NHS
North East Hampshire and Farnham
Clinical Commissioning Group

North East Hampshire and Farnham CCG

Annual report and accounts

2020-21

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By email: nehfccg.public@nhs.net

Telephone 01252 335154

Write to:

NHS Frimley CCG
Aldershot Centre for Health
Hospital Hill
Aldershot
Hampshire
GU11 1AY

Contents

PERFORMANCE REPORT

1. FOREWORD

This year we have responded to the biggest issue that health and care organisations have faced in a generation. Across North East Hampshire and Farnham 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 North East Hampshire and Farnham have benefitted from the launch of the new Farnborough Centre for Health, a hugely successful local Covid-19 vaccination programme, access to our Innovation Fund to improve local wellbeing, and tailored services to meet local needs. 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
16 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

North East Hampshire and Farnham CCG's purpose is to deliver the best possible health and wellbeing outcomes for our local community within the resources available. This is achieved through using the combined leadership of local GPs, independent lay people, public health, local authority and NHS commissioning staff to make informed decisions about local healthcare. The CCG serves a population of 225,188 people registered at 20 GP practices in Aldershot, Farnborough, Farnham, Fleet and Yateley.

The CCG is responsible for planning and purchasing (commissioning) healthcare services to meet the needs of our local population working in partnership with colleagues from NHS England, NHS Trusts and other providers, CCGs, Hampshire and Surrey Health & Wellbeing Boards, Public Health, 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.

The CCG has responsibility for commissioning sustainable primary care services and all the GP practices within our CCG area form part of our membership organisation, responsible for making sure that local people get the health services they need. There are five primary care networks aligned to the towns of Aldershot, Farnborough, Farnham, Fleet and Yateley.

2.2. Our activities

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

- Primary Care services (GPs);
- Out of hours primary medical services;
- Urgent and emergency care, including NHS 111, Accident and Emergency (A&E) and ambulance services;
- Elective (planned) hospital care, such as hip replacement surgery, hernia repairs and day surgery;
- Community health services, such as community nursing, physiotherapy, podiatry, speech & language therapy and rehabilitation services;
- Mental health services (including psychological therapies);
- Services for people with learning disabilities;
- Maternity and new-born services (excluding neonatal intensive care);

- Children and young people's health services, such as community child health, therapists, acute care, child and adolescent emotional health and wellbeing; and
- NHS continuing healthcare for people with ongoing healthcare needs.

2.3. Our organisational structure

In July 2019, the CCG's Governing Body took the decision to work more formally with NHS East Berkshire CCG and NHS Surrey Heath CCG to work collaboratively, so as to improve the health and care services provided to its residents in a joined-up way. The three CCGs formed 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.

The CCG Governing Bodies created a shared decision-making body, the 'Frimley Collaborative Board' 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, simple, joined-up services and those who are vulnerable or high risk receive support to keep as well as possible.

2.4. Merger

The current three CCGs 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 asked NHS England 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.

Our Vision as a single Clinical Commissioning Group

- 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 clinical commissioning group 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 are 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 North East Hampshire & Farnham, Surrey Heath, Slough, Bracknell Forest and Royal Borough). Others may be jointly commissioned within local authority boundary footprints 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

North East Hampshire and Farnham is one of the five places in the Collaborative and in the new Frimley CCG. Each place has 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 Integrated Care System and with partners in Hampshire and 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 further opportunities for collaborative working and integrated services.

2.5. Our business model and environment

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

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

The Local Leadership Team includes GPs and other clinicians drawn from the local area, ensuring strong local clinical leadership and focus on all decision making. They work closely with social care colleagues planning and making decisions jointly. The CCG has developed a Place Based Committee that is a partnership forum which recognises the role of local authorities and provider organisations in the planning and delivery of health and care improvements.

Shared support services

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

benefited from using the CSU since 2013 – building strong working relationships and benefiting from its knowledge and experience gained by working across other Clinical Commissioning Groups.

Shared commissioning expertise

In 2020-21 the CCG continued to share expertise for services that need a high level of collaborative commissioning, for example: NHS West Hampshire CCG leads on NHS Continuing Healthcare and Funded Nursing Care for our Hampshire residents; Surrey Downs CCG leads on the services for Farnham residents; while NHS North Hampshire CCG leads on Maternity and Children's Health services for the whole of Hampshire and Isle of Wight.

Other partners

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

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

We also liaise closely with colleagues from Public Health Surrey and Hampshire who provide details about the health needs of our local population based on information from the Joint Strategic Needs Assessment (JSNA), which informs our local planning decisions. For more information click here.
https://www.hants.gov.uk/socialcareandhealth/publichealth/jsna

The CCG is a key partner both Hampshire and Surrey Health and Wellbeing Boards.

2.6. Frimley Health and Care Integrated Care System

In 2020-21 the Frimley Health and Care ICS ambitions meant that our collective focus will be on preventing ill health, supporting people to improve their own wellbeing, proactively managing the health and care needs of the population, 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 over the past two years. 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 of the Frimley Health and Care ICS 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. This year we have been working collectively in response to NHS Long Term Plan and have a single operating plan.

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

2.7. Our priorities and objectives

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.

2.8. 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.

2.9. 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: 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.

2.10. 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 the incredible work that has taken place over the past year:

- Adult Community Services;
- Supporting the Nepali community;
- United Communities;
- Voluntary sector and integrated care system relationships;
- Vaccination programme.

Adult Community Services

North East Hampshire and Farnham and Surrey Heath residents are benefitting from a new ground-breaking £85m adult community health services partnership contract offering joined-up care closer to home during Covid-19 and beyond.

Supporting the area's 321,000 residents since April 2020, the five year initiative is enabling key health services - ranging widely from nursing; speech and language; to community hospital beds - to link closely to primary care (GP) services while being organised around local communities.

Procured by both North East Hampshire and Farnham and Surrey Heath CCGs - alongside provision by Frimley Health NHS Foundation Trust and Virgin Care Services Limited - the partnership is offering a truly tailored service for local people. It's' impact includes providing:

- Fleet Community Hospital inpatient services, with additional wards at Farnham Hospital
- Integrated community and specialist practitioner services
- Stronger social care, voluntary sector, mental health and general practice links

Supporting the Nepali Community – Covid response case study

Understanding the local issues from the perspective of our partners, alongside what matters to local people, allows us to identify common priorities and areas of our existing strategy which may need to be refocused. In an attempt to better understand these local issues and adapt to the potential opportunities and challenges that the restoration phase post Covid-19 brings, we chose to seek cross organisational insights which could be shared with staff, from all organisations, to help inform their work and allow us to strengthen our relationships as we work in partnership towards a shared set of goals.

The work, that took place in July 2020, highlighted three strong themes we committed to take action on. The first of these was:

Access to services and communications for our Nepali community – We identified a need to work with our colleagues in Rushmoor voluntary services and Rushmoor Borough Council alongside Citizens Advice in developing a Nepali Community Impact assessment and developing a joint plan targeted to support people to look after themselves, and to access health and care services appropriately. (This was also linked to the second theme identified around digital access and digital poverty. More information about the insights work is available HERE.) Outlined below are the steps taken between August 2020 and March 2021 to take this work forward.

In December 2020, the national Vaccination Programme began and ensuring the correct information and advice reached the eldest and most vulnerable in the Nepali community became a new priority.

Work that has taken place includes:

- We are working very closely with our Local Authority partners (particularly in Rushmoor) as part of the NEHF Healthier Communities Partnership group. This has resulted in a number of meetings with influential Nepali leaders from the local community who have shared their insight and provided multiple avenues to make share messaging with the community (including via social media networks that we would otherwise be unable to gain access to). · We have a statement translated on our website that outlines the approach in NEHF which is also accompanied by a short YouTube video (made in Liverpool) but highlighting the importance of the vaccinations. (these have also been shared with Surrey Heath to use as appropriate)
- We have shared a short video made by Practice staff at the Cambridge Practice regarding the importance of receiving the vaccine. This has been shared on social media and with a wide range of local stakeholders.
- When getting a vaccination everyone is asked a series of questions to ensure it is safe for them to receive it. We have also translated these questions that are being used on site to support - I have included these below so you can share (also shared with Surrey Heath). Where possible we are also ensuring that either Nepalese speaking staff or volunteers are available on vaccination days. · Accessible information has been included on our ICS website in a range of formats including Nepali translations, Easy Read, Large Print and British Sign Language where available.
- In addition to the above we have now also included a Walk-in vaccination clinic particularly for the Nepali community. It is publicised on Gurkha radio on days when we have vaccine. Also, on Namaste Facebook and generally from the practices. The Greater Rushmoor Nepali leaders and Rushmoor Voluntary services also help promote this. We ask that they come between 11am and

16:00 to avoid the busy morning rush. We have Nepali speaking volunteers who speak to the patients when they are outside to see if they have an appointment. If they haven't, they bring identification (passport and NHS letter) to the Site manager so that they can double check the patient is eligible and if they are they are given a handwritten slip and are asked to queue in line with other patients. We have found that this route, rather than an official route is better as the Nepali patients are more receptive to the spoken word and word of mouth through community leaders.

- We now have a regular weekly meeting with key stakeholders and Nepali leaders to progress this work, tackle key/priority issues and to develop longer-term partnerships within the community to drive some of this emergent work.

We continue to validate and review the evidence of the impact on covid on our Nepali population and consider what additional insight this gives us. This is particularly important when we consider inequality and the broad way in which it can manifest in our communities and reducing healthy life outcomes.

By bringing together the right stakeholders both professionally and from within the community we aspire to test and validate ideas with the ultimate goal of improving access and healthy life expectancy for our communities.

The approach we are taking with the Nepali community is a start and if proved successful would be something we would seek to spread to tackle other areas of inequality within our communities.

United Communities

In July 2020 United Communities welcomed members for its first virtual meeting, a format chosen due to the Covid-19 pandemic. We were thrilled to have close to 30 participants joining us with new names registering too. Further meetings took place in October 2020 and January 2021.

United Communities meets on a quarterly basis and brings together service users, carers, local support organisations and professionals from across the North East Hampshire and Farnham area to discuss local mental health provision, local priorities and new initiatives.

United Communities has welcomed guest speakers, provides an opportunity for networking, and facilitates debate and discussion on issues most important to the local community. It also provides an opportunity for commissioners to engage directly on their upcoming projects to hear suggested changes to services and larger strategic transformation.

Topics covered throughout the year included:

- Covid-19 updates and service changes;
- Mental Health Transformation in Primary Care services;
- New 'Managing Emotions' pathways;

- Children and adolescent mental health services (CAMHS) and the impact of Covid-19;
- Learning disabilities and the importance of accessible information; and
- Social prescribing and the importance of our 'Making connections' services.

Voluntary sector and integrated care system relationships

As a key partner in Frimley Health and Care ICS, we actively work and collaborate with our local Healthwatch, 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. Healthwatch Surrey also worked closely with the CCG to carry out some independent engagement work related to the potential relocation of a GP surgery in Farnham. The resulting survey results, and feedback from 1-1 interviews with patients is supporting our Primary Care and Executive team in the ongoing process of supporting this relocation.

The Voluntary Sector have 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 late 2020 and early 2021 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. The work of the sector was recognised in January 2021 by Matt Hancock who spent time talking to the team at Yateley after they successfully vaccinated over 90% of over 80 year old people before the end of the month.

Vaccination programme

Early on the morning of Tuesday, December 15, 2020, Dr Fiona Salkeld gave an injection to 81-year-old patient Brian Duke, at Monteagle Surgery in Yateley.

While this was a straightforward procedure for both doctor and patient, its significance was far-reaching. Mr Duke had just become the first patient within North East Hampshire and Farnham to receive a Covid-19 vaccination from a local vaccination service.

Over the coming weeks further services would launch: Farnham, on December 18, Aldershot and Farnborough, on January 6, and Fleet, on February 17. In amongst these services launching, further options became available to local people through the NHS national vaccination service, notably a service run by Church Crookham pharmacy, at the Crookham Memorial Hall.

By Thursday 25 March 2021, these vaccination services had delivered 98,282 doses of vaccine to the residents of North East Hampshire and Farnham. NHS data showed that 100% of the over 80s and those aged 75 to 79 had received at least one dose, and 99.3% of 70 to 74 age group had also received a vaccine dose.

The local vaccinations services have been set up and managed by Primary Care Networks – GP practices working together – and supported by North East Hampshire and Farnham CCG, Frimley Health NHS Foundation Trust and NHS England. The great progress made would not have been possible without the commitment of local volunteers, acting as marshals, car parking assistants and fulfilling a range of other tasks, allowing vaccinators to focus on the job in hand.

Vaccination teams have visited care homes to provide vaccines to both residents and staff, as well as visiting people who are unable to leave home, thereby protecting some of the most vulnerable members of our communities.

Vaccination rates in North East Hampshire and Farnham have been among the highest in the country. The team in Yateley were mentioned by the Prime Minister for being one of the top three performers, and they received a phone call from the Duke of Cambridge and a video call from the Secretary of State for Health and Social Care to discuss their work and to congratulate them.

The generosity and goodwill of people across all areas has been instrumental in delivering vaccines to large numbers of people. For example, when the Farnham service launched, at Farnham Hospital, the vaccinators included: A local GP and Farnham’s Covid-19 Lead, an acute hospital nurse still on maternity leave, a retired GP who returned to work early in the pandemic, and a CCG executive director who is a nurse by background.

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 NHS England/Improvement'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;
- 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 & 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; vaccination 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

1.1. Financial overview

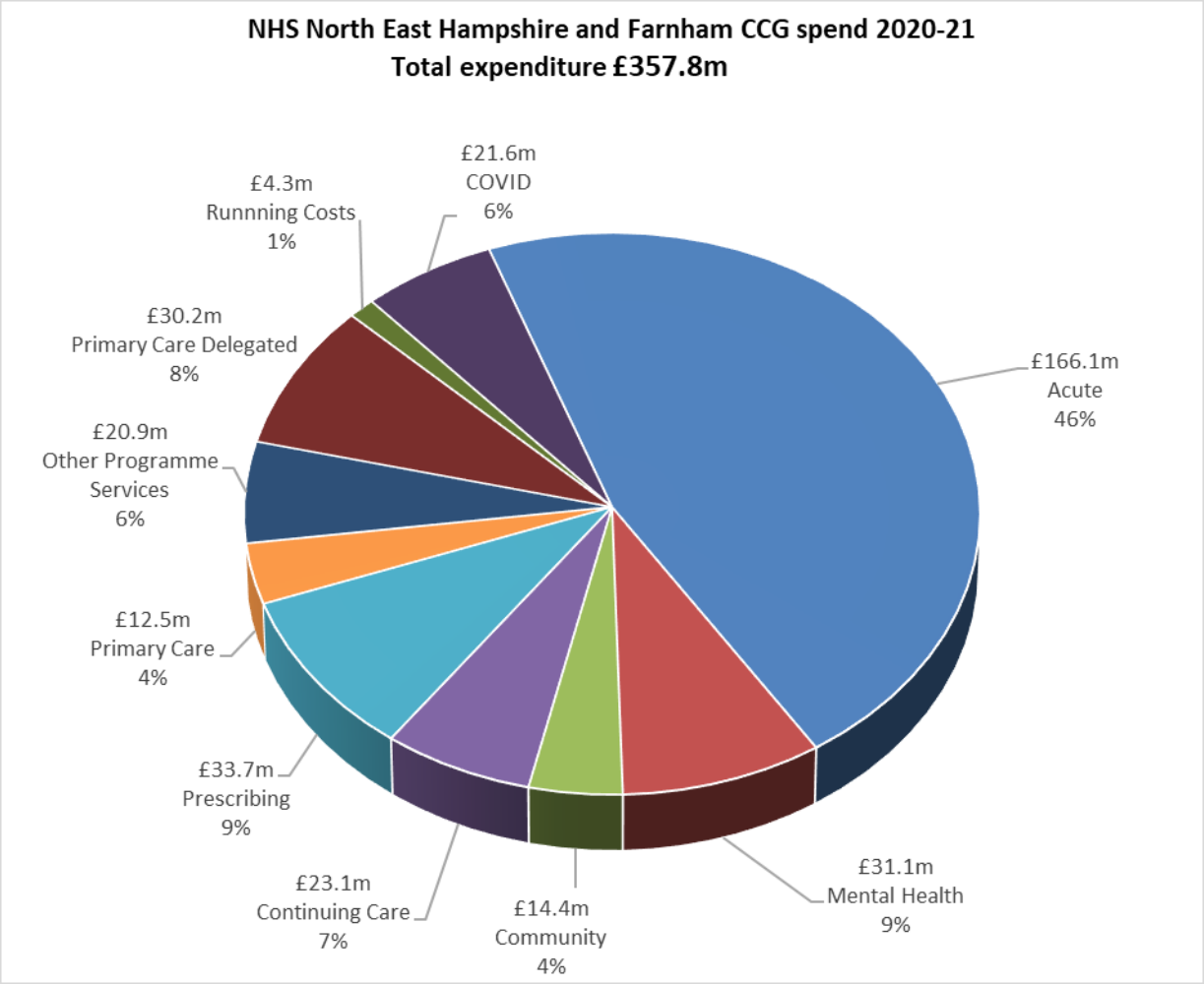
Clinical Commissioning Groups are expected to manage expenditure within the resources allocated by NHS England, and deliver a minimum of a break even position in the financial year. This requires not only careful management of the finances but also strong internal control mechanisms to ensure the resources 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 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.

1.2. Review of the financial year

The CCG spent £358m in 2020-21 (net operating costs), which equates to £1,589 for every person registered with our practices. NHS North East Hampshire and Farnham CCG has reported a surplus of £10k for the year. The draft accounts show a surplus of £151k but an adjustment will be made by NHS England to clawback £141k of surplus funding given for the hospital discharge programme.

In 2020-21 we underwent our first value for money audit 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.



Approximately half of our expenditure, £175m, is spent on acute services. Our main provider is Frimley Health NHS Foundation Trust (FHFT), with whom we spent £163m in 2020-21. Our other main provider is the Royal Surrey County NHS Foundation Trust, £8m and then there are a range of smaller contracts with other providers such as Hampshire Hospitals, Ashford and St Peters Hospitals, and St George's NHS Foundation Trust. This category of expenditure (acute services) also includes ambulance costs.

Our community services are provided mainly by Frimley Health Foundation Trust (cost £9.9m) whilst our mental health services are mainly provided by Surrey and Borders Partnership NHS Foundation Trust (£21m).

Under full delegated responsibility for Primary Care (GP) commissioning, in 2020-21 the CCG received an allocation of £30m from NHS England. The majority of GP costs are funded through contracts held directly by NHS England and administered by North East Hampshire and Farnham CCG. We also meet the cost of drugs prescribed by our local GPs of £34m and pay for the GP 'out of hours' service at a cost of £2.5m.

The CCG spent £15.5m in partnership with our local authority partners under the Better Care Fund with Hampshire and Surrey County Councils, supporting greater integration across health and social care services.

The CCG has spent £21.6m of Covid funding, mainly, as the system Covid allocation host, with the Frimley Health FT (£8.5m). £7.6m, was spent on placements and home-based care under the hospital discharge scheme which were run in conjunction with Surrey County Council and Surrey Heartlands CCG and Hampshire County Council and West Hampshire 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 £1.6m 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.

1.3. 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 £4.3m.

1.4. Financial plan 2021-22

From the 1st April 2021, North East Hants and Farnham will form part of the new Frimley CCG following the merger with East Berkshire and Surrey Heath CCG 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 Grant Thornton LLP. Our external audit for 2020-21 cost £35.5k plus 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 (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.

During 2020-21 most of the CCG's staff have worked from home whenever possible or have been re-deployed to support other NHS organisations respond to the pandemic. This shift in working patterns has in itself saved considerable time and money previously spent on travelling. The whole NHS has stepped forward in using virtual technology to such an extent that CCG staff have been able to work throughout the pandemic. The next steps in restoration will also look at the learning from the pandemic and how the NHS can work more effectively and reduce its overall carbon footprint.

The CCG has been able to continue with a number of sustainable developments, with two specific examples described here:

- Opening of Farnborough Centre for Health; and
- Covid-19 'Hot site' Development.

Farnborough Centre for Health

An innovative new wellbeing centre hailed as ‘fantastic’ by Leo Docherty MP has helped transform local healthcare facilities in North East Hampshire and Farnham following its launch in October 2020.

The Farnborough Centre for Health - which has inspired fresh ways of working and creation of new roles within the teams to deliver the NHS Long Term plan - is a joint collaboration with the North East Hampshire and Farnham CCG and Rushmoor Borough Council.

It includes wide-ranging dedicated health services - contained within a spacious, ultra-modern and refurbished office environment - such as:

- GP practice Voyager Health - offering 24 clinical rooms and primary care services for up to 24,000 patients.
- Urgent care, integrated care and community care team bases.
- An antenatal and postnatal maternity hub for 900 women across Farnborough.
- TalkPlus adult talking therapy services covering Farnborough and surrounding areas.

The project was delivered and launched during the pandemic, which was a huge achievement, providing much needed facilities to help maintain primary care and wider services to local people.

Hot site Development

In order to provide a local urgent response to communities during the pandemic primary care locations were required to set up a Covid-19 hot clinic arrangement. Set up for this arrangement was required within a matter of weeks and expected to be in place for an indefinite amount of time.

The Frimley Health out-patient department in Farnham Community Hospital & Centre for Health was identified as a suitable site for patients from Aldershot, Fleet, Farnborough and Farnham and offered sufficient capacity to absorb patients from Yateley.

Farnham Town Council, in Liaison with Farnham Integrated Care Services, donated a number of tents for the project, which were erected in the car park.

General Practice faced a fundamental re-shaping of service provision with a new way of working at scale versus the historical, individual practice based approach in existence pre-covid. The change also included pooling operational responsibilities and sharing other functions as well as maintaining sufficient cover for sites for ‘cold’ patients.

The problem solving ability of general practice and the wider support team within an uncertain context and fast pace of change shone through with the GPs rising to the challenges they faced together. They demonstrated their agility and ability to

change direction quickly when required. A sense of Team – within and outside of General Practice has been evident with pulling together, mutual aid and support.

The hot site arrangement continues to remain in place in some form today and will be stepped up according to the requirements of the pandemic and its impact on our communities.

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

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 into 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-19).

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 also 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:

- The training was wide ranging, 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
- A source of 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 2021-22.

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 date 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	North East Hampshire & Farnham CCG
Complaints	6
Concerns	42

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. 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 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.

The CCG has a serious incident management process 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.

	North East Hampshire & Farnham CCG
Never Events 20/21	6

Harm Reviews

During 2020 and possibly as a consequence of the Covid-19 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)

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.

2020-21	North East Hampshire & Farnham CCG
New LeDer cases	-
Completed LeDer	24

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

Key learning and initiatives gathered from cases affected by the Covid-19 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 often completed when individuals are 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 disabilities; 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 now propose to extend the cover 24 hours, 7 days a week.

7.6. Commissioning of Specialist Palliative Care Services

The vision was to develop a person centred holistic service for our adult residents that enabled more people to die in their preferred place of care, ultimately resulting in a reduction of deaths in hospital. East Berkshire CCG has had an historical grant funding arrangement in place with Thames Hospice for several years. Over the years as the CCG sought to improve its End of Life Care offer to residents, various new services were commissioned, some as contractual and some as grant funding arrangements. This resulted in a significant budgetary commitment to Thames Hospice, with a number of different agreements in place, each with their own reporting and monitoring schedules. For more robust commissioning and monitoring of the outputs, outcomes and impact of the service it was agreed that there should be a move away from a grant funding agreement to a formal contract footing. There was also a need to consolidate the various elements of the service and design a single holistic joined up service. This service was commissioned from October 2020. The expected outcomes of these new contractual arrangements are:

- More patients achieving their preferred place of care at the end of their lives.
- Increase in the number of patients that are cared for at home

- A reduction of inappropriate hospital admissions and redirection to hospice beds if an inpatient stay is required.
- Decrease in the number of patients that die in hospital
- Reduction in the number of spot purchase of care home beds and domiciliary care as patients in hospital who are rapidly deteriorating will be offered (if available) a hospice bed.
- Patients experience an improvement in their symptom management.
- Improved quality of life and the promotion of dignity and self-worth for patients.
- There is also an increase in the number of inpatient beds.
- Increasing the counselling and bereavement offer. Patients and their families and carers are supported through the changes of their disease progression to death and bereavement.

7.7. 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 Farnham population are safe. These standards apply to NHS, independent and private providers delivering services to children, young people, families and/or adults.

ICS Safeguarding Group.

This group provides an effective and efficient governance process for safeguarding children and adults within the Frimley ICS and provider organisations. The group also provides support and challenge to colleagues around issues affecting the welfare of people across lifespans. Agency updates & business continuity plans during Covid-19 including identified risks and mitigation plans were shared with updates from all Safeguarding Boards across Hampshire, East Berkshire and Surrey, including serious cases and rapid reviews.

8. ENGAGEMENT WITH PEOPLE AND COMMUNITIES

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

We 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.

8.1. 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.

8.2. Our legal duties and principles of engagement

The CCG also has a duty, under Section 14Z2 of the NHS Act 2006, as amended by the Health and Social Care Act 2012 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 selfcare, improve take-up rates for healthy options, and reduce inappropriate service use;
- Deliver change - involving people in discussions and decisions about service changes can make it easier to manage risks and deliver difficult change successfully.

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

8.3. 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 and we have continued 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 continue to 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.

Join the Conversation

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

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

Among the methods of working with the CCG are:

- The Community Ambassador programme: Local people of all walks of life who volunteer to help in whichever way they can, from attending meetings to reviewing documents or gathering patient views.
- Attending the CCG's public meetings, including its Annual General Meeting, Community Forums and Governing Body meetings in public.

- Being part of the Innovation Conference: local people or groups are able to bid for small amounts of funding for schemes to improve their community's health and wellbeing. Local people and organisations can also attend the conference to help shape projects and influence which projects are allocated resources.
- Joining United Communities – a quarterly meeting focussed on mental health, where patients, carers, community groups, charities and health staff share ideas, build awareness and influence decisions.
- Following and interacting with the CCG on social media or visiting our website.
- Contacting the CCG with specific ideas, questions or concerns. Details of all the groups and meetings, as well as the CCG's contact details and social media, can be found on the CCG website which has been refreshed to encourage people to join the conversation:

This year we have enabled all of our 'Join the Conversation' activity to continue despite the pandemic. This has required adapting our approach to delivery to a largely online/virtual approach to engagement. To understand the impact of the pandemic on our local community we undertook a range of engagement between March-September 2020 to inform the development of ongoing support for local people in need of support or access to services.

8.4. 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.

Local Insights Sessions

Through our staff values we have vowed to be bold, innovative and courageous in decision making to provide the right care, at the right time, in the right place for local people.

Understanding the local issues from the perspective of our partners, alongside what matters to local people, allows us to identify common priorities and areas of our existing strategy which may need to be refocused.

In an attempt to better understand these local issues and adapt to the potential opportunities and challenges that the next phase of the pandemic may bring we chose to seek cross organisational insights which could be shared with staff, from all organisations, to help inform their work and allow us to strengthen our relationships as we work in partnership towards a shared set of goals.

For the insight work we used a number of different methods to capture feedback from local people, from staff and from our partners. Over the course of five virtual facilitated sessions 30 members of staff, GPs, local authority colleagues and Community Ambassadors had the opportunity to have a conversation about how these themes should inform what we do.

The sessions were split into three distinct sections with opportunity for conversation between each:

- Work on CCG and system priorities pre-Covid;
- The impact of Covid on staff, the organisation and health and care providers;
- The impact of Covid on wider stakeholders, patients, carers and the general public.

A wide range of sources were used to form the basis for conversation. Some of these were national sources, others were local and some insights were based on telephone conversations with local charities, commissioned services and local stakeholders. Participants were also encouraged to record their thoughts, comments and questions throughout the sessions leading to a series of actions for various partners that are outlined in a final report.

"Thank you to you and the team for all the hard work that has gone into the insights sessions. The material was fab and really thought provoking and was expertly led and the space for reflections and conversations felt just right. I feel even more focused on what we have to do to get focused on communities and inequalities" Emma Boswell, Executive Director of Development and Improvement, Frimley Collaborative of CCGs

Local Survey

The results of the Community Panel survey, alongside the insights sessions and a range of conversations with staff from various departments within the CCG, led to the development of a local survey that was designed to delve deeper into some of the existing feedback we had already obtained. It was carried out during July-August 2020 so also gave a new perspective on experiences as lockdown

restrictions were eased and health and care services were restarting. The survey results are broken down into three key areas:

- Health and Wellbeing during the pandemic
- Access to services during the pandemic
- Looking to the future

As before we ensure that these views and experiences are fed into specific areas of work and are being used to shape services and ways of working going forward ensuring support for local communities both during and after the pandemic.

8.5. Public meetings (Community Forums and AGM)

We have made a commitment to engage with local people and our Community Forums 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.

Two Community Forum events took place, the first in July 2020 which gave us the opportunity to share information about our response to the pandemic, our plans for the future, new ways of working and how feedback from local people was helping to shape our work. The second event took place in January 2021. The focus this time was the Covid vaccination roll out, primary care services, future Collaborative merger and the 2021 Innovation Funding and Conference.

Both of our Community Forum events were recorded and shared on our website for more people to access.

2020 also saw our first ever virtual Annual General Meeting. Over 100 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.

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

8.6. Community Ambassadors

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

The Community Ambassador programme brings together individuals, voluntary sector, faith organisations and community groups who have a large reach into and throughout the five towns within the CCG boundaries. Community Ambassadors help us better understand local issues, who we need to speak to and the best way

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

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

8.7. Innovation Conference

The Innovation Fund was established in North East Hampshire and Farnham in 2017, 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. Over 30 projects have now been supported and the impact on local communities has been clear to see. 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.

The approach taken this year had to be different (previous iterations have involved a large face to face conference, a smaller funding pot and a smaller geography). The 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.

This year the application process took place later in the year due to the impact of the pandemic. At the time of writing, the application process is still open but as the work progresses we plan to build on partnership work to address health inequalities across both North East Hampshire and Farnham and Surrey Heath CCG geographies. We will ensure that the larger funding pot available to us following a successful NHS Charities bid (£20k for each CCG area) is used to support our communities to find solutions to target priority areas identified with a wide range of stakeholders and partners. Local community 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 & 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.

8.8. 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.

8.9. 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.

9. REDUCING HEALTH INEQUALITY

Equality and diversity are central to our work in ensuring equality of access to, and treatment by, the services that we commission on behalf of the populations that make up the Collaborative of CCGs.

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

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

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

This section shows the following:

- Impact of the Covid-19 pandemic;
- A renewed focus on inequalities (including Healthier Communities Partnerships Committee);
- Working with partners; and
- CCG's equality objectives.

9.1. Impact of the Covid-19 pandemic

For some time we have been exploring how we can work in partnership with others, particularly our local government and voluntary sector partners, to address health inequalities.

We know that we need to work differently in the future, to work in a more joined-up, cohesive and collaborative way, with the flexibility to tackle issues affecting our local communities, whether they are focussed on health or wider factors that can affect our health.

The impact of Covid-19 has been felt by everyone and it's important that we understand the difficulties people are facing whether they be related to health, housing, finances or family. We know that we are still not hearing from some of the most vulnerable and most in need groups in our communities. To understand them will require a different approach based on relationships and trust. We can't do this in isolation.

We must make best use of the rich resources we have to hand. A new data insights tool developed by the Integrated Care System analytics team, alongside stakeholder insights and community feedback helps us build a detailed picture of where and how we need to focus our energy. But it will never tell us the whole story. The impact of Covid-19 has also seen many positive changes, both in lifestyle and community spirit - we need to take this opportunity to understand how we can support and maintain some of these new and rediscovered benefits for people and communities.

By supporting projects and approaches that are community-focussed we can begin to build an approach that tackles broader inequalities that affect our health. Our ambition is to work together: communities, voluntary sector, health, care and local government to deliver change together. This is a critical time for health and care services, we are committed to understanding the views and experiences of local people and those of the organisations we work closely with. We will continue to work closely with our Local Authority, voluntary sector and Healthwatch partners.

9.2. A renewed focus on inequalities

Currently both at national and local level there is a drive to address inequalities. The pandemic has exacerbated existing inequalities as well as highlighted new ones.

NHS England has directly asked that we work collaboratively with local communities and partners to take action to protect the most vulnerable from Covid-19, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support.

North East Hampshire and Farnham CCG has appointed Dr Peter Bibawy as Clinical Chief for Inequalities. This new role will have a specific focus on how best we address health inequalities, working closely with our partners in the local government, other public services, the voluntary sector and local communities.

Alongside this role we have also established a ‘Healthier Communities Partnerships Committee’. The purpose of the group, which has been meeting regularly since September 2020, is to set the strategic direction for developing healthier communities and addressing health inequalities. The group includes

representation from a range of stakeholders including Health, voluntary sector and local government. The objectives of the committee are to:

- Connect previous work to latest thinking and build on successes
- Facilitate spread where appropriate
- Connect clinical partners
- Provide oversight and governance to fulfil organisational needs
- Maximise efficient opportunities and reduce duplication
- Identify right resource and workforce to support best results
- Provide the justification and evidence for creative approaches which disrupt traditional ways of working

9.3. Partnership workshop and report

On 6th October 2020, a virtual workshop was held with a wide range of local stakeholders including County, Borough and District Council representatives, CCG staff, voluntary sector, charity and community leaders, Local Healthwatch and Primary Care Network (PCN) Clinical Directors representing local GP Practices to discuss how we can work together to address inequalities in North East Hampshire and Farnham.

The session was chaired by Kathy Atkinson, CCG Lay Member who introduced Dr Peter Bibawy, Clinical Chief for Inequalities and Patricia Hughes, Joint Chief Executive of Hart District Council. They set the scene and presented their shared ambition around partnership working to address inequalities. A range of presentations followed from Frimley Health and Care Integrated Care System (ICS), Public Health Hampshire, North East Hampshire and Farnham CCG and Rushmoor Borough Council. Each sharing current data, good practice cases studies and emerging work and priorities. All of the presentations are available on request.

The second part of the workshop was dedicated to conversations on two key areas: principles and ways of working and barriers and practical solutions.

9.4. Our equality objectives

Local equality objectives to be included with examples

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

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

- Foster good relations between people who share a protected characteristic and those who do not.

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

Our Equality Objectives remain unchanged from 2019-20 and are outlined below:

Objective 1. To deliver excellent care that meets the needs of everyone so that people will receive the right care at the right time and in the right place.

Objective 2. Continuously improve our engagement and consultation methods to ensure that all, including those with protected characteristics, have a voice in our work that is heard and considered.

Objective 3. Support everyone to live well and stay well through a focus on self-care, prevention and wellbeing.

9.5. 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 on the Health and Wellbeing Boards for both Hampshire County Council and Surrey County Council.

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

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

The Hampshire Health and Wellbeing Strategy outlines the key priorities for Healthier Communities within Hampshire. This is a broad and multifaceted strand of the Strategy, and this paper provides an update on the delivery of the priorities along with examples of some of the good practice going on across the local system.

This section shows how the CCG has worked jointly, demonstrating what can be achieved through taking a combined approach to meeting the needs and improving health outcomes for the community.

10.1. Responding to Covid

Local Communities have been central in the response to the Covid-19 Pandemic, and relationships between local authorities, the NHS, voluntary sector and community groups have been strengthened in ways which were unimaginable previously. This partnership working has delivered a strong support offer to those most vulnerable in the community, and stands us in good stead for the future as we enter the recovery phase.

The Healthy Homes Working Group continue to drive coordinated action to address the areas highlighted from the Healthy Homes Needs Assessment and Workshop in January 2020. Workforce Development has been a key priority for the group, with a focus on a multi-agency induction offer, educational videos and organisational ‘champions’. This should lead to a shared understanding of the wider determinants of health across sectors, and strengthen relationships between teams, which will enable more efficient pathways and positive experiences for clients. In May 2020 a system-wide view of homelessness was developed across Hampshire, which showed 1700 people were homeless. Local Authorities have been working extensively with local partners to reduce and prevent homelessness during the pandemic, with the preventative work continuing so this can be sustained in the future.

Covid-19 has highlighted the importance of good quality homes and access to green spaces, for our health and wellbeing. Coordinated efforts across partners

continue to ensure new developments are built with health and wellbeing in mind. In October 2020 Hampshire's Walking and Cycling Principles were launched at the County's first Active Places Summit. The outcomes from this summit will help to inform Hampshire's Local Transport Plan, which is also being presented to the Health and Wellbeing Board in March 2021. Many schemes exist across Hampshire to promote physical activity within people's local communities.

Healthier Communities

The Healthier Communities priority recognises that to improve the health of the whole population and address health inequalities, all partners need to work together to address the wider social, economic and environmental determinants of health. Three initial priority areas of focus were identified:

Family, friends and community – e.g. supporting communities to be more resilient, building social networks and reducing loneliness and isolation; linking in with the County Council's place-based demand management and prevention programme.

Housing – e.g. reducing homelessness, helping people access affordable housing, helping vulnerable people to maintain tenancies, lifetime homes

Built and natural environment – e.g. ensuring new developments are designed with health and wellbeing in mind; ensuring access to green spaces, facilitating active travel and physical activity, e.g. through accessible leisure facilities and opportunities.

The pandemic has exposed and exacerbated inequalities in our communities. Partnership work aimed at better understanding and addressing these inequalities is happening at both a Hampshire system level via the Prevention and Inequalities Board, county level through the Hampshire Districts and Boroughs Community Recovery Group, and at individual district and borough level through local partnerships between councils, health and voluntary sector.

An example of this can be seen in the targeted work in Rushmoor to support the Nepali community with an immediate focus on improving awareness of key public health messages including access to vaccination sites, which has resulted in an increased number of the Nepali community obtaining vaccinations.

Healthy Homes Working Group

The Healthy Homes Working Group and action plan was established by the Hampshire Districts Health and Wellbeing forum in collaboration with health and public health colleagues, to drive coordinated action to address priorities identified through the Healthy Homes Needs Assessment and multi-agency Healthy Homes workshop held early in 2020, without duplicating work of other groups. As detailed in the paper to the Hampshire Health and Wellbeing Board in July 2020, one priority was to strengthen multi-agency working through joint training opportunities.

A training and development survey was produced and circulated to frontline staff across the system. The survey received over 260 responses from colleagues across health, social care, fire and rescue, voluntary sector and housing.

Survey recommendations included the establishment of a joint induction offer across health/care/housing based on the shared determinants of health. Other recommendations included multi-agency training opportunities in relation to specific topics and organisational ‘champions’ which provide a focal point for multi-agency enquiries.

The Healthy Homes Working Group agreed that implementing these recommendations should lead to much more efficient and positive pathways for clients through services. The Group is taking these forward including the creation of short videos on the topics highlighted, such as homelessness prevention, to enable a shared understanding of roles, expectations and processes. The full survey outcomes can be shared upon request.

The Healthy Homes Action Plan also includes promotion of accessible homes, including Disabled Facilities Grants (DFGs). Hampshire County Council is working with district partners (including Rushmoor) to understand current policies and processes in each local authority, to better understand the equity of provision. Any transformation to current practices would require coproduction with district leads and the appropriate resource. It is recommended that the board receives a status report on current DFG practice at a future Health and Wellbeing Board meeting.

In summary

There is a considerable amount of good practice going on across Hampshire which contributes towards the delivery of the Healthier Communities priorities.

Covid-19 has exposed and exacerbated inequalities and highlighted the importance of resilient communities and joined-up approaches to address the wider determinants of health. There are a wide range of partnership groups that the CCG continues to be part of and will be central to supporting the recovery across our communities.

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

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

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

Anti-corruption and bribery

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

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

Counter Fraud Website

Every NHS organisation is required to appoint the services of a Local Counter Fraud Specialist (LCFS). The LCFS is a professionally accredited criminal investigator, who will undertake a range of duties to minimise the impact of fraud on the organisation. The LCFS will investigate allegations of fraud and, where evidence of criminal offences exists, can refer the case to solicitors for

consideration of further criminal action. The LCFS will also liaise with HR and other professional bodies if a suspected breach of conduct is identified.

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

12. EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE

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

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

Our responsibilities are:

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

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

Covid-19 Pandemic

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

During the pandemic the Frimley Health and Care Integrated Care System had a single overarching coordination role across all health partners within the

system. To reflect this a single Incident Coordination Centre was set up with ‘Gold, Silver and Bronze’ functions.

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

CCG response

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

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

Fiona Edwards

Accountable Officer

16 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

NHS North East Hampshire & Farnham CCG covers a population of over 225,188 people registered at 20 GP practices in Rushmoor, Farnham and parts of east Hart council areas.

Member practices of the CCG in 2020-21

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

13.2. Our Governing Body

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

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 Surrey Heath CCGs. This arrangement is known as the Frimley Collaborative Board. North East Hampshire & Farnham CCG shares all share the statutory board members with the other CCGs in the Collaborative including the Accountable Officer and Executive Team. The table below shows the statutory membership of the Governing Body.

Statutory Membership of the NHS North East Hampshire and Farnham Governing Body as at 31 March 2021

Name and role	
Executive roles	
Dr Andy Brooks – Clinical Chief Officer (Accountable Officer)	
Sarah Bellars – Executive Director of Quality and Nursing	
Dr Lalitha Iyer – Executive Medical Director	
Rob Morgan – Executive Director of Finance (Chief Finance Officer)	
Governing Body GP members	
Dr Steven Clarke **Elected Governing Body GP for North East Hampshire and Farnham CCG.** **Interim Clinical Leader for North East Hampshire and Farnham CCG and member of the Frimley Collaborative Board.** **27 October 2020 as Interim Clinical Chair for NHS North East Hampshire and Farnham CCG.**	
Secondary Care Consultant	
Dr Amanda Wellesley	Interim Secondary Care Specialist for NHS North East Hampshire and Farnham CCG
Lay members	
Kathy Atkinson	Lay member for Patient and Public Engagement (PPE) for NHS North East Hampshire and Farnham CCG.

Name and role	
Arthur Ferry	Interim Collaborative Lay Member for Governance and Audit NHS North East Hampshire and Farnham CCG and substantive Lay Member for NHS East Berkshire CCG
Tony Fitzgerald	Interim Collaborative Lay Member for Primary Care for NHS North East Hampshire and Farnham CCG and substantive Lay Member for NHS Surrey Heath CCG

For details of declared conflicts of interest are published on the following website please click here. http://intranet.frimleyccg.nhs.uk/working-here/governance/conflicts-of-interest

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 North East Hampshire and Farnham 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 North East Hampshire and Farnham 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 previously elected GPs on the Governing Body as shown below:

Place based clinical leads
Dr Martin Ballard – previously elected GB GP for North East Hampshire and Farnham CCG and acting as a clinical lead for North East Hampshire and Farnham Place.
Dr Karl Bennett – previously elected GB GP for North East Hampshire and Farnham CCG and acting as a clinical lead for North East Hampshire and Farnham Place.
Dr Hanne Hoff – previously elected GB GP for North East Hampshire and Farnham CCG and acting as clinical lead for North East Hampshire and Farnham Place.
Dr Peter Bibawy – previously elected as Clinical Chair for North East Hampshire and Farnham CCG and became Clinical Chief for Health Inequalities at North East Hampshire and Farnham CCG.

13.4. Frimley Collaborative Board

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.

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	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

Name	Role	East Berkshire	North East Hampshire & Farnham	Surrey Heath
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			✓
Martin Kittel	Interim Clinical Leader Bracknell Forest	✓		

Additional executive membership of the Frimley Collaborative Board April 2020 to March 2021 Note * joined in May 2020.

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 and	✓		
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	

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

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 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 Peter Bibawy	✓	✓	✓	A										3/4
Dr Huw Thomas	A	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	11/13
Dr Jim O'Donnell	✓	A	A	✓	A	A	✓	✓	✓	✓	✓	✓	✓	9/13
Arthur Ferry	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13/13

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
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-Brown	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	12/13
Daryl Gasson		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Tracey Farraday-Drake		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Caroline Farrar		✓	✓	A	A	✓	✓	✓	✓	✓	✓	✓	✓	10/12
Nicola Airey	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13/13
Ollie White	✓	✓												2/2

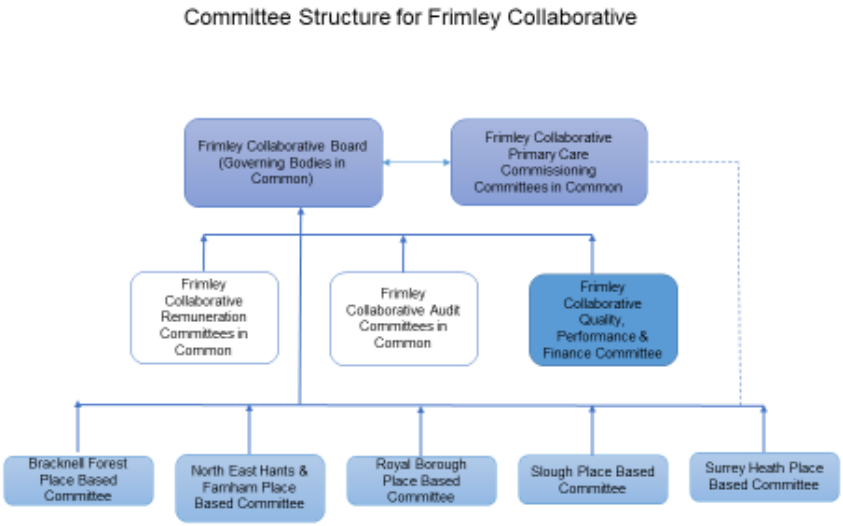
NON-VOTING ATTENDEES														
Caroline Warner	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13/13
Fiona Edwards	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/13

✓ Attended **A** Absent

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

13.5. 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 overleaf shows the arrangements for 2020-21.



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

NHS North East Hampshire and Farnham 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 North East Hampshire and Farnham 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 are shown below:

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	✓	-	-	-	-	-
Caroline Warner – Lay Person for Surrey Heath	A	✓	✓	A	A	A
Dr Amanda Wellesley – Secondary Care Specialist	-	✓	✓	✓	A	A
Dr Ed Palfrey - Secondary Care Specialist NHS North East Hampshire and Farnham CCG and Interim Independent Collaborative Member for Bracknell Forest	-	A	✓	A	✓	✓

✓ Attended **A** Absent

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 April 1 2016, the CCG assumed responsibility for commissioning local primary care services. The delegation of this role from NHS England to NHS North East Hampshire and Farnham 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's response to Covid-19 since January. 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, focussed on access to general practice during the pandemic. This included adoption of a 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 from:			
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

(a) 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 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

13.6. Personal data related incidents

In 2020-21 there were no reported Serious Untoward Incidents relating to data security breaches.

13.7. Statement of Disclosure to Auditors

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

- So far as the member is aware, there is no relevant audit information of which the CCG's auditor is unaware that would be relevant for the purposes of their audit report
- The member has taken all the steps that they ought to have taken in order to make him or herself aware of any relevant audit information and to establish that the CCG's auditor is aware of it.

13.8. Modern Slavery Act

North East Hampshire & Farnham CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the financial year ending 31 March 2020 is published here https://www.frimleyccg.nhs.uk/about-us/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 North East Hampshire & Farnham CCG.

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

- The propriety and regularity of the public finances for which the Accountable Officer is answerable,
- For keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction),
- For safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities).
- The relevant responsibilities of accounting officers under Managing Public Money,
- Ensuring the CCG exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended)) and with a view to securing continuous improvement in the quality of services (in accordance with 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 North East Hampshire and Farnham 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 North East Hampshire and Farnham CCG.

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

As the Accounting Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that North East Hampshire & Farnham CCG's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

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

I also confirm that:

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

Fiona Edwards

Accountable Officer

16 June 2021

15. GOVERNANCE STATEMENT

15.1 Introduction and context

'NHS North East Hampshire & Farnham CCG is a corporate body established by NHS England on 1 April 2013 under the National Health Service Act 2006 (as amended).

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

As at 31 March 2021, the clinical commissioning group 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 Surrey Heath 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 EPRR 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 its merger with NHS East Berkshire CCG and NHS Surrey Heath 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 of 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 merger 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.

- 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 confliction 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 'substantial' assurance from the Internal Audit on the review of the Data Security and Protection Toolkit.

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

Third party assurances

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

The CCG receives assurance reports from the following organisations:

- From the CSU for some or all services provided (as agreed between the CCG and CSU annually);
- From NHS Shared Business Services for the provision of Financial and Accounting Services and Primary Care Payments services;
- From IBM on the operation of the Electronic Staff Record (ESR) Payroll infrastructure and service;
- From NHS Digital on the operation of GP payments services;
- 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 economy, efficiency & effectiveness 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 North East Hampshire & Farnham CCG has received an **'outstanding assurance'** rating on all domains assessed.

15.11 Delegation of functions

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

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

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

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, five allegations were received of which four were investigated. One matter remains under investigation at year end. No other significant losses are 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. Based upon the old standards that were in place for 2020–21 the organisation would have been assessed as a 'green' rating. The assessment under the new functional standard will be undertaken in 2021–22.

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 attended the Audit and Risk Committees in meetings and reported on progress against the Annual Plan. The plan, for 2020 – 2021 was targeted to meet the old NHSCFA Standards.

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

16 June 2021

15.14 Interim Head of Internal Audit Opinion (HoIA)

The purpose of my annual HoIA Opinion is to contribute to the assurances available to the Accountable Officer and the Governing Body which underpin the Governing Body's own assessment of the effectiveness of the organisation's system of internal control. This Opinion will in turn assist the 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".

Table showing Assurance Assessments 2020-21

System	Report Status	Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance
Local Risk Management Arrangements	Final Report		✓		
Data Security and Protection Toolkit	Draft Report	✓			
Key Financial Systems	Final Report		✓		
Primary Care – NHS England Mandated Review	Final Report	✓			
Conflicts of Interest- NHS Mandated Review	Final Report		✓		

Frimley Wide Reviews 2020-21		
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

Audit	Report Status	Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance
Other Assurances-Hosted Services (Hosted by Surrey Heartlands CCG)					
Personal Health Budgets Follow-Up – Adults (Hosted by Surrey Heartlands)	Final	Assurance level not assigned as this was a follow-up review			
Personal Health Budgets Follow-Up – Children (Hosted by Surrey Heartlands)	Final	Assurance level not assigned as this was a follow-up review			
Additional follow up of the 2019/20 Personal Health Budgets Review – Adults (Hosted by Surrey Heartlands)	Final	Assurance level not assigned as this was a follow-up review			
Additional follow up of the 2019/20 Personal Health Budgets Review – Children (Hosted by Surrey Heartlands)	Final	Assurance level not assigned as this was a follow-up review			
Personal Health Budgets-Adults and Children - Health-check Review (Hosted by West Hampshire CCG)	Final		Reasonable		

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 Accountable Officer, Chief Finance Officer, Executive Directors and Board members. It will also approve policies relating to remuneration and the terms and conditions of employment for all CCG staff.

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

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

16.1.3 Remuneration of Very Senior Managers

For any senior manager who is paid in excess of £150,000 on a full time annualised basis, the remuneration is agreed and discussed with the CCG Non-Executives at the Remuneration Committee. Some individuals, including the Clinical Chief Officer of the Frimley Collaborative, 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 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 table below reflects the senior managers across both the CCG and the Frimley Collaborative.

All senior managers from both the North East Hampshire and Farnham CCG and the Frimley Collaborative CCGs (East Berkshire and Surrey Heath) have been disclosed irrespective of whether or not they are specific to the CCG and the CCG's share of their remuneration is nil, as they have senior management responsibility across the entire collaborative arrangements of which the CCG is a part of.

The figures shown under "All Pension Related Benefits" in the table are a calculation of the increase in the senior managers 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.

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

Table showing salaries and allowances of Senior Managers 2020-21 (subject to audit)

This table is subject to Audit			2020/21							
							NHS North East Hampshire & Farnham CCG			
Name	Title		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	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 (Shared)	i	170-175	0	0	170-175	30-35	0	0	30-35
Rob Morgan	Executive Director of Finance (Shared)	ii	130-135	0	37.5-40	170-175	25-30	0	7.5-10	30-35
Nicola Airey	Executive Place Managing Director for Surrey Heath	iii	110-115	0	67.5-70	175-180	0	0	0	0
Oliver White	Interim Executive Place Managing Director for North East Hampshire and Farnham	iv	10-15	0	2.5-5	15-20	10-15	0	2.5-5	15-20
Daryl Gasson	Executive Place Managing Director for North East Hampshire and Farnham	v	95-100	0	35-37.5	130-135	95-100	0	35-37.5	130-135
Fiona Slevin-Brown*	Executive Place Managing Director for Bracknell Forest	vi	115-120	0	27.5-30	145-150	0	0	0	0
Caroline Farrar	Executive Place Managing Director for Royal Borough	*vii*	110-115	0	30-32.5	140-145	0	0	0	0
Tracey Faraday-Drake*	Executive Place Managing Director for Slough	*viii*	95-100	0	22.5-25	120-125	0	0	0	0
Sarah Bellars*	Executive Director of Quality and Nursing (Shared)	*x*	115-120	0	35-37.5	150-155	20-25	0	5-7.5	30-35
Emma Boswell	Executive Director of Development and Improvement (Shared)	ix	95-100	0	35-37.5	130-135	15-20	0	7.5-10	25-30
Lalitha Iyer*	Executive Medical Director (Shared)	xi	95-100	5-10	0-2.5	105-110	15-20	0	0-2.5	15-20
Kathy Atkinson	Non-Executive/Lay Member (North East Hampshire & Farnham CCG)	xii	10-15	0	0	10-15	10-15	0	0	10-15
Arthur Ferry	Non-Executive/Lay Member (East Berkshire CCG) (Shared)	xiii	20-25	0	0	20-25	5-10	0	0	5-10
Tony Fitzgerald	Non-Executive/Lay Member (Surrey Heath CCG)	xiv	15-20	0	0	15-20	5-10	0	0	5-10
Amanda Wellesley	Secondary Care Consultant	xv	20-25	0	0	20-25	5-10	0	0	5-10
Dr Peter Bibawy	Clinical Chair - NHS North East Hampshire & Farnham CCG	xvi	40-45	0	10-12.5	50-55	40-45	0	10-12.5	50-55
Dr Steven Clarke	GP Elected Member - NHS North East Hampshire & Farnham CCG	xvii	15-20	0	2.5-5	20-25	15-20	0	2.5-5	20-25
Dr Edward Palfrey	Secondary Care specialist/Interim Independent member for Bracknell Forest Place	*xviii*	10-15	0	0	10-15	0	0	0	0
Dr Huw Thomas	Interim Clinical Leader for the Royal Borough Place	*xix*	40-45	0	2.5-5	45-50	0	0	0	0
Dr Jim O'Donnell	Interim Clinical Chair for East Berkshire CCGs & Clinical Lead of Slough Place	*xx*	70-75	0	0	70-75	0	0	0	0
Dr Martin Kittel	Interim Clinical Leader Bracknell Forest Place	*xxi*	40-45	0	0	40-45	0	0	0	0
Dr John Fraser	Interim Clinical Leader for Surrey Heath CCG	*xxii*	40-45	0	0	40-45	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 North East Hampshire and Farnham 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.

i. Dr Andy Brooks was Clinical Chief Officer for Surrey Heath CCG, East Berkshire CCG and North East Hampshire and Farnham CCG. 20% of his remuneration was charged to North East Hampshire and Farnham 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.
Dr Brooks opted out of the pension scheme in 2017. No further disclosure information has been received from the Pensions Agency since 2017-18.

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

iii. Nicola Airey was Executive Place Managing Director for Surrey Heath, no costs were recharged to North East Hampshire and Farnham CCG for this role.

iv. Ollie White was Interim Executive Place Managing Director for North East Hampshire and Farnham CCG until 17th May 2020, no recharges were made to the other Frimley Collaborative CCGs for this role.

v. Daryl Gasson was Executive Place Managing Director for North East Hampshire and Farnham CCG from 18th May 2020, no recharges were made to the other Frimley Collaborative CCGs for this role.

vi. Fiona Slevin-Brown was Executive Place Managing Director for Bracknell Forest, no costs were recharged to North East Hampshire and Farnham CCG for this role.

vii. Caroline Farrar was Executive Place Managing Director for Royal Borough of Windsor and Maidenhead from 1st April 2020, no costs were recharged to North East Hampshire and Farnham CCG for this role.

viii. Tracey Faraday-Drake was Executive Place Managing Director for Slough from 18th May 2020, no costs were recharged to North East Hampshire and Farnham CCG for this role.

ix. Sarah Bellars was Executive Director of Quality and Nursing for Surrey Heath, East Berkshire and North East Hampshire and Farnham CCG, 20% of her remuneration was recharged to North East Hampshire and Farnham CCG for this role.

x. Emma Boswell was Executive Director of Development and Improvement for Surrey Heath, East Berkshire and North East Hampshire and Farnham CCG, 20% of her remuneration was recharged to North East Hampshire and Farnham CCG for this role.

xi. Lalitha Iver was Executive Medical Director for Surrey Heath, East Berkshire and North East Hampshire and Farnham CCG, 20% of her remuneration was recharged to North East Hampshire and Farnham CCG for this role.

xii. Kathy Atkinson was the Lay Member for Patient and Public Engagement (PPE) for the Collaborative and the Place Based Lay Member for North East Hampshire and Farnham CCG, no recharges were made to the other Frimley Collaborative CCGs for this role.

xiii. Arthur Ferry was the Lay Member for Governance and Audit and the Place Based Lay for Royal Borough of Windsor and Maidenhead and Slough places. One third of his costs are attributed to North East Hampshire and Farnham CCG for his Collaborative role.

xiv. 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 North East Hampshire and Farnham CCG for his Collaborative role.

xv. Dr Amanda Wellesley was the interim Secondary Care Specialist for Surrey Heath and East Berkshire CCGs. One third of her costs are attributed to North East Hampshire and Farnham CCG for his Collaborative role.

xvi. Dr Peter Bibawy was Clinical Chair for North East Hampshire and Farnham CCG until 31st August 2020. No recharges were made to the other Frimley Collaborative CCGs for this role.

xvii. Dr Steven Clarke was Interim Clinical Chair for North East Hampshire and Farnham CCG and Clinical lead for North East Hampshire and Farnham Place. No recharges were made to the other Frimley Collaborative CCGs for this role.

xviii. Dr Edward 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 North East Hampshire and Farnham 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 North East Hampshire and Farnham 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 North East Hampshire and Farnham CCG for this role.

xxi. Dr Martin Kittel was Interim Clinical Leader for Bracknell Forest Place. No costs were recharged to North East Hampshire and Farnham CCG for this role.

xxii. Dr John Fraser was Interim Clinical Leader for Surrey Heath Place. No costs were recharged to North East Hampshire and Farnham CCG for this role.

Table showing salaries and allowances of Senior Managers 2019-20

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

Table cont/. Showing salaries and allowances of Senior Managers 2019-20

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

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

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

16.1.7 Pension Benefits

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

Note on the previous table: Dr Brooks opted out of the pension scheme in 2017. No further disclosure information has been received from the Pensions Agency since 2017-18.

In February 2021, Remuneration committee recommended a backdated uplift back to 1 April 2020 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 uplifted 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.

16.1.8 Cash Equivalent Transfer Values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme.

The pension figures shown relate to the benefits that the individual has accrued as a consequence of their membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. This may be for more than just their service in a senior capacity to which disclosure applies (in which case this fact will be noted at the foot of the table). The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

16.1.9 Real Increase in CETV

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

During the year, there was a requirement from the government to adjust the indexation on part of the public service pension schemes, known as the Guaranteed Minimum Pensions (GMP). From August 2019, this affected the method used by NHS Pensions to calculate the CETV values, and therefore the method in force at 31 March 2020 is different to the method used to calculate the value at 31 March 2019. The real increase in CETV may therefore have been impacted and could

subsequently include any increase in CETV due to the change in GMP methodology.

16.1.10 Pay Multiples

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

The banded remuneration of the highest paid director or member in The CCG in the financial year 2020-21 was £170k - £175k (2019/20, £185k – £190k). This was 3.7 times (2019/20 – 3.7) the median remuneration of the workforce which was £46,479,668 (2019/20, £50,819). Figures are based on full time salaries and no adjustment is made for staff shared across the Frimley Commissioning Collaborative.

In 2020-21 and 2019/20, no employees received remuneration in excess of the highest paid director or member. Remuneration ranged from £22k to £173k (2019/20 £20k to £187k).

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

16.2 Staff Report (subject to audit)

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

The CCG employs permanent staff and also uses a limited amount of agency staff, classified as 'other'. It also buys in services from Commissioning Support Units and other CCGs. The following table sets out the staff costs for the permanent and agency staff for 2020-21:

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

16.2.1 Number of Senior Managers

Band	Number	
	Permanent	Other
Very Senior Manager	17	5
Band 9	2	0
Total	**19**	**5**

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

16.2.2 Staff numbers and costs

Employee benefits 2020-21	Permanent Employees	Other	Total
	£'000	**£'000**	**£'000**
Salaries and wages	3,888	334	4,222
Social security costs	403	0	403
Employer Contributions to NHS Pension scheme	691	0	691
Other pension costs	0	0	0
Apprenticeship Levy	3	0	3
Termination benefits	26	0	26
Gross employee benefits expenditure	**5,011**	**334**	**5,345**

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

16.2.3 Staff numbers (headcount)

Description	Number	
	Permanent	Other*
General Medical Practitioner	11	-
Senior Manager - Central Functions	22	5
Manager - Central Functions	12	4
Clerical & Administrative - Central Functions	29	4
Nurse - Other	5	-
Nurse - Community Services	0	-
Manager - Pharmacy	5	-
Pharmacists - Trained	0	-
Pharmacy Technicians	2	-
Total Staff Numbers	**86**	**13**

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

16.2.4 Staff composition

The staff composition is shown in the table below:

Band	Number		
	Male	Female	Non-disclosed
Directors	10	12	0
Senior Managers	4	14	0
Other Employees	12	39	0

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 in 2019 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 in 2019 to give independent support and advice to anyone from primary care who want 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 £65,656k.

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 three off payroll engagements still in place as at 31st March 2019.

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

No. of existing engagements as of 31 March 2020	3
Of which:	
No. that have existed for less than one year at time of reporting	2
No. that have existed for between one and two years at time of reporting	0
No. that have existed for between two and three years at time of reporting	1
No. that have existed for between three & four years at time of reporting	0
No. that have existed for four or more year at time of reporting	0

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

No. of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	2
Of which:	
No. assessed as identified by IR35	0
No. assessed as not identified by IR35	0
No. engaged directly (via PSC contracted to department) and are on the department payroll	0
No. of engagements reassessed for consistency / assurance purposes during the year	0
No. of engagements that saw a change to IR35 status following the consistency review	0

16.2.17 Off-payroll engagements / Senior official engagements

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

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members", and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on-payroll and off-payroll engagements.	22

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

Exit package cost band (inc. any special payment element)	Compulsory redundancies		Other departures agreed		Total		Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	**£**	**Number**	**£**	**Number**	**£**	**Number**	**£**
Less than £10,000 £10,000 - £25,000 £25,001 - £50,000 £50,001 - £100,000 £100,001 - £150,000 £151,001 - £200,000 > £200,000	1	25834			**1**	**25,834**		
Total	**1**	**25834**			**1**	**25,834**	**0**	**0**

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

Parliamentary Accountability and Audit Report

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

Fiona Edwards

Accountable Officer

16 June 2021

INDEPENDENT AUDITOR'S REPORT

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

Report on the Audit of the Financial Statements

Opinion on financial statements

We have audited the financial statements of NHS North East Hampshire and Farnham CCG (the 'CCG') for the year ended 31 March 2021, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the CCG as at 31 March 2021 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the CCG in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of matter – Demise of the organisation

In forming our opinion on the financial statements, which is not modified, we draw attention to note 38 to the financial statements, which indicates that NHS North East Hampshire and Farnham Clinical Commissioning Group was dissolved on 31 March 2021 having joined with NHS East Berkshire Clinical Commissioning Group and NHS Surrey Heath Clinical Commissioning Group to establish NHS Frimley Clinical Commissioning Group with effect from 1 April 2021. The new NHS Frimley Clinical Commissioning Group will recognise all assets and liabilities received as at the date of transfer (1 April 2021), after taking into account intercompany transactions.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accountable Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the CCG's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report.

In our evaluation of the Accountable Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2020 to 2021 that the CCG's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services currently provided by the CCG. In doing so we have had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2020) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the CCG and the CCG's disclosures over the going concern period.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the CCG's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

The responsibilities of the Accountable Officer with respect to going concern are described in the 'Responsibilities of the Accountable Officer and Those Charged with Governance for the financial statements' section of this report.

Other information

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

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

We have nothing to report in this regard.

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

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the

Annual Governance Statement does not comply with the guidance issued by NHS England or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion, based on the work undertaken in the course of the audit:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the CCG, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Opinion on regularity of income and expenditure required by the Code of Audit Practice

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

Matters on which we are required to report by exception

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

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

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

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

As explained more fully in the Statement of Accountable Officer's responsibilities set out on pages 71 and 73, the Accountable Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Officer is responsible for assessing the CCG's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the

going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the CCG without the transfer of its services to another public sector entity.

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the CCG and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021).

- We enquired of management and the Audit and Risk Committee concerning the CCG's policies and procedures relating to:

  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.

- We enquired of management and the Audit and Risk Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.

- We assessed the susceptibility of the CCG's financial statements to material misstatement, including how fraud might occur, by evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls. We determined that the principal risks were in relation to:
  - journals, management estimates and transactions outside the course of business; and
  - fraudulent expenditure recognition, and specifically the completeness of expenditure.

- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and/or expenditure recognition, and the significant accounting estimates related to year end expenditure accruals.

- Our audit procedures involved:

  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - journal entry testing, with a focus on unusual and high risk journals;
  - challenging assumptions and judgements made by management in its significant accounting estimates; and
  - substantive procedures to conform the completeness of operating expenditure with a particular emphasis on year end accruals and transactions recorded close to and after 31 March 2021.

- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. However, detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as those irregularities that result from fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.

- Assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation;
  - knowledge of the health sector and economy in which the CCG operates; and
  - understanding of the legal and regulatory requirements specific to the CCG including:
    - the provisions of the applicable legislation;
    - NHS England's rules and related guidance; and
    - the applicable statutory provisions.

- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - the CCG's operations, including the nature of its operating revenue and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.

- the CCG's control environment, including the policies and procedures implemented by the CCG to ensure compliance with the requirements of the financial reporting framework**.**

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

Matter on which we are required to report by exception – the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

Our work on the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources is not yet complete. The outcome of our work will be reported in our commentary on the CCG's arrangements in our Auditor's Annual Report. If we identify any significant weaknesses in these arrangements, these will be reported by exception in our Audit Completion Certificate. We are satisfied that this work does not have a material effect on our opinion on the financial statements for the year ended 31 March 2021.

Responsibilities of the Accountable Officer

As explained in the Annual Governance Statement, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the CCG's resources.

Auditor's responsibilities for the review of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(1)(c) 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 its use of resources are operating effectively.

We undertake our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the CCG plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the CCG ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the CCG uses information about its costs and performance to improve the way it manages and delivers its services.

We document our understanding of the arrangements the CCG has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for NHS North East Hampshire and Farnham CCG 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 until we have completed our work on the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources and have completed the work necessary to issue our Whole of Government Accounts (WGA) Component Assurance statement for the CCG for the year ended 31 March 2021. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2021.

Use of our report

This report is made solely to the members of the Governing Body of NHS Frimley CCG as a body, in respect of NHS North East Hampshire and Farnham CCG, 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 NHS Frimley CCG those matters we are required to state to them in an auditor's report, in respect of NHS North East Hampshire and Farnham CCG and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than NHS Frimley CCG and NHS North East Hampshire and Farnham CCG, and the members of the Governing Bodies of both CCG's, as bodies, for our audit work, for this report, or for the opinions we have formed.

Iain Murray

Iain Murray, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

London

Date: 16 June 2021

ANNUAL ACCOUNTS 2020-21

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	(206)	(1,115)
Other operating income	2	(66)	(542)
Total operating income		**(272)**	**(1,657)**
Staff costs	4	5,356	5,896
Purchase of goods and services	5	350,312	321,927
Provision expense	5	2,345	(11)
Other Operating Expenditure	5	101	275
Total operating expenditure		**358,113**	**328,087**
Net Operating Expenditure		**357,841**	**326,430**
Total Net Expenditure for the Financial Year		**357,841**	**326,430**
Comprehensive Expenditure for the year		**357,841**	**326,430**

The notes on pages 121 to 145 form part of this statement

Statement of Financial Position as at 31 March 2021

	Note	2020-21 £'000	2019-20 £'000
Non-current assets:			
Current assets:			
Trade and other receivables	9	5,264	2,630
Cash and cash equivalents	10	2	4
Total current assets		**5,266**	2,634
Total current assets		**5,266**	2,634
Total assets		**5,266**	**2,634**
Current liabilities			
Trade and other payables	11	(29,577)	(20,268)
Borrowings	12	(667)	-
Provisions	15	(2,398)	(59)
Total current liabilities		**(32,642)**	(20,328)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(27,376)**	(17,694)
Assets less Liabilities		**(27,376)**	**(17,694)**
Financed by Taxpayers' Equity			
General fund		(27,376)	(17,694)
Total taxpayers' equity:		**(27,376)**	(17,694)

The notes on pages 121 to 145 form part of this statement

The financial statements on pages 117 to 145 were approved by the Audit Committee on 9th of June 2021 and signed on its behalf by:

Accountable Officer Date: 16th 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	(17,694)	**(17,694)**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2020	**(17,694)**	**(17,694)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2020-21		
Net operating expenditure for the financial year	(357,841)	**(357,841)**
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial year	**(357,841)**	**(357,841)**
Net funding	348,159	**348,159**
Balance at 31 March 2021	**(27,376)**	**(27,376)**

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2019-20		
Balance at 01 April 2019	(24,469)	**(24,469)**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2020	**(24,469)**	**(24,469)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2019-20		
Net operating costs for the financial year	(326,430)	(326,430)
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(326,430)**	**(326,430)**
Net funding	333,205	333,205
Balance at 31 March 2020	**(17,694)**	**(17,694)**

The notes on pages 121 to 145 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		(357,841)	(326,430)
(Increase)/decrease in trade & other receivables	9	(2,634)	499
Increase/(decrease) in trade & other payables	11	9,309	(7,315)
Provisions utilised	15	(7)	(9)
Increase/(decrease) in provisions	15	2,345	(11)
Net Cash Inflow (Outflow) from Operating Activities		**(348,828)**	(333,266)
Net Cash Inflow (Outflow) before Financing		**(348,828)**	**(333,266)**
Cash Flows from Financing Activities			
Grant in Aid Funding Received		348,159	333,205
Net Cash Inflow (Outflow) from Financing Activities		**348,159**	333,205
Net Increase (Decrease) in Cash & Cash Equivalents	10	**(669)**	**(60)**
Cash & Cash Equivalents at the Beginning of the Financial Year		**4**	64
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**(665)**	**4**

The notes on pages 121 to 145 form part of this statement

Notes to the financial statements

1 **Accounting Policies**

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 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 a going concern basis.
Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.
Where a clinical commissioning group ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis.

NHS North East Hampshire and Farnham Clinical Commissioning Group (the CCG) was dissolved on 31 March 2021 having joined with NHS Surrey Heath Clinical Commissiong Group and NHS East Berkshire Clinical Commissioning Group to establish NHS Frimley Clinical Commissioning Group with effect from 1 April 2021. This followed approval at the NHS England Asssurance and development Committee of 2 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 modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.3 **Pooled Budgets**

The clinical commissioning group has entered into a pooled budget arrangement with Hampshire County Council and Surrey County Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for joint health and social care provision and note 20 provides details of the income and expenditure.

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

If the clinical commissioning group is in a “jointly controlled operation”, the clinical commissioning group recognises:
· The assets the clinical commissioning group controls; · The liabilities the clinical commissioning group incurs; · The expenses the clinical commissioning group incurs; and · The clinical commissioning group’s share of the income from the pooled budget activities.
If the clinical commissioning group is involved in a “jointly controlled assets” arrangement, in addition to the above, the clinical commissioning group recognises:
· The clinical commissioning group’s share of the jointly controlled assets (classified according to the nature of the assets); · The clinical commissioning group’s share of any liabilities incurred jointly; and · The clinical commissioning group’s share of the expenses jointly incurred

1.4 **Operating Segments**

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

1.5 **Revenue**

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:
• As per paragraph 121 of the Standard the clinical commissioning group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
• The clinical commissioning group is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the clinical commissioning group to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the Clinical Commissioning Group is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.
Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.
Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

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

Notes to the financial statements

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. Cash, bank and overdraft values are recorded at current values.

1.11 **Provisions**
Provisions are recognised when the clinical commissioning group has a present legal or constructive obligation as a result of a past event, it is probable that the clinical commissioning group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:
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.

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

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

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

Notes to the financial statements

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 clasified at Fair Value through Other Comprehensive Income (FVOCI).

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 judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.19.1 **Critical accounting judgements in applying accounting policies**

Other than Going Concern (as per note 1.1), the clinical commissioning group has not applied any material critical judgements whilst adhering to accounting policies in 2020-21.

Notes to the financial statements

1.19.2 **Sources of estimation uncertainty**

Prescribing accruals:
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 £5,730k

Partially Completed Spells:
The clinical commissioning group recognises expenditure relating to spells of care that are started, but not yet completed at the balance sheet date. This recognition is limited to cost and volume contracts where the activity will incur extra costs for the clinical commissioning group. At the 31st March 2020, the clinical commissioning group was recognising a Partially Completed Spells liability of £1,048k.
Maternity Pathway adjustment:
The clinical commissioning group recognises reductions to expenditure relating to pathways of care where payment is recognised at the start of the ante-natal or post-natal period but where at the balance sheet date the pathway phase is incomplete. This recognition is limited to cost and volume contracts where the activity will incur extra costs for the clinical commissioning group. At the 31st March 2020, the clinical commissioning group was recognising a Maternity Pathway adjustments asset of £914k.
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 patially complted spells of care or the maternity pathway adjustment.

The CCG has reached agreement with its' main providers and intends to pay down the positions based on the values as at 31st March 2020.

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 **Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.21 **Accounting Standards That Have Been Issued But Have Not Yet Been Adopted**

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 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.
[Where it is practicable, provide an assessment of the impact of Standards that have not yet been adopted.]

The CCG has commenced the assessment of the application of IFRS 16 to its financial statements. This commenced with work to identify leases which are currently operating leases and should be reclassified as finance leases as well as a broader review of recurring expenditure streams where right to use assets may be embedded in contracting arrangements. The work had progressed to March 2020, when the CCG revised it operational priorities and working patterns to deal with the COVID19 pandemic and combined with the decision to defer the implementation of IFRS16 in the NHS to 1 April 2021 means that it has not been practical to complete this work or present it for audit. The work to identify the impact of this standard has not recommenced in 2020-21 due to the continued COVID19 pandemic and the fact that the standard is not effective until 1 April 2022.

2 Other Operating Revenue

	2020-21 Total £'000	2019-20 Total £'000
Income from sale of goods and services (contracts)		
Non-patient care services to other bodies	**110**	1,083
Prescription fees and charges	**96**	32
Total Income from sale of goods and services	**206**	**1,115**
Other operating income		
Other non contract revenue	**66**	542
Total Other operating income	**66**	**542**
Total Operating Income	**272**	**1,657**

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

This can be amended locally to a presentation that's more appropriate to the entities circumstances.

	Non-patient care services to other bodies	Prescription fees and charges
	£'000	£'000
Source of Revenue		
NHS	110	-
Non NHS	-	96
Total	**110**	**96**

	Non-patient care services to other bodies	Prescription fees and charges
	£'000	£'000
Timing of Revenue		
Point in time	110	96
Over time	-	-
Total	**110**	**96**

Revenue has been recognised at a point in time as the CCG does not have any material revenue contracts where income is received over a period of time and the duration of the contract

4. Employee benefits and staff numbers

4.1.1 Employee benefits	Permanent Employees £'000	Other £'000	Total 2020-21 Total £'000
Employee Benefits			
Salaries and wages	**3,896**	**334**	**4,230**
Social security costs	**404**	**-**	**404**
Employer Contributions to NHS Pension scheme	**692**	**-**	**692**
Other pension costs	**0**	**-**	**0**
Apprenticeship Levy	**3**	**-**	**3**
Other post-employment benefits	**-**	**-**	**-**
Other employment benefits	**-**	**-**	**-**
Termination benefits	**26**	**-**	**26**
Gross employee benefits expenditure	5,022	334	5,356
Total - Net admin employee benefits including capitalised costs	5,022	334	5,356
Net employee benefits excluding capitalised costs	5,022	334	5,356

4.1.1 Employee benefits	Permanent Employees £'000	Other £'000	Total 2019-20 Total £'000
Employee Benefits			
Salaries and wages	**4,153**	**193**	**4,347**
Social security costs	**559**	**-**	**559**
Employer Contributions to NHS Pension scheme	**942**	**-**	**942**
Other pension costs	**-**	**-**	**-**
Apprenticeship Levy	**12**	**-**	**12**
Other post-employment benefits	**-**	**-**	**-**
Other employment benefits	**-**	**-**	**-**
Termination benefits	**36**	**-**	**36**
Gross employee benefits expenditure	5,703	193	5,896
Total - Net admin employee benefits including capitalised costs	5,703	193	5,896
Net employee benefits excluding capitalised costs	5,703	193	5,896

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	**63.00**	**3.00**	**66.00**	81.87	2.58	84.45

4.4 Exit packages agreed in the financial year

	2020-21 Compulsory redundancies		**2020-21 Other agreed departures**			**2020-21 Total**
	Number	**£**	**Number**	**£**	**Number**	**£**
Less than £10,000	-	-	-	-	-	-
£10,001 to £25,000	-	-	-	-	-	-
£25,001 to £50,000	1	25,834	-	-	1	25,834
£50,001 to £100,000	-	-	-	-	-	-
£100,001 to £150,000	-	-	-	-	-	-
£150,001 to £200,000	-	-	-	-	-	-
Over £200,001	-	-	-	-	-	-
Total	**1**	**25,834**	**-**	**-**	**1**	**25,834**

	2019-20 Compulsory redundancies		2019-20 Other agreed departures			2019-20 Total
	Number	£	Number	£	Number	£
Less than £10,000	-	-	1	1	1	1
£10,001 to £25,000	-	-	-	-	-	-
£25,001 to £50,000	1	36,299	-	-	1	36,299
£50,001 to £100,000	-	-	-	-	-	-
£100,001 to £150,000	-	-	-	-	-	-
£150,001 to £200,000	-	-	-	-	-	-
Over £200,001	-	-	-	-	-	-
Total	**1**	**36,299**	**1**	**1**	**2**	**36,300**

Analysis of Other Agreed Departures

	2020-21 Other agreed departures		2019-20 Other agreed departures	
	Number	**£**	Number	£
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	1	3,088
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval*	-	-	-	-
Total	**-**	**-**	**1**	**3,088**

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous
Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Agenda for Change Terms and Conditions.
Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

4.4 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.

Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the clinical commissioning group of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

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

In 20/21 NHS North East Hampshire & Farnham CCG also offered an alternative work based pension scheme (NEST) to employees, but no costs associated with this scheme were incurred. There were no costs in 2019/20.

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 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.

4.4.2 Full actuarial (funding) valuation

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

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

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

For 2020-21, employers' contributions of £566,918 were payable to the NHS Pensions Scheme (2019-20: £649,701) at the rate of 14.3% of pensionable pay. NHS England also paid an additional 6.3% employers' contribution on the CCG's behalf to the NHS Pension Scheme which equated to £209k in 2020-21. Both of these values are included in the NHS pension line of note 4.1.1, and the funding for the additional 6.3% is also recognised in these accounts.

5. Operating expenses

	2020-21 Total £'000	2019-20 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	3,770	3,372
Services from foundation trusts	207,612	193,113
Services from other NHS trusts	3,019	4,096
Services from Other WGA bodies	(0)	0
Purchase of healthcare from non-NHS bodies	58,358	49,579
Prescribing costs	32,980	30,562
Pharmaceutical services	635	660
GPMS/APMS and PCTMS	36,265	33,620
Supplies and services – clinical	(11)	263
Supplies and services – general	194	1,400
Consultancy services	66	505
Establishment	1,143	941
Transport	0	11
Premises	5,636	3,315
Audit fees	42	38
Other non statutory audit expenditure		
· Internal audit services	36	36
· Other services	12	-
Other professional fees	168	176
Legal fees	25	16
Education, training and conferences	362	223
Total Purchase of goods and services	**350,312**	**321,927**
Provision expense		
Provisions	2,345	(11)
Total Provision expense	**2,345**	**(11)**
Other Operating Expenditure		
Chair and Non Executive Members	100	194
Grants to Other bodies	-	28
Research and development (excluding staff costs)	-	52
Other expenditure	0	0
Total Other Operating Expenditure	**101**	**275**
Total operating expenditure	**352,758**	**322,191**

In accordance with SI 2008 no.489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008, where a CCG contract with its auditors provides for a limitation of the auditor's liability, the principal terms of this limitation must be disclosed in a note to the accounts. The auditors liability for external audit work carried out for the financial year 2018/19 is limited to £500,000

6.1 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	4,782	62,856	5,933	71,742
Total Non-NHS Trade Invoices paid within target	4,748	62,759	5,745	69,862
Percentage of Non-NHS Trade invoices paid within target	**99.29%**	**99.85%**	**96.83%**	**97.38%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	1,182	252,683	2,802	232,591
Total NHS Trade Invoices Paid within target	1,175	252,651	2,733	232,462
Percentage of NHS Trade Invoices paid within target	**99.41%**	**99.99%**	**97.54%**	**99.94%**

The Better Payment Practice Code requires the clinical commissioning group to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is the later.

During the year there have been no payments under the Late Payment of Commercial Debts (Interest) Act 1998

7. Operating Leases

7.1 As lessee
The clinical commissioning group occupies various properties, primarily Aldershot Centre for Health, which are rented to the clinical commissioning group by NHS Property Services Limited. Despite no lease being formally in place, the substance of these arrangements suggest that these should be classed as operating leases.

7.1.1 Payments recognised as an Expense				**2020-21**				2019-20
	Land	**Buildings**	**Other**	**Total**	Land	Buildings	Other	Total
	£'000	**£'000**	**£'000**	**£'000**	£'000	£'000	£'000	£'000
Payments recognised as an expense								
Minimum lease payments	-	3,931	2	**3,932**	-	1,752	8	**1,760**
Contingent rents	-	-	-	**-**	-	-	-	**-**
Sub-lease payments	-	-	-	**-**	-	-	-	**-**
Total	**-**	**3,931**	**2**	**3,932**	**-**	**1,752**	**8**	**1,760**

The CCG does not have future minium lease payment committments due to the fact that no formal leases are in place.

8 Property, plant and equipment

NHS North East Hampshire and Farnham CCG held no PPE in 2019/20 or 2021/21

9 Trade and other receivables	Current 2020-21 £'000	Non-current 2020-21 £'000	Current 2019-20 £'000	Non-current 2019-20 £'000
NHS receivables: Revenue	1,042	-	282	-
NHS receivables: Capital	-	-	-	-
NHS prepayments	3	-	914	-
NHS accrued income	3,760	-	849	-
NHS Contract Receivable not yet invoiced/non-invoice	-	-	-	-
NHS Non Contract trade receivable (i.e pass through funding)	-	-	-	-
NHS Contract Assets	-	-	-	-
Non-NHS and Other WGA receivables: Revenue	58	-	116	-
Non-NHS and Other WGA receivables: Capital	-	-	-	-
Non-NHS and Other WGA prepayments	156	-	50	-
Non-NHS and Other WGA accrued income	196	-	420	-
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	-	-	-	-
Non-NHS and Other WGA Non Contract trade receivable (i.e pass through funding)	-	-	-	-
Non-NHS Contract Assets	-	-	-	-
Expected credit loss allowance-receivables	-	-	-	-
VAT	50	-	0	-
Private finance initiative and other public private partnership arrangement prepayments and accrued income	-	-	-	-
Interest receivables	-	-	-	-
Finance lease receivables	-	-	-	-
Operating lease receivables	-	-	-	-
Other receivables and accruals	-	-	-	-
Total Trade & other receivables	**5,264**	**-**	**2,630**	**-**
Total current and non current	**5,264**		**2,630**	
Included above:				
Prepaid pensions contributions	-		-	

9.1 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	-	-	133	(6)
By three to six months	34	-	104	-
By more than six months	-	2	(1)	2
Total	**34**	**2**	**236**	**(4)**

10 Cash and cash equivalents

	2020-21	2019-20
	£'000	£'000
Balance at 01 April 2020	4	64
Net change in year	(669)	(60)
Balance at 31 March 2021	**(665)**	**4**
Made up of:		
Cash with the Government Banking Service	0	13
Cash in hand	2	(9)
Cash and cash equivalents as in statement of financial position	**2**	**4**
Bank overdraft: Government Banking Service	(667)	-
Total bank overdrafts	**(667)**	**-**
Balance at 31 March 2021	**(665)**	**4**

The clinical commissioning group did not hold any patient monies
The cash in hand value relates to the balance remaining against the pooled budgets.

11 Trade and other payables	**Current 2020-21 £'000**	Current 2019-20 £'000
NHS payables: Revenue	209	2,596
NHS accruals	776	2,410
Non-NHS and Other WGA payables: Revenue	2,072	2,602
Non-NHS and Other WGA accruals	20,245	6,481
Social security costs	58	58
VAT	-	3
Tax	51	46
Other payables and accruals	6,166	6,073
Total Trade & Other Payables	**29,577**	**20,268**
Total current and non-current	**29,577**	**20,268**

Other payables include £317k outstanding pension contributions at 31 March 2021 (£305k at 31 March 2020)

12 Borrowings	Current 2020-21 £'000	Current 2019-20 £'000
Bank overdrafts:		
· Government banking service	667	-
· Commercial banks	-	-
Total overdrafts	**667**	**-**
Total Borrowings	**667**	**-**
Total current and non-current	**667**	**-**

Due to the CCG merger at 31 March 2021 NHSE provided the facility for an additional BACS payment run to be processed on 31 March 2021 to reduce the volume of outstanding non-PO invoices to be cutover from the legacy CCG to the Frimley CCG.

The cash was paid out in April but the General Ledger cash balance shows a "technical overdraft" at 31 March 2021 because of this additional BACS run.

12.1 Repayment of principal falling due

	Department of Health 2020-21 £'000	Other 2020-21 £'000	Total 2020-21 £'000
Within one year	-	667	667
Between one and two years	-	-	-
Between two and five years	-	-	-
Between one and five years	**-**	**667**	**667**
After five years	-	-	-
Total	**-**	**667**	**667**

13 Finance lease obligations

The clinical commissioning group had no finance lease obligations as at 31 March 2021

14 Finance lease receivables

The clinical commissioning group had no finance lease receivables as at 31 March 2021

15 Provisions

	Current 2020-21 £'000	Current 2019-20 £'000
Continuing care	2,398	59
Other	-	-
Total	**2,398**	**59**
Total current and non-current	**2,398**	**59**

	Continuing Care £'000	**Total £'000**
Balance at 01 April 2020	**59**	**59**
Arising during the year	2,380	**2,380**
Utilised during the year	(7)	**(7)**
Reversed unused	(35)	**(35)**
Unwinding of discount	-	**-**
Change in discount rate	-	**-**
Transfer (to) from other public sector body	-	**-**
Transfer (to) from other public sector body under absorption	-	**-**
Balance at 31 March 2021	**2,398**	**2,398**
Expected timing of cash flows:		
Within one year	2,398	**2,398**
Between one and five years	-	**-**
After five years	-	**-**
Balance at 31 March 2021	**2,398**	**2,398**

Under the Accounts Direction issued by NHS England on 12th February 2014, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before establishment of the clinical commissioning group. However, the legal liability remains with the clinical commissioning group.
The total value of legacy NHS Continuing Healthcare provision accounted for by NHS England on behalf of the clinical commissioning group is now nil.

A provision of £2,380k has been created for the increase in the number of NHS continuing care assessments taken to Independent Review Panel (IRP) and the cases being upheld

16 Contingencies

The clinical commissioning group had one contingent liabilities as at 31st March 2021

	2020-21 £'000	2019-20 £'000
Contingent liabilities		
Net value of contingent liabilities	**-**	**-**
Contingent assets		
Net value of contingent assets	**-**	**-**

The Contingent liability is with Surrey Heartlands CCG for the increase in the number of NHS continuing care assessments taken to Independent Review Panel (IRP) and the cases being upheld.

17 Commitments

17.1 Capital Commitments

The clinical commissioning group had no contracted capital commitments not otherwise included in these financial statements at 31st March 2021

17.2 Other financial commitments

The NHS clinical commissioning group has entered into non-cancellable contracts (which are not leases, private finance initiative contracts or other service concession arrangements) which expire as follows:

	2020-21	2019-20
	£'000	£'000
In not more than one year	6,353	5,457
In more than one year but not more than five years	8,934	12,185
In more than five years	-	-
Total	**15,287**	**17,643**

The clinical commissioning group has reviewed its contracts that extend over more than one financial year. All of these contracts have break clauses, however included above are the value of those contracts where early termination would result in a significant financial impact on the clinical commissioning group.

18 Financial instruments

18.1 Financial risk management

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

Because NHS clinical commissioning group is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The clinical commissioning group has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the clinical commissioning group in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS clinical commissioning group standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the NHS clinical commissioning group and internal auditors.

18.1.1 Currency risk

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

18.1.2 Interest rate risk

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

18.1.3 Credit risk

Because the majority of the NHS clinical commissioning group and revenue comes parliamentary funding, NHS clinical commissioning group has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

18.1.4 Liquidity risk

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

18.1.5 Financial Instruments

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

18 Financial instruments cont'd

18.2 Financial assets

	Financial Assets measured at amortised cost 2020-21 £'000	Equity Instruments designated at FVOCI 2020-21 £'000	Total 2020-21 £'000	Total 2019-20 £'000
Trade and other receivables with NHSE bodies	1,159	-	1,159	742
Trade and other receivables with other DHSC group bodies	3,838	-	3,838	894
Trade and other receivables with external bodies	59	-	59	31
Cash and cash equivalents	2	-	2	4
Total at 31 March 2021	**5,057**	**-**	**5,057**	**1,671**

18.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2020-21 £'000	Other 2020-21 £'000	Total 2020-21 £'000	Total 2019-20 £'000
Loans with external bodies	667	-	**667**	0
Trade and other payables with NHSE bodies	648	-	**648**	431
Trade and other payables with other DHSC group bodies	7,366	-	**7,366**	10558
Trade and other payables with external bodies	21,454	-	**21,454**	9173
Total at 31 March 2021	**30,135**	**-**	**30,135**	**20,162**

19 Operating segments

The NHS clinical commissioning group and consolidated group consider they have only one segment: commissioning of healthcare services.

	Gross expenditure £'000	Income £'000	Net expenditure £'000	Total assets £'000	Total liabilities £'000	Net assets £'000
EUEmissions	358,113	(272)	**357,841**	5,266	(32,642)	**(27,376)**
Total	**358,113**	**(272)**	**357,841**	**5,266**	**(32,642)**	**(27,376)**

19.1 Reconciliation between Operating Segments and SoCNE

	2020-21 £'000
Total net expenditure reported for operating segments	357,841
Total net expenditure per the Statement of Comprehensive Net Expenditure	357,841

19.2 Reconciliation between Operating Segments and SoFP

	2020-21 £'000
Total assets reported for operating segments	-
Total assets per Statement of Financial Position	**5,266**

	2020-21 £'000
Total liabilities reported for operating segments	(32,642)
Total liabilities per Statement of Financial Position	**(32,642)**

20 Joint arrangements - interests in joint operations

The clinical commissioning group has entered into pooled budgets with both Hampshire and Surrey County Councils as follows:
(i) Hampshire Better Care Fund hosted by Hampshire County Council; and
(ii) Surrey Better Care Fund hosted by Surrey County Council.
The Better Care Fund has been established by HM Government to provide funds to local areas to support the integration of health and social care. In this arrangement funds are pooled under Section 75 of the NHS Act 2006 which gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise

35.1 Interests in joint operations

			Amounts recognised in Entities books ONLY 2020-21				Amounts recognised in Entities books ONLY 2019-20			
Name of arrangement	**Parties to the arrangement**	**Description of principal activities**	**Assets**	**Liabilities**	**Income**	**Expenditure**	**Assets**	**Liabilities**	**Income**	**Expenditure**
			£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Hampshire Better Care Fund	Fareham and Gosport CCG, Hampshire County Council, North East Hampshire and Farnham CCG, North Hampshire CCG, South Eastern Hampshire CCG, West Hampshire CCG	Jointly commissioned community services as set out in Section 75 and Section 256 agreements	-	-	-	12,622	-	-	-	10,601
Surrey Better Care Fund	Surrey Heartlands, North East Hampshire and Farnham CCG, Surrey County Council, East Berkshire CCG, Surrey Heath CCG]	Jointly commissioned community services as set out in Section 75 agreements	-	-	-	2,804	-	-	-	2,661

21 Related party transactions

Details of related party transactions with individuals are as follows:

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	341	-	1	-
BRANKSOMEWOOD HEALTHCARE CENTRE	1,380	-	86	-
CAMBRIDGE PRACTICE (Southlea & Victoria)	2,495	-	552	-
CRONDALL NEW SURGERY	872	-	104	-
DOWNING STREET GROUP PRACTICE	1,392	-	144	-
FARNHAM DENE MEDICAL PRACTICE	1,764	-	366	-
THE FERNS MEDICAL PRACTICE	1,343	-	179	-
FRIMLEY HEALTH NHS FOUNDATION TRUST	149,853	(90)	963	(4,676)
HOLLY TREE PRACTICE	1,061	-	132	-
INSIDEVUE LTD	269	-	41	-
JENNER HOUSE SURGERY	953	-	103	-
LLOYDS PHARMACY LTD	18	-	-	-
NHS EAST BERKSHIRE CCG	3,717	(295)	45	-
NHS SURREY HEATH CCG	79	(66)	65	(11)
PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST	169	(64)	2	-
RIVER WEY MEDICAL PRACTICE (O'Donnell)	811	-	142	-
SALUS MEDICAL SERVICES	5,587	-	143	-
SOUTHERN HEALTH NHS FOUNDATION TRUST	118	(31)	26	-
Total	**172,223**	**(546)**	**3,093**	**(4,687)**

22 Events after the end of the reporting period

NHS North East Hampshire and Farnham CCG was dissolved on 31 March 2021 having merged with NHS East Berkshire clinical commissioning group and NHS Surrey Heath clinical commissioning group to establish NHS Frimley CCG with effect from 1 April 2021. This followed approval by the NHS England Regional Support Group (RSG) on 2 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.

The estimated finanical effect of the merger is set out in the table below:

	SH CCG	NEHF CCG	EB CCG
	£'000	**£'000**	**£'000**
Property, Plant and Equipment as at 31 March 2021	0		106
Intagibles as at 31 March 2021	0		
Cash and cash equivalent as at 31 March 2021	41	2	3
Receivables as at 31st March 2021	362	5,264	3,665
Payables as at 31 March 2021	(9,205)	(29,577)	(68,090)
Borrowings as at 31 March 2021	0	(667)	(1,325)
Provisions as at 31 March 2021	(193)	(2,398)	(625)
General Funded balance at 31 March 2021	**(8,995)**	**(27,376)**	**(66,266)**

23 Third party assets

The clinical commissioning group did not hold any cash or cash equivalents on behalf of other parties.

24 Financial performance targets

NHS clinical commissioning group have a number of financial duties under the NHS Act 2006 (as amended).
NHS clinical commissioning group performance against those duties was as follows:

	2020-21	**2020-21**	**2020-21**	2019-20	2019-20	2019-20
	Target	**Performance**	**Target Achieved**	Target	Performance	Target Achieved
Expenditure not to exceed income	358,123	358,113	Yes	328,101	328,088	Yes
The notes on pages 126 to 142 form part of this statement			N/A	-	-	N/A
			Yes	326,443	326,430	Yes
			N/A	-	-	N/A
The financial statements on pages 122 to 142 were approved by the Audit Committee on 9th of June 2021 and signed on its behalf by:			N/A	-	-	N/A
			Yes	5,007	4,903	Yes

Accountable Officer Date: 16th June 2021

The Resource Allocation Directions for 2019/20 are based on 'in year' funding rather than a cumulative position. Therefore, the table above shows NHS North East Hampshire and Farnham CCG's financial performance against its 'in year allocation' for 2019/20.

25 Losses and special payments

Losses

The clinical commissioning group had no losses and made no special payments in 2020/21 or 2019/20.