**285**
Gross employee benefits expenditure	1,993	322	2,315
Total - Net admin employee benefits including capitalised costs	1,993	322	2,315
Net employee benefits excluding capitalised costs	1,993	322	2,315

4.2 Average number of people employed

	2020-21			2019-20		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**18.00**	**3.10**	**21.10**	**24**	**5**	**29**

4.3 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

4.3.1 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 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 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.

4.3.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

5. Operating expenses

	2020-21 Total £'000	2019-20 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	1,802	2,011
Services from foundation trusts	87,164	84,568
Services from other NHS trusts	300	1,123
Purchase of healthcare from non-NHS bodies	31,463	28,539
Purchase of social care	145	145
Prescribing costs	14,424	13,432
General Ophthalmic services	8	14
GPMS/APMS and PCTMS	15,116	13,741
Supplies and services – clinical	5	8
Supplies and services – general	56	45
Consultancy services	54	81
Establishment	216	250
Transport	0	1
Premises	777	82
Audit fees	56	50
Other non statutory audit expenditure		
· Other services	6	13
Other professional fees	127	169
Legal fees	5	-
Education, training and conferences	10	107
Total Purchase of goods and services	**151,734**	**144,379**
Provision expense		
Provisions	0	26
Total Provision expense	**0**	**26**
Other Operating Expenditure		
Chair and Non Executive Members	118	71
Grants to Other bodies	0	645
Total Other Operating Expenditure	**118**	**716**
Total operating expenditure	**151,852**	**145,121**

External Audit is provided by KPMG LLP, with the fee for 2020-21 being £46,596 exc VAT

In accordance with SI2008 no 489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008, where the CCG contract with its auditors provides for a limitation of the auditor's liability, the principal terms of this limitation must be disclosed in a note to the accounts

The contract signed on 14th March 2017 states that the liability of KPMG LLP, its members, partners and staff (whether in contract, negligence or otherwise) shall in no circumstances exceed £2m, aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

The Mental Health Investment Standard audit fee for 2020-21 of £6k is included in expenditure but not included as part of the audit fees.

Grants to Other Bodies are capital grants made to GP practices to support practice redevelopments

6 Better Payment Practice Code

Measure of compliance	2020-21 Number	2020-21 £'000	2019-20 Number	2019-20 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	1,937	29,433	2,104	31,131
Total Non-NHS Trade Invoices paid within target	1,907	29,332	2,083	31,110
Percentage of Non-NHS Trade invoices paid within targe	**98.45%**	**99.66%**	**99.00%**	**99.93%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	779	105,878	2,031	98,265
Total NHS Trade Invoices Paid within target	770	105,834	2,030	98,265
Percentage of NHS Trade Invoices paid within target	**98.84%**	**99.96%**	**99.95%**	**100.00%**

7 Operating Leases

7.1 As lessee

Where the NHS clinical commissioning group is a lessee, include a general description of significant leasing arrangements, including:
(a) *basis on which contingent rent is determined*
(b) *terms of renewal, purchase options or escalation clauses and*
(c) *restrictions imposed by lease arrangements]*

7.1.1 Payments recognised as an Expense

	2020-21		2019-20	
	Buildings £'000	Total £'000	Buildings £'000	Total £'000
Payments recognised as an expense				
Minimum lease payments	41	**41**	39	**39**
Contingent rents	-	**-**	-	**-**
Sub-lease payments	-	**-**	-	**-**
Total	**41**	**41**	**39**	**39**

7.1.2 Future minimum lease payments

	2020-21		2019-20	
	Buildings £'000	Total £'000	Buildings £'000	Total £'000
Payable:				
No later than one year	42	**42**	23	**23**
Between one and five years	67	**67**	-	**-**
After five years	-	**-**	-	**-**
Total	**109**	**109**	**23**	**23**

8. Trade and other receivables

	Current 2020-21 £'000	Current 2019-20 £'000
NHS receivables: Revenue	60	16
NHS prepayments	-	351
NHS accrued income	99	329
NHS Contract Receivable not yet invoiced/non-invoice	69	64
Non-NHS and Other WGA receivables: Revenue	20	85
Non-NHS and Other WGA prepayments	16	11
Non-NHS and Other WGA accrued income	65	38
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	-	9
VAT	33	14
Other receivables and accruals	-	2
Total Trade & other receivables	**362**	**919**
Total current and non current	**362**	**919**
Included above:		
Prepaid pensions contributions	-	-

8.1 Receivables past their due date but not impaired

	2020-21 DHSC Group Bodies £'000	2020-21 Non DHSC Group Bodies £'000	2019-20 DHSC Group Bodies £'000	2019-20 Non DHSC Group Bodies £'000
By up to three months	-	6	8	-
By three to six months	21	-	-	-
By more than six months	-	-	-	11
Total	**21**	**6**	**8**	**11**

9. Cash and cash equivalents

	2020-21 £'000	2019-20 £'000
Balance at 01 April 2020	70	62
Net change in year	(29)	8
Balance at 31 March 2021	**41**	**70**
Made up of:		
Cash with the Government Banking Service	41	70
Cash and cash equivalents as in statement of financial position	**41**	**70**
Balance at 31 March 2021	**41**	**70**

There is no Patients' money held by the clinical commissioning group

10 Trade and other payables

	Current 2020-21 £'000	Current 2019-20 £'000
NHS payables: Revenue	(7)	579
NHS accruals	146	885
Non-NHS and Other WGA payables: Revenue	128	223
Non-NHS and Other WGA accruals	3,142	3,103
Non-NHS and Other WGA deferred income	-	44
Non-NHS Contract Liabilities	-	0
Social security costs	26	28
Tax	28	30
Other payables and accruals	5,742	3,411
Total Trade & Other Payables	**9,205**	**8,303**
Total current and non-current	**9,205**	**8,303**

Other payables include £152,008 outstanding pension contributions at 31 March 2021. This comprises of March 2021 employers' and employees' superannuation contributions in respect of the CCG employees and GP pensions under delegated co-commissioning.

11 Provisions

	Current 2020-21 £'000	Non-current 2020-21 £'000	Current 2019-20 £'000	Non-current 2019-20 £'000
Continuing care	68	125	108	85
Total	**68**	**125**	**108**	**85**
Total current and non-current	**193**		**193**	

	Continuing Care £'000	Total £'000
Balance at 01 April 2020	**193**	**193**
Arising during the year	40	**40**
Reversed unused	(40)	**(40)**
Balance at 31 March 2021	**193**	**193**
Expected timing of cash flows:		
Within one year	68	**68**
Between one and five years	125	**125**
After five years	-	**-**
Balance at 31 March 2021	**193**	**193**

Following accounting policies 1.11 if the discount rate on -0.02% was applied this would restate the value of the expected cash flow for between 1 and 5 years from £124,997 to £124,972

12 Contingencies

	2020-21 £'000	2019-20 £'000
Contingent liabilities		
Continuing Healthcare	112	109
Net value of contingent liabilities	**112**	**109**

13 Financial instruments

13.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because NHS 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.

13.1.1 Currency risk

The NHS clinical commissioning group is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS clinical commissioning group has no overseas operations. The NHS clinical commissioning group and therefore has low exposure to currency rate fluctuations.

13.1.2 Interest rate risk

The clinical commissioning group borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The clinical commissioning group therefore has low exposure to interest rate fluctuations.

13.1.3 Credit risk

Because the majority of the NHS 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.

13.1.4 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.

13.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

13.2 Financial assets

	Financial Assets measured at amortised cost 2020-21 £'000	Total 2020-21 £'000
Trade and other receivables with NHSE bodies	39	39
Trade and other receivables with other DHSC group bodies	189	189
Trade and other receivables with external bodies	85	85
Cash and cash equivalents	41	41
Total at 31 March 2021	**354**	**354**

13.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2020-21 £'000	Total 2020-21 £'000
Trade and other payables with NHSE bodies	50	**50**
Trade and other payables with other DHSC group bodies	2,560	**2,560**
Trade and other payables with external bodies	6,540	**6,540**
Total at 31 March 2021	**9,150**	**9,150**

14 Operating segments

	Gross expenditure	Income	Net expenditure	Total assets	Total liabilities	Net assets
	£'000	£'000	£'000	£'000	£'000	£'000
Provision of healthcare	153,724	(2,841)	**150,883**	403	(9,398)	**(8,995)**
Total	**153,724**	**(2,841)**	**150,883**	**403**	**(9,398)**	**(8,995)**

15.1 Interests in joint operations

Name of arrangement	Parties to the arrangement	Description of principal activities	Amounts recognised in Entities books ONLY 2020-21				Amounts recognised in Entities books ONLY 2019-20			
			Assets	Liabilities	Income	Expenditure	Assets	Liabilities	Income	Expenditure
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Child and Adolescent Mental Health Services	Surrey County Council, NHS Surrey Heartlands CCG,NHS North East Hants and Farnahm CCG and NHS Surrey Heath CCG	Targeted (Tier 2) CAMHS services (including school based services, HOPE service, children in care services and youth support services) Behaviour pathway for children with neurodevelopmental disorders.	4	0	247	-251	0	-1	238	-237
Integrated Community Equipment Store	Surrey County Council, NHS Surrey Heartlands CCG,NHS North East Hants and Farnahm CCG and NHS Surrey Heath CCG	Purchase of community equipment across Surrey	0	0	172	-172	0	0	172	-172
Better Care Fund	Surrey County Council and NHS Surrey Heath CCG	Health and social care joint services and initiatives	0	-587	2,488	-2,488	0	0	2,599	-2,599
Integrated Health and Social Care Services	Surrey County Council and NHS Surrey Heath CCG	Integrated commissioning of health and social care services	0	0	9,895	-9,895	0	-2	9,638	-9,636

16 Related party transactions

Details of related party transactions with individuals are as follows:

Details of related party transactions 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
Frimley Health NHS Foundation Trust	Acute Hospital Services	58,786	-105	371	-99
Surrey Heartlands CCG	Continuing Healthcare	14,986	0	38	0
Surrey & Borders Partnership NHS Foundation T	Mental Health & Learning Disability services	13,413	0	0	0
Surrey County Council	Better Care Fund, CAMHS, Voluntary Sector	4,540	-2,819	655	-13
Bartlett Group Practice	1,2,4,5,9	3,266	0	1	-15
Virgin Care	Community Healthcare	3,160	0	168	0
Park Road Group Practice	2,4,5,9	2,487	0	5	-6
Upper Gordon Road Surgery	2,4,5,7,9	2,257	0	7	0
Surrey Heath Community Providers Ltd	3 and 6	2,027	0	0	0
Surrey Heath Primary Care Network	GMS contract - PCN Network DES and ad hoc projects	1,607	-0	0	0
Camberley Health Centre	2,4,5,9	1,300	0	1	-3
Lightwater Surgery	2,4,5,9	1,155	0	0	-4
North Hampshire Urgent Care	Provision of Out of Hours service	843	0	0	0
Station Road Surgery	2,4,5,9	838	0	0	-2
Park House Surgery	2,4,5,9	739	0	1	0
Sussex Community Dermatology	Community skin service	375	0	38	0
Surrey Heath Borough Council	8	108	0	10	0
NHS East Berkshire CCG	Recharges for joint appointments	87	-229	1	-2
NHS North East Hampshire and Farnham CCG	Recharges for Mental Health Collaborative Costs	66	-79	11	-65
Berkshire Heatlhcare NHS FT	NCA's	10	0	0	0
Portsmouth Hopsitals NHS Trust	Procurement Services	10	0	30	0
Western Sussex Hospitals NHS Foundation Trus	NCA's and FSD	1	0	0	0
Surrey & Sussex Healthcare NHS Trust	NCA's	0	0	0	0
GlaxoSmithKline (GSK) PLC	Pharmacuetical Company	0	-0	0	0
MacMillan Cancer Support	Training Income	0	-31	0	0

Payments to related parties above include the following:-

1. Practice dispensing fees
2. Personally Administered Drugs prescribing
3. Locally commissioned services
4. Governing Body practice representation fees
5. Prescribing Incentive Schemes
6. Extended Opening Hours
7. Pain and MSK clinics
8. Lease, rates, telephones, printing and photocoying
9. GMS contractual payments starting from April 2018 (previously NHS England)

The Department of Health is regarded as a related party. During the year the clinical commissioning group has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. Entities with which Surrey Heath CCG had significant transactions are listed below:-

Foundation Trusts:

Frimley Health NHS Foundation Trust
Surrey & Borders Partnership NHS Foundation Trust
South East Coast Ambulance Service NHS Foundation Trust
South Coast Ambulance Service NHS Foundation Trust
Royal Surrey County Hospital NHS Foundation Trust
St Georges Healthcare NHS Foundation Trust

NHS England:

NHS South, Central and West CSU

In addition, the clinical commissioning group has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Surrey County Council for which detailed are provided above in addition there are transactions with HM Revenue and Customs and the NHS Pensions Authority.

17 Events after the end of the reporting period

[For each non-adjusting event after the reporting period (e.g. major purchases, classifications of an asset as held for sale or announcement or commencement of a major
• The nature of the event; and,
• An estimate of the financial effect or state that an estimate can't be made.

NHS Surrey Heath CCG was dissolved on 31 March 2021 having merged with NHS East Berkshire Clinical Commissioning Group and NHS North East Hampshire and Farnham Clinical Commissioning Group to establish NHS Frimley CCG with effect from 1 April 2021. This followed approval by the NHS England Regional Support Group on 2nd November 2020. The merger of CCGs within the NHS England 'group' is regarded as a 'transfer of function'. The DHSC Group Accounting Manual directs that such changes should be accounted for as a 'transfer by absorption'. The new Frimley CCG will recognise the assets and liabilities received as at the date of transfer (1 April 2021) after taking into account inter company transactions.

	Surrey Heath CCG £'000s	East Berkshire CCG £'000s	North East Hants & Farnham CCG £'000s
Property, Plant and Equipment as at 31 March 2021	0	106	0
Cash and cash equivalent as at 31 March 2021	41	3	2
Recievables as at 31 March 2021	362	3,665	5,264
Payables as at 31 March 2021	(9,205)	(68,090)	(29,577)
Borrowings as at 31 March 2021	-	(1,325)	(667)
Provisions as at 31 March 2021	(193)	(625)	(2,398)
General Funded balance at 31 March 2021	(8,995)	(66,266)	(27,376)

18 Financial performance targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended).
NHS Clinical Commissioning Group performance against those duties was as follows:

	2020-21 Target	**2020-21 Performance**	2019-20 Target	2019-20 Performance
Expenditure not to exceed income	155,387	153,724	147,471	147,436
Capital resource use does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use does not exceed the amount specified in Directions	152,546	150,883	144,612	144,577
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue administration resource use does not exceed the amount specified in Directions	1,838	1,833	2,080	1,945