Healthier, happier, longer

NHS
Telford and Wrekin
Clinical Commissioning Group

ANNUAL REPORT AND ACCOUNTS 2019/20

www.telfordccg.nhs.uk

CHAIR'S FOREWORD

Once again we have had a very eventful year, which started in April 2019 with the departure of two of our clinical board members, Dr Andy Inglis and Dr Jim Hudson, both of whom had been involved with the CCG since its inception and were highly valued for their energy, enthusiasm and commitment to the healthcare of our population.

Two newly-elected clinicians joined the Board – Dr Ian Chan, a GP Partner from Teldoc, and Rachael Bryceland, an Advanced Nurse Practitioner from Stirchley Medical Practice, both of whom have involved themselves enthusiastically in the work of the CCG.

It became clear at the beginning of the year that a move towards forming a new Strategic Commissioning Organisation with Shropshire CCG was inevitable and much of the work of the year has headed in that direction. We appointed Dave Evans as Joint Accountable Officer for the two CCGs from the beginning of October, and he has been working on designing and appointing a Joint Executive team since then.

Sadly, we will say goodbye to Chris Morris and Fran Beck at the end of March. They have both been valued members of the CCG Board and Executive Team since the beginning of the organisation and will both be sorely missed. We all wish them well in their retirement.

Our plans to form the new organisation on 1 April 2020 were not agreed by NHS England / NHS Improvement, who felt that we were not fully prepared, so there is a gradual alignment of the two current CCGs taking place, that will culminate in a new organisation forming on 1 April 2021, subject to their agreement.

During the next few months, the board will be subject to a Management of Change process, by the end of which I shall be leaving to make way for a new Clinical Chair, who will represent the GP practices across the whole county, following an election process for new clinical board members.

An important part of the changes is the strengthening of place-based working in Telford and Wrekin, in partnership with the local authority, community services and mental health services, maintaining the identity and culture of Telford and responding appropriately to the needs of our population. A local Leadership Programme has been supporting key individuals in this process.

At the same time, general practices have been going through enormous changes, forming into four Primary Care Networks across Telford and Wrekin, learning how to work closely together and planning new ways of working at scale. This has been a challenging process but will hopefully result in increased resilience of primary care.

During the past year, staff in the CCG have continued to work cheerfully and enthusiastically, despite the uncertainty over their future, which will hopefully be resolved in the early stages of 2020/21. We have a fantastic group of staff, whom I will miss very much when I leave, and I would like to say a huge "thank you" to them all for their hard work, positivity and support. I will miss you all!

Dr Jo Leahy, Chair
24 June 2020

CONTENTS

Please note the following report contains several links to signpost the reader to more information. These links and the associated information contained within them are not subject to audit.

PERFORMANCE REPORT

Performance overview by Mr David Evans, Chief Officer

This is the seventh Annual Report from Telford and Wrekin CCG, and it is a year that has seen considerable challenges.

The growing demands on our services, particularly in A&E departments and Continuing Healthcare, along with missing the Quality, Innovation, Productivity and Prevention target means the CCG's financial position shows a deficit for the first time.

We have worked closely with our partners to improve performance of our services. This year we have seen Primary Care Networks put in place, with GPs working together to improve the range and effectiveness of services, and to break down the barriers between primary and community services. Our GP practices should also be recognised for the work they have done on extended access appointments – improving availability of evening and weekend appointments.

We have seen continued success in the Prescription Ordering Department, and this year have expanded the service to care homes across Telford. The service has driven down medicines waste, enhanced relationships with care homes and improved quality of care provided to our care home residents.

We have been particularly successful in reducing the number of patients who have long stays in hospital – reducing the number of patients who stay for more than 21 days to below the regional and national average. This couldn't have been achieved without the support of the local authorities, working with us to get the best outcomes for people.

Less encouraging has been the performance against our access and waiting time targets. There continues to be a significant increase in the number of patients attending A&E, and an ageing population with an increase in complex conditions has added strain to our system.

In line with the rest of the country, the provider organisations have seen workforce challenges this year. Demand is outstripping supply of skilled staff. Many of our staff are approaching retirement, and we have to rely more on agency staff to deliver care.

Disappointingly, The Shrewsbury and Telford Hospital NHS Trust (SaTH) was evaluated as 'inadequate' by the Care Quality Commission. Improvements in maternity services were noted in the latest inspection, and action plans responding to the CQC inspection continue to be progressed.

The final six weeks of the year have seen additional significant challenges presented by the COVID-19 virus. This has impacted our system – as it has those across the country – and will continue to dominate over the coming months. In terms of the CCG the impact has been to cease most everyday functions, with some notable exceptions like quality monitoring in high risk areas, final accounts processes to help redeploy staff to frontline medical roles and for non-clinical staff to be redeployed to critical business areas of the CCG and to provide capacity to oversee the system response. However, we have a robust contingency system in place to ensure patients continue to be looked after safely during this time. This six-week period has seen a reduced demand in A&E, as we have seen patient behaviours change.

We have many challenges ahead, and I would like to thank all our partners for their support in helping us to improve services for the population to help them live longer and healthier lives.

I would like to personally thank all the teams in the CCG including the Board, the executive team, all members of staff and our member practices. This year we said goodbye to Chris Morris and Fran Beck. I would like to thank them for all their hard work and commitment since Telford and Wrekin CCG was formed – they will be missed.

It continues to be a privilege to lead Telford and Wrekin CCG, and I am grateful for the contribution that everyone has made in enabling us to deliver improvements in the health of the population and the services we commission on their behalf.

Mr David Evans, Chief Accountable Officer
24 June 2020

Statement of purpose and activities of the CCG

This section of the Annual Report provides summary information on NHS Telford and Wrekin CCG – its purpose, key risks to the achievement of the organisation's objectives and how the organisation has performed over 2019/20.

About us

NHS Telford and Wrekin Clinical Commissioning Group (CCG) is a statutory body established under the Health and Social Care Act 2012.

It was fully authorised as a Clinical Commissioning Group on 1 April 2013, with no conditions on its operations and the principal location of our business is at Halesfield 6, Telford TF7 4BF.

The CCG is a membership organisation, during 2019/20 there were 13 GP practices in Telford and Wrekin and are all member practices of the CCG. As local GPs, we have regular contact with patients and know what health services are needed to support our local population.

We are all committed to making a difference by putting patients at the heart of our decision-making and ensuring that every clinician is involved. By striving for the best possible standards, we want patients to be confident that they can access safe and quality care locally.

Telford and Wrekin CCG is responsible for designing and purchasing (commissioning) healthcare in the Telford and Wrekin area:

- We plan what services are needed to support the health needs of our local population
- We buy services such as mental health, hospital care and community services
- We monitor these services to ensure patients in Telford and Wrekin have safe and quality care.

This means we commission services from a range of providers, including:

- Most of our local acute services come from Shrewsbury and Telford Hospital NHS Trust (SaTH)
- Community services from Shropshire Community Health NHS Trust
- Mental health services from Midlands Partnership NHS Foundation Trust (MPFT)
- Out of hours primary care services from Shropshire Community Health NHS Trust and Shropshire Doctors Co-operative (Shropdoc)
- Ambulance services from West Midlands Ambulance Service University NHS Foundation Trust (WMAS).

We also work closely with other organisations including NHS England, which is the organisation that is responsible for buying GP, pharmacy, dental and specialised services in our area and across England, to ensure that health services delivered locally are joined up.

In addition to our statutory duties, we also discharge the responsibility – on behalf of NHS England – for commissioning primary care services in our area.

Our other key local partner is Telford and Wrekin Council. We work closely together to commission services that cross social and health boundaries. This is done through the Better Care Fund (BCF) and services where we have developed a joint strategy, for example, mental health services for children and young people. We have also begun to align services across the four neighbourhood areas

making up Telford and Wrekin, so that social care, self-help support services and health services are located closer to people's homes.

Our vision and objectives

Our vision reflects the changed driver from a focus on ill health to a local one, driven by the need to help maintain an individual's wellbeing:

> *"Working with our patients, Telford and Wrekin CCG aspires to have the healthiest population in England. Healthier, Happier, Longer."*

Working with our partners, NHS services, GP members and patients, we have identified five key objectives to help us deliver our vision of health service provision. These objectives will guide our decision-making to deliver high quality, equitable, safe and locally driven care:

- To improve commissioning of effective, safe and sustainable services, which deliver the best possible outcomes based upon the best available evidence
- To increase life expectancy and reduce health inequalities
- To encourage healthier lifestyles
- To support vulnerable people
- In meeting the objectives above, to exercise CCG functions effectively, efficiently and economically, and in accordance with generally accepted principles of good governance and as an employer of choice.

Population challenges

We serve a total population of around 173,000 people across Telford and Wrekin. We have a large, younger urban population with some rural areas. Many of the people we serve live in deprived areas, with more than a quarter (27 per cent) of the borough's population living in the 20 per cent most deprived areas nationally, an increase of 24 per cent in 2010.

As a result, tackling health inequalities is a priority for us:

- During the 2011 Census, 80.2 per cent of the population of Telford and Wrekin reported that they had good or very good health. This is slightly lower than the 81.4 per cent in England. A further 6.2 per cent reported having bad or very bad health. This varied by age with, adults aged 16-64 at 3.2 per cent whereas adults 65 and over were at 18.1 per cent
- The life-expectancy at birth in Telford and Wrekin is 78.1 years for males. The equivalent figure for females is higher at 81.8. Both ages are significantly worse than their equivalent England averages of 79.3 and 83.0 respectively
- The standardised mortality ratio (SMR) due to all causes for those under 75 in Telford and Wrekin is worse than the national. This remains true when the separate and specific causes of either cancer, circulatory disease or coronary heart disease are separately considered
- The standardised mortality ratio (SMR) due to all causes (for all ages) in Telford and Wrekin is worse than the national ratio. This remains true when the separate causes of either: cancer, circulatory disease, coronary heart disease, stroke, and respiratory disease are measured
- The standardised incidence ratio (SIR) for all cancers in Telford and Wrekin is similar to the national ratio. This remains true when the separate cancer types of either: breast, colorectal and lung cancer are measured. The SIR for prostate cancer, however, is significantly better than that nationally

- The 2011 Census found 1,562 children (aged 0-15) in Telford and Wrekin with a long-term limiting health problem or disability that limited their daily activity. This amounts to a rate of 4.6 per cent of the 0-15 population. In a more detailed age breakdown, the rate increases with age, with those aged 0-4 having a rate of 2.5 per cent. The 2011 Census found 15,938 adults aged 16-64 in Telford and Wrekin with a long-term limiting health problem or disability that limited their daily activity. This amounts to a rate of 14.7 per cent of the 16-64 population. In a more detailed age breakdown, the rate increases with age, with those aged 55-64 having the highest rate of 29.6 per cent
- The 2011 Census found 13,495 older people aged 65 and over in Telford and Wrekin with a long-term limiting health problem or disability that limited their daily activity. This amounts to a rate of 56.0 per cent of the 65 and over population. Telford and Wrekin have 2,400 residents aged 16-64 with serious physical disability. A further 8,300 have a moderate physical disability. Telford and Wrekin are estimated to have 1,000 children aged 5-10 and 1,400 aged 11-16 with a mental health disorder
- Telford and Wrekin estimates it has 17,400 adults aged 16-64 with a common mental health disorder. The majority of these (10,600) are female, a prevalence of nearly 20 per cent of all females aged 16-64. In men this prevalence is 12.5 per cent
- In Telford and Wrekin, there are estimated to be 700 older people aged 65 and over with severe depression. The prevalence of severe depression in those 65 and over varies with age. It is most prevalent in the 85 and over age group at 3.9 per cent
- Telford and Wrekin is estimated to have 1,800 residents aged over 64 suffering from dementia. The number of sufferers increases with age band, with 800 sufferers aged 85 and over
- In Telford and Wrekin, it is estimated that 4,000 residents have a learning disability. The majority (3,300) have a baseline learning disability, the remaining 700 having a moderate or severe learning disability
- The Standardised Admissions Ratio of emergency hospital admissions in Telford and Wrekin is 112.8 for coronary heart disease (CHD), 136.3 for stroke, 116.7 for myocardial infarction (heart attack), and 112.1 for chronic obstructive pulmonary disease (COPD). All of these figures are worse than national.

All of the above figures are drawn from: https://www.telford.gov.uk/factsandfigures.

As a CCG, we are committed to working with patients and clinicians to help people manage their long-term conditions and ensure services can support the ageing population we have.

Working with partners

We continue to build on the strong history of partnership working in Telford and Wrekin through the Shropshire, Telford and Wrekin Sustainability and Transformation Partnership (STP). We are leading on a number of initiatives with partners that are key to delivery of STP objectives and this will continue to be a key focus for us in 2020/21.

Providers

2019/20 has continued to be a very challenging year for providers. Performance has generally improved for planned care, although there has been an impact from the challenges in A&E – by making sure the NHS Constitutional requirement for patients to have treatment within 18 weeks from referral to treatment (RTT), and cancer targets (also measured by a series of waiting measures), are met.

The local health economy has continued to struggle to meet the target of ensuring 95 per cent of people attending A&E are seen within four hours – which reflects the national position during the year. This performance has continued to deteriorate and all partners including social care, continue to be heavily engaged in delivering a recovery plan, which is being overseen by the A&E Delivery Board and an Urgent Care Director.

We have provided collaborative support to improve quality of services and waiting times for patients and to help providers design new ways of working to meet these demands. There have been difficult points in the year where our partnerships have been tested, but we will continue to strive to commission in a way that balances collaboration with contractual requirements, to ensure our population receives high quality healthcare services.

Telford and Wrekin Health and Wellbeing Board (HWBB)

Our Chair, Dr Jo Leahy and Chief Officer, David Evans both sit on the HWBB. The HWBB has continued to mature. The HWBB reviewed its Strategy and associated priorities for 2016-19, and the following three priorities were identified:

- Encourage healthier lifestyles
- Improve mental wellbeing and mental health
- Strengthen our communities and community-based support.

The current Strategy is available at:
https://www.telford.gov.uk/downloads/file/4005/health_and_wellbeing_strategy_2016

The impact of the Strategy has been monitored by the HWBB during 2019 based on update reports and outcome frameworks produced and presented regularly. The HWBB is now in the process of refreshing the Strategy. It also forms part of the STP governance structure to ensure that partnership working is truly at the centre of the delivery of the STP.

Telford and Wrekin Council

The Better Care Fund (BCF) continues to be an important focus for our partnership working with Telford and Wrekin Council. Switching care from an acute setting to a community setting relies in part on the success of the BCF and we have created programme support to ensure that we have the right skills and capacity to oversee this.

In addition, we continue to work collaboratively on our local neighbourhood working model which forms an important element of the STP. This work is allowing us to explore – in a more meaningful way – how health and social care services can be delivered in more community settings, closer to people's homes. Ultimately the aim is for services to be more integrated, so we support the whole person and not just a disease.

Health Overview and Scrutiny Committee, Telford and Wrekin Council

Our interaction with the Joint Health Overview and Scrutiny Committee has continued to be significant during 2019/20. A number of service redesign projects have been discussed at the Committee, as well as regular updates on the progress of other initiatives. This includes our proposal to create a single CCG across Telford and Wrekin and Shropshire.

NHS Shropshire CCG

We work collaboratively with our neighbours in Shropshire CCG on several key issues including safeguarding, Future Fit, local maternity services, midwife-led units service review, primary care

working programmes and lead commissioning arrangements with shared providers. We generally work in partnership on procurement programmes and are closely aligned when negotiating contracts with our provider trusts. We have also have a joint contracting function to support our commissioning processes and a joint quality function across both CCGs.

We have continued to explore opportunities to work together, with our greatest focus now being on dissolving the existing CCGs to create a single strategic commissioner in April 2021, and to create a single staff structure to support both CCGs in the interim period.

NHS Midlands and Lancashire Commissioning Support Unit (MLCSU)

MLCSU currently provides most of our functions through a contract ranging from financial management to human resources and information governance. We continue to work with MLCSU in terms of consistency of services provided.

Key issues and risks

We track the progress of our service providers (e.g. local hospitals, community services, primary care practices) against several national outcomes indicators and ensure that patient rights within the NHS Constitution are maintained. Additionally, we have set local priorities against which provider progress is monitored. Performance reports are presented to and scrutinised by every meeting of the Planning Performance and Quality (PPQ) Sub-Committee of the Board and a summary of key issues presented to the Board on a monthly basis. The performance reports can be found on our website: https://www.telfordccg.nhs.uk/who-we-are/publications

The key issues and risks include:

- Non-achievement of the access/waiting time targets for:
    - 95 per cent of patients to be seen within four hours after arrival at A&E
    - 92 per cent of patients receiving consultant-led treatment within 18 weeks after referral
    - 95 per cent of patients beginning their first treatment for cancer within 62 days following an urgent GP referral for suspected cancer.
- Non-achievement of quality related performance targets including:
    - Smoking at time of delivery amongst pregnant mothers
    - Diagnosis of dementia to the prevalence level estimated for our population
    - Prescribing activity for key conditions including diabetes in primary care.

We work with key providers to improve performance. Risks to sustainable recovery include:

- Workforce capacity – which is a challenge for most of our providers
- The impact on demand of our ageing population
- Culture and attitude to risk which also impacts on demand.

Increasingly, we recognise that system solutions are needed to address the problems and so engage tirelessly with system partners to develop Recovery and Improvement Plans which are then closely monitored together.

2019/20 financial position

2019/20 has been a very challenging year financially for Telford and Wrekin CCG. The agreed planned position for the CCG was to breakeven in year. At the time of plan submission, this also carried an unmitigated risk of £4.1 million.

Unfortunately for the first time, the CCG has been unable to meet its plan and has instead ended the year with a £13.1 million in-year deficit.

From early in the year, a significant deterioration from the planned deficit became apparent and at month nine, the CCG submitted a formal financial reforecast which was agreed with NHSE/I. The CCG ended the financial year with a total in year deficit of £13.1 million. The majority of the overspend is deemed to be recurrent and the total underlying position is currently assessed as a £15.3 million deficit. (One-off benefits have been utilised in-year, such as slippage in investments and balance sheet flexibility hence reducing the in-year total).

The three main drivers of the deficit during 2019/20 have been:

- **Emergency activity (including A&E, NEL and ambulance):** Emergency care budgets significantly overspent. The final overspend against plan was £2.4 million (6 per cent) in emergency spells of care in hospital, £0.5 million (6 per cent) in A&E attendances and £0.4 million (4.8 per cent) in ambulance conveyances.
- **Individual commissioning (including continuing healthcare and mental health):** Individual Commissioning Costs have also significantly risen in 2019/20. The overspend in this area was £4.6 million (35 per cent) over budget. The CCG has seen a steep increase in costs particularly in the areas of mental health, adult joint funded and adult fully funded where both numbers of packages and costs of care packages have risen.
- **Slippage in QIPP delivery:** £4.9 million of the CCG's QIPP (Quality, Innovation, Productivity and Prevention) target was categorised as 'unidentified' at the start of the financial year, and despite efforts to develop schemes in year this value only reduced to £4.2 million 'unidentified'. The CCG was able to deliver £5.8 million of QIPP against the original target of £10.6 million (55 per cent). The remaining 45 per cent slippage has contributed to the in-year deficit.

The CCG started the year with a cumulative surplus of £7 million, and is therefore now showing a cumulative deficit at the end of 2019/20 of £6.1 million.

Throughout 2019/20, the CCG put in place a number of financial recovery actions to attempt to tackle the growing deficit including 'grip and control 'measures and enhanced financial governance procedures. The CCG held regular sessions with the Governing Body and membership to maintain focus on the financial position and to identify additional cost saving opportunities across the system. The wider healthcare system was also engaged throughout through STP DOFs meetings and the STP System Operational Sustainability Group (SOSG). The STP has also established a medical and finance group bringing together senior leaders from all organisations to consider and progress opportunities to minimise costs and avoid high cost acute admissions.

As the CCG moves into 2020/21, it continues to work with NHSE/I locally to highlight areas of additional savings and improved governance. Recruitment to a single executive structure of the CCGs is now complete and in operation from January 2020, enhancing focus on the financial position and identification of QIPP/savings opportunities.

Adoption of going concern basis

The impact of the global pandemic COVID-19 has required the CCG to review whether this creates material uncertainty regarding its going concern status. At this time, it is judged that the going concern status of the organisation remains unchanged however it is recognised that there has been a significant impact on how we operate. Our assessment of going concern is made on the basis that government support is available to the NHS for all COVID-19 related costs and the CCG is fully participating in all financial returns and reviews.

The CCG have taken steps to maintain business continuity for the finance function during this time in order that payments and collection of debt are not materially impacted. These steps include securing remote access to financial systems for all finance staff and budget holders, and working with our third party providers (Midlands and Lancashire CSU and Shared Business Services), to ensure transactional processing is not adversely affected.

Although the financial position of the CCG and the issue of a Section 30 report by the Secretary of State for Health indicates some uncertainty over the CCG's ability to continue as a going concern, the Governing Body, having made appropriate enquiries, have reasonable expectations that the CCG will have adequate resources to continue in operational existence for the foreseeable future. As directed by the Group Accounting Manual 2019/20, the Governing Body have prepared the financial statements on a going concern basis as they consider that the services currently provided by the CCG will continue to be provided in the foreseeable future. On this basis, the CCG has adopted the going concern basis for preparing the financial statements and has not included the adjustments that would result if it was unable to continue as a going concern.

PERFORMANCE SUMMARY

Integrated performance and quality dashboard 2019/20

Telford and Wrekin CCG tracks the progress of its service providers (e.g. local hospitals and community services) against several national outcomes indicators and ensures that patients' rights within the NHS Constitution are maintained. Additionally, the CCG has set local priorities against which providers' progress is monitored. Performance reports are presented to the Board on a monthly basis and can be found on our website: https://www.telfordccg.nhs.uk

The Performance Dashboard below shows up to 12 months' achievements from 1 April 2019 to 31 March 2020 against patient rights defined in the NHS Constitution. The data is provided via MLCSU using the Aristotle tool.

The table below will be further updated by the May submission deadline.

CCG Improvement and Assessment Framework (IAF)

In addition, the CCG itself is monitored by NHS England against the CCG Improvement and Assessment Framework (IAF) five key domains via monthly assurance meetings, on how well it is performing as a commissioner of services for the people of Shropshire.

During 2019/20, NHS England and NHS Improvement have been developing a new framework of performance monitoring that enables them to monitor the NHS commissioning and provider organisations within a Sustainable Transformation Partnership and Integrated Care System. The NHS Oversight Framework (NHS OF) for 2019/20 outlines the joint approach that NHS England will take to oversee organisational performance.

For more information, see NHS England's website:
www.england.nhs.uk/publication/nhs-oversight-framework-for-2019-20/

The NHS OF has therefore replaced the NHS Improvement and Assessment Framework (IAF) and will inform the assessment of Telford and Wrekin CCG in 2019/20. This will enable joint working between the CCG, NHS England, sustainability and transformation partnerships (STPs) and Integrated Care Systems (ICSs).

The outcomes of the annual meeting for 2019/20 with NHS England had not been published in time for the publication of this annual report.

The CCG will use the feedback from this annual assurance and the regular meetings with NHS England during the financial year, to assess its own effectiveness and to agree actions to be taken to enhance its performance.

PERFORMANCE ANALYSIS

Primary care

On 1 July 2019, Primary Care Networks (PCNs) were formally put in place across Telford and Wrekin CCG. PCNs are made up of groups of neighbouring general practices. New national funding is being channelled through PCNs to employ staff to deliver services to patients across the member practices. PCNs are not new legal bodies, but their formation requires existing providers of general practice to work together and to share funds on a scale not previously seen in UK general practice. The vision is that PCNs will improve the range and effectiveness of primary care services, break down the barriers between primary and community services and boost the status of general practice within the wider NHS.

There are four PCNs in Telford and Wrekin, covering populations ranging from around 30,000 to 72,000.

Primary Care Network (PCN)	Constituent practices
Central Telford PCN	Charlton Medical Practice
	Donnington Medical Practice
	Shawbirch Medical Practice
Newport PCN	Linden Hall Surgery
	Wellington Road Surgery, Newport
South East Telford PCN	Court Street Medical Practice
	Dawley Medical Practice
	Hollinswood Medical Practice
	Ironbridge Medical Practice
	Stirchley Medical Practice
	Wellington Medical Practice
	Woodside Medical Practice
Teldoc PCN	Teldoc

During 2019/20, every PCN appointed a Clinical Director as its named accountable leader, responsible for delivery. Although PCNs are in the early stages of development, the Clinical Directors will play a critical role in shaping and supporting the wider Integrated Care System.

PCNs also started to recruit to new roles as detailed in 'Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan', available on NHS England's website: https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf

Social prescribing link workers and clinical pharmacists were the priority appointments during 2019/20. During 2020/21, the CCG will work closely with PCNs to support the recruitment of more 'additional' roles to general practice including social prescribing link workers, clinical pharmacists, first contact physiotherapists, physicians associates, community paramedics, pharmacy technicians, dietitians, occupational therapists, chiropodists/podiatrists, health and wellbeing coaches and care coordinators.

Improving access to general practice

During 2019/20, the CCG worked with PCNs and patient groups to improve access to extended access appointments. Extended access appointments are appointments that are provided outside

core general practice hours of 8.00am to 6.30pm Monday to Friday, for routine issues. The new service was launched in September 2019. Prior to September, extended access appointments were difficult for patients to navigate. The appointments are now provided on a hub-based model (from four premises – Stirchley Medical Practice, Wellington Medical Practice and two of Teldoc's premises, Lawley and Malinslee). The appointments are available 365 days a year, from 6.30pm to 8.00pm (Monday to Friday) and from 8.00am to 8.00pm every Saturday, Sunday and on bank holidays.

Patients can access extended access appointments by calling the GP practice that they are registered with. If the call is made during core working hours, an extended access appointment should be offered on an equal footing to a core hour appointment. If the call is made outside core hours, up until 8.00pm, it will either be diverted directly to the extended access call centre and details of how to contact the call centre will be provided. Patients using the extended access service are offered 15 minute appointments. All appointments must be pre-booked. The CCG has seen excellent utilisation of the extended access appointments with 86 per cent of available appointments are being booked. The CCG will work with service providers during 2020/21 to further refine the service and increase the utilisation of appointments.

In addition to extended access, the 'Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan' further increased access to primary care by developing an additional scheme, called extended hours. Implemented in Summer 2019, this scheme also commissions additional appointments at times to meet the needs of patients. For example, some practices open at 7.00am so patients can attend an appointment prior to work.

The two schemes create an additional 184 hours of appointments per week.

Primary care infrastructure – estates

Work has continued to ensure the CCG has a sound knowledge of the facilities from which primary care is delivered. This includes the commissioning of a utilisation study to form a central part of the estate's strategy and is being developed jointly with colleagues in Shropshire CCG.

Last year, we reported plans that Teldoc – the largest GP practice in Telford – had to create a care navigation centre, reducing the number of sites services were provided from. These plans were agreed, and work is now being completed to ensure the changes are realised.

Delivering the priorities of the General Practice Forward View

We are currently completing the fourth year of a five-year programme of work to improve the retention and resilience of the workforce in primary care. Using national funding, a variety of schemes have been implemented jointly with colleagues from Shropshire CCG. These include:

- Commissioning a range of training and development courses for all professional groups working in primary care – to develop their clinical knowledge and their personal and team resilience to manage the pressures they face in delivering high quality care
- Launching a fellowship programme for newly qualified nurses and doctors coming to work in primary care
- Working with doctors in training to learn from their experiences to support their retention within our local economy
- Promoting the benefits of the recruitment of new professional groups roles – developing competency-based approaches to delivering primary care that makes the best use of the workforce

- Inviting practices and the emerging PCNs to develop local, bespoke schemes that address the unique resilience and retention schemes. We look forward to being able to report the outcomes of these schemes in next year's Annual Report.

Primary care infrastructure – information and technology

There is a comprehensive programme of work to implement national priorities. Central to the delivery of priorities was the procurement of the provider for the installation of the health and social care network (HSCN). The additional bandwidth that this new infra-structure will provide, will act as the foundation of greater access alternatives for patients. This will include video consultations.

Two practices have piloted the use of online consultations. This facility enables patients to follow a process to discuss their requirements with their GP, without the need for a face to face GP appointment. The system includes safety checks through pre-set questions that divert patients to other healthcare services if required. The early feedback from both patients and practices has been good. We anticipate all patients having access to online consultations by the end of March 2020.

Linden Hall Practice has taken the lead on implementing virtual desktop infra-structure (VDI). This is a system that stores all information and operating systems securely 'in the cloud'. This approach improves business continuity and reduces the risk of local IT issues. It has the potential to release resources as the CCG will not need to invest in software upgrades and can use kit with a much lower specification. Dr Stefan Waldendorf has spearheaded this work, sharing the system's clinical benefits to colleagues.

When Dr Waldendorf is completing a home visit, he can access all records; including all blood results that enable more effective decision-making. He can also update records at the time of the appointment. The system also helps to improve the work/life balance of GPs by enabling the completion of work at a time that is more convenient. This remote element of VDI will be rolled out to all practices by the end of March 2020.

Integrated Urgent Care Services

For some years, the NHS has not required local GPs to provide care outside of practice opening hours for urgent care. The GP out of hours service is part of an Integrated Urgent Care Service that is commissioned jointly across the 16 CCGs of the West Midlands. Urgent and emergency ambulance services and NHS 111 are commissioned jointly, with each CCG commissioning their own local GP service.

Shropshire Doctors Co-operative Ltd, working with Shropshire Community Healthcare Trust, deliver this service for the people of Telford and Wrekin. Throughout 2019/20, we have worked with colleagues in Shropshire to make sure this service is timely and responsive to the requirements of our patients.

National Diabetes Prevention Programme (NDPP)

The National Diabetes Prevention Programme is an NHS England/Improvement commissioned scheme. When people are identified as being at risk of developing type two diabetes; they are referred into this nine-month lifestyle change management programme. Evidence from across England has shown this programme has reduced the risk of people going on to develop diabetes.

From April 2020, a new provider will be delivering this service. This new programme will also include an online option for people who prefer it or cannot attend a local venue.

Telford and Wrekin Integrated Place Partnership (TWIPP)

Telford and Wrekin CCG has been working very closely with the local authority since 2015 to help the residents of our town live healthier and happier lives. As part of this we have talked with members of the public, patients, carers and frontline staff. We have heard a strong message that people would like to be treated at home wherever possible and that people want support and help to manage their health conditions. We have also been told that people would like services to be more joined up, especially between health and social care. We recognise that too many people are being admitted to hospital that could be managed in the community. This increased demand has led to long waits in our A&E. In addition, especially for our older population, an inpatient stay can result in a decline in ability to look after themselves due to a condition known as deconditioning.

During 2019/20, we have been focusing on bringing together the CCG, local authority, providers of community services, mental health services and local acute hospital services with the Clinical Directors of the newly formed Primary Care Networks to agree and develop schemes that will help us address the issues described above. Together, this group of people are known as the Telford and Wrekin Integrated Place Partnership.

During November 2019, we held a workshop with members of the voluntary sector, they decided they would like regular workshops to discuss the work of the partnership and how they could be involved. Healthwatch Telford and Wrekin are observers of the partnership and aim to ensure the interests of patients are being considered in the work we are doing.

By working together, the Telford and Wrekin Integrated Place Partnership aims to ensure:

- Communities will be connected and empowered
- People will know about their condition, the support available within their community and will stay healthy for longer
- Clinical outcomes will be optimised for patients
- Services will be available closer to home for patients
- People will feel supported during times of crisis (both physical and mental health)
- People and their carers will be supported at the end of their lives.

Key areas of development during 2019/20

Strengthening and improving health and social care closer to our communities

During 2019/20, we have been working with our partners in TWIPP to assist people to be active partners in their care and receive care closest to home wherever possible.

Below are some examples of the schemes the CCG has led on.

1. Proactive coordination of care in the community

GP based Multi-Disciplinary Team (MDT) meetings are now being held in seven out of the 13 practices across the borough, with plans to roll out to the remaining six practices by July 2020. MDTs enable practitioners and other professionals in health and social care to collaborate and reach solutions based on an improved collective understanding of a person's needs.

Initial successes include:

- Patients being able to remain in their own home/supported housing due to a different approach (for example: use of a cleaner to enable the person to concentrate on remaining well, rather than exhausting themselves cleaning the property or a person avoiding admission by being seen by the Home Treatment Team)
- A shared understanding by all professionals involved in the person's needs and of the agreed solution
- Deeper understanding of each other's roles and responsibilities
- Resources being used more efficiently through reduced duplication, greater productivity and preventative care approaches.

2. Targeted support to those at highest risk of hospital admissions

We know that there are a relatively small number of people who have accessed A&E multiple times over the last year. Nationally, there have been schemes referred to as High Intensity Service User projects (HISU) which have been successful in supporting people to access services differently so they do not default to using A&E which may not always be the place they can receive the most appropriate care for their circumstances.

The CCG has worked with Court Street Medical Practice to deliver a HISU scheme. The approach is non-clinical and looks to work with the individuals to understand why they have needed to attend so frequently and what could assist them in being in greater control of their health behaviours.

The results are very positive with people decreasing their reliance on A&E and improving their quality of life though accessing community activities.

3. Integrating Health and Social Care Rapid Response Team

At a multiagency workshop in September 2019, frontline staff told us they could achieve a greater impact if they had closer channels of communication and the ability to discuss and share information about patients. We know from talking to patients they also felt this disconnect between services provided by health and social care.

The HSCRRT was launched in November 2019 to work with individuals and their carers who are experiencing a rapid decline of their health and are in crisis. Individuals referred to the team are assessed within two hours of being referred. The team then put in place a plan to resolve the health crisis, work to prevent the crisis from happening again and allow the individual to remain as independent as possible in their own home if possible. The team integrates Rapid Response Nurses, Social Workers, Occupational Therapists, GP Clinical Advisors and call handlers.

Staff work in the same building making it easy to share knowledge, access other experts and solve problems together – despite being from different organisations.

This innovative approach provides people in crisis with the right help at the right time, in the right place and reduces unnecessary admissions to hospital.

The range of individuals helped by the team is wide. They have assisted homeless individuals access suitable accommodation and receive nursing care for infected wounds, supported people to remain in their homes at the end of life, relieved carer stress by assisting in gaining medical opinion and resolution of non-specific symptoms. The team have avoided admissions through being able to provide a home intravenous (IV) service and prescribing medications to assist in treating exacerbations (acute episodes) of long-term conditions.

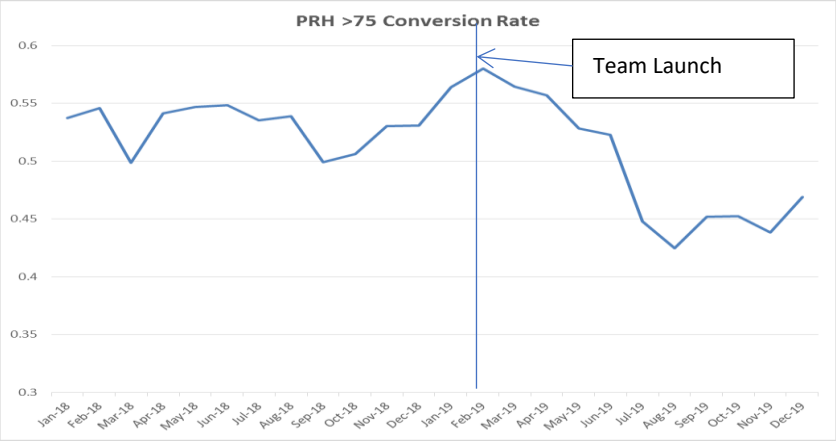
This service is working very closely with West Midlands Ambulance Service University NHS Foundation Trust (WMAS) to identify those people who need an urgent response to stay at home. It is hoped that through this close working people who previously may have been taken to hospital can receive the care and interventions they need in their own homes. It is aimed that this will assist with reducing the long waits for hospital admissions.

4. Frailty at the front door at the Shrewsbury and Telford Hospital NHS Trust (SaTH)

Acute hospital beds are not always the most appropriate place for people with multiple and complex health and social conditions. Medically these individuals are referred to as experiencing frailty. Frailty is most often defined as a syndrome of physical decline in late life, characterised by marked vulnerability to adverse health outcomes. Frail older adults are less able to adapt to stressors such as acute illness or trauma than younger or non-frail older adults.

During 2019, we have been working with SaTH to develop a team of specialists who will assess patients in the A&E department to identify those at risk of frailty. Once identified, they will carry out a series of assessments and make referrals for enablement services or a short bed-based enablement stay to improve the individual's ability to remain independent. Evidence from other NHS organisations demonstrates that this approach is successful in improving outcomes for these individuals.

Unfortunately, due to workforce issues, the hospital has not been able to recruit to the specialist consultant post and have relied on inconsistent locum support. They have recruited two occupational therapists and physiotherapist posts who, with the support of an in-reach rapid response nurse, have been successful in preventing inappropriate admissions.



This impact has been used nationally as an example of best practice, evidencing a 'gold standard' model to create capacity and improve patient outcomes.

The slight increase in winter aligns with seasonal increase in patient acuity. Achieving a 10 per cent conversion rate reduction since launch and a 7 per cent reduction compared to this time last year.

PRH – Princess Royal Hospital

Telford Healthy Hearts: Addressing our cardiovascular disease (CVD) challenge

CVD is a general term for conditions affecting the heart or blood vessels. It's usually associated with a build-up of fatty deposits inside the arteries (known as atherosclerosis) and an increased risk of blood clots. It can also be associated with damage to arteries in organs such as the brain, heart, kidneys and eyes. Heart disease and stroke are the most common forms of CVD. Other forms include a 'mini-stroke' (transient ischaemic attack or TIA) and peripheral arterial disease (narrowing of the arteries, usually in the legs). We know too many people are dying early from these conditions in Telford and Wrekin.

Telford Healthy Hearts programme looked at addressing the risk factors of high cholesterol (fatty deposits in the blood) high blood pressure, atrial fibrillation (rapid heartbeats) and heart failure. We established a clinical reference group, which includes one representative from each GP surgery, who meet monthly to agree interventions and drive implementation within their own practices.

We undertook a public communication and engagement campaign which including the co-production of the information materials and Harley Heart design/logo. It involved development of CCG web pages and links to online Live Well Telford Directory, alongside promotional work with voluntary and housing sector to increase awareness of rationale behind programme. The banner illustrated shows the co-produced logos and information and is displayed in general practices across Telford and Wrekin.

Working in partnership with local authority health trainers, we supported people to undertake lifestyle changes and established strong links to the British Heart Foundation programme which is designed to increase diagnosis of hypertension in harder to reach groups.

Changing behaviours is not straightforward; we are arranging motivational interview training for GP and local authority staff who are involved in assisting people to make lifestyle changes to compliment medication changes.

Improvements for patients

The table below demonstrates the improvement seen in statin usage as a result of the Healthy Hearts initiative.

Optimising statin doses

10 February 2020 (23 May 2018)

Dose (mg/day)	5	10	20	40	80
Fluvastatin	-	-	**12** (16)	**16** (21)	**20** (28)
Pravastatin	-	**148** (199)	**153** (198)	**246** (338)	-
Simvastatin	-	**173** (252)	**1,182** (2,106)	**2,817** (4,985)	**57** (89)
Atorvastatin	-	**1,441** (1,600)	**8,209** (4,734)	**4,908** (3,655)	**3,362** (1,749)
Rosuvastatin	**293** (224)	**227** (256)	**97** (83)	**39** (29)	-

	Low/medium intensity statin doses
	High intensity statin doses
Blue text	May 2018 data
Green text	February 2020 data – **Improvement** on May 2018 data
Red text	February 2020 data – **Deterioration** on May 2018 data
Black text	February 2020 data – **no change** on May 2018 data

- Total number of patients prescribed statins = 23,450 (February 2020) (20,562 May 2018) 2,888 more patients are taking statins now (14 per cent increase)
- Number Rx high intensity statins = 16,949 (72.3 per cent) (February 2020) (10,595 (51.5 per cent) May 2018)
- **Number Rx low/medium intensity statins to be prioritised for review = 6,501 (27.7 per cent) (February 2020) (9,967 (48.5 per cent) May 2018)**
- **Also need to review patients on simvastatin 80mg = 57 (January 2020) (89 May 2018)**

Commissioning

Procurements

During 2019/20, the commissioners undertook a series of procurement exercises to meet their statutory obligations and ensure services continued to meet the local population needs.

Brief details of these procurements can be seen in the table below:

Area	How commissioned	Description
Community gynaecology	Telford only	Covers service provided in the community to prevent hospital admissions
Non-emergency patient transport (NEPTS)	Jointly with Shropshire CCG	Covers transport for eligible patients to and from hospital and other health appointments
Individual Placement and Support (IPS)	Telford only	Covers employment support for people with mental health conditions helping them find and retain employment

The non-emergency patient transport (NEPTS) procurement process did not result in a provider being appointed. The CCGs have agreed with the incumbent provider to continue providing the existing service to ensure no disruption for patients. The CCGs will undertake a review of the issues that resulted in the non-appointment to ensure any risks in future are minimised.

Outpatient redesign

We need to commission planned care services that meet the needs of the local population and ensure patients' experiences of appointments and treatments improves. During 2019/20, the CCGs and SaTH worked together to implement initial changes to outpatients.

These included:

- Implementing primary care referral criteria to ensure patients are referred to the right place first time
- Introducing Clinical Assessment Services to ensure patients are seen by the most appropriate person
- Introducing a virtual fracture clinic to reduce unnecessary appointments
- Implementation of telephone clinics to replace face-to-face appointments.

During 2020/21, Telford and Wrekin CCG will be working with Shropshire CCG and local providers to deliver more widescale transformation of outpatient services.

This may include:

- Implementing an improved advice and guidance system to reduce unnecessary appointments and improve support to primary care
- Implementing patient-led follow-up appointments
- Implementing alternatives to face-to-face appointments (for example: telephone helplines, virtual clinics, remote monitoring of patients).

MSK (musculoskeletal) redesign

It is estimated that one-third of the population aged over 75 will have a chronic MSK problem, and one in five consultations are for patients with MSK problems. Within Telford and Wrekin, work has taken place over several years to improve services in this area due to this high demand. In October 2015, we implemented a new service delivering a community-based triage, assessment and treatment service for MSK conditions. This has enabled a higher proportion of patients to have their condition managed within the community and has increased the use of conservative management. During 2019/20, the STP has worked together to develop a clinically-led pathway for delivery of MSK services across Telford, Wrekin and Shropshire. Focus groups have taken place to ensure there is a patient focus to the newly designed service.

During 2020/21, the local health economy plans to work together to implement the new MSK service which should streamline patient journeys and reduce unnecessary surgery.

Neurology redesign

The neurology service delivered at SaTH has been challenged for many years, primarily due to workforce limitations. These challenges led to patients experiencing long waits to see a consultant, which in turn led to the decision to close new referrals. Following a system agreement that the local service cannot be reopened in its current form, the CCG has been working with SaTH and The Royal Wolverhampton NHS Trust to develop a sustainable neurology service across Shropshire, Telford and Wrekin.

During 2020/21, we plan to implement a nurse-led service to offer support to patients diagnosed with a neurology condition.

Urgent Treatment Centre

Improving the way the NHS delivers urgent and emergency care has been high on the agenda for several years and is a national service improvement priority for the NHS. This includes how A&E can be improved and how access for patients can be made clearer. One of the national priorities is to ensure every area has an Urgent Treatment Centre (UTC) in place during 2020/21. UTCs will provide an alternative healthcare setting for patients to be seen and to reduce demand on A&E. The UTC will assess and treat patients arriving at A&E with urgent, non-life-threatening health conditions during one visit. The service will offer both booked and walk-in appointment slots 12 hours a day, seven days a week.

We have been working with Shropshire CCG and SaTH to develop the local model for UTCs and a procurement exercise has been undertaken during 2019/20. The service will be in place by April 2020.

Mental health

Mental health services and support across the borough continues to grow. More people are accessing services as the stigma associated with mental health is reduced. Individuals now understand that looking after their mental health is key to a productive life.

The numbers of adults accessing talking therapies has increased.

The emotional wellbeing service is now supporting even more people with depression and anxiety. Over 62 per cent of people who access the service recover against a national target of 50 per cent. The service is working with MSK, diabetes and respiratory teams to support people with long-term conditions to reduce depression or anxiety associated with a long-term condition.

We now have a range of calm cafés across the borough that are open in the early evening to provide a listening and supportive ear where required. They provide support in a crisis and before people reach a crisis. We have a local social worker who is working with peer support workers to help those who might need to access community groups.

For children, we have BEAM drop-ins in Wellington which are proving a real success and supporting more children and young people. Our online support services continue to provide a significant level of support and have helped us become one of the best performing for access to children's mental health services. We continue to have difficulties with those children requiring an autism diagnosis but have undertaken a significant number of diagnosis over this last winter to try to bring the waiting times down. A new system of working with schools is helping to support children and young people so they don't need to go forward for a diagnosis if it isn't required.

Our early intervention service for individuals with a first episode of psychosis is above the national target of 50 per cent for seeing and commencing treatment. We have also focused on ensuring people with severe mental health problems are supported to look after their physical health by inviting them to physical health checks at their GP practice.

We continue to work hard to meet the national dementia diagnosis rate of 66.7 per cent but are just below this number. The support for people once they receive a diagnosis is good which is reflected in the feedback from the Admiral nursing service, who support carers in the wonderful job they do. Our older people memory services have been nominated for a national award for the work they have done in preventing admissions to mental health inpatient beds. They have worked with care homes and reduced the number of people in these beds from an average of 22 at any one time to five.

Cancer

Improving cancer pathways are a priority for the CCG. During 2019/20, Telford and Wrekin CCG has worked as part of a system-wide group to develop an STP Cancer Strategy, led by a Strategic Cancer Board. Several key actions were undertaken during the year, including:

- Clinical representation on regional cancer boards and Expert Advisory Groups ensuring there is a local voice in improving consistency in cancer services across the West Midlands
- Implementation of best practice pathways has started, and posts have been funded to support the development and implementation
- Protected Learning Time events took place to provide learning for GPs around cancer and end of life services
- Faecal Immunochemical Testing has been implemented to improve diagnosis for patients with vague symptoms
- Investment in video conferencing equipment to improve Multi-Disciplinary Teams (MDTs) and reduce travel time
- Consolidation of cancer service team onto one site which has improved communication, morale and workload management
- More than 200 people attended community based 'Living well' sessions that focus on fatigue, emotional health and wellbeing, physical activity and nutrition
- Living well video developed for patients to hear other patients' experiences
- Pilot tested the use of a treatment summary to help patients to safely self-manage and take control.

During 2020/21, the system will focus on delivering the strategy. Key actions include:

- Implementing best practice cancer pathways
- Implementing 'My passport to living well with cancer' which will support patients to self-manage and have access to support mechanisms, details of signs and symptoms to look for and who to contact for help
- Improve advice, support and signposting for patients and carers.

Children and young people (CYP)

During 2019/20, it was identified that children and young people were waiting over 12 months for an Autistic Spectrum Disorder (ASD) assessment and diagnosis. Telford and Wrekin CCG worked with a provider organisation to commission a short-term service to assess and diagnose CYP who had waited over 12 months. During 2020/21, we will work across the STP to develop a long-term sustainable pathway for ASD. The pathway will focus on offering the right support at the right time for patients. Parents and carers will be involved to ensure the pathway meets the needs of CYP and their families. Work is in progress to ensure appropriate referrals are received by working with a multiagency CYP panel led by education. The new pathway will ensure all CYP receive a care plan that can be used in all settings, supporting them to meet their educational and social potential.

Telehealth

We recognise the potential for the use of technology to support patients to manage their own conditions and reduce the need for GP and hospital attendances. During 2020/21, a pilot project will target support to patients with respiratory conditions. The aim of the pilot is to enable us to gain an improved understanding of the impact and benefits of the technology with a view to rolling out to patients across the county.

Medicines optimisation

A quarter of the population has a long-term condition and 25 per cent of people over 60 have two or more long-term conditions. With an ageing population, the use of multiple medicines (known as polypharmacy) is increasing and nearly 50 per cent of older adults take one or more medications that are not medically necessary. Up to half of medicines prescribed for long-term conditions are not taken as intended and up to 10 per cent of unplanned hospital admissions are attributable to harm from medicines.

Medicines optimisation looks at the value that medicines offer, making sure they are clinically effective (that they improve outcomes for the person taking them) and cost-effective (that they represent good use of NHS resources). It is about ensuring that people get the right choice of medicines, at the right time, and are engaged in the process by their clinical team (shared decision-making).

The goal of medicines optimisation is to help patients to:

- Improve their outcomes
- Take their medicines correctly
- Avoid taking unnecessary medicines
- Reduce waste of medicines
- Improve medicine safety.

Our Medicines Management Team works closely with patients and members of the public, clinicians, commissioners and managers to help achieve these goals. Here is some background information and details about some of the things that we have done during 2019/20.

Prescribing budget, commissioning policies and individual funding requests

The budget allocated to primary care prescribing during 2019/20 was approximately £30 million. This budget only covers prescriptions that are issued in general practice – hospital prescribing is covered by a separate budget. The demands on the primary care prescribing budget will always exceed the funding available and therefore we have to make some difficult decisions about what will and will not be funded.

There is no duty to provide every treatment that an individual may demand – we must prioritise the demands on our budget. Our commissioning policies are published on our website: https://www.telfordccg.nhs.uk/your-health/medicines-management/policies

Where a patient falls outside the criteria that funding is routinely made available, clinicians may submit an Individual Funding Request (IFR) to the CCG if there are grounds for clinical exceptionality. Details about Individual Funding Requests are available on our website: https://www.telfordccg.nhs.uk/your-health/medicines-management/individual-funding-requests

The Prescription Ordering Department (POD)

POD was first launched in October 2016. It is a centralised call centre used by patients to order repeat prescriptions. The POD was introduced to reduce medicines waste, improve patient safety (by identifying patients who may be under or over-ordering medicines) and to empower patients to take more responsibility for their prescription medicines. The POD also helps to relieve some pressure on both general practice and community pharmacy, allowing those services to focus on more clinical tasks rather than the administration associated with repeat prescriptions.

The POD service is currently available to patients registered with 11 of the CCG's 13 practices. Woodside Medical Practice and Wellington Road Surgery are the two practices that do not currently use the POD service.

A new telephone system was introduced in February 2018, which has allowed us to analyse POD call volume. We can now look at the times of the day or week when we get the most calls. This information then allows us to adjust our staffing levels to meet the demands of the service.

In the three years since the POD was introduced, significant improvements in the quality of prescribing have been seen and net financial efficiencies of £3.8 million have been delivered.

During 2019/20, we continued to expand the service provided by POD to care homes across Telford. This service is helping to drive down medicine waste in care homes, enhance relationships with care home teams and improve quality of care provided to our care home residents.

In 2020/21, we will be continuing to expand the POD service to cover all Telford and Wrekin practices and support more care homes. We will look at how we can support practices to process repeat prescription requests that are submitted via electronic means including through the NHS App and Patient Access.

Medicines optimisation in care homes

Telford and Wrekin care homes provide a valuable service to our population and require support to ensure that the care they provide is safe, effective and sustainable. Medicines management concerns have frequently been the subject of safeguarding concerns in our care homes.

In June 2017, we recruited a pharmacy technician to support care homes across Telford and Wrekin and in January 2018 a pharmacist was recruited to join the team. Substantial improvements have been made, we have developed the existing relationships that we had with our homes and we are now able to offer proactive support to help reduce the risk of medicine-related incidents, rather than a reactive response when things have gone wrong.

Both the pharmacy technician and the pharmacist work closely with the wider care home team, local authority and local practices to ensure that the pharmaceutical needs of our care homes residents are met. This collaborative approach is helping to reduce unnecessary, unplanned and avoidable admissions to hospital, as well as ensuring that residents are not receiving sub-optimal medication regimens.

Medicines optimisation in hospitals

Our Medicines Management team works closely with hospital pharmacy teams, clinicians, contract managers and finance leads to ensure that we get the best value for money (i.e. evidence-based, cost-effective treatment) from the services commissioned from our hospitals.

One significant success story is the development of an agreement to ensure quick and effective uptake of the best value biological medicine. Biological medicines are important, clinically effective medicines which can significantly impact on a patient's disease. Six of the top 10 medicines prescribed in our hospitals by spend are biological products and are used to treat a range of conditions from cancer through to chronic inflammatory conditions such as rheumatoid arthritis and inflammatory bowel disease. By using the best value options, money is released to spend on other priority healthcare services for our population.

Medicines formulary

Commissioners and providers across Shropshire and Telford and Wrekin have worked together to develop the county-wide formulary. The formulary is intended to support evidence-based, cost-effective prescribing choices and to ensure a consistent approach across the health economy. The formulary is constantly being reviewed to ensure that it is kept up to date.

Regional Medicines Optimisation Committees (RMOCs)

RMOCs were introduced by NHS England in April 2017. They provide advice and make recommendations on the optimal use of medicines for the benefit of patients and the NHS. They bring together decision-makers and clinicians across the four regions of England, to share best practice, understand the evidence base, coordinate action and so reduce variation thus improving outcomes and value. We now routinely use RMOC advice to support local decision-making and commissioning decisions.

Encouraging self-care

During 2019/20, we progressed our work on encouraging self-care. Anyone with a short-term, self-limiting condition that can be managed with a drug/product that is available over the counter is now asked to purchase the drug rather than approaching their GP for a prescription. Although not everyone has welcomed this policy, most people understand that the NHS is under significant

financial pressure and the time has come for us to take responsibility ourselves for managing minor illnesses rather than relying on the NHS to issue prescriptions.

We have continued to encourage people to be prepared for most common ailments such as colds, headaches and diarrhoea, by keeping a well-stocked medicine cabinet at home. Information on what to keep in your medicines cabinet is published on our website: https://www.telfordccg.nhs.uk/who-we-are/publications/publications/medicines-management/information-for-patients/1296-what-to-keep-in-your-medicines-cabinet-september-2015/file

Improving access to medicines

Most people would prefer to be managed at home rather than being admitted to hospital and therefore, wherever possible and safe to do so, we are securing access to medicines in the community that would previously only have been administered in hospital (e.g. intravenous antibiotics, subcutaneous fluids, intravenous diuretics, medicines used at the end of life). We are continuing to work closely with our Community Trust to ensure that the clinical team providing services to patients in their own homes have the required skills to administer these drugs.

Antimicrobial resistance

Antimicrobial resistance is a national and global threat to public health as no new antibiotics have been developed in the past 30 years and bacterial resistance to existing antibiotics is increasing, meaning that infections are becoming harder to treat.

Antibiotic prescribing data is monitored closely both by us and nationally. All our practices receive monthly monitoring reports which focus on the overall volume of antibiotics used and on those antibiotics that we know are associated with the greatest risk. Practices that have higher than expected levels of antibiotic prescribing are offered support from us and asked to develop an action plan to address the issue.

We have continued to meet the targets set by NHS England for antimicrobial prescribing: https://www.england.nhs.uk/publication/antibiotic-quality-premium-monitoring-dashboard/

All clinicians are actively encouraged to access continuing professional development (CPD) relevant to antimicrobial prescribing and, to ensure that every clinician can access the health economies antimicrobial prescribing guideline. We have commissioned an App called ‘Microguide’ – which will allow clinicians to access the guidelines wherever they are working, whether or not they have access to the internet.

All our practices have been provided with access to C-reactive protein (CRP) testing to help guide treatment choices when there is diagnostic uncertainty associated with chest infections. Practices that actively use CRP testing have demonstrated greater reductions in antibiotic prescribing than those practices that do not use it.

Improving patient safety

We have continued to strengthen the governance arrangements around medication error incident reporting and learning. The Medicines Safety Group has continued to meet on a quarterly basis to discuss medicines-related incidents to ensure that learning is cascaded across through Telford and Wrekin.

Medicines in schools

In collaboration with Telford and Wrekin Council, we have continued to work with schools across the borough to encourage them to stock both emergency salbutamol inhaler kits (to manage asthma attacks) and emergency anaphylactic kits (to manage anaphylactic reactions). 96 per cent of our schools hold emergency salbutamol inhaler kits and 86 per cent hold emergency anaphylaxis kits.

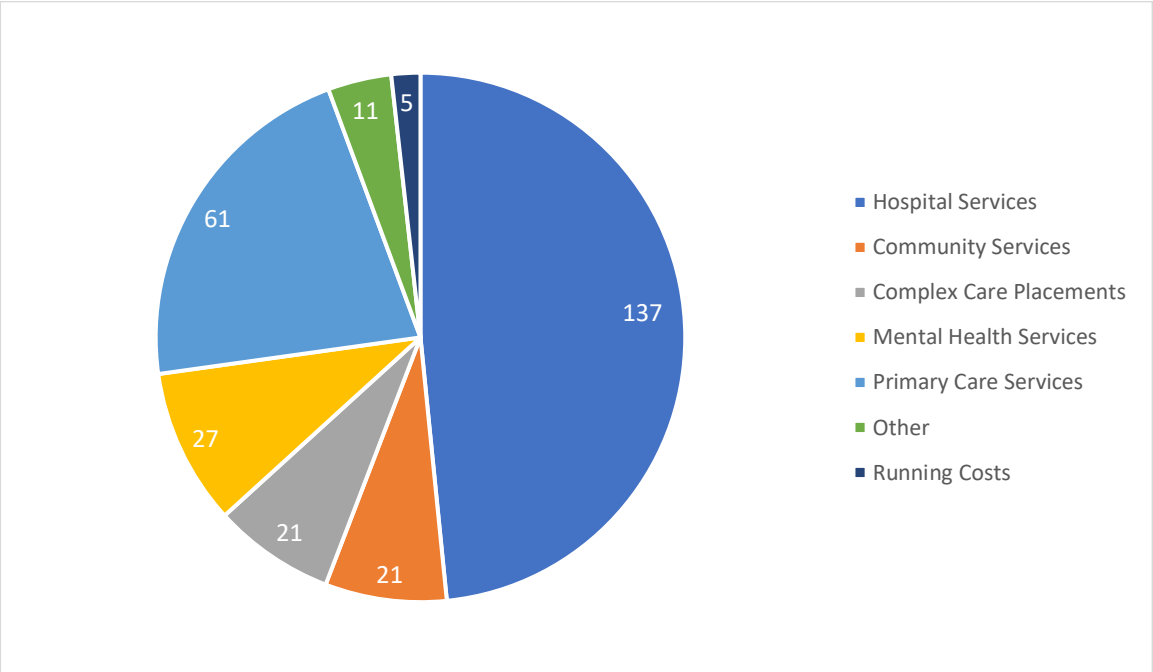
Website

In the interest of transparency, the Medicines Management Team publishes as much information as possible on our website, improving accessibility for everyone: https://www.telfordccg.nhs.uk/your-health/medicines-management

Finance

In 2019/20, Telford and Wrekin CCG received a total allocation of £263 million to spend on the healthcare of its residents. The chart below shows a breakdown of the CCG's expenditure for 2019/20 by spend type.

Telford and Wrekin CCG Expenditure 2019/20 (£276m)



In 2019/20, the CCG delivered an in year deficit of £13.1 million resulting in a cumulative deficit of £6.1 million when added to the historic surplus brought forward.

Quality, innovation, productivity and prevention (QIPP)

QIPP is a national, regional and local level programme designed to support clinical teams and NHS organisations to improve the quality of care they deliver while making efficiency savings that can be reinvested into the NHS.

In order to fund increases in activity, demography and any additional cost pressures – Telford and Wrekin CCG will need to deliver recurrent QIPP plans year on year. In 2019/20, the CCG has successfully delivered £5.8 million at year end, this is only 55 per cent of the overall target and is one of the reasons that the CCG is in deficit for the first time this year.

The 2020/21 QIPP requirement for Telford and Wrekin CCG is currently an £8.3 million target which represents just over 3 per cent of the CCG's allocation. It is important to note that as time goes on, QIPP savings are becoming increasingly difficult to achieve as many of the 'quick wins' have already been identified. Given the challenging financial environment in which the CCG operates, it has taken a robust approach to ensuring QIPP schemes that require investment will deliver a good return in terms of both patient and financial benefits. The focus in 2020/21 will be working as a system with partners across the health economy to deliver transformational schemes through the STP clusters/ workstreams.

Sustainable development

As an NHS organisation, and spender of public funds, we have an obligation to work in a way that has a positive effect on the communities for which we commission and procure healthcare. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities.

By making the most of social, environmental and economic assets, we can improve health both in the immediate and long term, even in the context of rising cost of natural resources. Demonstrating that we consider the social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our footprint. We are currently developing a Sustainability Policy with our neighbour NHS Shropshire CCG which will set out several key objectives. We have also appointed a board level Sustainability Champion.

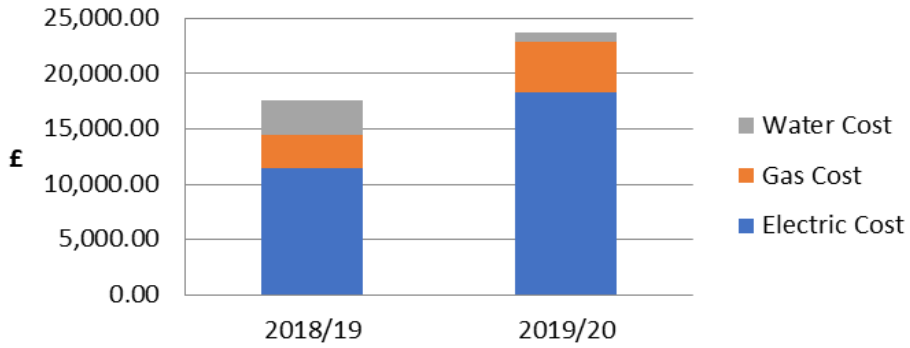
As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34 per cent (from a 1990 baseline). This is equivalent to a 28 per cent reduction from a 2013 baseline by 2020. It is our aim to meet this target by reducing our carbon emissions 28 per cent by using 2013/14 as the baseline year.

More information on these measures is available at:
http://www.sduhealth.org.uk/policy-strategy/reporting/sdmp-annual-reporting.aspx

Energy

The CCG's energy use is shown below and will be used as a baseline for the future.

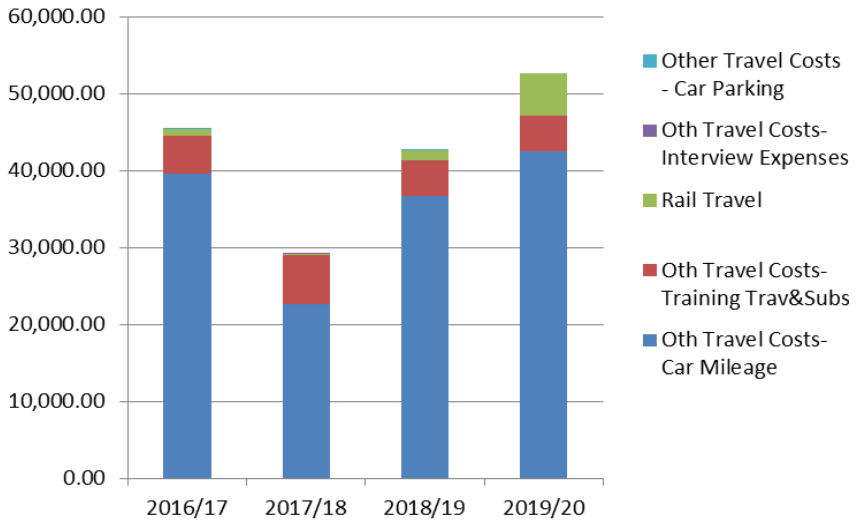
NHS Telford and Wrekin CCG – Utilities costs 2018/19 – 2019/20



Travel

The CCG has seen an increase in staff travel expenses between 2018/19 and 2019/20 but with a greater proportion claimed for rail travel. The CCG will be looking at ways to decrease the need for staff to claim travel costs in 2020/21.

NHS Telford and Wrekin CCG – Travel costs 2016/17 – 2019/20



Improve Quality – Care Quality Commission (CQC)

The CQC gathers data from across the system into one place so professionals and the public can easily compare the performance of health and care services over a range of measures. For more information, see the CQC's website: https://www.cqc.org.uk/help-advice/help-choosing-care-services/map-service-ratings-across-england

Monitoring the quality of services

Our quality team's role is to drive continuous improvements in all the services it commissions, so that patients experience person-centred care that is safe, effective and efficient. We commit to using all available resources to deliver improved quality by removing unwarranted variation and improving outcomes at a population-health level. Our current financial position is one of the most significant challenges, therefore it is crucial that the quality team work with all partners to identify where savings can be made whilst ensuring cost improvement programmes do not put patients at risk of coming to harm. We put quality at the heart of the organisation and ensure it is embedded throughout the commissioning process.

Over the next two years, we will look to align services and developments more closely with local authority teams. This will ensure public health, social care, education and housing pathways are developed in collaboration with health services to deliver interventions which are available and accessible in the right place, at the right time. As 'Care Closer to Home' and community initiatives continue to develop, the quality team are exploring opportunities of working with the local authority to progress system-wide quality monitoring processes. This will make best use of available resources and will support the successful management of health conditions. We understand that there needs to be a significant change in the way services are commissioned and delivered to ensure that those requiring NHS care are supported to have choice and control in their healthcare.

Quality assurance principals and processes

The fundamentals for our quality team in working with providers to gain assurances of the quality and performance of the organisation include:

- Drawing on timely intelligence from the providers board, ensuring performance is continually improving and appropriate action is being taken to remedy problems as they arise
- Looking beyond written intelligence to develop an understanding of the daily reality for patients and staff. Making data more meaningful, including evidence of scrutiny of the 'so what' factor
- Seeking assurance that staff are clear about their responsibilities and accountabilities and how these fit with the organisation's vision and purpose
- Triangulation which ensures we can test the intelligence and seek assurance by looking at more than one source and type of information, including through direct engagement with the organisations staff and its patients
- Seeking assurance of sustained improvement where remedial actions have been required to address performance concerns
- Offering appreciation and encouragement of sharing good practice where performance is excellent or improving
- Taking account of, and positively encouraging, independent scrutiny of performance, from regulators and scrutiny committees.

The quality team strive to ensure that decision and actions are based on 'assurance' and not just 'reassurance'. Embedded throughout all quality monitoring processes will be the quest for evidence to underpin the reassurances being given.

Assurance: being assured through the quality team reviewing reliable sources of information and is satisfied with the course of action.

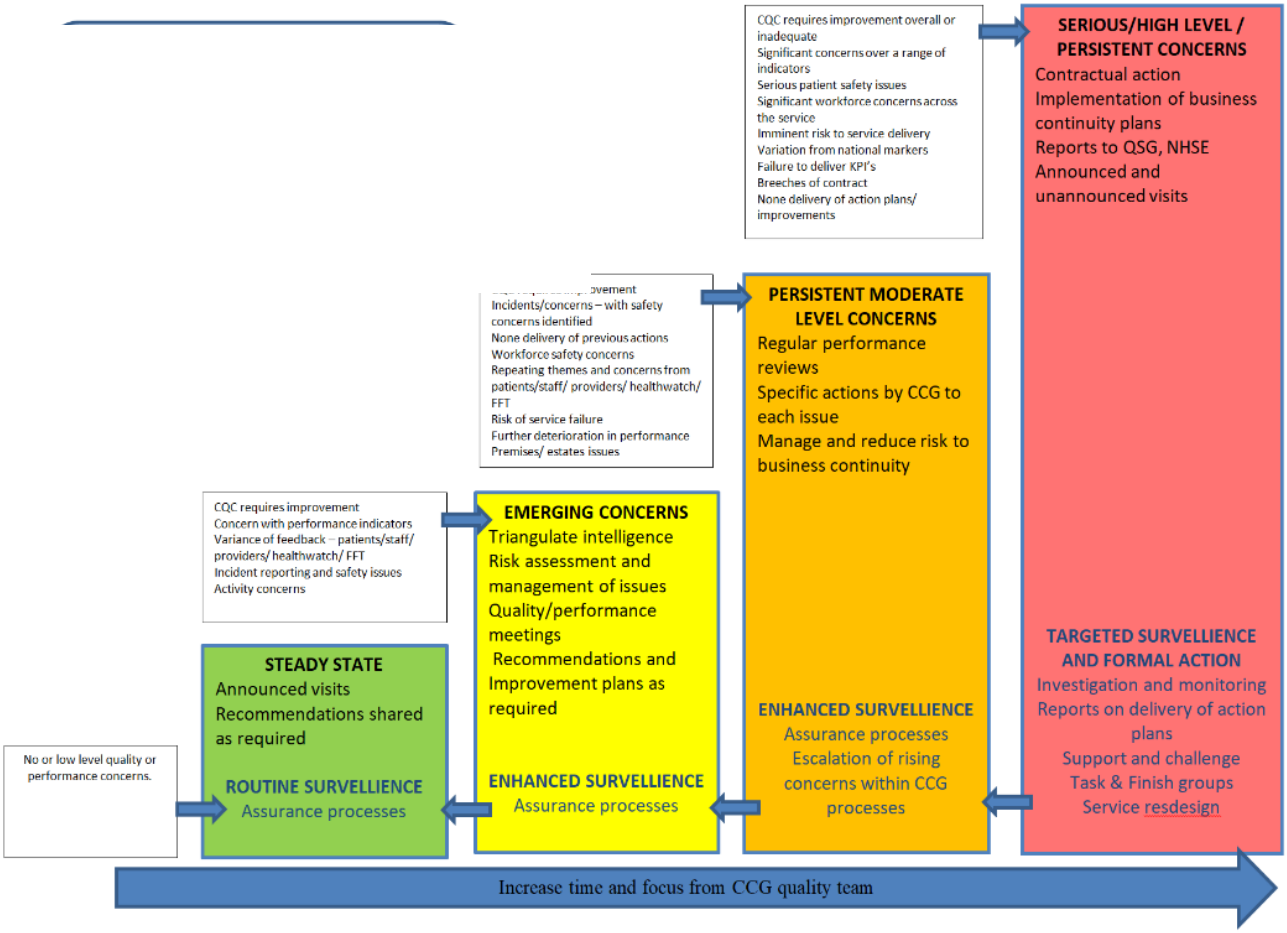
v

Reassurance: being told by the executive or staff that performance or actions are satisfactory.

Monitoring and surveillance of provider risks are considered across four ascending levels to enable the quality team to operate responsively and appropriately to concerns identified.

Four ascending levels of concern		Surveillance level
Level 1	**Steady State**	**Routine**
Level 2	**Emerging Low Levels Concern**	**Enhanced**
Level 3	**Persistent Moderate Level Concerns**	**Enhanced and Escalation**
Level 4	**Serious / High Level / Persistent Concerns**	**Formal Action / Risk Summit**

Shropshire, Telford and Wrekin CCG – Quality and Care Improvement Team monitoring and assurance process



Quality across the system

- In June 2019, Shropshire CCG and Telford and Wrekin CCG quality teams came together to work as one team to further increase effectiveness, integration and alignment
- Quality leads are aligned to each provider contract linked with performance, contracting and commissioning with responsibility for driving best practice and monitoring of safe care in the key areas of work (e.g. cancer services, end of life care, pressure ulcers and sepsis)
- The quality and safety of provided services is assured through quality schedules, site visits, quality and contract review meetings (CQRMs), and Commissioning for Quality and Innovation indicators (CQUIN)
- Quality dashboards are monitored with named quality leads aligned
- Quality leads are aligned to individual programmes of work and monitor the quality impact of cost improvement schemes
- The CCGs and local authorities drive the quality agenda across commissioned services through contract monitoring in conjunction with Ofsted, CQC and Healthwatch
- Quality concerns and risks are shared at weekly quality huddle meetings, monthly quality team meetings, Quality Committee (QC) and Performance, Planning and Quality (PPQ) committee. The quality team holds its own risk register which is updated as required and formally reviewed by the whole team on a quarterly basis. Any high risk is included within the corporate risk register.

The highest quality risks during 2019/20 have been with Shrewsbury and Telford Hospital NHS Trust which has had a history of challenges: workforce provision, A&E performance and maternity services. The CCGs have continued to jointly escalate concerns with the Provider and to NHS England. The Trust was evaluated as 'inadequate' by the CQC in 2018, and concerns have continued to be raised during inspections during 2019/20. Improvements in maternity services were noted in the latest CQC inspection. Action plans responding to the CQC inspection continue to be progressed.

Driving quality improvement 2019/20

West Midlands Quality Review Service (WMQRS)

WMQRS is a collaborative venture between NHS organisations, working primarily within provider organisations to help improve the quality of health services. They were commissioned by NHS England to undertake a formative review of the management of quality functions at Shropshire and Telford and Wrekin CCGs. A comprehensive inspection took place over two days on 14 and 15 February 2019.

The visiting team included ten senior leaders from provider and CCG organisations. Through individual interviews, focus groups and review of documentation the visiting team considered the CCGs' internal arrangements of quality surveillance, incidents, quality outcomes, leadership, the Board's confidence in the quality team and the opportunities for working as a single quality function across both CCGs. The reviewers were impressed by collaborative working across the quality teams and the commitment to improve quality.

Many areas of good practice were acknowledged including oversight of serious incidents, monitoring of Looked After Children, safeguarding approaches, Learning Disability Mortality Review (LeDeR) programme, quality monitoring in primary care and the utilisation of business intelligence.

Areas for development identified included a joint quality strategy, risk register with clearer controls, closer alignment between performance and quality teams, wider use of patient stories and a single voice for quality across the two CCGs.

Positive progress has been made against the areas highlighted for development. In summary the following actions have been put into place to address these issues:

- Joining of the two CCG quality teams
- Clearly defined roles and responsibilities across the teams
- Interim structure with clear line management responsibilities
- Quality leads assigned to contracts and working with closely with commissioners
- Joint performance and quality Board report
- Joint quality strategy
- Overarching quality operational plan
- Aligned quality risk register
- Aligned Serious Incident processes
- Aligned Complex Care teams and processes for completion of health assessments and agreement of funding contributions.

Serious incidents

In order to ensure mistakes in practice do not repeatedly occur, our providers are required to ensure that policies and procedures are robust enough to identify risks, manage those risks and create a learning culture. Shropshire CCG and Telford and Wrekin CCG receive notification of serious incidents through the national Strategic Executive Information System (STEIS). Our primary care systems and independent contractors are supported to use incident reporting systems to report incidents in order to identify and learn from events.

All serious incidents have a root cause analysis and lessons are shared with the CCG and providers. Incidents and serious incidents are analysed for trends and reported to the CCG Board Committees.

The process for both CCGs has been reviewed in the last two years by internal auditors and has received significant assurance.

We are working with providers to explore opportunities for reviewing serious incidents under the new national framework which is pending publication. It is anticipated that a more system-wide process will become embedded to capture and share the learning across all providers involved in the patient's journey. Independent and peer review processes will enhance the objectivity of reviews and provide a different perspective on the potential root cause and subsequent actions. In addition, by working closely with neighbouring CCGs we have the opportunity to share learning, best practice and benchmarking that is presented at Quality Surveillance Group (QSG).

Some of the key themes identified in the serious incidents reported during 2019/20 are unexpected deaths, diagnostic incidents, pressure ulcers, self-inflicted harm, slips/trips/falls and treatment delays. Where learning is recognised, either immediately or as part of the root cause investigation, the CCG continue to monitor it through meetings and quality assurance visits to ensure it is being embedded.

We have commissioned Niche Health and Social Care Consulting (Niche) to carry out an independent audit into the deaths and serious incidents that have occurred at The Shrewsbury and Telford Hospitals in the last two years. The detailed review, which is split into two phases, aims to seek

assurance that serious incidents have been investigated in line with best practice, thus providing clarification that the mortality governance process is effective. Through the process of Structured Judgement Reviews (SJRs) in phase two, assurances that learning is being embedded into practice as a result of the investigations is also a desired key outcome. The audit report will outline the identified strengths and weaknesses in the provision of healthcare across the patient pathway, from pre-admission to post discharge, including end of life care. All key stakeholders who may have been involved in the patient's journey leading up to their death, have been notified that their contribution and involvement to the review may be required. The final report will be shared with providers and will be used to inform some of the future decisions in relation to changes to serious incident processes moving forward.

Quality monitoring in primary care

There are 13 GP practices in Telford and Wrekin, and 41 in Shropshire. There are eight newly-formed Primary Care Networks (PCNs) across the county. In Telford and Wrekin, these are Newport, Central Telford, South East Telford and Teldoc.

Telford and Wrekin CCG took over fully delegated commissioning responsibility from NHS England in April 2014. As such, primary care is subject to the same monitoring of agreed quality indicators and potential action to be taken if quality is at risk. We recognise the importance of our role in supporting primary care to deliver high quality services whilst acknowledging that assuring quality in primary care creates complex challenges, particularly due to the large geographical area and the rurality of Shropshire. Quality leads in conjunction with primary care teams will monitor practice quality performance using self-assessment, triangulation of indicators and quality assurance visits as deemed appropriate based on risk stratification, including the core quality measures and:

- Quality outcomes framework
- Improving patient outcomes
- Medicines management (main lead being medicines management team)
- Completion of e-declaration
- Practice and primary care network resilience
- Business continuity.

We are establishing processes to receive reliable data on incidents, significant events and patient experience feedback. The quality leads for primary care will develop a framework to support the offer of a schedule of quality visits, incorporating a range of quality assurance measures and including sharing any learning from incidents. Quality concerns are included within the Primary Care Assurance Report and received by The Primary Care Commissioning Committee.

CCG quality leads for primary care work collaboratively with the Health Education England (HEE) training hub in identifying and arranging training opportunities for practice staff which supports the development of new services, the delivery of high quality patient care and the achievement of the General Practice Nurse Ten Point Action Plan. Quality leads are supporting developments of the training hub which will become a more robust centre for the management of primary care staff development.

Our quality leads for primary care establish strong links with regional primary care nurse leads therefore facilitating opportunities for sharing best practice and funding opportunities for innovative ways of working. This includes establishing funding for roll out of digital nurse champions in 2020. This will provide an opportunity to look at how we can use recent developments in technology so that people do not have to make long journeys for appointments, this is especially important for

people living in the most remote rural communities in Shropshire and Powys. As place-based working and Care Closer to Home initiatives establish across both CCGs, quality leads for primary care will work closely with commissioning colleagues to identify opportunities for different ways of working and how these can support development opportunities within the PCNs.

Quality in care homes and the domiciliary care sector

Ensuring quality in care homes and the domiciliary care home sector is challenging and complex. We have an important role in supporting providers to deliver high quality services and improvement plans, in order to contribute to the sustainability of out of hospital care. These services provide care to frail, vulnerable people and often care is joint or wholly funded by us under NHS responsibilities for continuing healthcare, a joint package of care, or through a contribution to the registered nursing care received.

Working in partnership with our local authority, Care Quality Commission and Healthwatch, we have been offering both support and challenge to care homes across Shropshire, Telford and Wrekin and developed a dashboard to monitor quality indicators to gain assurance on the level of care and services care homes are providing.

The Enhanced Health in Care Homes (EHCH) Framework 2017 model of care is based on a suite of evidence-based interventions, which are designed to be delivered within and around a care home in a coordinated manner to make the biggest difference to its residents. All aspects of the care described in this framework are being tailored to meet the needs of the Shropshire, Telford and Wrekin population, local circumstances and to each individual person's care needs. EHCH framework forms the basis for work being undertaken by the Frailty Collaborative and the Shropshire, Telford and Wrekin community-based models of care (Care Closer to Home and Integrated Place Partnership Model of Care) to provide a coordinated approach to out of hospital health and social care.

Learning Disability and Autism Programme (previously known as Transforming Care Programme)

It is a local priority, in line with the NHS Long Term Plan, to transform care in order to improve health and care services so that more people can live in the community, with the right support closer to home. This is true for the whole population, with targeted work in this area for people with a learning disability. Through earlier intervention, the aim is that fewer people will need to go into hospital for care associated with their learning disability and/or mental health needs. For those people who do need to go into hospital, a plan of care and treatment to support a robust and safe discharge will be developed in a multi-agency approach. This will ensure the length of stay in hospital is appropriate for the individual's needs and not due to other social, environmental or housing factors.

The quality team and commissioners across Shropshire CCG and Telford and Wrekin CCG are working with the Learning Disability and Autism Programme team to:

- Review placements and support everyone who is inappropriately in hospital to move to community-based support. Locally-agreed plans are being developed to ensure quality care and support services based on the model of good care
- Working with local authorities to have joint strategic plans to commission the range of local health, housing and care support services to meet the needs of people with challenging behaviour with the community

- Maintain registers of people with learning disabilities and/or autism in NHS-funded care held within specialist commissioning, CCG locked rehabilitation provision, at risk on admission (ARR) register.

The Learning Disabilities Mortality Review (LeDeR) Programme

This programme was established to support local areas to review the deaths of people with learning disabilities, identify learning from those deaths, and take forward the learning into service improvement initiatives. The programme is led locally by the quality team, with the Local Area Contact (LAC) sitting within the quality team. Every organisation across the health and social care system has trained reviewers. Shropshire, Telford and Wrekin is one of the best performing CCGs in the Midlands and East region, having the lowest number of unallocated cases and the highest number of completed cases. Completion of the reviews within six months of notification is also being monitored by NHS England. The CCG is developing a pool of reviewers, as well as continuing to support and train existing reviewers to ensure reviews are completed within this timeframe.

Since the LeDeR programme started in Shropshire, Telford and Wrekin in June 2017, there have been 55 deaths notified and 37 deaths reviewed. The average age of death is 57 years – in line with the national average. Pneumonia and aspiration pneumonia are the leading causes of death. The quality team, along with reviewers from providers, aim to maintain the high quality of reviews completed and ensure the learning from these reviews are embedded into practice to transform services for people with learning disabilities with the aim of reducing health inequalities. An example of practice developments taking place is the work to support primary care to ensure learning disability registers within the community are maintained, people with learning disabilities can then be invited to an Annual Health Check and are receiving timely screening, medication reviews, investigations and treatment.

Individual commissioning (previously known as Complex Care)

The Individual Commissioning teams across Shropshire, Telford and Wrekin are now working jointly and are responsible for assessing, planning and commissioning the following services:

1. The following quality indicators will be monitored for people in receipt of Continuing NHS Healthcare (CHC) for all people who are assessed as having a primary health need. It is then the responsibility of the NHS to provide both the assessed healthcare and social needs.

- Over 80 per cent of applicants who have a positive checklist (as described in the National Service Framework – NSF) for CHC 2018 will have a decision support tool undertaken within 28 days of receipt of the checklist by the CCG
- All Multi-Disciplinary Teams (MDTs) will be constituted in accordance with the NSF for CHC 2018. This means that MDTs will be constituted by a Nurse and a Social Worker or two healthcare professionals from different professional backgrounds
- Less than five per cent of DSTs will be undertaken outside of an acute hospital setting. The national target is less than 15 per cent, however Shropshire CCG and Telford and Wrekin CCG are setting a stretch target of five per cent.

2. The following quality indicators will be monitored for people in receipt of Fast Track Care. Fast Track Care is for a person who has been assessed as having a rapidly declining condition that may be entering end of life.

- We will accept over 95 per cent of fast track referrals within 24 hours of receipt

- We will offer all patients a choice of care either in their own home or in a care setting, the aim being for all people to have their end of life care in the setting that they choose
- We will ensure that all fast track patients have a review of their needs within 12 weeks of being placed on a fast track.

3. The following quality indicators will be monitored for people in receipt of Funded Nursing Care. Funded Nursing Care is a payment made by the NHS to a care home, for the care provided by a registered Nurse.

- We will ensure that Funded Nursing Care payments to homes that undertake regular activity with the CCG are paid by mandate thereby supporting the care home sector.

4. The following quality indicators will be monitored for people in receipt of Joint Funding. Joint Funding is provided between the CCG and the local authority or, a self-funding person, when assessed that the NHS ought to contribute towards the cost of care.

- We will develop a Joint Funding protocol that is used across both local authorities in the county.

Preventing avoidable infections

Telford and Wrekin CCG is committed to reducing and preventing avoidable healthcare associated infections to support high quality and safe patient care.

We have continued to work in partnership with our providers throughout the year to maintain low numbers of Methicillin resistant Staphylococcus aureus (MRSA) blood stream infection and supported the review of Clostridium difficile infection cases to share learning to improve patient outcomes.

Reduction in Gram negative blood stream infections particularly Escherichia coli (E. coli) blood stream infection remains a priority across our local health economy, and work progresses with raising awareness on the prevention of urinary tract infections by encouraging hydration.

Telford and Wrekin CCG is working locally with system partners to prepare for coronavirus cases in coordinating appropriate action and resources in line with national guidance and requirements to protect the public's health, and to plan for any changes in the situation, should they arise.

In 2020/21, we will continue to work collaboratively and build on assurance processes currently in place with providers and partner organisations. We will also continue to lead on influencing the Local Health Economy Infection Prevention Control Strategy in provider organisations, with a focus on minimising the risk of infection and ensuring people are cared for in a safe, clean environment and are protected from avoidable harm.

Workforce – 'Quality is everyone's business'

Workforce across the system is a key challenge, we need to work together to embrace creative new solutions to ensure there is a sustainable, skilled and competent workforce for the future. The number of vacancies across the system remains a significant concern. Medical staff groups and nursing have a higher vacancy rate than the regional average. The average vacancy rate in social care is 5.6 per cent, which is below the Midlands and East average.

The quality team work closely with the STP strategic workforce group and Local Workforce Action Board (LWAB) to drive forward the changes required. Our local people strategy identifies four key areas for collective working:

- Attract, recruit and retain
- Workforce planning and modelling
- Education, development and training
- OD Leadership (equality and diversity).

Developments to identify, retain, further develop and systematically manage talented people within the system are continuing to be progressed. Offering system-wide secondments, development of a collaborative bank and local career progression pathways with our local university are examples of the vision for the future.

Over the next three years, success would be demonstrated by:

- Reduced vacancy rates
- Reduced use of agency
- Reduced staff turnover and improved retention
- Reduced sickness
- Staff survey responses being better than national average
- Strong leadership at all levels.

Our aspiration

Creating outstanding quality by:

- Commitment to true patient centred care, personalised care where patients have ownership of their own care, but also routinely inform development and delivery of future services based on the learning of their lived experiences
- Driving a culture change within our organisations to work in an integrated way. Reducing medical models of care when appropriate
- Strengthening of integrated multi-disciplinary working across these organisations to ensure our population receive care in the right place at the right time (inclusive of acute and community health services, social care, domiciliary care and private providers)
- Change approach to develop a dynamic system that strengthens individuals' ability to self-care
- Streamlined care with robust pathways to ensure sufficient capacity for planned care designed to improve patient experience and outcomes
- Support people in crisis with the right care, at the right place. Making sure people can navigate a simplified urgent care system to meet both physical and mental health needs
- The overarching ambition is that all our providers would move to good and beyond within the next five years.

How we plan to improve quality over the next five years and achieve our aspirations

- Quality leads across the system will adopt the National Quality Boards' Shared Commitment to Quality, which sets out the nationally agreed definition of quality according to five core pillars: safe, effective, positive experience, well-led and sustainable use of resources
- A local Quality Surveillance Group (QSG) will be established to operate across our local and regional systems and will report in to a national QSG

- Quality issues will be addressed proactively and systematically in order to monitor early warning signs and quality risks across pathways and services, whilst at the same time recognising and adhering to individual statutory responsibilities
- There will be a focus on aligning the quality improvement approaches and methodologies used across the system to standardise processes for monitoring improvement of care and services
- Development of approaches in leading quality transformation, innovation and improvement across our system, in alignment with the pending national Improvement Framework currently being developed
- Promote effective use of data to provide a story and firm evidence of the gaps and risks on which to base the developments and improvements required
- Work collaboratively with patients and services users, utilising peer leadership approaches to co-producing our services.

Shropshire and Telford and Wrekin CCGs – View of Quality

Safeguarding

The Safeguarding Team (Designated Nurse for Children and Looked After Children, Named Nurse for Adults) continue to offer advice, guidance, support and training across the health economy to professionals including dentists, pharmacists and GPs.

Telford and Wrekin Children's Partnership Board received an 'outstanding' rating from Ofsted in March 2020.

Telford and Wrekin GP Audit findings concluded that there is a considerable improvement on previous safeguarding audits with enhanced recording of vulnerable adults and children including Looked After Children. A new updated CCG GP safeguarding practice audit template has been devised and agreed for Shropshire and Telford and Wrekin for 2020. Safeguarding performance dashboards and serious case rapid reviews are ongoing. Publication of the reviews is via the Children's Partnership Board.

There is ongoing high media interest in Telford and Wrekin Child Sexual Exploitation (CSE) past and present multiagency activity with Local Safeguarding Children's Board (LSCB) partnership responses and local CSE training events. The Telford Independent Inquiry Child Sexual Exploitation/Abuse (IICSEA) chair Tom Crowther, QC has met with CCG Accountable Officer, Executive Nurse and Designated Nurse safeguarding children leads with his commissioned solicitor's team with a further briefing to NHS local community and hospital providers of the independent inquiry's requirements. Shropshire CCG's Named GP post has been recruited to.

The guidance for Looked After Children has been shared with GPs to ensure that knowledge around this area of work is up to date. The recording of 'hosted' Looked After Children should also be completed by GP medical practices. Dashboard monitoring continues via Clinical Quality Review Meeting (CRQM).

Adult safeguarding statutory legislation (Mental Capacity Act / Deprivation of Liberty Safeguards [MCA/DOLs] and Making Safeguarding Personal Principles), policies and procedures development are ongoing in line with the Care Act (2014) and the Adult Safeguarding: Roles and Competencies for Health Care Staff (2018). The Adult Safeguarding Lead Nurse continues to work closely with Telford and Wrekin Council.

Our Adult Safeguarding Leads continue to work alongside multiagency colleagues to identify and consider implications of responsibilities resulting from the Mental Capacity Amendment Bill (2019 for both the joint CCGs and providers). This remains an ongoing process and the leads are liaising closely with the Executive Nurse. The lead for Telford and Wrekin CCG has joined the NHS England National Group for MCA/DOLs and Liberty Protection Safeguards as NHS England regional representative. There are significant delays noted at a national level in the publication of the Code of Practice, Regulations and Impact Assessment which makes implementation preparation difficult. The head of Safeguarding at NHS England / NHS Improvement has recently stated to CCGs: "DHSC are due to consult on the MCA/Liberty Protection Safeguards (LPS) guidance and Code of Practice around June 2020 and we are advising against making local commissioning arrangements until the national guidance is available."

Currently one Domestic Homicide Review (DHR) has been forwarded to the Home Office for consideration. Internally identified recommendations for the CCG have been actioned. One further DHR is pending its final draft.

The Adult Safeguarding Forum 2019/20 programme continues with funding provided through Shropshire Partners in Care for 2020/21. The forum provides support and shared learning, in respect of local themes and trends, with our residential care and domiciliary care providers across both Telford and Wrekin and Shropshire CCG areas. The Adult Safeguarding team assist in identifying agenda items and presents topics to the groups where appropriate.

In response to the introduction of the Adult Safeguarding: Roles and Competencies for Health Care Staff 2018, a three-year training programme is underway. Additional training support, to ensure compliance with the programme, is being provided through Mental Capacity Act Peer Supervision Groups on a quarterly basis. Additional face-to-face training is planned to compliment the available e-learning modules.

Engaging people and communities

As a commissioning organisation, we have a legal duty under the National Health Service Act 2006 (as amended) to involve the public in the commissioning of services for NHS patients. ('the public involvement duty'). For NHS Telford and Wrekin CCG this duty is outlined in Section 14Z2 of the Act. To fulfil the public involvement duty, the arrangements must provide for the public to be involved in (a) the planning of services (b) the development and consideration of proposals for changes, which if implemented, would have an impact on services and (c) decisions which, when implemented, would have an impact on services.

In meeting our statutory duty to involve, we recognise the importance and value of patient and public engagement to develop and deliver whole-scale system change through new models of service provision. The success of these models of care will be dependent in the way we interact and empower patients and the public to be involved in their own health care.

Governance and assurance

Our commitment:

We are committed to understanding the needs of our population and empowering patients to have more choice and control over their condition, in the development of future services and by identifying priorities. We aim to improve local health services and respond to the health needs of everyone in the area by ensuring patients and the public are at the heart of decision making.

This commitment is embedded in our CCG Constitution which sets out how it will decide to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting commissioning arrangements. Telford and Wrekin CCG's Constitution is available on our website: https://www.telfordccg.nhs.uk/who-we-are/publications/constitution/6408-nhs-telford-and-wrekin-ccg-constitution-version-18/file

This is further strengthened in:

- Our Mission statement: "Working with patients, Telford and Wrekin CCG aspires to have the healthiest population in England. Healthier, Happier, Longer"
- Our values: "to put patients and the public at the heart of commissioning in Telford and Wrekin allowing services to be personal and responsive to local need"
- Our aims: "improvements in patient experience".

Our Communications and Engagement Strategy (which can be found on our website: https://www.telfordccg.nhs.uk/who-we-are/publications/strategies-and-plans/strategies/6488-

communication-and-engagement-strategy-2019-2021/file) demonstrates how we will include patients, the public and stakeholders in our decision making to continually improve services.

It also outlines how we will adhere to our statutory responsibilities to carry out effective consultation and engagement and is aligned to our equalities work programme to ensure that we work with our whole population and groups who may be under-represented.

It sets out our principles on how we will involve and engage with patients and the public and the value that we place on involvement. We have an action plan that sits with the strategy that sets out the practical actions we will undertake to deliver our strategic priorities.

The CCG Governance Board receives assurance on the robustness of its involvement with and relationship with the public through the established Assuring Involvement Committee (AIC), which, in line with its Terms of Reference, is made up of up to 12 volunteer members which include 11 members of the public and the Board Lay Member for Public and Patient Involvement.

The committee is chaired by a volunteer member and meets on a monthly basis with a full agenda and discusses with the commissioners the Communication and Engagement Plans for each proposal on new or changing services commissioned by us. The Chair of the AIC completes a report following each committee meeting, which is then presented to the next CCG Governance Board in public for assurance purposes.

Training for new members is provided in the form of presentations and a training pack. Patients or members of the general public that would like to apply to be a member of the AIC can find details and an application on our website: https://www.telfordccg.nhs.uk/get-involved/engagement-and-involvement-opportunities/assuring-involvement-committee

In addition, if our providers are in the process of transformation of services, this will include the engagement and involvement work that they have planned.

We have several sub-committees where patient involvement is key:

- Assuring Involvement Committee – patient volunteer chair
- Planning, Performance and Quality Committee – Lay member Chair
- Primary Care Committee – Lay member Chair
- Audit Committee – Lay member Chair
- Individual Funding Committee – Lay member Chair
- Remuneration Committee – two lay members attend
- Joint Commissioning Policies Advisory Committee – lay member / patient volunteer attend.

We also have several working groups that include patient volunteers / lay member:

- Telemedicine Working Group – patient rep
- Medical Safety Committee – patient rep.

We are also able to review patient experience and involvement as part of the regular Clinical Quality Review Meetings (CQRM) held with our providers as set out in our Quality Assurance and Improvement Framework 2018-20.

The 13 GP practices making up the membership of the CCG have individual Patient Participation or Practice Patient Groups (PPGs) that work with their respective practices on issues affecting the local residents of that practice. Representatives from the PPGs meet monthly and give feedback to the CCG on issues affecting patients and the public.

NHS England Patient and Public Engagement (PPE) assurance rating

Every year, NHS England conducts a review of how CCGs across the country engage with local patients and public. This forms part of the Integrated Assurance Framework by which CCGs are assessed.

Impact of participation

Throughout the year, we have undertaken a number of engagement and involvement activities where patients and the public have helped to shape decisions and services and also examples of where the CCG has acted upon feedback and experiences, some examples of which are highlighted below.

You said, we did:

Patient feedback	Actions to address	Change
Our Engagement Team often visit local support groups including the Rheumatoid Arthritis Group During one meeting, members indicated that they were experiencing problems with services since it had moved to a new location.	The Patient Engagement Lead contacted the provider organisation to highlight the group's problems.	The provider organisation has now agreed to attend regularly at the support group meetings to discuss how the service works and to gather feedback.
A lady who lives in Telford has been attending oncology appointments at the Royal Shrewsbury Hospital. She was using the Non- Emergency Transport Service, but as she had a young child to look after, she started to use trains and bus services to get to and from the hospital. However, she was finding it very expensive. (Mum on her own with a young son).	The Patient Engagement Lead informed the patient that she may be entitled to help with the travel expenses.	Signposted the patient to website to claim back her travel expenses and to the Macmillan website for further help and support.
Our Engagement Team regularly meet with the Polish Community Group – 'Polski Glos' They raised issues that some members of their community did not speak English and needed translation services at the GP practices. It was difficult to talk on the phone to the receptionists so they arrive at the practice and they cannot explain that they need an appointment and a translator.	GP receptionists need a way to identify the person they are talking may not speak English. Polish community who cannot speak English need a way of telling the receptionist that they need an appointment and a translator.	Working with the Polski Glos a small credit card was developed that can be completed by the Polish and handed into the receptionist. It tells them that they need a Translator. The Card has both languages on it. This has been piloted successfully during 2019 and will be rolled out in 2020 across all GP practices. The card has also been shared with the Translation and Interpreting Department at NHS England who are looking into a national scheme.

Barriers to cervical screening

In Telford and Wrekin, the number of women having their cervical screening ('smear test') has dropped. The same trend is happening nationally, in particular those women aged 50-64 (BMC Women's Health, June 2018).

Jo's Cervical Cancer Trust funded research into the barriers to cervical screening amongst older women and hard to reach groups. They also researched the younger age group and the fears they have about screening.

Jo's Cervical Cancer Trust found several barriers to having the test done, including:

- Lack of understanding the term 'cervical screening' and what it is for
- Fear
- Embarrassment
- Shame
- Difficulty if they have a male/female GP
- Lack of knowledge if they still need one (age relevant)
- Lack of knowledge if they still need one if they are not with a partner/in a relationship
- Concerns about the procedure being painful
- Appointments not convenient.

Working with one of the commissioners for primary care services and the quality lead for primary care, a Communication and Engagement Plan was developed. The plan aimed to bring together several ladies as a focus group to discuss their experiences and any changes they would like to see. It was soon evident that women were not comfortable coming together and talking about such a sensitive subject.

The plan was altered, and through a number of contacts including the Telford Patient First Group, Senior Citizens Forum, Recharge Young Mums Group, the South East Asian Ladies Group and the Polski Glos Support Group, women were asked to email their thoughts around the identified barriers and whether they agreed with the findings or thought it was something different.

Many of the ladies sent through their feedback and this was gathered together in an engagement report.

The feedback received from patients was discussed at the Cervical Screening Group meeting (consisting of local authority, Public Health England, Cancer Research UK and the CCG) and solutions were identified, and rolled out:

- The Screening and Immunisation Co-coordinator from Public Health England and the Facilitator from Cancer Research UK are visiting each of the GP practices within Telford and Wrekin. They will be discussing improving cervical attendance for patients, helping them understand their own cervical screening data, provide useful resources, information and support, share best practice and innovative solutions and signposting to further training
- The quality lead for primary care is encouraging GP practices to put cervical screening appointments online for easier access.

Frailty and Falls Service – phase 1 – review of Fit 4All

The Fit4All service is commissioned by us to deliver a programme of exercises to those patients who have previously had a fall or attended the Falls Clinic at the Paul Brown Unit at the Princess Royal Hospital, Telford. The programme needed to be reviewed as it remains under a Service Level Agreement and has not had a review since its introduction in 2013. We required a deeper understanding of the services provided and the benefits to patients/public.

Following discussion with the commissioner, the quality lead and the provider of the service, a communication and engagement plan was developed. The Patient Service Team visited several sessions run by the Fit4All instructors held across Telford and Wrekin. They spoke with people attending the classes to get an understanding of how the class had helped them and how they had found out that the class existed. A full Engagement Report has been shared with the commissioner and the quality lead and can be found on our website: https://www.telfordccg.nhs.uk/who-we-are/publications/publications/engagement/listening-to-our-patients-and-public/january-december-2019-engagement/6391-fit4all-engagement-feedback-report/file

Transforming midwifery care – (part of Sustainability and Transformation Partnership)

Over the last two years, we have carried out a review of our local midwifery care. This has involved listening to the views and experiences of hundreds of women and their families to understand how they want to be cared for and supported before, during and after having a baby. The review has also involved gathering the views of professionals working in or with maternity services and looking at the latest research, evidence and best practice across the country. Pre-engagement activity has continued to take place during 2019 and particularly with those members of the community from the nine protected characteristics.

We have looked in detail at all the feedback and evidence and have developed a proposal for how we can transform the way midwifery care is delivered. By making these changes, more women across Shropshire, Telford and Wrekin would get high quality midwifery care closer to home improving outcomes for them and their babies. It would also help create a great service for staff to work in, they will be able to work more flexibly to provide midwifery care where it is needed.

The consultation will begin after the proposal has been through a robust assurance process.

Telford Healthy Hearts

Whilst the death rate in Telford and Wrekin has improved in recent years, too many people continue to have strokes and heart attacks that could be preventable.

We are working with our GPs, hospital specialists and the wider NHS to identify ways to help.

During 2019, as part of the Telford Healthy Hearts Campaign, GPs worked towards identifying any patients who are ‘at risk’ of a heart attack or stroke.

This included patients who have or are at risk of having high blood pressure, high cholesterol, diabetes, abnormal heart rhythms and heart failure.

The GP practices sent a letter to identified patients which contained information and advice on the steps they could take to reduce their risk.

Each practice has been given a banner, posters and leaflets to help provide information for their patients and several pop-up events have taken place across the borough.

Part of the campaign is to advise some patients to take Statins, a medication to help reduce the risk of a heart attack or stroke. Feedback from several patient groups told the CCG that the message was difficult to understand by reading literature. We produced a short video with the help of a local patient and GP. This can be found on our website, the individual GP websites and is shown on waiting room screens.

Single strategic commissioning organisation

The NHS is undergoing a major transformation following the publication of The NHS Long Term Plan and future vision of Integrated Care Systems.

Therefore, CCGs across the country are looking at how they are best placed to take on the role of strategic commissioners in this new NHS landscape. This also includes recommendations that there should only be one strategic commissioning organisation in each Sustainability and Transformation Partnership (STP).

The proposal is to replace Shropshire CCG and Telford and Wrekin CCG with one CCG which will be buying health services for local people across the county.

A successful stakeholder event was held in Shrewsbury, where patient representatives and members of the voluntary sector came together to listen to the proposals for the new organisation. Shropshire residents were asked to complete an online survey or to come along to one of the pop-up events being held across the county to talk to the CCG teams about the changes they are planning, ask any questions, and give their feedback.

Further engagement with patients, carers and the public are planned throughout the process.

Proactive engagement

We piloted a new initiative, to be more proactive with engagement of our patients, carers and the general public. Chatty PALs are a way that information can be shared with the general public, whilst giving people the opportunity to speak to us about any health concerns/issues. The pilot has been run successfully and we have introduced a further five venues across Telford and Wrekin, giving more people the opportunity to get involved and have their say.

Patient feedback and relevant data

We use several differently sourced pieces of information to help triangulate our understanding of patient experience of the health services we commission.

The primary data source we use for population health is the Joint Strategic Needs Assessment (JSNA). The Joint Strategic Needs Assessment (JSNA) is a statutory process undertaken by Telford and Wrekin Council to inform the development of priorities across the borough for the Council, CCG and other partners. The process brings together and explores a wide range of data, performance information and intelligence to identify those issues where the borough is doing well and those which remain a challenge and where more needs to be done. This data is used by CCG Commissioners to begin service redesign projects and to help determine what services we need for our local population. The Communications and Engagement Team also consider this information when stakeholder mapping for specific engagement/consultation projects.

The JSNA is not one single document – individual parts of the JSNA can be found on Telford and Wrekin Council's facts and figures pages.

In addition to this we also have the following information on specific services:

- Complaints and PALs queries made to us and to our providers which can highlight trends
- Quality and Commissioning teams also gather information from quality and contracting meetings with our providers on patient experience and quality issues
- Surveys of GP patients and other services we commission
- NHS Friends and Family test outcomes by provider
- Information received via Healthwatch Telford and Wrekin
- CQC reports.

How we reach diverse and potentially excluded groups

Specifically, in relation to our obligations under the Equality Act, when identifying stakeholders for engagement, we will be sure to seek out the 'seldom heard', looking at the nine protected characteristics plus carers, people who suffer from a mental health problem or addiction and those who are socioeconomically deprived. These nine characteristics are outlined in the Equalities Act 2010. To support development of commissioning plans and decision making, it is essential that engagement and communication methods consider the needs of people with a protected characteristic and enables them to participate.

An example of how practical engagement delivery is designed to meet the needs of our diverse population is the pre-engagement that was done for the Transformation of Midwifery Care. As part of the Local Maternity System, we not only had to engage the wider population but also had to ensure that we engaged and involved those people who would traditionally not take part or not feel able to take part. A number of local groups were approached including Recharge Support Group for Young Mums and one-to-one meetings were held with members of the Telford Polski Glos with the help of a translator. For more information, see our website: https://www.telfordccg.nhs.uk/who-we-are/publications/publications/engagement/get-involved-1/6517-pre-consultation-engagement-work-with-seldom-heard-groups-june-2019/file

This example and others that has been undertaken have enabled progress to be achieved in line with our equalities objective 1, where we are improving lives of local people and patients.

Working with patient groups and the voluntary sector

Throughout the borough of Telford and Wrekin, there are myriad of patient's groups and voluntary organisations supporting people. During 2019, there has been regular engagement with these groups by visiting their meetings and discussing commissioning intentions and getting feedback from those attending. Regular attendance at the meetings helps to build trust, and patients then feel that they can share their experiences with you. To find out who we have engaged with during 2019/20, visit our website: https://www.telfordccg.nhs.uk

Some examples include:

- Regular visits to the Telford Patients First Group along with commissioners to discuss changes to surveys and listening to their feedback
- In partnership with Healthwatch Telford and Wrekin helping the Making It Real Board to develop a survey for review of the discharge from hospital service

- Monthly drop-in sessions at the permanent gypsy and traveller site, to give information and help residents to access local services
- Linking to the local young mother's support group, run by Recharge to talk about midwifery care
- Working with the local housing scheme to visit several centres to talk about the Telford Healthy Heart Campaign and the exercise classes.

We also work very closely with Telford and Wrekin Healthwatch and other specific voluntary groups like Telford Patients First Group, Telford After Care Team (TACT) and Men's Sheds to delivery engagement activity in partnership or on behalf of us. This year, these relationships have proved very important to the successful and wide-ranging delivery of various pieces of work, and we would like to thank these organisations for their valuable contribution.

How we involve patients and the public

Our engagement with patients and public is vital to our work. We use a range of communications channels to communicate to keep patients and the public informed such as:

- News releases
- Website
- Newspaper columns
- Radio adverts
- Website updates
- Posters and leaflets in GP practices and community venues
- Social media, for example Facebook and Twitter
- Sending attendees at an event reports of the outcomes
- For some projects, newsletters and direct communication
- Attending individual groups and organisations to feedback face-to-face on how their views were used and changes we have made as a result
- Individual phone calls and emails to people who have been involved
- The yearly Telford and Wrekin CCG Annual General Meeting
- Our membership scheme, if you would like to join, please email twccg.patientservices@nhs.net or call 01952 580407
- The Telford Patients First Group is a voluntary group, independent of the CCG that aims to provide a conduit for patients to have their voices heard by NHS organisations. The CCG has close working relationship with this group as a key patient group in our area and a vital way in which patient feedback is both passed to us but also disseminated out to PPGs.

Enabling and supporting those patients and the public who wish to get involved

For patients and members of the public who have an interest in being actively involved with the CCG, they are offered informal discussions to find their area of interest.

Patients can apply to be part of the Assuring Involvement Committee, where they are supported by an induction process so that they understand how the CCG works and its legal obligations, followed by more formal training (for example Information Governance).

For those patients who prefer to sit on a working/steering group as part of a procurement or service redesign process, they will be offered an initial briefing together with ongoing support at those meetings, until they feel comfortable to attend on their own.

Our reading group has been supported and involved in checking any documents that will be public facing.

Learning and best practice

During our experience of engaging, involving and consulting with patients, carers and the general public in 2019 we have contacted a number of groups and individuals which will help for future engagement. Our engagement team also have a more detailed understanding of the processes and delivery methods that work with different groups of people to illicit a response that can be used to design improved engagement in the future.

Future plans

The coming year will continue to bring new opportunities for the engagement team and our priorities will focus on:

- Delivering public consultation on midwife-led units in our area
- Engaging and informing patients, carers and the general public on the process of moving to a single strategic commissioning organisation
- Working with Healthwatch Telford and Wrekin to ensure that residents are fully engaged with Telford and Wrekin's transformation of health and care services
- More integrated working with our communication and engagement colleagues across our) area to share knowledge and expertise
- Supporting neighbourhood initiatives to build local networks as a key enabler for our self-care and management of long-term conditions projects
- Enhancing our relationships with seldom heard groups that make up the nine protected characteristics in our area and building new ones
- Delivering engagement forums, workshops, focus groups, commissioning intentions events and our Annual General Meeting.

Patient Advice and Liaison Services (PALS)

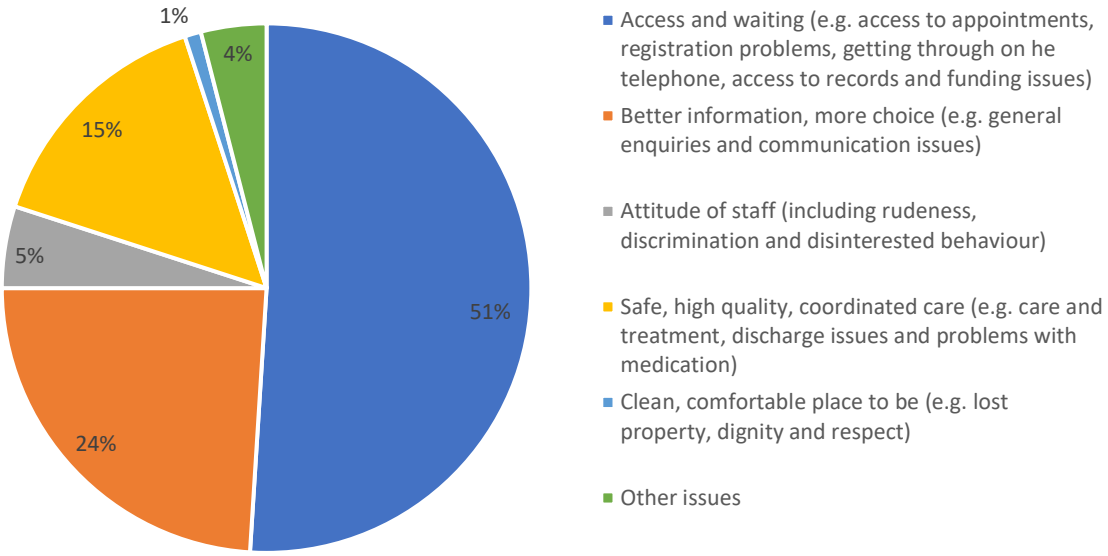
PALS is integral to Telford and Wrekin CCGs commitment to working closely with patients and staff to improve services. All enquiries received through PALS are recorded on a database and used to improve services. The PALS is an informal and impartial way to resolve the concerns of patients, relatives, carers, and members of the public. The service is intermediary and a useful source of information, often signposting people to the healthcare they need.

During 2019/20, 323 contacts were received through PALS; this is a slight decrease on the number of enquiries received in 2018/19.

Over half the PALs queries we received raised concerns around gaining access to services.

Of the enquiries that related to primary care (GP services), around half related to difficulties getting a timely appointment and getting through to GP practices on the telephone.

Subject area of PALS concerns

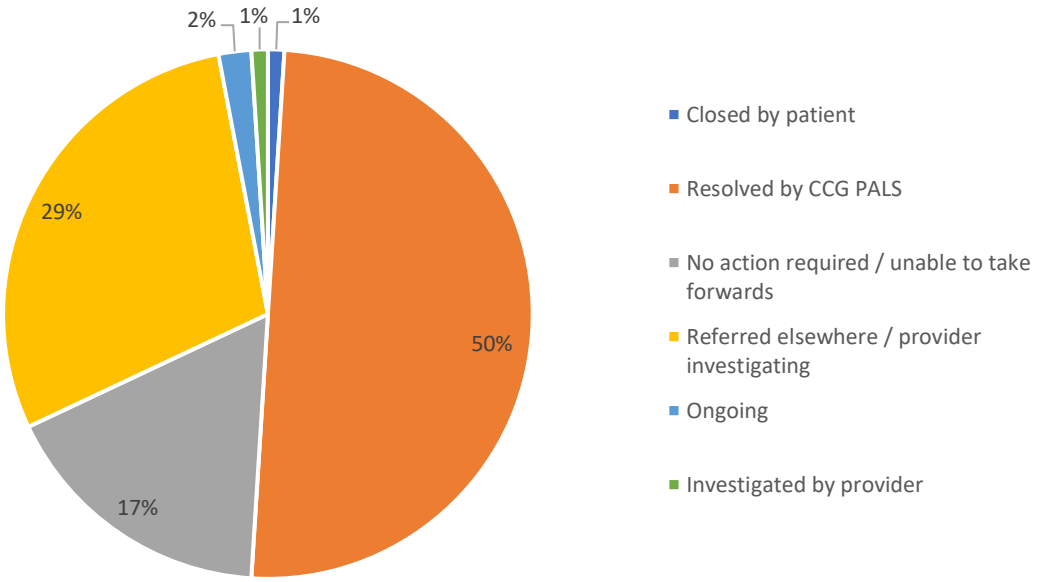


For hospital services, a high percentage were around access to appointments and included delays with dates for surgery, delays with routine review appointments and delays with appointments due to cancellations.

Of the enquiries relating to CCG service, the majority were around decisions made by commissioners in relation to funding for various services.

The majority of enquiries relating to community services were around access to appointments with the musculoskeletal service.

PALS enquiries outcomes

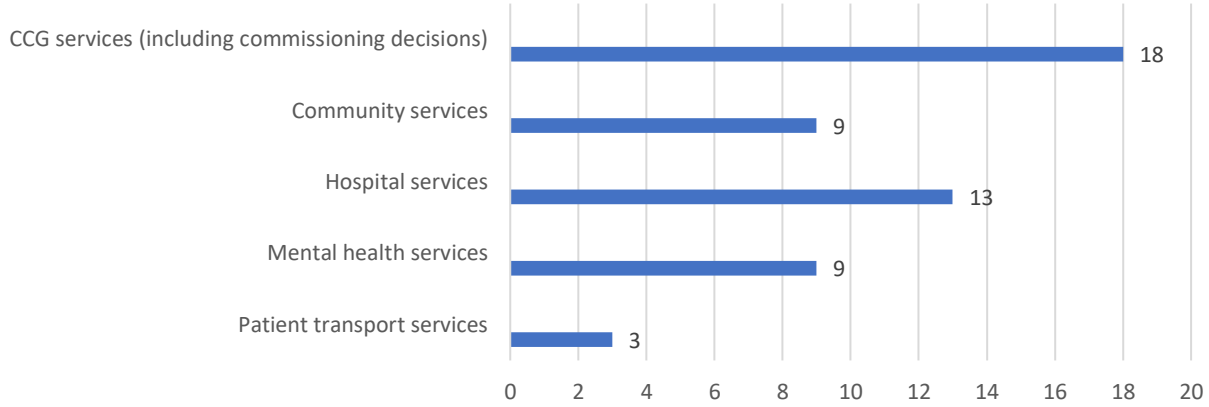


Of the 323 contacts received, 50 per cent were resolved by the CCG PALS Service and 29 per cent were referred to providers for the matter to be resolved directly.

Complaints

During 2019/20, Telford and Wrekin CCG received 52 complaints, which related to a number of providers commissioned by the CCG; this is a decrease on the number of complaints received the previous year.

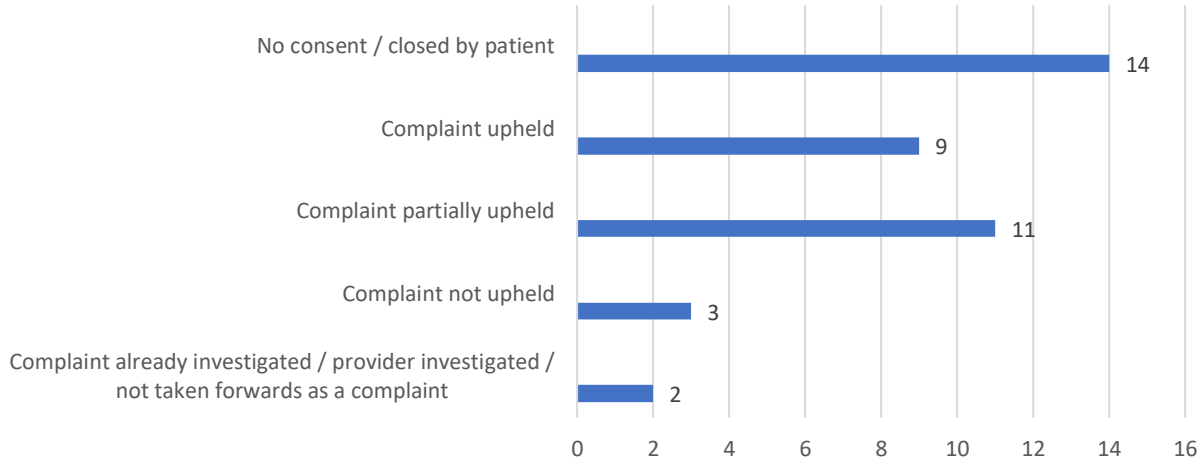
Services complaints related to



Of the 52 complaints received, 13 cases are ongoing and 39 cases have been closed.

The chart below illustrates the outcomes of the complaints where the process has been completed:

Complaint outcomes



An important part of the complaints and PALS process is that lessons are learned and improvements made to services based on feedback received from individuals. Below are examples of where changes have been made to services following patients providing feedback to the CCG:

- Following concerns being raised about a service where appointment delays were being experienced due to staffing levels, the service set up a helpline for patients to seek help and advice whilst waiting for appointments.

- A patient experienced delays with an appointment because their referral had been sent to the wrong hospital. It was established that the service was not one that was used regularly, which is why the error occurred. In order to prevent this happening again, it was agreed that a follow up telephone call would be made to services that are not used regularly to ensure that referrals have reached the appropriate destination.
- Following a misunderstanding between two services in relation to funding for care, it was agreed that team members from both services would spend time with each other, in order to understand better how their processes worked, thus leading to a better communication.
- There have been no referrals to the Parliamentary Ombudsman during 2019/20. One multi-agency complaint has been referred to the Local Government Ombudsman and we await the outcome.

MP Letters

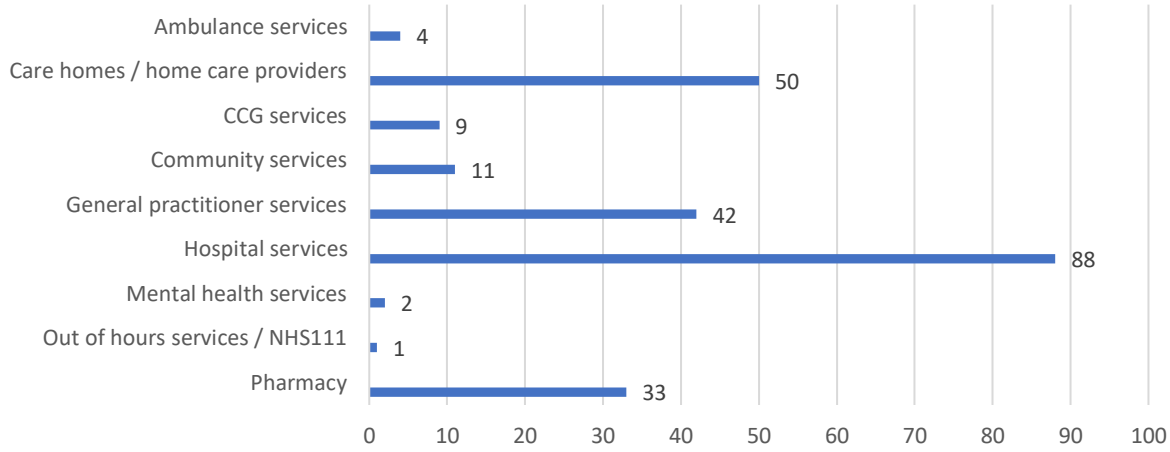
During 2019/20, Telford and Wrekin CCG received 24 MP letters/emails which related to the care that constituent were receiving; 15 of these related to care provided by commissioned services, eight were around CCG commissioning decisions and one related to a service not commissioned by Telford and Wrekin CCG. The majority of concerns that were raised related to access to services.

NHS to NHS Concerns

This process gives NHS organisations the opportunity to identify and feedback where there are concerns relating to patient care delivered by NHS commissioned healthcare providers. It also allows the CCG to identify any trends relating to specific areas/departments and to take appropriate actions as required.

During 2019/20, Telford and Wrekin CCG received 240 N2N concerns, 143 of these were medication issues which are managed by the Medicines Management Team.

Services NHS to NHS concerns related to



Below are examples of where N2N concerns have led to improvements in services:

- Following concerns being raised around the information provided by a care home to a GP practice in relation to one of their patients, it was agreed that a local community service would provide some training for the care home around providing handover information.

- Following several concerns being raised around delays with discharge summaries from a specific ward at a hospital trust, a new process has been put in place to ensure that these are sent in a timelier manner in future.
- Concerns were raised by a care home about the advice they received when they contacted an emergency service in relation to one of their patients. Following raising this as an issue, it was agreed that the service would attend a workshop so that learning could be mutually agreed and shared.

Equality, Diversity and Human Rights report

The CCG believes that equality and inclusion include addressing health inequalities and should be embedded into all commissioning activity. It is our over-riding aim to provide equality of opportunity to all our patients, their families and carers and to proactively attempt to eliminate discrimination of any kind to the services we commission (buy). The CCG is keen to involve local people in the continuing development and monitoring of this aim to ensure that we commission the right health care services, provide well trained staff to deliver and ensure our providers meet the equality duties set out in the Equality Act 2010.

Under the Equality Act 2010 and the Public Sector General Equality Duty organisations must publish sufficient information to demonstrate that, in the exercise of its functions, it has a due regard to:

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a relevant protected characteristic and those who do not.

To help monitor how the NHS was working towards these functions, the NHS Equality Delivery System (EDS2) was launched in November 2013. It is a toolkit designed to help NHS organisations and staff review their performance for people with characteristics protected by the Equality Act 2010 and identify how improvements may be made.

The nine protected characteristics are as follows:

1. Age
2. Disability
3. Gender re-assignment
4. Marriage and civil partnership
5. Pregnancy and maternity
6. Race including nationality and ethnic origin
7. Religion or belief
8. Sex
9. Sexual orientation.

EDS2 can also be applied to people from other disadvantaged groups who may experience difficulties in accessing NHS services, including people who are homeless or live in poverty, those who are long-term unemployed, people in stigmatised occupations, drug users, and people with limited family or social networks or who are geographically isolated.

Organisations score themselves against the four main goals. More information on the scoring mechanisms, is available on NHS England's website:
https://www.england.nhs.uk/about/equality/equality-hub/eds/

The results of the CCG assessment can be found on our website:
https://www.telfordccg.nhs.uk/who-we-are/equality-and-diversity

We have continued to rate ourselves as 'developing,' across most goals. We recognise that to progress from this level, we need to understand the needs of individuals accessing healthcare services and ensure we can evidence how we have acted to promote equalities.

We utilise some key processes to help us understand in more detail how different groups access healthcare:

A key source of information is the Joint Strategic Needs Assessment (JSNA) for the resident population of the CCG, which analyses the health needs of the population of the area. The JSNA informs and guides commissioning of health, wellbeing and social care services to improve health and wellbeing and reduce inequalities. The JSNA informs the Joint Health Well Being Strategy.

The JSNA is available on Telford and Wrekin Council's website:
https://www.telford.gov.uk/info/20121/facts_and_figures/424/joint_strategic_needs_assessment_jsna

The most recent 2017 Telford and Wrekin Population profiles available by ward available on Telford and Wrekin Council's website:
https://www.telford.gov.uk/downloads/download/801/population_profile

We utilise the standard NHS contract which places a requirement on providers to ensure that they consider the needs of individuals in the delivery of their services, including disability access and equity of access. Providers who bid for NHS services through our procurement processes are required to demonstrate compliance with the Equality Act 2010 and the Human Right Act 1998. We expect providers to clearly demonstrate the ability to make reasonable adjustments when accessing their services. This is monitored as part of the Contract Monitoring process. To improve our developing rating, we intend to work more with providers on their recording and reporting of protected characteristics.

We have made targeted efforts to engage with groups who make up, some or all, the nine protected characteristics, and have received and acted upon some valuable feedback on services. These include:

- Helping to open communications between a local GP practice and the Polish community. Discussions have taken place around how this GP practice and others can improve communication
- Working with a local LGBTQ+ group, who identified a gap in training, a training video and presentation is in development, to be shared with our staff and other NHS providers. This training will also be added to our website once completed
- A member of the CCG attends a local travellers site monthly to give patients within the travelling community a chance to feed back about problems they may be having in relation to healthcare
- As part of ensuring we are hearing our populations views of their needs, we continued to engage with women who are pregnant or recently given birth as part of redesigning future services for the midwife-led units and the Local Maternity Services (LMS) as a whole. To

allow new mothers to attend, we continue to facilitate meetings where young children can come along and play, whilst their mothers and partners take part in discussions. We also, with the help of our local authority and community health trust partners, identified several groups for parents and toddlers in specific areas where transport was an issue and visited the groups to talk with the members. Shropshire, Telford and Wrekin Maternity Voices Partnership continues to use social media to enable a wider group of women, partners and families to get involved. In addition, several face-to-face groups have also been established locally. It had been identified the previous year that we needed to improve engagement with local Asian women's support group, the local Polish community and the local traveller's community where discussions took place with women and their partners around maternity experiences and redesign of maternity services

- We have several cases, where the health needs and treatment for children exceeds that within current mainstream contracts. When this is the case the health professional and/or the case manager can request additional funds to support these needs. A new Children and Young People Case for Consideration panel has been developed, to ensure a formal process of reviewing children's health needs and approving appropriate treatment and funding. The process has been started with several families and the first family has given feedback to the Senior Practitioner Children and Young Peoples Continuing Care and Designated Clinical Officer for special educational needs and disability (SEND)
- During engagement work around reduction in attendance for cervical screening, it was quickly realised that this is a sensitive subject for people to discuss, and after speaking to a number of women, it was decided to refocus our engagement plan from group discussions to one to one engagement speaking directly with individuals who were willing to talk about their experiences
- We continue to record equality monitoring data as part of its complaints function. From this monitoring we have deduced from the complaints data that most complainants are white British and heterosexual which would require us to explore why other groups are not utilising the complaint process. Further work will be done with groups representing the nine protected characteristics during 2019/20
- We continue to ensure it is reinforcing the Accessible Information Standard via a staff policy to help ensure that those people suffering from a visual or sensory impairment are able to specify how we will communicate with them about their medical treatment. The policy is available on our website: https://www.telfordccg.nhs.uk/who-we-are/publications/policies/corporate-1/46-accessible-information-policy-version-1/file

We will continue to build on our aim to make strong links with those groups that make up the nine protected characteristics and other groups like people suffering from mental health problems and substance misuse.

We require all provider contracts to contain equality and diversity clauses, notably as per Service Condition 13 of the NHS Contract. This applies to all the nine protected characteristics.

Compliance with this service condition is monitored as part of routine quality monitoring of each contract. Under Service Condition 13 providers must comply with equality legislation. That is, they must not discriminate on grounds of protected characteristics, must provide assistance and make reasonable adjustments where service users, carers and legal guardians do not speak English, or where they have communication difficulties. They must also provide a plan to show compliance with the legislation.

Quality monitoring of patient experience reports from providers is also undertaken to identify themes and trends and ensure actions are put in place.

We continue to record equality monitoring data as part of its complaints function. From this monitoring we have deduced from the complaints data that most complainants remain white British, however the number of people raising concerns from other ethnic groups is 8 per cent. We continue to promote the complaints process to various groups, this year has included visits to a Polish Group, a mental health support group, a male-only support group and various community groups for the elderly.

Under the EDS2 Equality performance toolkit, we are required to set our self-equality objectives at least every four years. Our objectives are:

- To improve lives of local people and patients
- Inclusive leadership and a representative and supported workforce.

Workplace Race Equality Standard requires us to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Our current workforce representativeness of ethnicity is shown below and can be compared to a BME percentage of 10.5 per cent in the Telford and Wrekin population, as published by Telford and Wrekin Council in June 2019: https://www.telford.gov.uk/downloads/file/10502/chapter_2_population_and_household_characteristics

Telford and Wrekin CCG percentage of staff by pay band and ethnicity as at 31.03.2019 (collected annually in July for previous year)

Pay band	BME	Unknown / Not Stated	White	Average total
Apprentice				
Band 2	33.33%	0	66.67%	**100.00%**
Band 3	8.69%	4.35%	86.96%	**100.00%**
Band 4	0	11.11%	88.89%	**100.00%**
Band 5	0	0	100%	**100.00%**
Band 6	8.33%	0	91.66%	**100.00%**
Band 7	9.09%	0	90.90%	**100.00%**
Band 8 - Range A	0	0	100%	**100.00%**
Band 8 - Range B	25.00%	0	75.00%	**100.00%**
Band 8 - Range C	0	0	100%	**100.00%**
Band 8 - Range D	0	0	100%	**100.00%**
VSM	17.39%	8.69%	73.91%	**100.00%**
Grand total	**10.44%**	**3.48%**	**86.08%**	**100.00%**

Our self-certification statements can be found on our website: http://www.telfordccg.nhs.uk/who-we-are/equality-and-diversity

Based upon our analysis of its Workforce Race Equality Standard (WRES) data, we have identified three key actions:

- Request and collation of ethnicity data of its Governance Board members
- Ensure that forthcoming local staff survey has ethnicity data requested.

The CCG undertook a full data cleanse of the ethnicity information it holds on all its staff and Board members in February 2018, so both actions have now been completed.

The remaining action which will be addressed in the first quarter of 2019/20 is:

- Analyse the likelihood of BME candidates being appointed from shortlisting data.

The CCG recognises that unfair discrimination is unacceptable and, in this respect, has made a statement of policy on equal opportunities in employment through its Equality and Diversity Policy. This ensures that no potential or actual employee receives less favourable treatment on the grounds of age, disability, sex, sexual orientation, race colour, nationality, religion or belief, national or ethnic origins, gender reassignment, pregnancy or maternity, marriage or civil partnership, or trade union membership.

In our policy on equal opportunities, we recognise that everyone in the organisation has a role in ensuring fairness towards people with any disability. Emphasis will be placed on the individual's ability, rather than disability, and we will endeavour to support disabled employees and prospective employees in the workplace with reasonable adjustments.

We remain committed to ensuring that staff receive up-to-date and relevant equalities and inclusion training, which is described in the Equality and Inclusion report above. This is further supported by the CCG's Equalities and Diversity Policy, which sets out the CCG's vision that all employees should follow.

Health and Wellbeing Strategy

Telford and Wrekin Health and Wellbeing Board (HWBB)

Our Chair, Dr Jo Leahy and Chief Officer, David Evans both sit on the HWBB. The HWBB has continued to mature over the last year. The HWBB continues to focus on the following three priorities:

- Encourage healthier lifestyles
- Improve mental wellbeing and mental health
- Strengthen communities and community-based support.

The strategy is available online at:
www.telford.gov.uk/downloads/file/4005/health_and_wellbeing_strategy_2016

The impact of the strategy has been monitored by the HWBB during 2019/20, based on update reports and outcome frameworks produced and presented regularly. The HWBB now forms part of the STP governance structure to ensure that partnership working is truly at the centre of the delivery of the STP.

The CCG has complied with the requirements of Section 116B(1)(b) of the Local Government and Public Involvement in Health Act 2007 and during 2019/20 the CCG has contributed to the development and delivery of the joint strategy by:

- Creating a joint post with Telford and Wrekin Council to support partnership working on the Better Care Fund and Care Closer to Home programmes
- In future, the new single CCG aims to reinforce the place-based focus work with the council by the establishment of more joint posts
- Proactive co-ordination of care in the community through GP based multi-disciplinary team (MDT) meetings. MDT meetings enable practitioners and other professionals in health and social care to collaborate and reach solutions based upon an improved collective understanding of a person's needs.

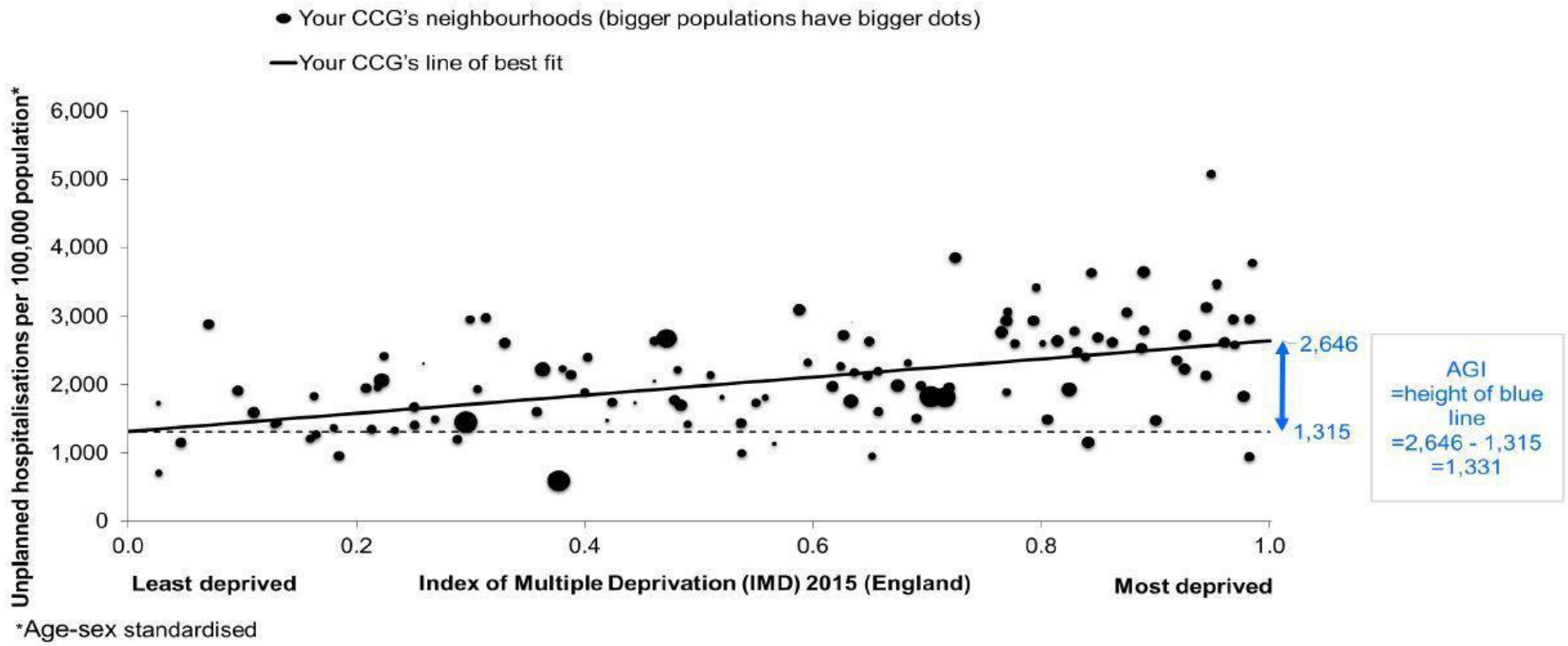
Reducing health inequalities

The CCG has a duty under Section 14T of the Health and Social Care Act 2012 to reduce inequalities. The most recent analysis from RightCare demonstrates that we are reducing inequalities as shown is the following graphs. For areas with high inequalities between their most advantaged and disadvantaged communities, there are large differences in admissions to hospital for ambulatory care sensitive conditions. These graphs show that over time, the gap in admissions between populations in Telford and Wrekin has been reducing and that there has been an acceleration in the more recent trend.

We believe a number of CCG initiatives are contributing to this reduction, examples of which are:

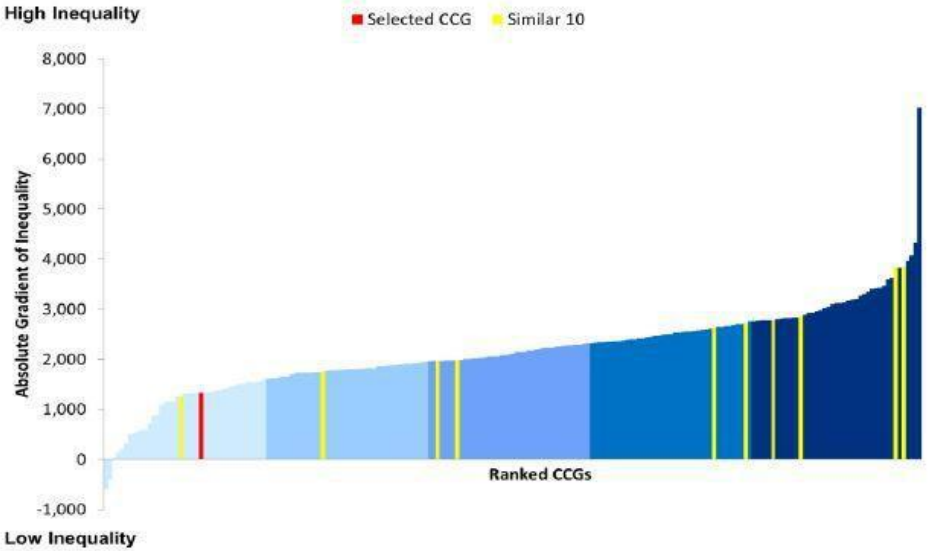
- Healthy Hearts campaign to prevent unnecessary stroke and heart attacks by proactively prescribing medicines to people who are at risk
- Non-clinical scheme to work with individuals who have a higher risk of hospital admission
- Introduction of health and social Care Rapid Response Team which resolves health crisis for individual and then works to prevent the crisis happening again.

The graph below shows the Absolute Gradient of Inequality (AGI) for the CCG. The steeper the gradient of the line of best fit, the greater the height of the blue line, the greater the AGI and so the greater the inequality. The graph shows neighbourhoods, which are also known as Lower Super Output Areas (LSOAs).

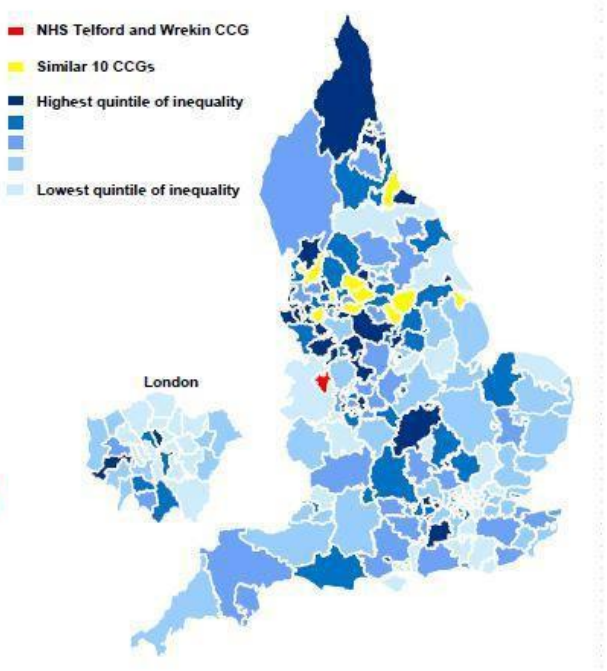


Sources: Unplanned hospitalisations: 2016-17 Secondary User Service (SUS), NHS Digital. Population data: CCG registered population for Oc tober 2016, NHS Digital.
Note: Numbers less than 6 have been suppressed when plotting neighbourhoods but have been included in overall calculations.

The graph below shows the Inequality in Telford and Wrekin CCG compared with their Similar Ten and other CCGs in England. Each ranked bar on the chart represents the level of inequality in a CCG. The red bar is Telford and Wrekin CCG, and the yellow bars are the Similar Ten CCGs. These CCGs are also shown in the table below alongside their Absolute Gradient of Inequality (AGI) value, ranked from lowest (1) to highest (11) inequality. The CCGs in the highest quintile have the highest levels of inequality. The heatmap shows the geographical variation in levels of inequality across the country. The darkness of shades shows the CCGs' inequality, with the darkest quintile having the highest inequality.*

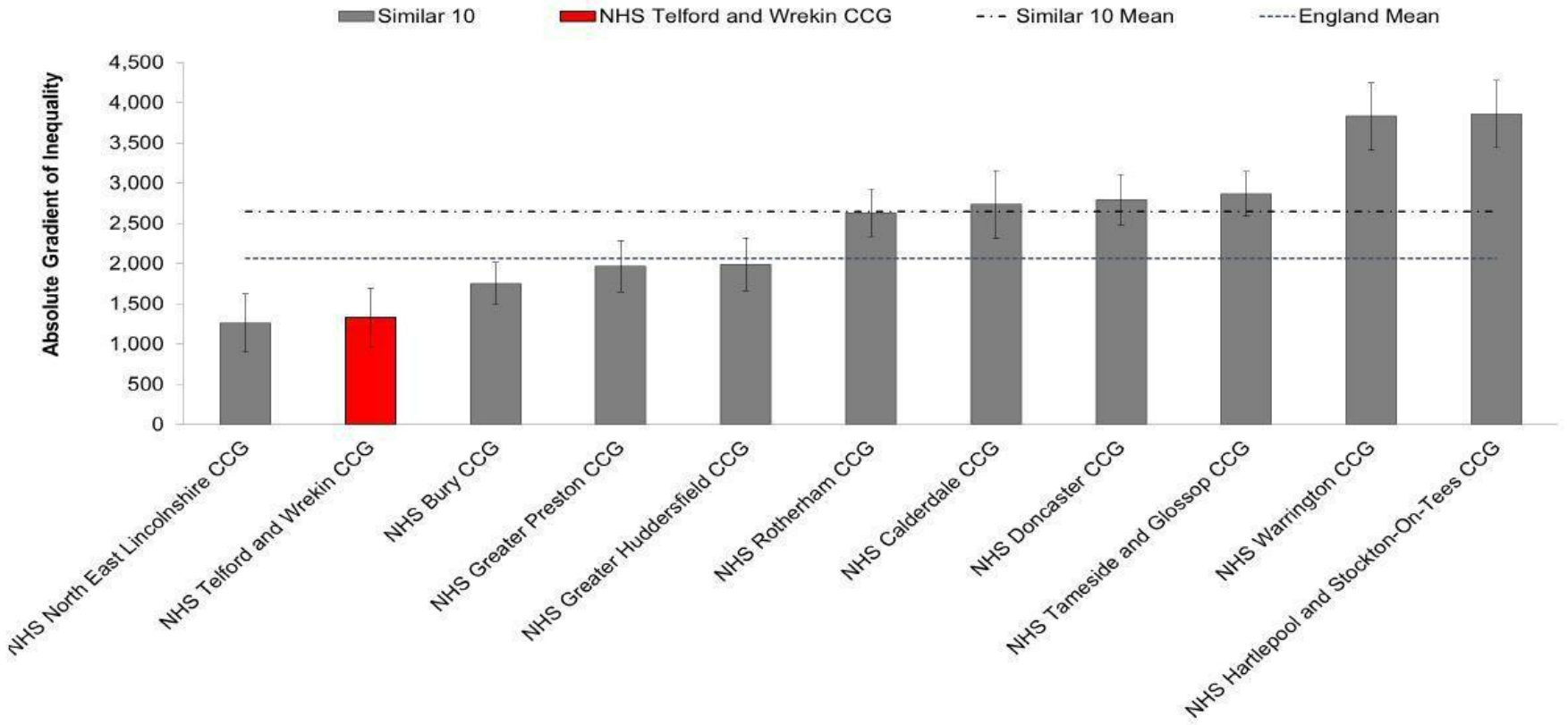


Rank	CCG Name	AGI
1	NHS North East Lincolnshire CCG	1,261
2	NHS Telford and Wrekin CCG	1,331
3	NHS Bury CCG	1,751
4	NHS Greater Preston CCG	1,968
5	NHS Greater Huddersfield CCG	1,990
6	NHS Rotherham CCG	2,633
7	NHS Calderdale CCG	2,737
8	NHS Doncaster CCG	2,790
9	NHS Tameside and Glossop CCG	2,869
10	NHS Warrington CCG	3,829
11	NHS Hartlepool and Stockton-On-Tees CCG	3,861



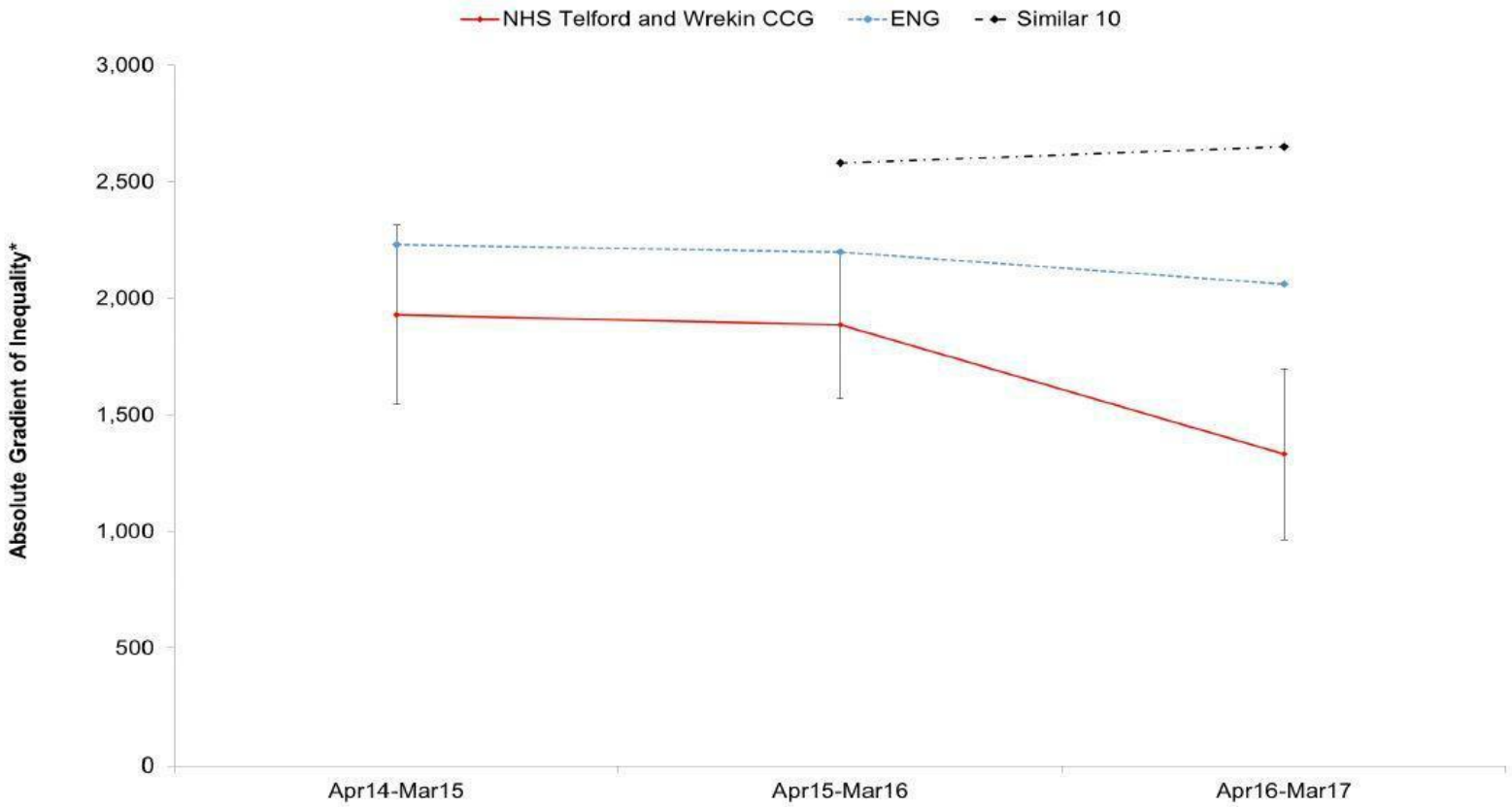
Sources: Unplanned hospitalisations: SUS 2016/17, NHS Digital, population data - CCG registered population, October 2016, NHS Digital
Notes: * Difference in age sex standardised rates of unplanned hospitalisation per 100,000 population between the most and least deprived neighbourhoods in England if England had the same inequality as the CCG. See NHS England CCG Improvement and Assessment Framework Technical Annex for more details.

The graph below shows Inequality in Telford and Wrekin CCG compared with their Similar Ten. The current levels of Inequality for the CCG and its Similar Ten CCGs are shown by the bars on the ranked chart. The 95 per cent confidence interval error bars illustrate the uncertainty in the measure of equality. Horizontal lines represent the mean of the Similar Ten as well as England. CCGs that are below the Similar Ten Mean have less inequality than it's Similar Ten CCGs.



Sources: Unplanned hospitalisations - Secondary User Service (SUS) 2016/17, NHS Digital, population data - CCG registered population, October 2016, NHS Digital.

The graph below shows the Time Series for the CCG's Inequality compared with their Similar Ten and England. The current and previous levels of inequality for the CCG are shown by the solid line on the line chart. The 95 per cent confidence interval error bar illustrates the uncertainty in the measure of inequality. The England average, and the average of the Similar Ten are also shown as benchmarks.



Sources: Unplanned hospitalisations - Secondary User Service (SUS) 2016/17, 2015/16, and 2014/15 (where available), NHS Digital, population data - CCG registered population, October 2016, NHS Digital.
Note: * Difference in age sex standardised rates of unplanned hospitalisation per 100,000 population between the most and least deprived neighbourhoods in England if England had the same inequality as the CCG.

ACCOUNTABILITY REPORT

Corporate Governance Report

Members Report

Telford and Wrekin CCG is a membership organisation composed of the 13 GP practices located within the geographical area of Telford and Wrekin. When the members of the group meet to conduct business as the CCG, this is known as the CCG Practice Forum. Each member practice will nominate one GP representative to represent the practice in all matters considered at the Practice Forum, and if necessary, exercise a vote. The Practice Forum delegates the majority of decision making to the CCG Governance Board and this is outlined in the CCG Constitution.

The member practices are outlined below:

Practice Name	Address
Charlton Medical Centre	Lion Street, Oakengates, Telford, TF2 6AQ
Court Street Medical Practice	Court Street Medical Centre, Court Street, Madeley, Telford, TF7 5DZ
Dawley Medical Practice	Webb House, King Street, Dawley, Telford, TF4 2AA
Donnington Medical Practice	Wrekin Drive, Donnington, Telford, TF2 8EA
Hollinswood and Priorslee Medical Practice	Downemead, Hollinswood, Telford, TF3 2EW
Ironbridge Medical Practice	Trinity Hall, Dale Road, Coalbrookdale, Telford, TF8 7DT
Linden Hall	Station Road, Newport, near Telford, TF10 7EN
Shawbirch Medical Practice	5 Acorn Way, Shawbirch, Telford, TF5 0LW
Stirchley Medical Practice	Sandino Road, Stirchley, Telford, TF3 1FB
Teldoc	Malinslee Surgery, Church Road, Malinslee, Telford, TF32JZ
The Surgery	Wellington Road, Newport, near Telford, TF10 7HG
Wellington Medical Practice	The Health Centre, Victoria Avenue, Wellington, Telford, TF1 1PZ
Woodside Medical Practice	Woodside Health Centre, Wensley Green, Woodside, Telford, TF7 5NR

The CCG Governance Board discharges the day-to-day decision making for the CCG as a whole and is made up of a number of different clinical and non-clinical professionals, lay members, and patient representatives.

CCG Governance Board composition during 2019/20:

CCG Governance Board Member	Role
Dr Jo Leahy (voting)	GP Chair
Dr Ian Chan (voting)	GP/Healthcare Professional Member
Mrs Rachael Bryceland (voting)	GP/Healthcare Professional Member
Mrs Carolyn Fenton West (voting)	GP/Healthcare Professional Member
Dr Adam Pringle (voting)	GP/Healthcare Professional Member
Dr Martin Allen (voting)	Secondary Doctor Member
Mrs Tracy Slater (voting) up to 31 August 2019	Secondary Nurse Member
Mr Geoff Braden (voting)	Lay Member – Governance

Mr Neil Maybury (voting)	Lay Member – Patient and Public Involvement (PPI)
Mr Peter Eastaugh (voting)	Lay Member – Primary Care
Mr David Evans (voting)	Accountable Officer
Mr Jon Cooke (voting) up to 31 December 2019	Chief Finance Officer
Mrs Claire Skidmore (voting) from 1 January 2020	Executive Director of Finance
Mrs Christine Morris (voting) to 31 December 2019	Executive Lead Quality, Nursing and Safety and Registered Nurse to 31 December 2019 Interim Executive Director of Quality from 1 January 2020 to 31 March 2020
Dr Jessica Sokolov (voting)	Executive Director of Transformation from 1 January 2020 to 15 March 2020
Professor Steven Trenchard (voting)	Interim Executive Director of Transformation from 16 March 2020
Mrs Fran Beck (non-voting)	Executive Lead Commissioning to 31 December 2019 Interim Director of Partnerships from 1 January 2020 to 31 March 2020
Miss Alison Smith (non-voting)	Executive Lead Governance and Engagement to 31 December 2019 Director of Corporate Affairs from 1 January 2020
Mr Patrick Spreadbury (non-voting)	Chair of the Assuring Involvement Committee – observer
Mr Clive Jones (non-voting) up to 31 December 2019	Local Authority Member – observer
Mr Jonathan Rowe (non-voting) from 1 January 2020	Local Authority Member – observer

Committee(s) including Audit Committee

So that the CCG Governance Board can provide strategic direction to the CCG and to assure itself of the CCG's internal control infrastructure, it has established a number of committees to undertake specific roles within the governance structure. A diagram showing the governance structure and explaining the role of each committee can be found in the Annual Governance Statement later in this report.

The Composition of the Audit Committee:

- Mr Geoff Braden — Committee Chair and Lay Member – Governance
- Mr Neil Maybury — Lay Member – Patient and Public Involvement
- Mrs Carolyn Fenton-West — GP/Primary Care Health Professional Board member
- Dr Ian Chan — GP/Primary Care Health Professional Board Member.

The role of each CCG Governance Board committee, composition and attendance is detailed in the Annual Governance Statement which forms part of this Annual Report.

Conflicts of interest declared by our CCG Governance Board members and other committees where membership is different can be found on our website: http://www.telfordccg.nhs.uk/who-we-are/conflicts-of-interest

Information Governance incidents

The CCG has reported six data incidents during 2019/20, all of which were graded as level 0 – very low risk and therefore not reported to the Information Commissioner's Office.

Statement of Disclosure to Auditors

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

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

Modern Slavery

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

Statement of Accountable Officer's Responsibilities

The National Health Service Act 2006 (as amended) states that each 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 Officer to be the Accountable Officer of NHS Telford and Wrekin 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
- 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)
- 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 financial statements in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Clinical Commissioning Group and of its net expenditure, changes in taxpayers' equity and cash flows for the financial year.

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

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

To the best of my knowledge and belief, I have properly discharged the responsibilities set out under the National Health Service Act 2006 (as amended), Managing Public Money and in my CCG 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
- The Annual Report and Accounts as a whole is fair, balanced and understandable and that I take personal responsibility for the Annual Report and Accounts and the judgments required for determining that it is fair, balanced and understandable.

Mr David Evans, Chief Accountable Officer
24 June 2020

GOVERNANCE STATEMENT

Introduction and context

NHS Telford and Wrekin Clinical Commissioning Group (CCG) is a body corporate 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 1 April 2019, the CCG is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

The CCG includes 13 practices across Telford and Wrekin area, and has a head count of 104 members of staff, based at our headquarters at Halesfield 6, Telford TF7 4BF.

Scope of responsibility

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

I am responsible for ensuring that the CCG is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the CCG as set out in this governance statement.

Governance arrangements and effectiveness

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

NHS Telford and Wrekin Clinical Commissioning Group is a clinically-led membership organisation made up of general practices with the geographical area of Telford and Wrekin and which is also coterminous with Telford and Wrekin Council. The CCG was established under the Health and Social Care Act 2012 and is a statutory body which has the function of commissioning services for the purposes of the health service in England. The members of the CCG are responsible for determining the governing arrangements of the organisation, which they are required to set out in the CCG's Constitution which can be found on our website: https://www.telfordccg.nhs.uk/who-we-are/publications/constitution/6408-nhs-telford-and-wrekin-ccg-constitution-version-18/file

The membership of the CCG is made up of 13 practices which are outlined in the Constitution. When the members of the group meet to conduct business as a group, this is known as the CCG Practice Forum. Each member of the group has nominated one practice representative to represent the

practice in all matters, and vote on behalf of the practice at CCG Practice Forum meetings. The group has reserved some decisions to itself to make through the mechanism of Practice Forum which is outlined in the Scheme of Reservation and Delegation that forms part of the Constitution.

The Practice Forum met nine times during the year. Practice Forum members and attendance are listed below:

Name of practice	Names of Practice Forum members	Meetings attended during 2019/20 as at 31 March 2020
Charlton Medical Practice	Dr D Sharp	4
Charlton Medical Practice	Deseny Lucas	1
Court Street	Dr Teresa McDonnell	7
Court Street	Maria Humphries/Clive Elliott	9
Dawley Medical Practice	Dr H Bufton / Dr Adeleke (Chair)	8
Dawley Medical Practice	Nicki Mott	8
Donnington Medical Practice	Dr J Hudson	7
Donnington Medical Practice	Angela Crompton	5
Hollinswood / Priorslee MP	Dr R Mishra	9
Hollinswood / Priorslee MP	Mala Mishra	0
Ironbridge Medical Practice	Dr M Garland / D Mehta	7
Ironbridge Medical Practice	Christine Parker	7
Linden Hall, Newport	Dr S Waldendorf	9
Linden Hall, Newport	Karen Sloan	6
Shawbirch Med. Practice	Dr C Freeman / Dr P Coventry / Dr C Garrington / Dr P Davies / Hazel Heinink/ Dr E Steedman / Dr C McDermott	9
Shawbirch Med. Practice	Ruth Waldendorf	8
Stirchley Med. Practice	Dr M Innes	7
Stirchley Med. Practice	Tracie Craddock	6
Teldoc	Dr I Chan / Dr A Pringle	9
Teldoc	Nakash Lewis	5
Wellington Medical Practice	Dr D Ebenezer	8
Wellington Medical Practice	Tania Burrows	0
Wellington Road, Newport	Dr A Egleston / Dr M Staite / Dr K Douglas	8
Wellington Road, Newport	Lynn Kupiec	8
Woodside Medical Practice	Dr M Awty / Dr M Abey	5
Woodside Medical Practice	Kirsty Arkinstall	5

As set out in the Constitution, the CCG has delegated the majority of its decision making to the Clinical Commissioning Group Governance Board and has specific functions conferred on it by section 25 in the 2012 Act.

The composition of the CCG Governance Board is made up of GP/Primary Healthcare Professional Board members drawn from the CCG membership, executive officers, other clinical representation, practice manager, lay members and local authority and patient representative observers. The full composition is outlined in full within the Constitution.

CCG Governance Board met nine times during the year. The names of members and their attendance are listed below:

Names of Governance Board members	Board Role	Meetings attended during 2019/20 as at 31 March 2020
Dr Jo Leahy (voting)	GP Chair	4
Dr Ian Chan (voting)	GP/Healthcare Professional Member	8
Dr Rachael Bryceland (voting)	GP/Healthcare Professional Member	8
Mrs Carolyn Fenton West (voting)	GP/Healthcare Professional Member	6
Dr Adam Pringle (voting)	GP/Healthcare Professional Member	7
Dr Martin Allen (voting)	Secondary Doctor Member	5
Mrs Tracy Slater (voting)	Registered Nurse Member	2 out of a possible 5
Mr Geoff Braden (voting)	Lay Member – Governance	8
Mr Neil Maybury (voting)	Lay Member – Patient Public Involvement	7
Mr Peter Eastaugh (voting)	Lay Member – Primary Care	7
Mr David Evans (voting)	Accountable Officer	9
Mr Jon Cooke (voting) up to 31 December 2019	Chief Finance Officer	8
Mrs Claire Skidmore (voting) from 1 January 2020	Executive Director of Finance	1 out of a possible 1
Mrs Christine Morris (voting) to 31 December 2019	Executive Lead Quality, Nursing and Safety and Registered Nurse	9
Mrs Christine Morris (voting) from 1 January 2020 to 31 March 2020	Interim Executive Director of Quality and Registered Nurse	As above
Dr Jessica Sokolov (voting) from 1 January 2020 to 15 March 2020	Executive Director of Transformation	0 out of a possible 1
Professor Steven Trenchard (voting) from 16 March 2020	Interim Executive Director of Transformation	0 out of a possible 0
Mrs Liz Noakes (non-voting)	Statutory Director of Public Health	8
Mrs Fran Beck (non-voting)	Executive Lead Commissioning to 31 December 2019 Interim Director of Partnerships from 1 January 2020 to 31 March 2020	5
Miss Alison Smith (non-voting)	Executive Lead Governance and Engagement to 31 December 2019 Director of Corporate Affairs from 1 January 2020	6
Mr Patrick Spreadbury (non-voting)	Chair of the Assuring Involvement Committee – observer	7
Mr Clive Jones (non-voting) up to 31 December 2019	Local Authority Member – observer	7 out of a possible 8
Mr Jonathan Rowe (non-voting) from 1 January 2020	Local Authority Member – observer	1 out of a possible 1

The CCG Governance Board has appointed the following committees and sub-committees:

Audit Committee

The Audit Committee provides assurance to the CCG Governance Board that the organisation's overall internal control / governance system operates in an adequate and effective way. The Committee's work focuses not only on financial controls, but also risk management and quality governance controls. The committee met seven times during the year.

Names of Audit Committee members	Meetings attended during 2019/20 as at 31 March 2020
Mr Geoff Braden (Chair)	3
Mr Neil Maybury	7
Mrs Carolyn Fenton West	5
Dr Ian Chan	3

The highlighted areas of the committee's reports are as follows:

- Assurance gained from and further development of the Board Assurance Framework (BAF) and Executive Risk Register
- Assurance gained from overseeing the development and recommendation of corporate and human resource policies
- Assurance gained from overseeing the continued development and self-certification of the CCG against the Information Governance (IG) toolkit
- Assurance on quality process for triangulating information to monitor provider quality and ensuring high standards of safeguarding
- Assurance on the CCG's emergency planning and business continuity processes
- Assurance on the counter fraud measures in place and on continuing work around preventing and addressing fraud
- Assurance on financial systems of the CSU
- Assurance gained from Internal / External Audit reports
- Assurance on Quality Systems employed by the CCG
- Assurance on processes in place to manage conflicts of interest, gifts, hospitality and sponsorship and procurement decisions taken.

The Audit Committee undertakes an annual self-assessment of its own effectiveness to help inform its own programme of work and the Annual Report it presents to the CCG Governance Board annually.

Remuneration Committee

The Remuneration Committee recommends to the Board appropriate salaries, payments and terms and conditions of employment. It met six times during 2019/20.

Names of Remuneration Committee Members	Meetings attended during 2019/20 as at 31 March 2020
Mr Geoff Braden (Chair)	6
Dr Jo Leahy	4
Mr Neil Maybury	5
Mr Peter Eastaugh	5

The highlighted areas of the committee's reports are as follows:

- Review and recommendation on remuneration policies
- Review of continuous service audit action implementation
- Review of performance related remuneration for Very Senior Managers (VSM) and policy development.

During 2019/20, the CCG also agreed to the Remuneration Committee meeting with the Remuneration committee of NHS Shropshire CCG as Committees in Common to transact business common to both CCGs. The Committees in Common have met once during 2019/20 which is included in the attendance table above.

Planning, Performance and Quality Committee (PPQ)

The PPQ Committee oversees and provides assurance on performance and quality of commissioned services. The committee met 11 times during the year.

Names of PPQ members	**Meetings attended during 2019/20 as at 31 March 2020**
Mr Neil Maybury (Chair)	8
Dr Ian Chan	9
Mrs Rachael Bryceland	9
Mrs Tracy Slater up to 31 August 2019	3 out of a possible 4
Mrs Carolyn Fenton West	9
Substitutes:	
Mr Geoff Braden (for Mr Neil Maybury)	3
Dr Ian Chan	9

The highlighted areas of the committee's reports are as follows:

- Assurance on financial performance including medium-term financial strategy
- Assurance on preparation for planning and contracting for 2020/21
- Assurance on Infection Control and Serious Incidents via Annual Reports for 2019/20
- Oversight of policy development; excluded and restricted policy and medicines management policies
- Assurance on QIPP delivery
- Assurance on quality and performance outcomes
- Assurance on Safeguarding and Continuing Health Care
- Assurance on patient involvement via the quarterly patient's services report
- Reporting by exception on Shrewsbury and Telford Hospital A&E/Cancer under performance
- Assurance on specific procurement projects: Non-emergency Patient Transport Services and ADHD
- Assurance on particular services by exception: Neurology Services, Neuro Development Pathway, Community Cardiology, Post Exacerbation Domiciliary Pulmonary Rehab, Eye Health Needs Assessment, Community Falls Prevention Service, and Musculoskeletal Services.

Individual Funding Committee (IFC)

The IFC approves commissioning decisions for individual funding requests on behalf of the group. The committee met nine times between 1 April 2019 and 31 March 2020.

Names of Individual Funding Committee members	Meetings attended during 2019/20 as at 31 March 2020
Mr Neil Maybury (Chair)	9
Dr Adam Pringle	1
Mrs Helen Onions	5
Mrs Jacqui Seaton	8
Dr Ian Chan	7
Rachael Bryceland	1
Dr Jo Leahy	1

The highlighted areas of the committee's reports are as follows:

- An analysis of activity between 1 April 2019 and 31 March 2020 shows the number of cases taken to the IFC for consideration was 17. From this the number of cases approved by IFC was five.
- The IFC has had no reviews (appeals) held to date during 2019/20.

Assuring Involvement Committee

The Assuring Involvement Committee is composed of a number of volunteer members of the public who submitted expressions of interest via an advertisement to become committee members. The role of the committee is to ensure that the CCG involves patients and the public in its decision making and strategic service design. The committee met 10 times during the period 1 April 2019 and 31 March 2020.

Names of Assuring Involvement Committee members	Meetings attended during 2019/20 as at 31 March 2020
Mr Patrick Spreadbury (Chair)	9
Mrs Christine Choudhary (Vice Chair) up to October 2019	3 out of a possible 4
Mrs Beverley Ashton	7
John Bowden	5
Cynthia Butler	6
Mrs Valerie Dawson	3
Mrs Valerie Graham	8
Mr Neil Maybury (Lay Member PPI)	3
Anna Parkinson	5
Steven Pickavance	5
Roger Rees up to October 2019	1 out of a possible 4
John Wardle	7

The highlighted areas of the committee's reports are as follows:

1) Scrutinising involvement, engagement or consultation plans for:

- Transformation to a Single Commissioning Organisation (Communication and Engagement Plan)
- Sustainability and Transformation PartnershipMSK Communication and Engagement Plan

- The Big Six
- EMIS online triage
- Extended access
- Fall and frailty
- Telford and Wrekin Integrated Place Partnership (TWIPP) – Health and Social Care Rapid Response Team
- Chatty PALS (proactive engagement as part of TWIPP)
- STP transforming midwifery care pre-engagement and planning for consultation.

2. Receiving regular reporting on:

- Patients services quarterly report
- Progress against the CCG's Communications and Engagement Strategy Action Plan
- Progress against plans to move to a Single Strategic Commissioning Organisation.

3. Receiving update reports on previous engagement / involvement activities:

- Gynaecology engagement
- Optometry engagement
- Dermatology engagement
- GP apps and digital online resources
- Non-Emergency Patient Transport Service
- Fit4All engagement.

Personal Health Budget Risk and Scrutiny Committee

This committee approves all personal health budget support plans that have been highlighted as high risk. The committee has not convened during 2019/20 as the personal health budget support plans produced contained no identifiable risks as determined by the complex care clinicians. As such, none were escalated to the Personal Health Budgets Risk and Scrutiny Committee.

Programme Management Sub-committee

This sub-committee oversees the delivery of the CCGs own quality, innovation, productivity and prevention (QIPP) targets and the development of new QIPP schemes for consideration. The sub-committee met eight times during the year.

Names of Programme Management Subcommittee members	Meetings attended during 2019/20 as at 31 March 2020
Mr David Evans	0
Mr Jon Cooke	7
Mrs Fran Beck	6
Mrs Chris Morris	3
Dr Adam Pringle	5
Dr Rachael Bryceland	1
Dr Carolyn Fenton-West	4
Dr Ian Chan	4

The highlighted areas of the committee's reports are as follows:

- Performance monitoring delivery of 2019/20 QIPP targets
- Considering QIPP plans for 2020/21 for recommendation to the Planning, Performance and Quality Committee and Board.

In January 2020, the CCG Governance Board created a Joint QIPP Board with NHS Shropshire CCG. The Joint QIPP Board oversees the delivery of the QIPP targets and the development of new QIPP schemes for consideration for Telford and Wrekin CCG and Shropshire CCG. The Sub-committee was introduced in January 2020 when the Programme Management Committee ceased. It has met a total of twice during the year with the first meeting held in January 2020.

Names of Joint QIPP Board Members	Meetings attended during 2019/20 as at 31 March 2020
Kevin Morris, Non Exec Chair	2
Clare Skidmore, Executive Director of Finance	2
Dr Jess Sokolov, Executive Director of Transformation	1
Julie Davies, Director of Performance	3
Nicky Wilde, Director of Primary Care	0
Chris Morris, Director of Quality	1
Sam Tilley, Director of Planning	0
Dr Adam Pringle	2
Dr Rachael Bryceland	1
Dr Carolyn Fenton-West	2
Dr Ian Chan	1

Medicines Safety Sub-committee

This sub-committee oversees the effective reporting and learning from medication safety incidents. The sub-committee has met four times between 1 April 2019 and 31 March 2020.

Names of Medicines Safety Committee members	Meetings attended during 2019/20 as at 31 March 2020
Dr Aidan Egleston (GP)	1
Jacqui Seaton (Head of Medicines Management and Medicines Safety Officer)	0
Deb Humble (Medicines Optimisation Pharmacy Technician)	2
Linda Geddes (Pharmaceutical Adviser)	2
Patsy Clifton (Nurse Prescriber, Wellington Medical Practice)	0
Patrick Spreadbury (Patient Representative)	2
Sharon Smith (Patient Engagement Lead)	2
Kathy George (Adult Safeguarding Lead)	1
Amy Potts (Care Homes Pharmacy Technician)	1

The highlighted areas of the committee's reports are as follows:

- The committee receives details of all Medicines Safety Incident Reports received by the CCG and ensure that learning is cascaded across the CCG
- Since the formation of the CCG's Medicines Safety Committee and the continued inclusion of Medication Safety Incidents in the Prescribing Incentive Scheme, progress has been made in detection, reporting and learning from patient safety incidents
- The Medicines Safety Committee oversees the publication of a monthly Medicines Safety Newsletter which is distributed to GP practices including locum GPs, care homes, community pharmacies, and practice nurses

- The committee also highlights locally those medicines alerts that have been cascaded by Medicines and Healthcare products Regulatory Agency (MHRA) central alerting system to ensure that national issues are brought to the attention of local health and care professionals.

Clinical Pathways Sub-committee

This sub-committee oversees the development of clinical pathways to enable clarity for general practice in how to make referrals in areas of clinical complexity or disease rarity. There were six committee meetings from 1 April 2019 to 31 March 2020.

Names of Clinical Pathways Committee members	Meetings attended during 2019/20 up to 31 March 2020
Rachael Bryceland (chair)	6
Dr Jo Leahy	2
Dr Adam Pringle	3
Ms Helen Onions	0
Mrs Chris Morris	0
Mrs Laura Clare	0
Mrs Jacqui Seaton	4
Mrs Angie Parkes	2
Mrs Vicki Pike (Substitute for Mrs Parkes)	1
Mrs Linda Geddes (Substitute for Mrs Seaton)	0
Mr Hitesh Patel (Substitute for Mrs Seaton)	1
Ms Ann-Marie McShane (substitute for Ms Onions)	6
Mrs Di Beasley	2
Mr Stuart McClymont (TRAQS)	4
Ms Ruth Float (CSU)	4
Dr Ian Chan	1

Primary Care Commissioning Committee

This committee oversees the commissioning of primary care under delegated decision making authority from NHS England. It was a new Committee introduced in April 2015 following amendments to the CCG Constitution. The committee met nine times during the year.

Names of Primary Care Commissioning Committee members	Meetings attended during 2019/20 as at 31 March 2020
Mr Peter Eastaugh (Voting)	9
Dr Andy Watts (Voting)	5
Mr David Evans (Voting)	7
Mr Jon Cooke (Voting) up to 31 December 2019	4 out of a possible 8
Mrs Claire Skidmore from 1 January 2020	1 out of a possible 1
Mrs Christine Morris (Voting)	3
Mrs Fran Beck (Voting)	5
Miss Alison Smith (Voting)	6
Dr Adam Pringle (Non-voting) up to 1 May 2019	1 out of a possible 2
Mrs Carolyn Fenton-West (Non-voting)	6
Dr Ian Chan (Non-voting) from 1 May 2019	5 out of a possible 7
Dr Jo Leahy (Non-voting)	4

The highlighted areas of the committee's reports are as follows:

- The committee has continued to oversee development of the governance processes to support robust decision making; established clear expectations regarding declarations of interest, quarterly assurance reports completed and submitted to NHS England and a risk register for primary care commissioning
- Primary care performance reporting: financial performance reporting, quality and performance monitoring, quarterly assurance and primary care information technology
- In addition, the Primary Care Committee has overseen the development and implementation of the following during 2019/20:
    - Data Quality and IT Maturity
    - Diabetic Foot Screening
    - Direct Booking from 111 into general practice
    - Directly Commissioned Services
    - Extended Access to GP Appointments
    - GP Forward View
    - GP Merger Policy
    - GP Resilience Practice Audit
    - GP Retention Scheme
    - GP Workforce
    - Healthwatch Telford and Wrekin Annual Report
    - High Impact Users
    - Locally Commissioned Services
    - Locally Enhanced Services
    - NHS Long Term Plan
    - Practice Nurse Development Workshop
    - Primary Care Audit Outcomes
    - Primary Care Audit Terms of Reference
    - Primary Care Delegated Budget Sign Off
    - Primary Care Governance Structure for the Digital Programme
    - Primary Care GP Patient Survey Results
    - Primary Care Networks
    - Primary Care Strategy
    - Primary Care Training Hub
    - Social Prescribing
    - Teldoc Estates Rationalisation
    - Winter and Easter Primary Care Service Planning
    - Working with non-GP Primary Care Providers.

Children and Young People Consideration Panel

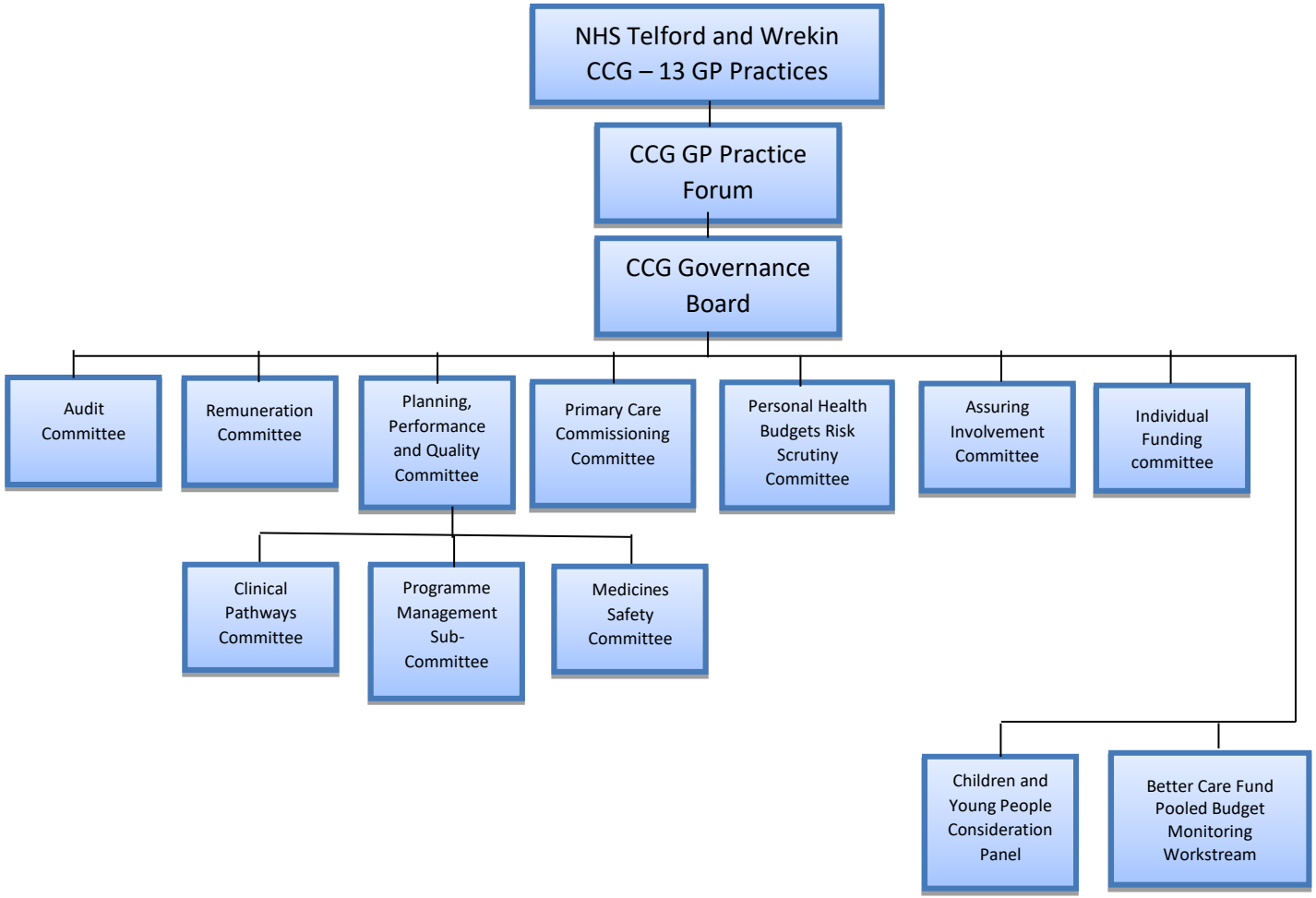
This panel approves commissioning decisions for individual funding requests for children and young people on behalf of the group. The panel was created on 13 February 2019 following a period of shadow working and there have been 21 meetings since this date up to the end of the financial year.

Names of Children and Young People Consideration Panel members	Meetings attended during 2019/20 as at 31 March 2020
Vicki Pike (Chair)	18
Helen Bayley	18
Catherine Smith	21
Yvonne Chetwood	11
By invitation:	
Frances Sutherland	0
Maria Hadley	12

The highlighted areas of the committee's reports are as follows:

- An analysis of activity 1 April 2019 to 31 March 2020 shows the number of cases taken to the committee for consideration was 44 and all of these cases had approved recommendations from the committee.

The governance structure for the CCG as described in the CCG's Constitution is shown in the diagram below:



Membership of the committees and sub-committees of the CCG Governance Board is outlined in respective terms of reference which are included in the CCG's Constitution. Attendance at these meeting is recorded in the minutes of each meeting.

The CCG has reflected on its own effectiveness and performance as part of the action plan developed from the IPSOS MORI survey from stakeholders and the monthly assurance checkpoints undertaken by NHS England for all CCGs during 2019/20. The outcomes of these are reported to the CCG Governance Board and Practice Forum by the Chief Officer and published on the CCG's website as a year-end statement.

The CCG Governance Board has also been working with two Organisational Development partners to help facilitate discussions and agreement with NHS Shropshire CCG Governing Body on the potential transition to a single strategic commissioner across the whole county to address the forthcoming changes in commissioning and to contribute to making 20 per cent savings to the CCG's running costs as directed by NHS England/Improvement . The CCG Governance Board also receives regular reporting from committees via Chair reports and for those committees with delegated decision making an Annual Report that seeks to summarise that Committees effectiveness in discharging its duties.

UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance. However, we have reported on our corporate governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the Clinical Commissioning Group and best practice.

Discharge of Statutory Functions

During establishment, the arrangements put in place by the Clinical Commissioning Group and explained within the Corporate Governance Framework were developed with extensive expert external legal input, to ensure compliance with all the relevant legislation. That legal advice also informed the matters reserved for Membership Body and Governing Body decision and the scheme of delegation.

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. As a result, I can confirm that the CCG is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

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

Risk management arrangements and effectiveness

Corporate Governance is the system by which the CCG Governance Board directs and controls the organisation at the most senior level in order to achieve its objectives and meet the necessary standards of accountability and probity. Using a risk management mechanism, the CCG Governance Board brings together the various aspects of governance; corporate, clinical, financial, and information to provide assurance on its direction and control across the whole organisation in a coordinated way.

The coordinating body for receiving assurance on these strands of governance is the Audit Committee, which oversees integrated governance on behalf of the CCG Governance Board. In addition, the other committees also oversee the risks within their specific remits, providing assurance to the Audit Committee where appropriate.

The CCG wherever possible will prevent risk arising, by the application of policies and procedures for staff and contractors to follow, the CCG Constitution, standing orders and prime financial policies, the use of technical support external to the CCG (for example: legal advice, Information Governance advice, HR advice) and internal audit. The CCG will also employ deterrents to risk arising (for example: fraud and IT deterrents).

The system of risk control, forms part of the CCG's system of internal control and is defined in the Integrated Risk Management Strategy, which is reviewed annually. The strategy defines the risk management responsibilities and common methodologies for the identification and assessment of risks for the whole organisation. It requires that risks are managed to a reasonable level, within the parameters of a defined risk appetite, rather than requiring the elimination of all risk of failure to achieve the CCG's objectives.

The risk control system facilitates the assessment of risk by:

- identifying and prioritising the risks to the achievement of the organisation's objectives
- evaluating the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The Risk Management Strategy applies to all risks, whether these are financial, quality, performance, governance etc.

The risk appetite was determined and approved by the board and the strategy outlines the processes for maintaining and monitoring the Board Assurance Framework and the Executive Risk Register with due regard to this appetite.

Our risk appetite can be summarised as follows:

- We expect to fulfil our statutory and regulatory duties to maintain and improve quality and safety in our activities and those of the organisations we commission health care from
- But to achieve this, we will maintain a lean and flexible governance and staffing structure, populated by people who think in a holistic, patient-focused way and with a keen sense of inventiveness
- We will accept risk graded as very low, avoid expenditure and use of resources on those graded low, manage in a cost-effective manner those graded moderate and enthusiastically seek to reduce those graded high
- Conversely, we will actively seek to implement actions to take opportunities graded high and proportionately respond to those graded below this
- Whilst we will ensure cost-effectiveness and a balanced budget, we seek quality and innovation towards best practice in patient-centred care.

Risk management is embedded in the activity of the Clinical Commissioning Group and can be demonstrated through:

- Completion of equality impact assessments for reviewed or new policies
- Incident and serious incident reporting is encouraged by the CCG and evident through the Datix reporting system

- IG, raising concerns and fraud awareness / training has been provided to senior managers and staff
- Training for staff and Board members is mandated for particular areas: Health and Safety, IG, safeguarding, safer recruitment, fire safety, business continuity / emergency planning, Integrated Single Finance System (ISFE) finance system and newly introduced; conflicts of interest
- Intelligence gathering through quality and performance contracting processes with providers
- Complaints and Patient Advice and Liaison Service (PALs) enquiries
- NHS-to-NHS Concerns reporting via Datix
- National reviews / inspections / guidance.

Risks are identified, assessed and recorded in accordance with the Risk Management Strategy and Risk Assessment Code of Practice. The principle processes and the matrix described in these documents are applied to all risk registers, incident management and risk assessment activity across NHS Telford and Wrekin CCG. The following processes are used to identify risks:

- Retrospectively following the occurrence of an adverse incident
- Proactively by identifying of potential risks to service delivery
- During development of new activities.

It is acknowledged that risks may be shared with other organisations that the CCG works with jointly to deliver services. Consequently, the Board Assurance Framework is discussed with risk management leads and reflects the identified strategic risks of these organisations where appropriate.

The following details are recorded for each risk recorded on a risk register:

- risk category / reference
- Risk description
- Existing controls / assurance
- Risk grading with existing controls
- Gaps in controls / assurance
- Target risk grading
- Actions to reduce the risk to an acceptable level
- Amendments record.

Where necessary, actions include the identification of budgets and resources to facilitate their implementation. The CCG has given due regard to all national findings from quality reviews undertaken.

Our capacity to handle risk is as follows:

Leadership is given to the risk management process by the Chief Officer whose role is to own the Board Assurance Framework. The Board Assurance Framework which documents the principle risks to the CCG's objectives not being delivered, is underpinned by the Executive Risk Register. This outlines the lower level risks to each Executive Lead not meeting the specific remit objectives, and specifically risks to the CCG not fully discharging primary care commissioning under its delegation from NHS England effectively. Each Executive Lead, or members of their respective teams, will inform the Executive Risk Register. Both the Chief Officer and Executive Leads are supported by the Executive Lead for Governance and Engagement. CCG staff are provided with a risk assessment code

of practice and receive support and training on risk management from the Director of Corporate Affairs where required.

A summary of the major risks identified, during 2019/20, in the Board Assurance Framework is set out below and the actions being taken to mitigate the risks. The major risks to the CCG have been reviewed and revised where necessary every quarter and then presented to Audit Committee and the CCG Governance Board.

Description of major risks added to the Board Assurance Framework during 2019/20	Existing controls	Further actions

1. Risk is that the organisation is distracted from addressing the health inequalities needs of the population as identified by the Joint Strategic Needs Assessment (JSNA)	• STP priority - Managing Director of the Council chairing the local neighbourhood Board
	• CCG operational plan
	• JSNA
	• Additional project management support
	  ○ Undertaking modelling of left-shift of activity from acute setting to community
	  ○ Paper on RightCare approach regarding diabetes to PPQ (August 2017) and also STP Board
	• Board meetings have gone to bi-monthly to allow greater strategic discussion and oversight.
	• More detailed modelling and analysis was completed at the end of October for the Future Fit Decision Making Business Case.
	• Realignment of portfolios has created a dedicated Deputy Exec role to focus on Neighbourhood Development and RightCare to ensure delivery of CCG priorities.
	  ○ Telford and Wrekin Council leading on improving Healthy Lifestyles - report to Board Autumn 2018.
		• Greater focus on reporting on CCG priorities to PPQ and CCG Board – via performance reports – started November 2018 and ongoing
		• Neighbourhood development now a greater priority for the Future Fit Programme Board given the mutual dependencies of the hospital reconfiguration and diversion of activity into the community, both self-help and interdisciplinary working. This is being strengthened with revisions to the STP Board and work programme
		• CCG and Telford and Wrekin Council are creating a joint team to increase pace of change for Neighbourhood development in line with creation of Primary Care Networks. New team will focus on risk stratification/identification/better care of patients with high risk of diagnosis/diagnosis through improved primary care activities
		• Realign enhanced payments to focus on CCG/RightCare Priorities
		• Telford Health Hearts initiative – work programme now being implemented.

	• NHS Improvement Oversight meeting • Safe Today process in place.	
2. Risk that The Shrewsbury and Telford Hospital NHS Trust (SaTH) is unable to provide good quality sustainable services	• Contract mechanisms – CQRM, SPF • Escalation processes embedded in the contract governance processes. • NHSE Assurance meetings • Joint Commissioning Board with Shropshire CCG • Activity and finance meetings • Workforce remains a considerable issue but the scale of this is now more visible to the CCG due to the commissioning scrutiny processes. • Cancer Assurance Board • Executive team – reporting weekly • Regulators – NHS Improvement, NHS England and CQC • SaTH now have agreed business continuity plan for Princess Royal Hospital A&E overnight closure if required. • Plans in place within the Trust to manage these risks however these may change at short notice leading to required changes to services.	• Planned care working group continues to provide focus on fragile services within SaTH elective care • The CCGs are working jointly on plans to commission different service models to ensure sustainability and good quality care • Monthly Board visits arranged to departments in SaTH for oversight • Weekly unplanned visits to SaTH and daily safe today process in place.
4. Risk that strategic proposals are not viable	• STP Plan • STP governance Structure • Board reporting • STP plan predicated on each individual NHS organisation's medium-term financial plan • STP Director appointed and PMO resource in place • Prevention and self-management now form part of neighbourhoods • NHS England assured by Future Fit process to date • Independent STP Chair appointed.	• STP Finance Workstream undertaking ongoing review of activity modelling. • Further CCG financial assurance will be required at the point of decision on Future Fit following consultation • Shropshire Community Health NHS Trust resilience - solutions are being reviewed • Strategic Leadership Group is now meeting monthly • Independent STP Chair is undertaking a review of STP structure/governance/vision and there is now an Accountable Officers meeting once a fortnight.

5. Risk that external factors may influence the CCG's ability to deliver its core objectives	• CCG commissioning and medium-term financial plans scrutinised by NHS England • STP scrutinised by NHS Improvement • Single Strategic Commissioner (SCC) Transition programme set up with SRO and workstreams and a programme plan.	• Monitor of key objectives including finance – regular updates to Board. • Although initial review of disinvestment opportunities has been completed, and work is continuing, at this stage there is no single project plan or programme of actions to deliver • Programme plan delivery is ongoing up until March.
6. Risk of failure of CCG commissioner quality systems to either predict or identify quality failure by providers	• Contractual processes CQRM for all providers • Announced and unannounced visits • Triangulation of soft intelligence with complaints information • Review of external inspections/assessments – WMQRS, CQC and Healthwatch • NHS E Quality Surveillance Group • Dedicated quality resource • Established working with coordinating commissioner to triangulate information • Dedicated resource for infection control and safeguarding • Oversight of serious incidents • NHS to NHS Concerns • Infection controls and systems • Safeguarding Board for Adults and Children • Safeguarding leads across all commissioner areas • CQC Report SaTH November 2018 • QSG • NHS England • NHS Improvement Oversight meeting for SaTH.	• Escalating when we have gaps in assurance using escalation processes to seek further assurances. Ongoing CM • SaTH remain on enhanced rating at QSG • CQC carried out further unannounced visits in SaTH ED and Maternity Services on 15 April - further concerns and regulation notice was issued. Report published December 2019. Risk Summit held by NHS England and NHS Improvement with actions for the system to deliver. Follow up Risk Summit in January 2020 to review actions. CEO discussion with NHS England and NHS Improvement regarding working together as regulators • Action plans for improvement shared with quality leads and tested via Safe Today Process – still not providing sufficient assurance. Raised with NHS England and NHS Improvement • SaTH CQC action plan: The plan is reviewed on a monthly basis at the Safety Oversight and Assurance meeting and papers have been presented to PPQ and Board to provide updates on progress monthly. Further CQC inspection in November 2019 with breach notices serviced resulting in Risk Summit.

7. Risk that CCG leadership fails to influence local health economy	• A&E Delivery Board representation • STP representation • Deputy AO on STP Leadership Programme • Leadership Courses • Clinical leadership – Paean • Succession planning • STP OD support arranged for December 2017 and two more in 2018 facilitated by the Kings Fund • Internal OD support for Board has been ongoing from February to September 2018. • Four elected GP/Primary Care Health Professional Board members in place. • Deloitte Single Strategic Commissioner OD plan in place includes engagement with ICS partners. • Joint Executive weekly meeting between Telford and Wrekin CCG and Shropshire CCG also acts as programme board for Single Strategic Commissioner scrutinising progress against plan and OD plan. • One single AO covering Telford and Wrekin CCG and Shropshire CCG • One single Director structure across both CCGs.	• STP will be transitioning into CCGs scope and timeline is still being agreed • Governing Body alignment – Paper to boards January 2020 outlining proposed transition to a new shared Constitution that memberships will be required to approve that will then lead to management of change process for existing governing body members and recruitment/election to shared roles on both governing bodies.
8. There is a risk that the CCG fails to deliver its financial plan for 2019/20 and that the underlying position going forward will deteriorate rather than improve.	• Robust financial model with sufficient detail to model growth, inflation and QIPP sensitivities. • Comprehensive QIPP programme in place overseen by PPQ, Programme Management Committee (meets monthly), QIPP, PMO. Business case challenge/due diligence on schemes. • Constitution, Standing Orders, Prime Financial Policies and Schemes of Reservation and Delegation.	• Detailed action plan for turnaround of financial position developed including identification of cost efficiencies and development of cost saving initiatives.

	• Suite of financial policies and procedures. • Robust contract challenge mechanisms with main providers. Signed contracts 2019/20. • Finance and contract reports to PPQ and CCG Board, highlighting risks and mitigating actions. • Regular budget manager meetings in order to identify early deviation from plan and agree mitigating actions. • Regular CCG Board consideration of the financial position and oversight of management actions.	
9. Risk of CCG not meeting its four-hour waiting time target for Emergency Department (ED) and continues to worsen	• Dedicated Urgent Care Director with strong Emergency Care Intensive Support links • ED Delivery Board and ED Delivery Group include all partners ensuring a system-wide approach to mitigating the risk • CCG provides significant resource to managing flow on a daily basis to ensure complex patients are discharged within 48 hours and on the most appropriate pathway • The ED Board has approved a Recovery Plan which the ED Group monitors • Regulators are heavily involved in supporting / challenging SaTH and our system • Practices have improved urgent care and extended hours access • CCG has commissioned a streaming service to divert patients with minor injuries / illnesses from the ED • Demand and capacity modelling better than in previous years in Winter Plan • Emergency Care Improvement Programme Support via Urgent Care Director	• Urgent Care Director refocusing the Recovery Plan Focus on seven-day working across the system going into winter • CCGs exploring options for providing Urgent Treatment Centres on both sites which will incorporate and improve streaming. Major focus on Practice access as significant variation identified.

	• Excellent community collaboration resulting in target for Fit to Transfer largely being met and delayed transfers of care amongst lowest in the country.	
10. Risk that the implementation of the new 0-25 Emotional Wellbeing service model for children and young people is delayed.	• Dedicated contract monitoring of the 0-25 service • Joint Recovery Action Plan based on recommendations from a recent Intensive • Support Team review has been agreed and is being implemented.	• Wider cultural changes are needed across the system in schools, primary care etc. to ensure partners make appropriate contributions to the support of children and young people with emotional/behavioural challenges.
11. Failure to create a single strategic commissioner by April 2021	• Change Management Policy already in existence • PMO support via CSU in place from 1 July 2019 • HR support via CSU in place from 1 July 2019 • OD partner support in place from 8 August 2019 • Joint Project created with joint SRO in place • Governance for project in place – workstreams and oversight group • Deliverables and programme plan • Communications and Engagement Project Plan in place • New application deadline agreed with NHS England of 30 April 2020 • Action plan for addressing panel application feedback submitted November 2019 to NHS England • Further work undertaken on scoping operating model to help inform director's design of staffing structures.	• Functionality Workstream focussing on further development of operating model, finance plan and commissioning strategy and creating golden thread. • New Directors to design new staffing structure in preparation for staff management of change which will clarify operating model. January to April 2020 (AS) • Paper to Boards January 2020 outlining proposed transition to a new shared Constitution that memberships will be required to approve that will then lead to management of change process for existing governing body members and recruitment/election to shared roles on both governing bodies.

The CCG's continuing major risks during 2019/20 can be summarised as:

1. Risk that Shrewsbury and Telford Hospital Trust (SaTH) is unable to provide good quality, sustainable services.

Accident and Emergency four hour waiting time

ECIST continues to work closely with SaTH to focus on flow within the hospital including alternative models of delivery. Other work relating to flow includes improving discharge pathways, improving access to domiciliary care and proactively managing community beds. Telford Health and Social Care Rapid Response Team went live beginning of December, to support admission avoidance. Both CCGs continue to focus on admissions avoidance through schemes including frailty team, falls strategy and pathways, redesign of rapid response service and care homes team.

Referral to Treatment (RTT) targets

RTT has historically been a challenge. Figures for all Telford and Wrekin CCG patients show that there were 1,402 out of 13,847 pathways beyond 18 weeks, making overall performance below 90 per cent at the end of November 2019. The majority of breaches were in cardiology, Trauma and Orthopaedics (T&O), ENT, general surgery, thoracic medicine, and urology. Of these, T&O is performing at almost 95 per cent. The Planned Care Working Group set up with NHS Shropshire CCG and including providers continues to monitor performance and action plans to address this continuing under performance.

Cancer waiting time targets

Exception reporting takes place at Planned Care Working Group held jointly with Shropshire CCG on a monthly basis. In addition, there is a monthly contractual meeting between commissioners and SaTH and pathways are under review for certain specialities and SaTH is developing action plans for five key areas. However there continues to be issues around capacity, patient choice and diagnostics and actions are being taken in response to a remedial action plan.

2. Risk of failure of CCG commissioner quality systems to predict or identify quality failure by providers

The Trust has had a history of challenges: workforce provision, A&E performance and maternity services. The CCG have jointly escalated concerns to NHSE QSG with NHS Shropshire CCG. In addition, the Trust was evaluated as 'inadequate' by the CQC in 2018. An NHSI Oversight Committee oversees the Trust improvement plan following the CQC visit 2018 and the Chair and Executive Nurse sit on this. The Trust have produced a full action plan responding to the CQC inspection.

A national review of maternity deaths at SaTH is being undertaken currently.

The CQRMs are in place for providers and one for all SaTH service areas and a specific CQRM for SaTH maternity at this time given the national scrutiny in this area. Outputs from these are shared in the PPQ reports which then go to the Governance Board for attention.

All SIs are reviewed in accordance with our policy and aligned to the national process. The CCGs process has recently been reviewed by internal auditors, which received significant assurance.

3. Risk of failure to deliver financial plan for 2019/20

The CCG has recorded a £13.1 million deficit against the submitted plan of breakeven. Whilst this means that the planned position of breakeven was not achieved this did comply with the reforecast position agreed with NHS England and NHS Improvement at month 9. Financial measures were put

in place throughout the year to control spend where possible including but not limited to restrictions to discretionary spend; agreeing year end settlements with our main acute providers and increased oversight and scrutiny of the QIPP programme. We recognise that the worsening in the CCG's underlying position will impact on future financial plans and we will continue to engage financial grip and control measures in order to mitigate the risk of further deterioration. We plan to give particular attention to our medium term recovery plan placing particular emphasis on improving our QIPP development and reporting and transforming our contracting arrangements to create strong incentives for system change.

4. Impact of COVID-19 is unknown

A national emergency was declared in March 2020 which has required the NHS as a whole to respond on a scale not seen since the second world war. Clinical staff have been redeployed to front line services to support the anticipated significant challenge that COVID-19 is likely to have. Non-clinical CCG staff are being redeployed into identified critical services or trained to provide backup to these services when it is anticipated we will have staff shortages.

It is likely that these risks will not change substantially and will remain on the BAF for 2020/21.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the CCG 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 following control mechanisms are in place:

- Constitution
- Risk management
- Security management
- Counter Fraud annual plan
- Internal Audit annual plan
- Performance monitoring of CCG providers and the CCG itself
- IG toolkit submission
- Incident and serious incident reporting
- Quality and financial reporting
- Contract / quality performance monitoring arrangements with providers
- Policies and procedures
- Risk assessments
- Governance reporting between Board and its committees/sub-committees
- Equality Delivery System
- Safeguarding Annual Report
- Emergency and Business Continuity Planning/core standards
- External regulator reports on providers (i.e. recent CQC report on SaTH).

Annual audit of conflicts of interest management

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

The CCG has carried out its annual internal audit of conflicts of interest and the audit provided full assurance, with no recommendations for further action.

There have been no breaches of the Conflicts of Interest Policy which require reporting to the Audit Committee.

Data quality

The Board relies on the data quality elements in its contracts with providers, that requires them to quality assure their data prior to submission. The CCG also uses Midlands and Lancashire Commissioning Support Unit (MLCSU) for provider information performance, quality and finance and therefore the CCG's contract with MLCSU outlines information reporting expectations. The data sources used by MLCSU is the national UNIFY system and SUS data which is verified via the contracting process with providers.

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 CCG, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively. Telford and Wrekin CCG are compliant with the standards set out in the IG Toolkit for 2019/20.

The CCG places high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an IG management framework and are have developed processes and procedures in line with the IG toolkit. We have ensured all staff undertake annual IG training and provide a staff IG handbook to ensure staff are aware of their roles and responsibilities.

There are processes in place for incident reporting and investigation of serious incidents. We have had six level 1 IG breaches during the year and none have been reported to the ICO. We have developed an Information asset register which enables the CCG to identify high risk assets through data flow mapping and the CCG ensures that an information risk culture is embedded throughout the organisation.

The CCG receives an IG service from Midlands and Lancashire CSU. This enables us to receive a full specialised service which as a small organisation we could no reproduce in-house. A work programme has been undertaken by the Midlands and Lancashire CSU in order to ensure that the CCG is compliant against General Data Protection Regulations. As part of this the CCG's information has been audited, staff training has been delivered and the CCG has a nominated data protection officer.

During 2020/21, the CCG will continue to move towards having a fully embedded information risk culture throughout the organisation and retaining its IG compliance.

Business critical models

The CCG relies on centrally provided NHS business planning models, to help it plan future strategy. The CCG has no business critical models that it would be required to be shared with the Analytical Oversight Committee.

Third party assurances

Third party assurances are received annually from MLCSU for particular financial functions which are part of a Service Level Agreement. Processes are in place to ensure that the CSU Internal Audit function shares its own audit findings of these functions with the CCG's Internal Auditor who includes a precis of the findings in the Head of Internal Audit Opinion which is part of this statement. There have been no limited findings from last year's reports which would require remedial action.

Raising Concerns – Whistleblowing

The CCG has a Raising Concerns Policy which it actively promotes to its staff which provides information on how staff can raise their concerns confidentially. No concerns were raised during 2019/20.

Control issues

The significant control issues that have materialised during 2019/20 that would require reporting in this Annual Governance Statement are as follows:

1. Financial Deficit

As we will not achieve our revenue resource limit, the External Auditor for 2019/20 is expected to issue a qualified regularity opinion and this report will be published after we have the result. The CCG has not achieved its agreed control total of breakeven for 2019/20, with a year-end deficit position of £13.1 million. As the CCG has breached its duty to breakeven for 2019/20, the External Auditor has issued a referral under section 30 of the Local Audit and Accountability Act 2014.

2. Quality issues at main acute provider (SaTH)

There has been variable assurance on standards of quality at the main acute provider during 2019/20 following Care Quality Commission inspections in November 2018 and subsequent inadequate rating and special measures.

The CCG has undertaken ongoing review with robust contractual performance monitoring relating to the delivery of quality standards via the monthly CQRM, active participation in the NHSEI chaired Safety and Oversight Assurance Group (SOAG)with Shropshire CCG, all system partners and stakeholders. Further escalation has been made to QSG at each meeting, to address significant concerns relating to patient safety and experience and concern relating to the robustness of assurances given to the CCGs, where the Trust remains at Risk Summit level of escalation. NHSEI Risk Summits have been held in December 2019, January and February 2020.

Action plans for service improvement across all requisite areas have been in place and monitored through CQRM, SOAG with CQC with limited impact on quality improvement to date acknowledged by the regulatory bodies in February 2020. Provider directors have attended the Governing Body meetings throughout the year to present their actions in relation to maternity, workforce and mortality directly. The assurance process is through Planning Performance and Quality Committee to Board.

The CQRMs are in place for all providers to review contractual assurances and delivery; there are two SaTH CQRMs; one across all services and one specifically focusing on maternity at this time given the national scrutiny in this area. Outputs from these are shared in the PPQ reports which then go to the Governance Board for attention.

All SIs are reviewed in accordance with our policy and aligned to the national process. The CCGs process has recently been reviewed by internal auditors, which received significant assurance. In addition, the CCG, together with NHS Shropshire CCG, have had a peer review by West Midlands Quality Review Team in February 2019 which did not identify any specific issues related to quality oversight and assurance processes in place.

3. QIPP (Quality, Innovation, Productivity and Prevention)

The CCG has experienced slippage in its QIPP delivery; with £4.9 million of the CCG's QIPP target categorised as 'unidentified' at the start of the financial year, and despite efforts to develop schemes in year this value only reduced to £4.2 million 'unidentified'. The CCG was able to deliver £5.8 million of QIPP against the original target of £10.6 million (55 per cent). The remaining 45 per cent slippage has contributed to the in-year deficit. The CCG has held a number of sessions with the Governance Board and CCG membership to identify further opportunities for QIPP initiatives across the system and engagement with the wider health system has also taken place.

4. Impact of the current COVID-19 pandemic

A further significant control issue is that the impact of the current COVID-19 pandemic is unknown. A national emergency was declared in March 2020 which has required the NHS as a whole to respond on a scale not seen since the Second World War. Clinical staff have been redeployed to frontline services to support the anticipated significant challenge that COVID-19 is likely to have. Non-clinical CCG staff are being redeployed into identified critical services or trained to provide back-up to these services when it is anticipated we will have staff shortages. The CCG in partnership with NHS Shropshire CCG and other key stakeholders is leading the local health resilience partnership (LHRP) response to the emergency across Shropshire and Telford and Wrekin.

Review of economy, efficiency and effectiveness of the use of resources

The Planning, Performance and Quality Committee (PPQ) gives detailed consideration to the CCG's financial and performance issues to provide the CCG Board with assurance that all issues are being appropriately managed and escalated where necessary. This includes the determination of key financial assumptions to underpin the CCG's medium-term financial strategy and scrutiny of monthly financial reporting including delivery of Quality, Innovation, Productivity and Prevention (QIPP) schemes through the Programme Management Sub-committee, performance against central management costs and efficiency controls. PPQ reports to Board via a Chair's exception report on a monthly basis. The Board in addition receives summary financial reporting at each meeting.

The internal audit plan also provides reports to audit committee throughout the year on financial systems and financial management provided by the CCG and supported by the Commissioning Support Unit. Outcomes from these internal audit reviews are detailed in the Head of Internal Audit Opinion.

Delegation of functions

CCG has a Scheme of Delegation that sets out delegated areas of responsibility and authority and clearly defined limits that properly reflect roles and responsibilities.

It is underpinned by a comprehensive system of internal control, including budgetary control measures and ensures that there are sufficient safeguards and management mechanisms in place to maintain high standards in terms of effective, efficient and economic operation of the group. The scheme captures the decision-making roles of the CCG Accountable Officer, Executive Leads, Governing Body and Committees, and is linked to the terms of reference of each committee.

The Audit Committee maintains an oversight of delegated functions and responsibilities to ensure that resources are used efficiently and economically and that there are effective processes in place to guard against fraudulent usage.

The CCG, in accordance with its Constitution, reviews its Scheme of Delegation annually. Amendments are taken to the Governance Board in the first instance and any required changes to the overarching Scheme of Delegation must be approved by the CCG's Practice Forum. The CCG remains accountable for all of its functions, including those that it has delegated.

Counter fraud arrangements

Counter fraud arrangements are contracted by the CCG from CW Audit Services who provide the services of an Accredited Counter Fraud Specialist, contracted to undertake counter fraud work proportionate to the CCG's identified risks.

The CCG Audit Committee receives a report from the Counter Fraud Specialist against each of the Standards for Commissioners at least annually and there is executive support and direction for a proportionate proactive work plan to address identified risks.

The Chief Finance Officer, who is a member of the CCG Governance Board, is proactively and demonstrably responsible for tackling fraud, bribery and corruption and oversees that appropriate action is taken regarding any NHS Counter Fraud Authority quality assurance recommendations.

Head of Internal Audit Opinion

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

My **overall opinion** is that:

Significant 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.

The **basis** for forming my opinion is as follows:

- An initial assessment of the design and operation of the underpinning Assurance Framework and supporting processes
- An assessment of the current 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

- Any reliance that is being placed upon third party assurances.

The **commentary** below provides the context for my opinion and together with the Opinion should be read in its entirety.

The design and operation of the Assurance Framework and associated processes

I have reviewed the overall arrangements the Governing Body has in place to conduct its review of the system of internal control. This has entailed reviewing the way in which the Governing Body has identified the principal risks to achieving its objectives, the identification of controls in operation to mitigate against these risks and the degree to which the organisation has received assurances that these risks are being effectively managed. I have approached this by examining the Assurance Framework documents that you have in place and also by giving consideration to the wider reporting to the Governing Body that informs the Governing Body's assessment of the effectiveness of the organisation's the system of internal control.

The CCG are planning to create a new BAF next year, once updated joint objectives have been considered with Shropshire CCG, as part of the move towards a new organisation. It was therefore a sensible and pragmatic decision by both CCGs not to invest time this year in getting the two CCGs' BAFs in full alignment.

It is my view that an Assurance Framework has been established which is designed and operating to meet the requirements of the 2019/20 Annual Governance Statement and provide reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation.

The system of internal control based on internal audit work undertaken

My opinion also takes into account the range of individual opinions arising from the risk-based audit assignments that have been reported throughout the year. An internal audit plan for 2019/20 was developed to provide you with independent assurance on the adequacy and effectiveness of systems of control across a range of financial and organisational areas. To achieve this our internal audit plan was divided into two broad categories; work on the financial systems that underpin your financial processing and reporting and then broader risk focused work driven essentially by principal risk areas that you had identified in your Assurance Framework. COVID-19 impacted on the finalisation of the Primary Care Commissioning Review. I am however satisfied that we have completed sufficient work during the course of the year to provide my Head of Internal Audit Opinion.

The assurance levels provided for all assurance reviews undertaken to date is summarised in the following diagram:

Significant Assurance	• Budget Setting and QIPP • Conflict of Interest • Looked After Children • Financial delivery • Contract monitoring • Financial Ledger • Payroll • Accounts Payable • Accounts Receivable

The following non-assurance assignments have also been completed:

- Board Assurance Framework (BAF) interim and final review – a 'Level A' position statement was given
- Data Security and Protection Toolkit – an 'Action Required' position statement was given.

I wish to highlight the following from the reviews undertaken:

Budget Setting QIPP

The CCG was set a material QIPP target of £10.605 million for 2019/20. At the start of the year (month1), the CCG had yet to identify £4.941 million (47 per cent) of the overall QIPP for the financial year. Given that the QIPP target was the highest ever given to the CCG, the gap at the start of the year of £4.941 million and the historical performance of delivery against QIPP target, it was highlighted that the CCG would face significant challenge in achieving its control total without having to use some of the historical £7 million cumulative surplus it had achieved to date.

Financial Reporting (as at month 7)

The review identified that the CCG was reporting its current year-to-date position accurately. We also established that there were relatively sound forecasting arrangements in place, with forecasts derived from extrapolations of the year to date position, adjusted as appropriate for known issues/challenges.

We did however note delivery issues regarding the level of QIPP achievement forecast for the year end and the potential impact this may have on the CCG's future financial standing. In addition, the Shropshire and Telford Hospitals Trust (SaTH) contract had been consistently over performing for the financial year to date resulting in a material overspend as at month 7. Where overspends/increased activity had occurred they had, as at month 7, been offset by the use of reserves.

Looked After Children (LAC) Review

Much had improved since our last report; data was now being captured by the provider, relationships were being built with partners, performance was challenged at CQRM and Shropshire Community Health NHS Trust had, alongside the CCG developed a new national template. Across both Telford and Shropshire we saw and were described appropriate relationships with partners in relation to LAC.

The data at the time of review showed the challenge in relation to delivery of assessments and the rising number of Looked After Children. We identified some improvements that could be made to data quality. It was noted that all of those we met with expressed concern over instances when children had been placed in area from out of area but the relevant local authority or then

subsequently the CCG had not been informed. We were advised this issue was being picked up nationally.

Following up of actions arising from our work

For all reviews we have agreed action plans with management and will continue to monitor the implementation of these plans over the coming months. Outstanding actions are reported at each meeting of the Audit Committee and they take a proactive approach to monitoring them and requesting follow up audit work where there are areas of concern.

All recommendations and agreed actions are uploaded to a central web-based database as and when reports are finalised. Management are then required to update the status against agreed actions. This is a self-assessment and is supplemented by our independent follow-up reviews where this is deemed necessary, for example, following the issue of a limited or moderate assurance report. To avoid over-burdening staff who are responding to the COVID-19 critical incident, we have not included details of any outstanding recommendations as at 31 March 2020. We will continue to monitor the implementation of these plans over the coming months as appropriate.

Reliance on third party assurances

At the time of providing this opinion, we have not received third party assurances in relation to outsourced services provided by NHS Shared Business Services and NHS Midlands and Lancashire Commissioning Support Unit. I therefore reserve the right to revise my overall opinion in the event that these reviews identify any significant control failings that would impact on the CCG.

On 8 April 2020, the CQC published their latest report on Shrewsbury and Telford Hospital NHS Trust. The 'inadequate' rating was assessed as remaining in place, with no assessment areas improving and two areas rated worse than the last inspection. The review undertaken between November 2019 and January 2020 resulted in four out of five areas judged as 'inadequate' – the remaining area was rated as 'requiring improvement'.

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

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the clinical commissioning group achieving its principles objectives have been reviewed. The Assurance Framework is reviewed regularly by the Governance Board, Audit Committee and Executive team and I am satisfied that it reflects the key challenges faced by the CCG.

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

- The Governance Board – strategic oversight
- The Audit Committee – effectiveness of the control framework of the CCG
- Planning, Performance and Quality Committee – oversight of performance of quality, contracts and finance
- Programme Management Sub-committee/Joint QIPP Board
- Internal audit – testing controls in place

- External consultants appointed to review the CCG's financial controls.

This has been a challenging year for the CCG, having seen its financial position deteriorate and significant quality issues at its main acute provider coupled with a significant change to the organisation's executive leadership through our planned transition to a single CCG with NHS Shropshire CCG. I have put in place a series of actions to address these issues which are discussed in more detail in the body of the Annual Report.

Conclusion

In conclusion, although the CCG still maintains a generally sound system of internal control, designed to meet the organisation's objectives, and controls are generally being applied consistently, during 2019/20 the CCG has seen significant financial challenges. These have been predominantly in the form of unidentified QIPP savings that were not able to be developed into projects and delivered in year; over-activity in acute contracts, in particular emergency and non-elective spend and a rise in both volume and cost of individual commissioning. This has resulted in the CCG being unable to meet its duty to breakeven for 2019/20. The CCG is taking steps with its partners and supported by NHS England/Improvement to develop a system finance plan which will seek to address the total system financial deficit over the next five years.

Mr David Evans, Chief Accountable Officer
24 June 2020

REMUNERATION AND STAFF REPORT

Remuneration Report

Remuneration Committee

The Remuneration Committee was established by Telford and Wrekin CCG to approve the remuneration and terms of service for the Executive Directors, other staff employed with Very Senior Manager (VSM) pay terms, and the conditions and lay appointments to the CCG Board.

The composition and responsibilities of the CCG's Remuneration Committee can be found in the Governance Statement.

Policy on the remuneration of senior managers

The remuneration of the Accountable Officer and Executive Directors serving on our Governing Body is determined by the Remuneration Committee, with reference to recognised national NHS pay scales and benchmarking with other CCGs. The very senior manager (VSM) pay framework is used for the Accountable Officer and Executive Directors. The Remuneration Committee also determines the remuneration of the GP practice members of our Governing Body. The rates payable are determined locally. Midlands and Lancashire Commissioning Support Unit provide independent advice and support to the CCG and the Remuneration Committee in relation to employment and remuneration matters.

Remuneration report tables – pension and salary (subject to audit)

Salaries and allowances

2019/20									
	Name	Title	Appointment Details	Salary (bands of £5,000)	Expenses payments taxable (bands of £100)	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension related Benefits (bands of £2,500)	Total (bands of £5,000)
	Jon Cooke	Chief Finance Officer	01/04/19 to 31/12/19	75-80	0	0	0	0	75-80
	Jon Cooke	Interim Director	01/01/20 to 31/03/20	25-30	0	0	0	0	25-30
	Claire Skidmore	Executive Director of Finance	01/01/20 to 31/03/20	15-20	0	0	0	10.0-12.5	25-30
	David Evans	Accountable Officer	01/04/19 to 30/09/19	60-65	0	0	0	0.0-2.5	60-65
	David Evans	Accountable Officer - Joint post with Shropshire CCG	01/10/19 to 31/03/20	35-40	0	0	0	0.0-2.5	35-40
	Fran Beck	Executive Lead Commissioning	01/04/19 to 31/12/19	70-75	0	0	0	17.5-20.0	85-90
	Fran Beck	Interim Director - Joint post with Shropshire CCG	01/01/20 to 31/03/20	10-15	0	0	0	2.5-5.0	10-15
	Julie Davies	Director of Performance - Joint post with Shropshire CCG	01/01/20 to 31/03/20	10-15	0	0	0	7.5-10.0	20-25
	Christine Morris	Executive Nurse Director	01/04/19 to 31/05/19	15-20	0	0	0	15.0-17.5	30-35
	Christine Morris	Executive Nurse Director - Joint post with Shropshire CCG	01/06/19 to 31/12/19	30-35	0	0	0	27.5-30.0	60-65
	Christine Morris	Interim Executive Director of Quality - Joint post with Shropshire CCG	01/01/20 to 31/03/20	10-15	0	0	0	10.0-12.5	25-30
	Alison Smith	Director of Corporate Affairs	01/04/19 to 31/12/19	70-75	0	0	0	17.5-20.0	90-95
	Alison Smith	Director of Corporate Affairs - Joint post with Shropshire CCG	01/01/20 to 31/03/20	10-15	0	0	0	2.5-5.0	15-20
	Jessica Sokolov	Executive Director of Transformation - Joint post with Shropshire CCG	01/01/20 to 15/03/20	10-15	0	0	0	2.5-5.0	15-20
	Samantha Tilley	Director of Planning - Joint post with Shropshire CCG	01/01/20 to 31/03/20	10-15	0	0	0	20.0-22.5	30-35
	Steven Trenchard	Interim Executive Director of Transformation - Joint post with Shropshire CCG	16/03/20 to 31/03/20	0-5	0	0	0	0.0-2.5	0-5
	Dr Martin Allen	Board Secondary Care Clinician	01/04/19 to 31/03/20	5-10	0	0	0	0	5-10
	Mr Geoff Braden	Board Lay Member Governance	01/04/19 to 31/03/20	5-10	0	0	0	0	5-10
	Dr Rachael Bryceland	Board Member Primary Healthcare Professional	01/04/19 to 31/03/20	35-40	0	0	0	272.5-275.0	305-310
	Dr Kwok Chan	Board GP Member	01/04/19 to 31/03/20	35-40	0	0	0	147.5-150.0	185-190
	Dr Jo Leahy	Chair	01/04/19 to 31/03/20	90-95	0	0	0	0	90-95
	Tracey Slater	Board Secondary Care Nurse	01/04/19 to 31/08/19	5-10	0	0	0	0	5-10
	Peter Easthaugh	Board Lay Member - Primary Care	01/04/19 to 31/03/20	5-10	0	0	0	0	5-10
	Carolyn Fenton-West	Board Member Primary Healthcare Professional	01/04/19 to 31/03/20	30-35	0	0	0	0.0-2.5	30-35
	Neil Maybury	Board Lay Member - PPI	01/04/19 to 31/03/20	5-10	0	0	0	0	5-10
	Dr Adam Pringle	Board GP Member	01/04/19 to 31/03/20	35-40	0	0	0	60.0-62.5	95-100

Explanation of Joint Arrangements with Shropshire CCG

At the beginning of 2019/20, Telford and Wrekin CCG had its own separate Board structure. When the Executive Nurse Director post at Shropshire CCG became vacant at the end of May 2019, the two CCGs took the opportunity to redefine this as a joint post as a first step towards joint working. In October 2019, the interim Accountable Officer at Shropshire CCG stepped down and David Evans became the Joint Accountable Officer for both CCGs which was the first stage in the Management of Change process. In December 2019, the next stage of the process was the creation of joint Director posts across both CCGs and these became effective from 1 January 2020.

Fran Beck (Executive Lead Commissioning), and Chris Morris (Executive Nurse Director), both received payments under a Mutually Agreed Resignation Scheme in March 2020. These payments totalled £160,000 and are disclosed in Note 4 .3 of the Annual Accounts.

For those staff appointed jointly with Telford and Wrekin CCG, the total cost of their remuneration across both CCGs is shown below. This is in respect of the period of joint working only:

Surname	First name	Post	Total remuneration (bands of £5,000)
Davies	Julie	Director of Performance – Joint post with Shropshire CCG	25-30
Evans	David	Accountable Officer – Joint post with Shropshire CCG	70-75
Morris	Christine	Interim Executive Director of Quality – Joint post with Shropshire CCG	90-95
Skidmore	Claire	Executive Director of Finance – Joint post with Shropshire CCG	30-35
Smith	Alison	Director of Corporate Affairs – Joint post with Shropshire CCG	25-30
Sokolov	Jessica	Executive Director of Transformation – Joint post with Shropshire CCG	30-35
Tilley	Samantha	Director of Planning – Joint post with Shropshire CCG	25-30
Trenchard	Steven	Interim Executive Director of Transformation – Joint post with Shropshire CCG	0-5

2018/19									
	Name	**Title**	**Appointment Details**	**Salary (bands of £5,000)**	**Expenses payments taxable (bands of £100)**	**Performance pay and bonuses (bands of £5,000)**	**Long term performance pay and bonuses (bands of £5,000)**	**All pension related Benefits (bands of £2,500)**	**Total (bands of £5,000)**
	Jon Cooke	Chief Finance Officer	01/04/18 to 31/03/19	95-100	0	0	0	0	95-100
	David Evans	Chief Officer	01/04/18 to 31/03/19	110-115	0	0	0	0	110-115
	Fran Beck	Executive Lead Commissioning	01/04/18 to 31/03/19	90-95	0	0	0	5.0-7.5	95-100
	Christine Morris	Executive Lead Quality Nursing and Safety	01/04/18 to 31/03/19	95-100	0	0	0	20.0-22.5	115-120
	Alison Smith	Executive Lead Corporate Governance and Performance	01/04/18 to 31/03/19	90-95	0	0	0	15.0-17.5	105-110
	Dr Martin Allen	Board Secondary Care Clinician	01/04/18 to 31/03/19	5-10	0	0	0	0	5-10
	Mr Geoff Braden	Board Lay Member Governance	01/04/18 to 31/03/19	5-10	0	0	0	0	5-10
	Dr James Hudson	Board GP Member	01/04/18 to 31/03/19	35-40	0	0	0	0	35-40
	Dr Andy Inglis	Board GP Member	01/04/18 to 31/03/19	35-40	0	0	0	0	35-40
	Dr Jo Leahy	Chair	01/04/18 to 31/03/19	90-95	0	0	0	0	90-95
	Tracey Slater	Board Secondary Care Nurse	01/04/18 to 31/03/19	10-15	0	0	0	0	10-15
	Peter Easthaugh	Board Lay Member - Primary Care	01/04/18 to 31/03/19	5-10	0	0	0	0	5-10
	Carolyn Fenton-West	GP/Primary Care Health	01/04/18 to 31/03/19	35-40	0	0	0	0	35-40
	Neil Maybury	Board Lay Member - PPI	01/04/18 to 31/03/19	5-10	0	0	0	0	5-10
	Dr Adam Pringle	Board GP Member	01/04/18 to 31/03/19	35-40	0	0	0	0	35-40

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

Please note that the Cash Equivalent Transfer Value was calculated by NHS Pensions Agency.

2019/20								
Name and Title	Real increase in pension at pension age (bands of £2,500) £'000	Real increase in pension lump sum at pension age (bands of £2,500) £'000	Total accrued pension at pension age 31 March 2020 (bands of £5,000) £'000	Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 1 April 2019 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31 March 2020 £'000	Employers contribution to stakeholder pension
Jon Cooke - Chief Finance Officer	(7.5)-(10.0)	(32.5)-(35.0)	20-25	45-50	594	0	421	0
Jon Cooke - Interim Director								
David Evans - Accountable Officer	0.0-2.5	0.0-2.5	40-45	125-130	0	191	191	0
David Evans - Accountable Officer - Joint post with Shropshire CCG								
Fran Beck - Executive Lead Commissioning	0.0-2.5	10.0-12.5	40-45	130-135	0	0	0	0
Fran Beck - Interim Director								
Christine Morris - Executive Nurse Director	5.0-7.5	15.0-17.5	40-45	125-130	803	135	956	0
Christine Morris - Executive Nurse Director - Joint post with Shropshire CCG								
Christine Morris - Interim Executive Director of Quality - Joint post with Shropshire CCG								
Alison Smith - Director of Corporate Affairs	0.0-2.5	0	30-35	0	407	36	453	0
Alison Smith - Director of Corporate Affairs - Joint post with Shropshire CCG								
Carolyn Fenton West - Board Member Primary Healthcare Professional	0.0-2.5	(0.0)-(2.5)	15-20	45-50	372	13	394	0
Dr Adam Pringle - GP Board Member	2.5-5.0	5.0-7.5	10-15	25-30	167	64	235	0
Dr Rachael Bryceland - Board Member Primary Healthcare Professional	10.0-12.5	32.5-35.0	20-25	55-60	150	213	366	0
Dr Kwok Chan - Board GP Member	7.5-10.0	0	10-15	0	34	87	122	0

2018/19								
Name and Title	Real increase in pension at pension age (bands of £2,500) £'000	Real increase in pension lump sum at pension age(bands of £2,500) £'000	Total accrued pension at pension age 31 March 2019 (bands of £5,000) £'000	Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 1 April 2018 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31 March 2019 £'000	Employers contribution to stakeholder pension
Jon Cooke - Chief Finance Officer	(2.5)-(5.0)	(17.5)-(20.0)	30-35	80-85	596	0	594	0
David Evans - Chief Officer	0.0-2.5	0.0-2.5	40-45	120-125	0	0	0	0
Fran Beck - Executive Lead Commissioning	0.0-2.5	0.0-2.5	40-45	125-130	0	0	0	0
Christine Morris - Executive Lead Quality Nursing and Safety	0.0-2.5	0.0-2.5	35-40	105-110	691	112	803	0
Alison Smith - Executive Lead Corporate Governance and Performance	0.0-2.5	0	30-35	0	326	81	407	0
Carolyn Fenton-West - GP Primary Care	0.0-2.5	(0.0)-(2.5)	15-20	45-50	325	48	372	0
Dr Adam Pringle - GP Board Member	(2.5)-(5.0)	(2.5)-(5.0)	5-10	20-25	183	0	167	0

Compensation on early retirement or for loss of office (subject to audit)

Telford and Wrekin CCG has nothing to report during 2019/20.

Payment to past members (subject to audit)

Telford and Wrekin CCG has nothing to report during 2019/20.

Pay multiples (subject to audit)

This section of the Annual Report is subject to audit and will be referred to in the audit opinion.

The CCG is required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid member in the organisation in the financial year 2019/20 was £145,000 (2018/19, £139,360). This was 3.89times (2018/19, 3.71) the median remuneration of the workforce, which was £37,267 (2018/19, £37,570).

In 2019/20, 0 (2018/19, 0) employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £17,652 to £145,000(2018/19 £17,652- £139,360).

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

Staff Report (subject to audit)

The CCG has employed a headcount of 122 staff during 2019/20. This is equivalent to 96.42 WTE.

Staff Analysis by Gender as at 31.03.20 (Headcount)

	Headcount by Gender			
Staff Grouping	Female	Male	Unknown *	Grand total
Governing body	8	7	3	18
Other senior management (Band 8C+)	12	6	0	18
All other employees	74	12	0	86
Grand total	94	25	3	122

	% by Gender		
Staff Grouping	Female	Male	Unknown
Governing body	44.4%	38.9%	16.7%
Other senior management (Band 8C+)	66.7%	33.3%	0.0%
All other employees	86.0%	14.0%	0.0%
Grand total	77.05%	20.49%	2.46%

Staff Analysis by Gender as at 31.03.20 (FTE)

	Headcount by Gender			
Staff Grouping	Female	Male	Unknown *	Grand total
Governing body	6.30	1.65	0.00	7.95
Other senior management (Band 8C+)	9.16	2.94	0.00	12.10
All other employees	65.25	11.12	0.00	76.37
Grand total	80.71	15.70	0.00	96.42

	% by Gender		
Staff Grouping	Female	Male	Unknown *
Governing body	79.3%	20.7%	0.0%
Other senior management (Band 8C+)	75.7%	24.3%	0.0%
All other employees	85.4%	14.6%	0.0%
Grand total	83.72%	16.28%	0.00%

*Unknown Gender pertains to Governing Body Members without an entry in the CCG Electronic Staff Record (ESR) system.

Named individuals categorised as Unknown are:

- Jonathan Rowe
- Liz Noakes
- Patrick Spreadbury.

Staff composition by pay band

Staff Analysis by Band as at 31.03.20 (Headcount)

Pay band	Headcount
Band 1	0
Band 2	3
Band 3	23
Band 4	8
Band 5	9
Band 6	14
Band 7	9
Band 8 - Range A	13
Band 8 - Range B	7
Band 8 – Range C	5
Band 8 - Range D	4
Band 9	0
Medical	11
VSM	13
Gov Body (off payroll)	3
Grand total	**122**

Staff Analysis by Band as at 31.03.20 – (FTE)

Pay band	Headcount
Band 1	0.00
Band 2	1.65
Band 3	19.13
Band 4	7.33
Band 5	8.25
Band 6	13.70
Band 7	8.70
Band 8 - Range A	11.89
Band 8 - Range B	5.72
Band 8 – Range C	4.72
Band 8 - Range D	4.00
Band 9	0.00
Medical	2.21
VSM	9.11
Gov Body (off payroll)	0.00
Grand total	**96.42**

*Gov Body (off payroll) pertains to Governing Body Members without a pay record in the CCG Electronic Staff Record (ESR) system. Named individuals categorised as such are:

- Jonathan Rowe

- Liz Noakes
- Patrick Spreadbury.

Employee benefits (subject to audit)

Employee benefits 2019/20	Permanent employees	Other	Total
	£'000	£'000	£'000
Salaries and wages	3,419	161	3,580
Social security costs	364	-	364
Employer contributions to NHS Pension scheme	620	-	620
Other pension costs	-	-	-
Apprenticeship levy	5	-	5
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	160	-	160
Gross employee benefits expenditure	4,567	161	4,728
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	-
Total – Net admin employee benefits including capitalised costs	**4,567**	**161**	**4,728**
Less: Employee costs capitalised	-	-	-
Net employee benefits excluding capitalised costs	**4,567**	**161**	**4,728**

The employer contribution rate for NHS Pensions increased from 14.3 per cent to 20.6 per cent from 1 April 2019. For 2019/20, NHS CCGs continued to pay over contributions at the former rate with the additional amount being paid by NHS England on the CCGs' behalf. The full cost and related funding has been recognised in these accounts and further detail explaining the reason for this increase can be found in Note 4.5.

Employee benefits 2018/19	Permanent employees	Other	Total
	£'000	£'000	£'000
Salaries and wages	3,425	135	3,560
Social security costs	361	-	361
Employer contributions to NHS Pension scheme	465	-	465
Other pension costs	-	-	-
Apprenticeship levy	4	-	4
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	-	-	-
Gross employee benefits expenditure	4,255	135	4,390
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	-
Total – Net admin employee benefits including capitalised costs	**4,255**	**135**	**4,390**
Less: Employee costs capitalised	-	-	-
Net employee benefits excluding capitalised costs	**4,255**	**135**	**4,390**

Sickness absence data

The sickness absence data for the CCG in 2019/20 was whole time equivalent (WTE) days available of 20,452.73 and WTE days lost to sickness absence of 921.25. The average working days lost per employee was 10.13, which was managed through the Absence Management Policy.

Other Employee MattersThe CCG recognises that discrimination and victimisation is unacceptable and that it is in the interests of the organisation and its employees to utilise the skills of the total workforce. It is the aim of the organisation to ensure that no employee or job applicant receives less favourable facilities or treatment (either directly or indirectly) in recruitment training/career progression or employment on grounds of age, disability, gender/gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion or belief, sex, or sexual orientation. To support this commitment and to ensure we comply with both the Equality Act 2010 and the Human Rights Act 1998, the CCG requires all of its staff to undertake regular mandatory training on equality, diversity and human rights and to comply with our Equal Opportunities Policy.

We are committed to communicating and engaging with staff on a consistent and frequent basis, through one-to-ones, team meetings, staff consultation events, CCG staff briefings, staff newsletters. We are part of our regional Joint Staff Consultative Committee (JSCC), which provides a forum for Trade Union staff representatives to meet and contribute to service change and development and for issues to be discussed. We also hold quarterly staff forum meetings for representatives from each team to discuss key issues and provide feedback as well as raising issues. Our Chief Officer holds drop-in sessions for staff to discuss issues and we also hold regular CCG team briefings with both our Chief Officer and Chair.

We have continued to engage proactively in 2019/20 with staff on helping them to become more active. This has included a number of activities being organised by members of staff for their colleagues; yoga, couch to 5K initiative, regular cycling outings, lunch time walk and access to a table tennis table for staff to use in the rest area at break times.

The CCG has a recruitment policy which is based on NHS best practice and we use the recruitment service of our CSU to ensure that recruitment is carried out robustly and transparently in line with our policy and there is a clear audit trail of recruitment decisions and employee checks. The CCG has a Training and Development Policy which seeks to ensure that all staff have an equal opportunity and access to training and development that their role requires through identification with their managers in appraisals and regular one-to-one meetings.

Employees with a disability

Employing people with a disability is important for any organisation providing services for the public, as they need to reflect the many and varied experiences of the public they serve. In the provision of health services, it is perhaps even more important, as people with disabilities make up a significant proportion of the population, and those with long-term medical conditions use the services of the NHS. The CCG's commitment to people with disabilities includes:

- People with disabilities who meet the minimum criteria for a job vacancy are guaranteed an interview
- The adjustments that people with disabilities might require to take up a job or continue working in a job are proactively considered
- The CCG's mandatory equality and diversity training includes awareness of a range of issues impacting on people with disabilities.

Trade union facility time

Relevant union officials

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
0	0

Percentage of time spent on facility time

Percentage of time	Number of employees
0 per cent	0
1-50 per cent	0
51-99 per cent	0
100 per cent	0

Percentage of pay bill spent on facility time

First Column	Figures
Provide the total cost of facility time	0
Provide the total pay bill	0
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0

Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	0

Expenditure on consultancy

Telford and Wrekin CCG spent £625,000on consultancy services in 2019/20.

Off-payroll engagements

Following the Review of Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on 23 May 2012, all CCGs must publish information on their highly paid and/or senior off-payroll engagements.

The table below shows the existing arrangements as of 31 March 2020:

Off-payroll engagements longer than six months

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

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

for between three and four years at the time of reporting	0
for four or more years at the time of reporting	0

New off-payroll engagements

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

	Number
Total number of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	0
Of which…	
Number assessed caught by IR35	0
Number assessed as NOT caught by IR35	0
Number engaged directly (via PSC contracted to department) and are on departmental payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

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:

Number of off-payroll engagements of board members, and/or senior officers 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 should include both on payroll and off-payroll engagements.	0

Exit packages and severance payments (subject to audit)

Telford and Wrekin CCG has two exit packages to report, as reported in Note 4 of the Annual Accounts.

Health and safety

The CCG takes health and safety of its employees very seriously and we have a policy in place to help ensure staff carry out their functions in a safe way. The policy requires staff to report health and safety incidents via an electronic system, which are then investigated, and action taken to help mitigate incidents reoccurring.

There were no health and safety incidents reported in the year.

Fraud

The CCG adheres to the standards set by NHS Counter Fraud Authority, in order to combat economic crime within the NHS. The CCG complies with the Counter Fraud Manual, and best practice guidance from the Chartered Institute of Public Finance and Accountancy and the Institute of Counter Fraud Specialists.

The CCG employs the services of assurance provider CW Audit Services to provide its local counter fraud specialists. The CCG does not tolerate economic crime, the CCG has an Anti-Fraud Bribery and Corruption Response Policy in place which is designed to make all staff aware of their responsibilities should they suspect offences being committed. When economic crime is suspected, it is fully investigated in line with legislation, with appropriate action taken, which can result in criminal, disciplinary and civil sanctions being applied. This work is monitored by the Audit Committee as a standing agenda item at each meeting.

The Chief Finance Officer who is a member of the CCG Governing Body is proactively and demonstrably responsible for tackling fraud, bribery and corruption and oversees that appropriate action is taken regarding any NHS Counter Fraud Authority quality assurance recommendations. In addition, in 2019/20 the CCG has appointed a Counter Fraud Champion in line with requirements for CCGs.

Emergency preparedness, resilience and response (EPRR)

The CCG actively participates in EPRR activities on a local and regional footprint. The CCG's Business Continuity Plan was updated during 2019/20 and therefore remains current. The CCG maintains a Director on-call rota 24 hours a day, 365 days a year, to ensure capability to respond to critical or major incidents both affecting its ability to conduct its own business but also affecting the local health economy as a whole.

The CCG is category 2 responders and works closely with other agencies and NHS England in relation to the EPRR agenda. Refresher emergency planning training has been available to all on-call Directors during the year. The CCG has participated in a local EPRR exercise and has run its own internal communication exercise.

During 2019/20, NHS England undertook an assurance exercise of CCGs in relation to EPRR. Telford and Wrekin CCG was able to maintain the full assurance it gained in the previous year. This is the highest level of assurance. The CCG will continue to improve and develop its EPRR capability and will continue to test its EPRR plans during 2020/21 with a view to maintaining this assurance level.

External Audit fees, work and independence

The CCG's External Auditors are Grant Thornton UK LLP, Colmore Plaza, 20, Colmore Circus, Birmingham B4 6AT. The contract value was £40,000 excluding VAT. The contract included the core audit work of the financial statements and work to reach a conclusion on the economy, efficiency and effectiveness in the CCG's use of resources (Value for Money conclusion).

Statement as to disclosure to auditors

Everyone who is a member of the Membership Body at the time the Members report is approved confirms:

So far as the member is aware, that there is no relevant audit information of which the CCG's external auditor is unaware; and, that the member has taken all steps that they ought to have as a member in order to make them self-aware of any relevant audit information and to establish that the CCG's auditor is aware of the information.

Parliamentary Accountability and Audit Report

Telford and Wrekin 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 of this Annual Report at note 22. An audit certificate will be received from our auditors following submission of the Annual Accounts.

CONTENTS **Page Number**

The Primary Statements:

Notes to the Accounts

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

	Note	2019-20 £'000	2018-19 £'000
Income from sale of goods and services	2	-	-
Other operating income	2	(808)	(1,688)
Total operating income		**(808)**	**(1,688)**
Staff costs	4	4,728	4,390
Purchase of goods and services	5	271,375	244,451
Depreciation and impairment charges	5	59	52
Provision expense	5	407	(386)
Other Operating Expenditure	5	321	287
Total operating expenditure		**276,889**	**248,793**
Net Operating Expenditure		**276,081**	**247,106**
Finance income		-	-
Finance expense		-	-
Net expenditure for the year		**276,081**	**247,106**
Net (Gain)/Loss on Transfer by Absorption		-	-
Total Net Expenditure for the Financial Year		**276,081**	**247,106**
Other Comprehensive Expenditure			
Items which will not be reclassified to net operating costs			
Net (gain)/loss on revaluation of PPE		-	-
Net (gain)/loss on revaluation of Intangibles		-	-
Net (gain)/loss on revaluation of Financial Assets		-	-
Actuarial (gain)/loss in pension schemes		-	-
Impairments and reversals taken to Revaluation Reserve		-	-
Items that may be reclassified to Net Operating Costs			
Net gain/loss on revaluation of available for sale financial assets		-	-
Reclassification adjustment on disposal of available for sale financial assets		-	-
Sub total		**-**	**-**
Comprehensive Expenditure for the year		**276,081**	**247,106**

The CCG's planned in-year deficit was £13.11m, and has concluded the year with an in-year deficit of £13.06m. The cumulative deficit is £6.09m, following the application of the cumulative surplus brought forward from previous years of £6.97 million.

The Clinical Commissioning Group has a residual cash balance of £47k on 31 March 2020 that is within the tolerance required by NHS England. This balance can be seen in the Statement of Cash Flows.

Statement of Financial Position as at
31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Non-current assets:			
Property, plant and equipment	9	129	187
Intangible assets		-	-
Investment property		-	-
Trade and other receivables		-	-
Other financial assets		-	-
Total non-current assets		129	187
Current assets:			
Inventories		-	-
Trade and other receivables	10	1,287	2,397
Other financial assets		-	-
Other current assets		-	-
Cash and cash equivalents	11	47	117
Total current assets		**1,334**	2,514
Non-current assets held for sale		-	-
Total current assets		**1,334**	2,514
Total assets		**1,463**	2,701
Current liabilities			
Trade and other payables	12	(19,944)	(15,222)
Other financial liabilities		-	-
Other liabilities		-	-
Borrowings		-	-
Provisions	13	(407)	-
Total current liabilities		**(20,351)**	(15,222)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(18,888)**	(12,521)
Non-current liabilities			
Trade and other payables	12	-	-
Other financial liabilities		-	-
Other liabilities		-	-
Borrowings		-	-
Provisions	13	-	-
Total non-current liabilities		**-**	-
Assets less Liabilities		**(18,888)**	(12,521)
Financed by Taxpayers' Equity			
General fund		(18,888)	(12,521)
Revaluation reserve		-	-
Other reserves		-	-
Charitable Reserves		-	-
Total taxpayers' equity:		**(18,888)**	(12,521)

The notes on pages 133 to 138 form part of this statement

The financial statements on pages 1117 to 143 were approved by the Governing Body on 23rd June and signed on its behalf by:

David Evans
Accountable Officer
24th June 2020

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

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2019-20				
Balance at 01 April 2019	(12,521)	0	0	**(12,521)**
Transfer between reserves in respect of assets transferred from closed NHS bodies	0	0	0	**0**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2019	**(12,521)**	**0**	**0**	**(12,521)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2019-20				
Net operating expenditure for the financial year	(276,081)			**(276,081)**
Net gain/(loss) on revaluation of property, plant and equipment	0	0		**0**
Net gain/(loss) on revaluation of intangible assets	0	0		**0**
Net gain/(loss) on revaluation of financial assets	0	0		**0**
Total revaluations against revaluation reserve	**0**	**0**		**0**
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain/(loss) on revaluation of other investments and Financial Assets (excluding available for sale financial assets)			0	0
Net gain (loss) on revaluation of assets held for sale	0	0	0	0
Impairments and reversals	0	0	0	0
Net actuarial gain (loss) on pensions	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves	0	0	0	0
Release of reserves to the Statement of Comprehensive Net Expenditure	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Transfers by absorption to (from) other bodies	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(276,081)**	**0**	**0**	**(276,081)**
Net funding	269,714	0	0	**269,714**
Balance at 31 March 2020	**(18,888)**	**0**	**0**	**(18,888)**

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2018-19				
Balance at 01 April 2018	(18,467)	0	0	**(18,467)**
Transfer of assets and liabilities from closed NHS bodies	0	0	0	**0**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2019	**(18,467)**	**0**	**0**	**(18,467)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2018-19				
Impact of applying IFRS 9 to Opening Balances	0			0
Impact of applying IFRS 15 to Opening Balances	0			0
Net operating costs for the financial year	(247,106)			(247,106)
Net gain/(loss) on revaluation of property, plant and equipment		0		0
Net gain/(loss) on revaluation of intangible assets		0		0
Net gain/(loss) on revaluation of financial assets		0		0
Total revaluations against revaluation reserve		0		**0**
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain (loss) on revaluation of assets held for sale	0	0	0	0
Impairments and reversals	0	0	0	0
Net actuarial gain (loss) on pensions	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves	0	0	0	0
Release of reserves to the Statement of Comprehensive Net Expenditure	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Transfers by absorption to (from) other bodies	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(247,106)**	**0**	**0**	**(247,106)**
Net funding	253,052	0	0	253,052
Balance at 31 March 2019	**(12,521)**	**0**	**0**	**(12,521)**

Statement of Cash Flows for the year ended
31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(276,081)	(247,106)
Depreciation and amortisation	5	59	52
Impairments and reversals		0	0
Non-cash movements arising on application of new accounting standards		0	0
Movement due to transfer by Modified Absorption		0	0
Other gains (losses) on foreign exchange		0	0
Donated assets received credited to revenue but non-cash		0	0
Government granted assets received credited to revenue but non-cash		0	0
Interest paid		0	0
Release of PFI deferred credit		0	0
Other Gains & Losses		0	0
Finance Costs		0	0
Unwinding of Discounts		0	0
(Increase)/decrease in inventories		0	0
(Increase)/decrease in trade & other receivables	10	1,110	(582)
(Increase)/decrease in other current assets		0	0
Increase/(decrease) in trade & other payables	12	4,722	(4,944)
Increase/(decrease) in other current liabilities		0	0
Provisions utilised		0	0
Increase/(decrease) in provisions	13	407	(386)
Net Cash Inflow (Outflow) from Operating Activities		**(269,784)**	(252,966)
Cash Flows from Investing Activities			
Interest received		0	0
(Payments) for property, plant and equipment		0	(42)
(Payments) for intangible assets		0	0
(Payments) for investments with the Department of Health		0	0
(Payments) for other financial assets		0	0
(Payments) for financial assets (LIFT)		0	0
Proceeds from disposal of assets held for sale: property, plant and equipment		0	0
Proceeds from disposal of assets held for sale: intangible assets		0	0
Proceeds from disposal of investments with the Department of Health		0	0
Proceeds from disposal of other financial assets		0	0
Proceeds from disposal of financial assets (LIFT)		0	0
Non-cash movements arising on application of new accounting standards		0	0
Loans made in respect of LIFT		0	0
Loans repaid in respect of LIFT		0	0
Rental revenue		0	0
Net Cash Inflow (Outflow) from Investing Activities		**0**	(42)
Net Cash Inflow (Outflow) before Financing		**(269,784)**	(253,008)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		269,714	253,052
Other loans received		0	0
Other loans repaid		0	0
Capital element of payments in respect of finance leases and on Statement of Financial Position PFI and LIFT		0	0
Capital grants and other capital receipts		0	0
Capital receipts surrendered		0	0
Non-cash movements arising on application of new accounting standards		0	0
Net Cash Inflow (Outflow) from Financing Activities		**269,714**	253,052
Net Increase (Decrease) in Cash & Cash Equivalents	11	**(70)**	44
Cash & Cash Equivalents at the Beginning of the Financial Year		**117**	73
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		0	0
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**47**	117

Notes to the financial statements

1 Accounting Policies

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

1.1 Going Concern

These accounts have been prepared on a going concern basis, (despite the issue of a report to the Secretary of State for Health and Social Care under Section 30 of the Local Audit and Accountability Act 2014).

The CCG ended the financial year with a in-year deficit of £13,058k. This was an increase of £13,058k on the plan set at the beginning of the year.

The impact of the global pandemic COVID-19, has required the CCG to review whether this creates material uncertainty regarding its going concern status. At this time, it is judged that the going concern status of the organisation remains unchanged however it is recognised that there has been a significant impact on how we operate. Our assessment of going concern is made on the basis that Government support is available to the NHS for all COVID-19 related costs and the CCG is fully participating in all financial returns and reviews.

The CCG have taken steps to maintain business continuity for the finance function during this time in order that payments and collection of debt are not materially impacted. These steps include securing remote access to financial systems for all finance staff and budget holders, and working with our 3rd party providers (Midlands & Lancashire CSU and Shared Business Services), to ensure transactional processing is not adversely affected.

Although the financial position of the clinical commissioning group and the issue of a Section 30 report by the Secretary of State for Health indicates some uncertainty over the CCG's ability to continue as a going concern, the Governing Body, having made appropriate enquiries, have reasonable expectations that the CCG will have adequate resources to continue in operational existence for the foreseeable future. As directed by the Group Accounting Manual 2019/20, the Governing Body have prepared the financial statements on a going concern basis as they consider that the services currently provided by the CCG will continue to be provided in the foreseeable future. On this basis, the CCG has adopted the going concern basis for preparing the financial statements and has not included the adjustments that would result if it was unable to continue as a going concern.

The following is clear evidence that the CCG meets the requirement highlighted above and as set out in section 4.11 to 4.16 of the Department of Health Group Accounting Manual 2019/20:

- NHS Telford & Wrekin CCG was established on 1 April 2013 as a separate statutory body;
- the CCG has been allocated funds by NHS England for the financial years 2019/20 and 2020/21;
- the CCG has an agreed Constitution that directs the governance of its activities;
- the CCG has been allocated indicative allocations to 2023/24;
- the CCG continues to drawdown on the allocated funds based on its cash requirements and in accordance with the arrangements put in place by NHS England; and
- detailed financial plans for 2020/21 were submitted to NHSE in March 2020 and have been submitted to the Governing Body in May 2020.

With both continuity of service and future financial provision assured, the CCG's financial statements have been prepared on the going concern basis. The temporary suspension of the NHS financial regime from 17 March 2020 as part of the COVID-19 response, does not undermine either the continuity of services or financial provision judgement, but strengthens it.

1.2 Accounting Convention

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

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

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs. Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 Pooled Budgets

The clinical commissioning group has entered into two pooled budget arrangements with Telford and Wrekin Local Authority, (in accordance with section 75 of the NHS Act 2006). Under the arrangements, funds are pooled for the Better Care Fund and the Transforming Care Programme and note 17 to the accounts provides details of the income and expenditure.

The TCP pool is hosted by the Local Authority and the BCF pool is jointly hosted. The clinical commissioning group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

1.5 Operating Segments

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

Notes to the financial statements

1.6 **Revenue**

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

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

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

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.
Payment terms are standard reflecting cross government principles.

The Clinical Commissioning Group, as a commissioning organisation, does not receive any significant revenue from contracts. The majority of the CCG's revenue is from Departmental funding which is recognised within the year it is received as Grant in Aid funding as reflected in the Statement of Changes in Taxpayers Equity.

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

1.7 **Employee Benefits**

1.7.1 **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.

1.7.2 **Retirement Benefit Costs**

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

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

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

1.8 **Other Expenses**

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

1.9 **Property, Plant & Equipment**

1.9.1 **Recognition**

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the clinical commissioning group;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.9.2 **Measurement**

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.
Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date
Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use; and,
- Specialised buildings – depreciated replacement cost.

Notes to the financial statements

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.
IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.
An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.9.3 **Depreciation, Amortisation & Impairments**

Freehold land, properties under construction, and assets held for sale are not depreciated.
Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the clinical commissioning group expects to obtain economic benefits or service potential from the asset. This is specific to the clinical commissioning group and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life.

At each reporting period end, the clinical commissioning group checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.10 **Leases**

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.
The only leases that NHS Telford and Wrekin CCG hold are with NHS Property Services.

1.11 **Other Assets Contributed by the Clinical Commissioning Group to the Operator**

Assets contributed (e.g. cash payments, surplus property) by the clinical commissioning group to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the clinical commissioning group, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

On initial recognition of the asset, the difference between the fair value of the asset and the initial liability is recognised as deferred income, representing the future service potential to be received by the clinical commissioning group through the asset being made available to third party users.
The balance is subsequently released to operating income over the life of the concession on a straight-line basis.

1.12 **Cash & Cash Equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.
In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the clinical commissioning group's cash management.

1.13 **Provisions**

Provisions are recognised when the clinical commissioning group has a present legal or constructive obligation as a result of a past event, it is probable that the clinical commissioning group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:
Early retirement provisions are discounted using HM Treasury's pension discount rate of negative 0.50% (2018-19: positive 0.29%) in real terms. All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:
• A nominal short-term rate of 0.51% (2018-19: 0.76%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
• A nominal medium-term rate of 0.55% (2018-19:1.14%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
• A nominal long-term rate of 1.99% (2018-19: 1.99%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
• A nominal very long-term rate of 1.99% (2018-19: 1.99%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.
When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the clinical commissioning group has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

Notes to the financial statements

1.14 **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 the clinical commissioning group.

1.15 **Non-clinical Risk Pooling**

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

1.16 **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.

1.17 **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.

1.17.1 **Financial assets at fair value through profit and loss**

Financial assets measure at fair value through profit and loss are those that are not otherwise measured at amortised cost or fair value through other comprehensive income. This includes derivatives and financial assets acquired principally for the purpose of selling in the short term.

1.17.2 **Impairment**

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

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

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

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

1.18 **Financial Liabilities**

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

1.18.1 **Financial Guarantee Contract Liabilities**

Financial guarantee contract liabilities are subsequently measured at the higher of:

- The premium received (or imputed) for entering into the guarantee less cumulative amortisation; and,
- The amount of the obligation under the contract, as determined in accordance with IAS 37: Provisions, Contingent Liabilities and Contingent Assets.

1.18.2 **Financial Liabilities at Fair Value Through Profit and Loss**

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the clinical commissioning group's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability.

1.18.3 **Other Financial Liabilities**

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

Notes to the financial statements

1.19 **Value Added Tax**

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

1.20 **Losses & Special Payments**

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

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

1.21 **Critical accounting judgements and key sources of estimation uncertainty**

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

1.21.1 **Critical accounting judgements in applying accounting policies**

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

Going concern: These accounts have been prepared on a going concern basis (despite the issue of a report to the Secretary of State for Health under Section 30 of the Local Audit and Accountability Act 2014). The grounds on which the directors of the CCG have applied the going concern basis and have a reasonable expectation that the CCG will continue in operational existence for the foreseeable future are set out in note 1.1.

1.21.2 **Sources of estimation uncertainty**

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

Provisions and accruals: Estimates used to calculate potential provisions and accruals (including accruals in continuing health and complex care) are based on expert advice from solicitors and other external professional agents combined with the experience of CCG managers.

Prescribing expenditure: The NHSBSA uses a methodology for forecasting prescribing expenditure that is based on national averages and does not necessarily reflect local issues. Therefore consideration is given to the use of local knowledge to determine the appropriate level of expenditure to be included in the accounts. This review is undertaken and full disclosure of any proposed adjustments shared with the Auditors.

1.22 **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.

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

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2019-20. These Standards are still subject to HM Treasury FReM adoption.

● HM Treasury has announced that IFRS 16, Leases, as interpreted and adapted by the FReM is to be effective from 1 April 2021. This represents a further one year deferral.
Work carried out to date has identified that the CCG currently has 1 operating lease with NHS Property Services and 1 contract for a Learning Disability respite bed which will be re-classified as finance leases. Current calculations estimate that this would have the effect on the Statement of Financial Position of increasing non-current assets by £432k and increasing financial liabilities by £432k. The current estimated impact on expenditure is an annual increase of £126k representing depreciation and interest costs and guidance is awaited from NHSE/I regarding the funding of this.

● The IASB has deferred the effective date of IFRS 17, Insurance Contracts, to annual reporting periods beginning on or after 1 January 2023. IFRS 17 as interpreted and adapted by the FReM is to be effective from 1 April 2023.
● IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019. The application of this standard has no financial impact on the CCG.

2 Other Operating Revenue

	2019-20 Total	2018-19 Total
	£'000	£'000
Income from sale of goods and services (contracts)		
Education, training and research	**-**	-
Non-patient care services to other bodies	**-**	-
Patient transport services	**-**	-
Prescription fees and charges	**-**	-
Dental fees and charges	**-**	-
Income generation	**-**	-
Other Contract income	**-**	-
Recoveries in respect of employee benefits	**-**	-
Total Income from sale of goods and services	**-**	**-**
Other operating income		
Rental revenue from finance leases	**-**	-
Rental revenue from operating leases	**-**	-
Charitable and other contributions to revenue expenditure: NHS	**-**	-
Charitable and other contributions to revenue expenditure: non-NHS	**-**	-
Receipt of donations (capital/cash)	**-**	-
Receipt of Government grants for capital acquisitions	**-**	-
Continuing Health Care risk pool contributions	**-**	-
Non cash apprenticeship training grants revenue	**-**	-
Other non contract revenue	**808**	1,688
Total Other operating income	**808**	**1,688**
Total Operating Income	**808**	**1,688**

Revenue in this note does not include cash received from NHS England, which is drawn down directly into the bank account of the Clinical Commissioning Group and credited to the General Fund.

3 Contract Revenue

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

The CCG did not receive any income in 2018/19 from the sale of goods and services (contracts).

3.2 Transaction price to remaining contract performance obligations

The CCG did not have any contract revenue in 2018/19 expected to be recognised in future periods, related to contract performance obligations not yet completed at the reporting date.

4. Employee benefits and staff numbers

4.1.1 Employee benefits

	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	3,419	161	**3,580**
Social security costs	364	-	**364**
Employer Contributions to NHS Pension scheme	620	-	**620**
Other pension costs	-	-	**-**
Apprenticeship Levy	5	-	**5**
Other post-employment benefits	-	-	**-**
Other employment benefits	-	-	**-**
Termination benefits	160	-	**160**
Gross employee benefits expenditure	**4,567**	**161**	4,728
Less recoveries in respect of employee benefits (note 4.1.2)	**-**	**-**	**-**
Total - Net admin employee benefits including capitalised costs	**4,567**	**161**	4,728
Less: Employee costs capitalised	**-**	**-**	**-**
Net employee benefits excluding capitalised costs	**4,567**	**161**	4,728

The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% from 1st April 2019. For 2019/20, NHS CCGs continued to pay over contributions at the former rate with the additional amount being paid by NHS England on CCGs behalf. The full cost and related funding has been recognised in these accounts and further detail explaining the reason for this increase can be found in Note 4.4.2.

4.1.2 Employee benefits (2018-19)

	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	3,425	135	**3,560**
Social security costs	361	-	**361**
Employer Contributions to NHS Pension scheme	465	-	**465**
Other pension costs	-	-	**-**
Apprenticeship Levy	4	-	**4**
Other post-employment benefits	-	-	**-**
Other employment benefits	-	-	**-**
Termination benefits	**-**	**-**	**-**
Gross employee benefits expenditure	4,255	135	4,390
Less recoveries in respect of employee benefits (note 4.1.2)	**-**	**-**	**-**
Total - Net admin employee benefits including capitalised costs	4,255	135	4,390
Less: Employee costs capitalised	**-**	**-**	**-**
Net employee benefits excluding capitalised costs	4,255	135	4,390

4.1.3 Recoveries in respect of employee benefits

The CCG has made no recoveries in respect of employee benefits in 2019/20 (nil in 2018/19).

4.2 Average number of people employed

	2019-20			2018-19		
	Permanently employed Number	**Other Number**	**Total Number**	**Permanently employed Number**	**Other Number**	**Total Number**
Total	92.03	2.52	**94.55**	88.58	2.48	**91.06**

4.3 Exit packages agreed in the financial year

	2019-20 Compulsory redundancies		**2019-20 Other agreed departures**		**2019-20 Total**	
	Number	**£**	**Number**	**£**	**Number**	**£**
Less than £10,000	-	-	-	-	-	-
£10,001 to £25,000	-	-	-	-	-	-
£25,001 to £50,000	-	-	-	-	-	-
£50,001 to £100,000	-	-	2	160,000	2	160,000
£100,001 to £150,000	-	-	-	-	-	-
£150,001 to £200,000	-	-	-	-	-	-
Over £200,001	-	-	-	-	-	-
Total	**-**	**-**	**2**	**160,000**	**2**	**160,000**

	2018-19 Compulsory redundancies		2018-19 Other agreed departures		2018-19 Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	-	-	-	-
£10,001 to £25,000	-	-	-	-	-	-
£25,001 to £50,000	-	-	-	-	-	-
£50,001 to £100,000	-	-	-	-	-	-
£100,001 to £150,000	-	-	-	-	-	-
£150,001 to £200,000	-	-	-	-	-	-
Over £200,001	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**

Analysis of Other Agreed Departures

	2019-20 Other agreed departures		2018-19 Other agreed departures	
	Number	**£**	Number	£
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	2	160,000	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval*	-	-	-	-
Total	**2**	**160,000**	**-**	**-**

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

Redundancy and other departure costs have been paid in accordance with the provisions of MARS, (Mutually Agreed Resignation Scheme).

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.

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

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as at 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2 Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

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

5. Operating expenses

	2019-20 Total £'000	2018-19 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	2,697	2,115
Services from foundation trusts	36,929	34,235
Services from other NHS trusts	135,688	122,810
Provider Sustainability Fund	-	-
Services from Other WGA bodies	0	1
Purchase of healthcare from non-NHS bodies	36,370	29,439
Purchase of social care	-	-
General Dental services and personal dental services	-	-
Prescribing costs	28,950	27,645
Pharmaceutical services	-	-
General Ophthalmic services	290	274
GPMS/APMS and PCTMS	25,341	23,877
Supplies and services – clinical	1,234	932
Supplies and services – general	762	744
Consultancy services	625	195
Establishment	916	773
Transport	8	1
Premises	566	577
Audit fees	48	44
Other non statutory audit expenditure		
· Internal audit services	-	-
· Other services	10	10
Other professional fees	718	554
Legal fees	32	23
Education, training and conferences	190	205
Funding to group bodies	-	-
CHC Risk Pool contributions	-	-
Non cash apprenticeship training grants	-	-
Total Purchase of goods and services	**271,375**	**244,451**
Depreciation and impairment charges		
Depreciation	59	52
Amortisation	-	-
Impairments and reversals of property, plant and equipment	-	-
Impairments and reversals of intangible assets	-	-
Impairments and reversals of financial assets		
· Assets carried at amortised cost	-	-
· Assets carried at cost	-	-
· Available for sale financial assets	-	-
Impairments and reversals of non-current assets held for sale	-	-
Impairments and reversals of investment properties	-	-
Total Depreciation and impairment charges	**59**	**52**
Provision expense		
Change in discount rate	-	-
Provisions	407	(386)
Total Provision expense	**407**	**(386)**
Other Operating Expenditure		
Chair and Non Executive Members	315	287
Grants to Other bodies	-	-
Clinical negligence	-	-
Research and development (excluding staff costs)	-	-
Expected credit loss on receivables	5	-
Expected credit loss on other financial assets (stage 1 and 2 only)	-	-
Inventories written down	-	-
Inventories consumed	-	-
Other expenditure	1	0
Total Other Operating Expenditure	**321**	**287**
Total operating expenditure	**272,161**	**244,404**

The above includes expenditure dealt with under the pooled budget arrangement for the Better Care Fund as set out in Note 17

Health care expenditure includes £239k in respect of an increase in the assessment of partially completed spells.

Internal audit and counter fraud services are provided by CW Audit who are part of a Foundation Trust. The cost of these services was £33k in 2019/20, (included within other professional services).

External Audit Fees are inclusive of VAT. The auditor's liability for external audit work carried out for the financial year 2018/19 is limited to £1 million.

6. Better Payment Practice Code

Measure of compliance	**2019-20**		2018-19	
	Number	**£'000**	**Number**	**£'000**
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	11,810	65,391	11,807	73,046
Total Non-NHS Trade Invoices paid within target	11,689	63,099	11,642	71,353
Percentage of Non-NHS Trade invoices paid within target	**98.98%**	**96.49%**	**98.60%**	**97.68%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,512	184,400	2,649	163,257
Total NHS Trade Invoices Paid within target	2,492	184,028	2,614	162,681
Percentage of NHS Trade Invoices paid within target	**99.20%**	**99.80%**	**98.68%**	**99.65%**

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

7. Net gain/(loss) on transfer by absorption

Telford and Wrekin CCG does not have any to report in 2019/20 or any reported during 2018/19

8. Operating Leases

8.1 As lessee

8.1.1 Payments recognised as an expense

	2019-20				2018-19			
	Land	Buildings	Other	Total	Land	Buildings	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Payments recognised as an expense								
Minimum lease payments	-	176	-	**176**	-	543	6	**549**
Contingent rents	-	-	-	**-**	-	-	-	**-**
Sub-lease payments	-	-	-	**-**	-	-	-	**-**
Total	**-**	**176**	**-**	**176**	**-**	**543**	**6**	**549**

Buildings lease payments relate to expenditure with NHS Property Services Ltd for the rental of office accommodation (£176k), and void & subsidy costs (£367k).

8.1.2 Future minimum lease payments

	2019-20				2018-19			
	Land	Buildings	Other	Total	Land	Buildings	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Payable:								
No later than one year	-	-	-	-	-	-	-	-
Between one and five years	-	-	-	-	-	-	-	-
After five years	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Whilst our arrangements with NHS Property Services Limited fall within the definition of operating leases, rental charge for future years have not yet been agreed. Consequently this note does not include future minimum lease payments for this arrangement.

8.2 As lessor

The clinical commissioning group does not have any leasing arrangements as a lessor.

9 Property, plant and equipment

	Land £'000	Buildings excluding dwellings £'000	Dwellings £'000	Assets under construction and payments on account £'000	Plant & machinery £'000	Transport equipment £'000	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 April 2019	-	-	-	-	99	-	361	39	499
Addition of assets under construction and payments on account	-	-	-	-	-	-	-	-	-
Additions purchased	-	-	-	-	-	-	-	-	-
Cumulative depreciation adjustment following revaluation	-	-	-	-	-	-	-	-	-
Cost/Valuation at 31 March 2020	**-**	**-**	**-**	**-**	**99**	**-**	**361**	**39**	**499**
Depreciation 01 April 2019	-	-	-	-	45	-	233	33	311
Reclassifications	-	-	-	-	-	-	-	-	-
Reclassified as held for sale and reversals	-	-	-	-	-	-	-	-	-
Disposals other than by sale	-	-	-	-	-	-	-	-	-
Upward revaluation gains	-	-	-	-	-	-	-	-	-
Impairments charged	-	-	-	-	-	-	-	-	-
Reversal of impairments	-	-	-	-	-	-	-	-	-
Charged during the year	-	-	-	-	7	-	45	6	59
Transfer (to)/from other public sector body	-	-	-	-	-	-	-	-	-
Cumulative depreciation adjustment following revaluation	-	-	-	-	-	-	-	-	-
Depreciation at 31 March 2020	**-**	**-**	**-**	**-**	**52**	**-**	**279**	**39**	**370**
Net Book Value at 31 March 2020	**-**	**-**	**-**	**-**	**47**	**-**	**82**	**(0)**	**129**
Purchased	-	-	-	-	47	-	82	(0)	129
Donated	-	-	-	-	-	-	-	-	-
Government Granted	-	-	-	-	-	-	-	-	-
Total at 31 March 2020	**-**	**-**	**-**	**-**	**47**	**-**	**82**	**(0)**	**129**
Asset financing:									
Owned	-	-	-	-	47	-	82	(0)	129
Held on finance lease	-	-	-	-	-	-	-	-	-
On-SOFP Lift contracts	-	-	-	-	-	-	-	-	-
PFI residual: interests	-	-	-	-	-	-	-	-	-
Total at 31 March 2020	**-**	**-**	**-**	**-**	**47**	**-**	**82**	**(0)**	**129**

Revaluation Reserve Balance for Property, Plant & Equipment

	Land £'000	Buildings £'000	Dwellings £'000	Assets under construction & payments on account £'000	Plant & machinery £'000	Transport equipment £'000	Information technology £'000	Furniture & fittings £'000	Total £'000
Balance at 01 April 2019	-	-	-	-	-	-	-	-	-
Revaluation gains	-	-	-	-	-	-	-	-	-
Impairments	-	-	-	-	-	-	-	-	-
Release to general fund	-	-	-	-	-	-	-	-	-
Other movements	-	-	-	-	-	-	-	-	-
Balance at 31 March 2020	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

9.1 Cost or valuation of fully depreciated assets

The cost or valuation of fully depreciated assets still in use was as follows:

	2019-20	2018-19
	£'000	£'000
Land	-	-
Buildings excluding dwellings	-	-
Dwellings	-	-
Plant & machinery	-	-
Transport equipment	-	-
Information technology	87	-
Furniture & fittings	18	-
Total	**105**	**-**

9.2 Economic lives

	Minimum Life (years)	**Maximum Life (Years)**
Buildings excluding dwellings	0	0
Dwellings	0	0
Plant & machinery	5	15
Transport equipment	0	0
Information technology	2	5
Furniture & fittings	5	10

10.1 Trade and other receivables	**Current 2019-20 £'000**	Current 2018-19 £'000
NHS receivables: Revenue	172	1,806
NHS receivables: Capital	-	-
NHS prepayments	-	-
NHS accrued income	629	61
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	156	301
Non-NHS and Other WGA receivables: Capital	-	-
Non-NHS and Other WGA prepayments	199	114
Non-NHS and Other WGA accrued income	88	57
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	(5)	-
VAT	40	43
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	8	15
Total Trade & other receivables	**1,287**	**2,397**
Total current and non current	**1,287**	**2,397**

10.2 Receivables past their due date but not impaired

	2019-20 DHSC Group Bodies £'000	**00-Jan-00 Non DHSC Group Bodies £'000**	**2018-19 DHSC Group Bodies £'000**	**00-Jan-00 Non DHSC Group Bodies £'000**
By up to three months	(72)	13	326	227
By three to six months	188	31	35	60
By more than six months	-	0	209	-
Total	**116**	**44**	**570**	**287**

10.3 Loss allowance on asset classes	**Trade and other receivables - Non DHSC Group Bodies £'000**	**Other financial assets £'000**	**Total £'000**
Balance at 01 April 2019	-	-	**-**
Lifetime expected credit loss on credit impaired financial assets	-	-	**-**
Lifetime expected credit losses on trade and other receivables-Stage 2	-	-	**-**
Lifetime expected credit losses on trade and other receivables-Stage 3	(5)	-	**(5)**
Credit losses recognised on purchase originated credit impaired financial assets	-	-	**-**
Amounts written off	-	-	**-**
Financial assets that have been derecognised	-	-	**-**
Changes due to modifications that did not result in derecognition	-	-	**-**
Other changes	-	-	**-**
Total	**(5)**	**-**	**(5)**

11 Cash and cash equivalents

	2019-20	2018-19
	£'000	£'000
Balance at 01 April 2019	117	73
Net change in year	(70)	44
Balance at 31 March 2020	**47**	**117**
Made up of:		
Cash with the Government Banking Service	47	117
Cash with Commercial banks	-	-
Cash in hand	0	0
Current investments	-	-
Cash and cash equivalents as in statement of financial position	**47**	**117**
Bank overdraft: Government Banking Service	-	-
Bank overdraft: Commercial banks	-	-
Total bank overdrafts	**-**	**-**
Balance at 31 March 2020	**47**	**117**

12 Trade and other payables	**Current 2019-20 £'000**	Current 2018-19 £'000
Interest payable	-	-
NHS payables: Revenue	2,349	524
NHS payables: Capital	-	-
NHS accruals	1,385	2,382
NHS deferred income	-	-
NHS Contract Liabilities	-	-
Non-NHS and Other WGA payables: Revenue	2,079	2,029
Non-NHS and Other WGA payables: Capital	-	-
Non-NHS and Other WGA accruals	13,471	9,800
Non-NHS and Other WGA deferred income	41	-
Non-NHS Contract Liabilities	-	-
Social security costs	63	55
VAT	-	-
Tax	95	46
Payments received on account	-	-
Other payables and accruals	462	385
Total Trade & Other Payables	**19,944**	**15,222**
Total current and non-current	**19,944**	**15,222**

NHS payables include £1,221k in respect of partially completed spells (£981k in 2018/19).
Other payables include £200k outstanding pension contributions at 31 March 2020 (£209k in 2018/19).

13 Provisions

	Current 2019-20 £'000	**Non-current 2019-20 £'000**	Current 2018-19 £'000	Non-current 2018-19 £'000
Pensions relating to former directors	-	-	-	-
Pensions relating to other staff	-	-	-	-
Restructuring	190	-	-	-
Redundancy	209	-	-	-
Agenda for change	-	-	-	-
Equal pay	-	-	-	-
Legal claims	8	-	-	-
Continuing care	-	-	-	-
Other	-	-	-	-
Total	**407**	**-**	**-**	**-**
Total current and non-current	**407**		**-**	

	Pensions Relating to Former Directors £'000	**Pensions Relating to Other Staff £'000**	**Restructuring £'000**	**Redundancy £'000**	**Agenda for Change £'000**	**Equal Pay £'000**	**Legal Claims £'000**	**Continuing Care £'000**	**Other £'000**	**Total £'000**
Balance at 01 April 2019	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Arising during the year	-	-	190	209	-	-	8	-	-	**407**
Utilised during the year	-	-	-	-	-	-	-	-	-	**-**
Reversed unused	-	-	-	-	-	-	-	-	-	**-**
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 2020	**-**	**-**	**190**	**209**	**-**	**-**	**8**	**-**	**-**	**407**
Expected timing of cash flows:										
Within one year	-	-	190	209	-	-	8	-	-	**407**
Between one and five years	-	-	-	-	-	-	-	-	-	**-**
After five years	-	-	-	-	-	-	-	-	-	**-**
Balance at 31 March 2020	**-**	**-**	**190**	**209**	**-**	**-**	**8**	**-**	**-**	**407**

Restructuring and redundancy provisions have been created as a result of the proposal by Shropshire CCG and Telford & Wrekin CCG to come together as one Single Strategic Commissioning Organisation with effect from 1st April 2021. This involves a restructuring of roles & responsibilities and will have an impact on the associated staffing. Work has already been completed to form a new single structure for Directors and the redundancy provision reflects the estimated impact of this, (£190k). It is expected that these costs will be paid out in the new financial year. A Mutually Agreed Resignation Scheme (MARS), has been agreed and offered to other staff and the restructuring provision reflects the estimated cost of potential uptake and approval, (£209k). Although the process has been stalled due to COVID-19 it is still expected to be concluded before the end of the new financial year.

Legal claims are calculated from the number of claims currently lodged with the NHS Resolution and the probabilities provided by them, (1 case as at 31 March 2020).

14 Contingencies

A contingent liability has been recognised relating to a legal claim lodged with NHS Resolution (£3k). The provision relating to this claim can be found in Note 13.

The CCG has identified a higher volume of prescription ordering activity in the latter weeks of March 2020 as a result of COVID-19. It is difficult to estimate the value of this increased activity at this time since prescribing figures for this period will not be available from NHS Business Services Authority until late May 2020.

15 Financial instruments

15.1 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 the 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 clinical commissioning group prime financial policies agreed by the Governing Body. Treasury activity is subject to review by the clinical commissioning group and internal auditors.

15.1.1 Currency risk

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

15.1.2 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.

15.1.3 Credit risk

Because the majority of the clinical commissioning group's revenue comes from parliamentary funding, it 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.

15.1.4 Liquidity risk

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

15.1.5 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.

15 Financial instruments cont'd

15.2 Financial assets

	Financial Assets measured at amortised cost 2019-20 £'000	Equity Instruments designated at FVOCI 2019-20 £'000	Total 2019-20 £'000
Equity investment in group bodies		-	-
Equity investment in external bodies		-	-
Loans receivable with group bodies	-		-
Loans receivable with external bodies	-		-
Trade and other receivables with NHSE bodies	336		336
Trade and other receivables with other DHSC group bodies	552		552
Trade and other receivables with external bodies	164		164
Other financial assets	-		-
Cash and cash equivalents	47		47
Total at 31 March 2020	**1,099**	**-**	**1,099**

15.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2019-20 £'000	Other 2019-20 £'000	Total 2019-20 £'000
Loans with group bodies	-		**-**
Loans with external bodies	-		**-**
Trade and other payables with NHSE bodies	332		**332**
Trade and other payables with other DHSC group bodies	8,722		**8,722**
Trade and other payables with external bodies	10,692		**10,692**
Other financial liabilities	-		**-**
Private Finance Initiative and finance lease obligations	-		**-**
Total at 31 March 2020	**19,746**	**-**	**19,746**

16 Operating segments

Per IFRS8 the "Chief Operating Decision Maker" is responsible for allocating resources to and assessing the performance of the operating segments of an entity. At Telford and Wrekin clinical commissioning group this function is performed by the Governing Body. The clinical commissioning group considers it has a single operating segment; commissioning of healthcare services. Hence finance and performance information is reported to the Governing Body as one segment. These Statements are produced in accordance with this position.

17 Joint arrangements - interests in joint operations

CCGs should disclose information in relation to joint arangements in line with the requirements in IFRS 12 - Disclosure of interests in other entities.

17.1 Interests in joint operations

	Amounts recognised in Entities books ONLY 2019-20				Amounts recognised in Entities books ONLY 2018-19			
Name of arrangement	**Assets**	**Liabilities**	**Income**	**Expenditure**	**Assets**	**Liabilities**	**Income**	**Expenditure**
	£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
The clinical commissioning group operates a pooled budget in respect of the Better Care fund with Telford and Wrekin Council. The principal activities are the commissioning of health and social care services	0	0	0	13,189	0	0	0	11,901
The clinical commissioning group operates a pooled budget in respect of theTransforming Care Programme with Telford and Wrekin Council. The principal activities are the commissioning transforming care for people with a learning disability	0	0	0	1,384	0	0	0	1,360

Revenue Pooled Fund	**CCG £k**	**Accounting Treatment**
Rehabilitation and Reablement	739	CCG pays full amount to LA.
Domiciliary Care	835	CCG pays full amount to LA.
Rehabilitation and Reablement Bed Usage	1,476	CCG pays full amount to LA.
Rehabilitation and Reablement Bed Usage - Others	24	CCG retains to pay others.
Assistive Technologies	580	CCG pays full amount to LA.
Preventative Services	1,780	CCG pays full amount to LA.
Carers	206	CCG pays full amount to LA.
Management Charges	102	CCG pays full amount to LA.
Shropshire Community Health Trust	3,649	CCG pays to SCHT via contract.
Shrewsbury and Telford Hospital	1,868	CCG pays to SaTH via contract.
Programme Management	217	CCG retains to pay staff.
Maintaining Eligibility	910	CCG pays full amount to LA.
Care Act Implementation	489	CCG pays full amount to LA.
Total:	**12,875**	

The CCG is party to the Telford and Wrekin Better Care Fund Pooled Budget established under Section 75 of the NHS Act 2006. The other party to the Section 75 Agreement is Telford and Wrekin Local Authority.

The CCG's total contribution to the Fund in 2019/20 was £12.875 million. The partners determine the nature of the programmes of work making up the Fund and in particular whether joint control is in operation for each programme for the purposes of IFRS 11.

IIn 2019/20 the CCG contributed £7.118 million to programmes on community based provision where the Council acted as Lead Commissioner. The CCG accounted for its share of expenditure on these schemes. The contributions to fund these programmes were fully expensed in the year.

In 2019/20 the CCG contributed £5.757 million to programmes on community based provision where the CCG retained sole control. The CCG accounted for its share of expenditure on these schemes. The contributions to fund these programmes were fully expensed in the year.

18 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
Dr A Pringle Shropshire Doctors Cooperative Ltd	282	0	0	0

Note to related party transactions
The Department of Health is regarded as a related party. During the year the clinical commissioning group has had a significant number of material transactions
• NHS England;
• Shrewsbury and Telford Hospitals NHS Trust;
• South Staffordshire and Shropshire NHS Foundation Trust;
• Shropshire Community Health NHS Trust;
• West Midlands Ambulance NHS Foundation Trust,
• Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust,
• NHS Shropshire CCG
• Telford and Wrekin Local Authority
• Midlands and Lancashire CSU
• NHS Property Services
• NHS Business Services Authority.

From the 1st April 2015 the CCG had delegated responsilbility for Primary Care Co-Commissioning, we therefore class all of our member GP practices as related parties.

19 Events after the end of the reporting period

On the 4th May the CCG were notified by NHSE/I of a rate increase in relation to Funded Nursing Care payments for the financial year 2019/20, to be backdated from 1st April 2019. This represents an increase of 9% and the estimated financial impact for Telford & Wrekin CCG is £178k. The CCG have been advised by NHSE/I that a national provision has been made for this additional charge and that CCGs do not need to include a provision for this in their 2019/20 accounts.

NHS Telford & Wrekin CCG and NHS Shropshire CCG are applying to NHSE/I for approval to bring the two CCGs together to create one commissioning body across the Shropshire and Telford area. If approved this will be effective from 1 April 2021.

20 Financial performance targets

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

	2019-20 Target	**2019-20 Performance**	**2019-20 Variance**	2018-19 Target	2018-19 Performance	2018-19 Variance
Expenditure not to exceed income	263,831	276,889	13,058	255,802	248,835	(6,967)
Capital resource use does not exceed the amount specified in Directions	-	-	-	42	42	-
Revenue resource use does not exceed the amount specified in Directions	263,023	276,081	13,058	254,072	247,106	(6,966)
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-	-	-
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-	-	-
Revenue administration resource use does not exceed the amount specified in Directions	3,993	4,859	866	3,807	3,792	(15)

The excess of expenditure above the revenue resource limit has occurred in the following context:

NHS England set the CCG an in-year control total of break-even and the CCG is reporting an outturn of £13.1m deficit. The cumulative control total was £7m surplus since the CCG brought forward a surplus of £7m. The cumulative outturn against this was £6.1m deficit.

It should be noted that a report to the Secretary of State under section 30 of the Local Audit and Accountability Act has been issued for the breach of financial duties, i.e. failure to contain expenditure within the Revenue Resource Limit.

21 Losses and special payments

21.1 Losses

The clinical commissioning group did not record any cases of losses in 2019/20 (nil in 2018/19).

21.2 Special payments

The clinical commissioning group has made no special payments in 2019/20 (nil in 2018/19).

Independent auditor's report to the members of the Governing Body of NHS Telford and Wrekin Clinical Commissioning Group

Report on the Audit of the Financial Statements

Opinion

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

In our opinion, the financial statements:

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

Basis for opinion

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

The impact of macro-economic uncertainties on our audit

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

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

Conclusions relating to going concern

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

- the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or

- the Accountable Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the CCG's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

In our evaluation of the Accountable Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2019 to 2020 that the CCG's financial statements shall be prepared on a going concern basis, we considered the risks associated with the CCG's operating activities, including effects arising from macro-economic uncertainties such as Covid-19 and Brexit. We analysed how those risks might affect the CCG's financial resources or ability to continue operations over the period of at least twelve months from the date when the financial statements are authorised for issue. In accordance with the above, we have nothing to report in these respects.

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

Other information

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

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

We have nothing to report in this regard.

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

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

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

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

Qualified opinion on regularity required by the Code of Audit Practice

In our opinion, except for the effects of the matters described in the basis for qualified opinion on regularity section of our report, 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.

Basis for qualified opinion on regularity

The CCG reported a deficit of £13.1 million against its total in year revenue resource limit in its financial statements for the year ended 31 March 2020, thereby breaching two of its duties under the National Health Service Act 2006, as amended by:

- paragraph 223H of Section 27 of the Health and Social Care Act 2012, to ensure that its expenditure in a financial year does not exceed its income; and
- paragraph 223I of Section 27 of the Health and Social Care Act 2012, to ensure that its revenue resource use in a financial year does not exceed the amount specified by direction of the NHS Commissioning Board.

In addition, the CCG exceeded its revenue administration resource limit by £0.866m in the year ended 31 March 2020, thereby breaching its duty under the National Health Service Act 2006, as amended by paragraph 223J of Section 27 of the Health and Social Care Act 2012, to ensure that its revenue resource use in a financial year which is attributable to prescribed matters relating to administration does not exceed the amount specified by direction of the NHS Commissioning Board.

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 have reported a matter 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 have referred a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we had reason to believe that the CCG, or an officer of the CCG, was about to make, or had made, a decision which involved or would involve the body incurring unlawful expenditure, or was about to take, or had 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 have made 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 except:
On 26 May 2020 we referred a matter to the Secretary of State under section 30 (b) of the Local Audit and Accountability Act 2014 in relation to the CCG's breach of its breakeven duty and its administration resource limit.

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 68 to 69, the Accountable Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Officer is responsible for assessing the CCG's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the CCG without the transfer of its services to another public sector entity.

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

Qualified Conclusion

On the basis of our work, having regard to the guidance issued by the Comptroller & Auditor General in April 2020, except for the effects of the matter described in the basis for qualified conclusion section of report, we are satisfied that, in all significant respects, NHS Telford and Wrekin Clinical Commissioning Group put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

Basis for qualified conclusion

Our review of the CCG's arrangements for securing economy, efficiency, and effectiveness in its use of resources identified the following matter:

The CCG experienced unanticipated demand on continuing healthcare, complex care, and acute care, which resulted in £13.1 million budget overspends. In addition, the CCG planned to deliver £10.6 million of efficiency savings during 2019/20 but was only able to deliver £5.8 million, due to unidentified savings and increased demand.

This matter identifies weaknesses in the CCG's arrangements for setting a sustainable budget with sufficient capacity to absorb emerging cost pressures and an inability to achieve budgeted saving plans This matter is evidence of weaknesses in proper arrangements for sustainable resource deployment in planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions.

Responsibilities of the Accountable Officer

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

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

We are required under Section 21(1)(c) and Schedule 13 paragraph 10(a) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in April 2020, as to whether in all significant respects, the CCG had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us

to consider under the Code of Audit Practice in satisfying ourselves whether the CCG put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the CCG has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of the financial statements of NHS Telford and Wrekin Clinical Commissioning Group in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Use of our report

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

M C Stocks

Mark C Stocks, Key Audit Partner

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

Birmingham

Date 24 June 2020