NHS
Cannock Chase
Clinical Commissioning Group

ANNUAL REPORT AND ACCOUNTS

2020/21

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Chair's introduction

The last 12 months have been the most challenging in NHS history. At the start of last year, we could never have foreseen the impact coronavirus would have on all of us. As Chair of the CCG, I want to start by paying tribute to all those who have lost their lives to the virus and those who are continuing to fight it. The thoughts of all of us at the CCG go out to all those who have been affected.

There is no-one the pandemic hasn't touched and none more so than our frontline teams who have worked tirelessly to nurse COVID patients, often cancelling their annual leave in order to do so. On behalf of Cannock Chase CCG, I want to thank every one of them for their hard work, commitment and utter dedication at a time when our hospitals have been unbelievably stretched.

We are living through a period of history that none of us could have predicted. Through collaborative working with primary care, frontline staff and Staffordshire County Council, we have been able to make sure that the system has been able to cope, despite the overwhelming pressure it has been put under.

This collaborative working approach has seen us successfully rollout the biggest vaccination programme in NHS history, which included the opening of community sites run by Midlands Partnership NHS Foundation Trust (MPFT) and set up in partnership with other organisations including Staffordshire County Council.

Since then, the rollout of the vaccination programme has moved very quickly, and our Primary Care Networks (PCNs) have worked tirelessly to make this happen.

Launched last year, PCNs are groups of GP surgeries that come together to look after groups of local patients. They are small enough to give continuous care, but big enough to operate at scale by sharing staff, administrative support, technology and information – as well as offering access to specialist care, services closer to home and longer opening hours to improve patient access. In the last 12 months, our PCNs have done a fantastic job in hitting the ground running to support their populations' health needs. There are 25 in Staffordshire and Stoke-on-Trent, and three in Cannock Chase. The PCNs have been both fundamental and instrumental in helping us roll out the vaccination programme at many of our GP practices.

A lot of people in the first nine cohorts across Staffordshire and Stoke-on-Trent have now been vaccinated – an achievement that we in the NHS are extremely proud of. We remain on course to meet our vaccination targets.

Obviously managing the pandemic and ensuring the successful rollout of the vaccination programme has been our key focus at the CCG, as it has across the country. That's not to say other work hasn't continued. Our GPs have of course still

been seeing patients, but in a different way. Thanks to technology, patients have been able to access their appointments virtually and speak to us on the phone. Where needed, we have also offered face-to-face appointments.

Along with the other CCGs in south Staffordshire, we have also welcomed the publication of the independent review of commissioning arrangements for local autism spectrum disorder services by NHS England and NHS Improvement (NHSE/I). This has led to a new service being launched. The report made a number of recommendations and an action plan was developed to ensure they were implemented. We acknowledged at the time that services, originally commissioned before our CCGs were established, had not always worked as they should have, and this is something we have continued to work on.

A lot of work was carried out to gather feedback from services users and carers to ensure their views were heard. Their feedback was used to help shape the service specification. The interim service was provided by Midlands Partnership NHS Foundation Trust from 1 October 2019. MPFT was also successful in bidding to provide the new service from the beginning of May last year. The new service was not a continuation of the interim service, but was provided with a 30 per cent increase in funding.

In April 2020, the new Staffordshire and Stoke-on-Trent Wellbeing Service was launched. It brings together existing improving access to psychological therapies (IAPT) teams in the county into one fully integrated service with a single point of access.

As we look ahead, a lot of work is being done behind the scenes to address the number of elective procedures cancelled because of COVID-19, as well as to address growing concerns over longer waiting lists for non-emergency care. This is part of a programme of work that we internally call ‘restoration and recovery’, which will focus on what we do post-pandemic and will help ensure we can get back to normal business as soon as humanly possible.

The future may also change for us as a CCG, as the way in which our six CCGs are organised is under the spotlight. Earlier this year, the Staffordshire and Stoke-on-Trent CCGs’ GP practice members voted to merge legally. That, in effect, would mean there would be one combined Clinical Commissioning Group operating across Staffordshire and Stoke-on-Trent in the future. However, although work was undertaken to support a merger, the CCGs will now not be merging following instruction from NHSE/I and the formation of Integrated Care Systems (ICSs) and Integrated Care Partnerships (ICPs).

I want to finish by reflecting on what has been an unprecedented time for the NHS, and to thank every single member of staff for all they are doing on a daily basis. The vaccination programme means that every day we are a step closer to getting back to the new kind of normal.

Dr Gary Free

Chair

NHS Cannock Chase CCG

Performance Report

Performance overview

This overview provides information about the CCG including its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

A statement from the Accountable Officer

The last year has been tough for all of us. None of us could have imagined what it would be like to live through a global pandemic and my heart goes out to all those who have lost their lives or been affected by COVID-19.

The pressure the NHS has felt over the last year has been unprecedented. Our hospitals have been stretched to capacity, the likes of which I haven't seen during my nearly 30-year career with the health service. During the second wave of the pandemic, University Hospitals of North Midlands NHS Trust and University Hospitals of Derby and Burton NHS Foundation Trust were among the worst affected in the West Midlands. It has meant, in order to cope, many routine and elective procedures had to be postponed – a decision that we didn't take lightly.

Our frontline staff have been truly inspirational, working round the clock to care for patients with COVID-19 and to ensure as many services as possible could continue. On behalf of the six CCGs across Staffordshire and Stoke-on-Trent, I want to thank them for their selfless dedication and compassionate care throughout this pandemic.

I also want to extend my thanks to our own staff, our partners, Stoke-on-Trent City Council and Staffordshire County Council as well as the voluntary sector for pulling together and working collectively in response to COVID.

For example, the local authorities working with the NHS to safely discharge patients from hospital and wrap support around care homes, the Staffordshire Fire and Rescue Service and Shropshire, Staffordshire and Cheshire Bloodbikes for helping to distribute personal protective equipment (PPE), and Staffordshire Police for helping to ensure the restrictions were followed. The NHS could not have done what it has during the last year without you.

This partnership approach has meant that we were able move quickly and efficiently to get mass testing and COVID vaccinations underway. Two key components of the national strategy to combat the pandemic. Regional testing centres, mobile testing units, local testing centres and more recently – lateral flow tests – have enabled us to test at scale and quickly identify and manage local outbreaks.

Our 23 local vaccination services run by GP practices working together in primary care networks (PCNs), hospital hubs, three large-scale vaccination centres in Stoke-on-Trent, Stafford and Alrewas, and a number of pharmacies have enabled us to vaccinate over half of our adult population with at least one dose for a standing start in early December. A remarkable achievement.

I am particularly proud of the way our GP member practices have led our vaccination programme and have administered approximately 77 per cent of all vaccines to date. We were actually highlighted as one of the best performing systems in the country in the Health Service Journal earlier this year, which is testament to the hard work being done by the teams working across the health economy. Thank you.

We successfully offered the vaccine to our patients and population in priority groups 1-9 by 15 April 2021, actually meeting the government's target a few weeks early. That means everyone over the age of 50, health and care staff, and people aged 16-64 who are clinically vulnerable received at least the first dose of the vaccine. We remain well on track to hit the government targets. This would not have been achievable without our teams and our partners working together so effectively.

Throughout the pandemic, we have seen just how much can be achieved when the system works together, when organisational boundaries are put aside and bureaucracy pared back. We've seen examples of transformation that would have taken years to deliver in a world pre-COVID. The outcome has been a more responsive, collaborative approach to meeting the health and social care needs of our population, a benefit we intend to lock in and build upon.

This joined-up, locally driven approach that brings health and care services closer together and breaks down some of the traditional barriers is at the heart of the government White Paper, 'Integration and Innovation: working together to improve health and social care for all,' that was published recently. The proposals build on the NHS' recommendations for legislative change in the NHS Long Term Plan published in 2019, learning from the current Health and Social Care Act and the benefits of our response to the pandemic.

One of the key drivers nationally within the Long Term Plan is the need for better integration across local economies, which paves the way for the development of integrated care systems (ICSs). Their development marks a fundamental shift in the way health and care will be organised and delivered here in Staffordshire and Stoke-on-Trent.

It is very much an evolution of what has gone before and builds on the work already done by Together We're Better – which became an ICS on 1 April 2021. The ICS brings together providers and commissioners of NHS services, local authorities, voluntary sector and other local partners across our geographical patch. The focus will be to work together collectively to plan and deliver health and care services for our local population.

It means there will be a much greater emphasis on working together to manage resources, performance and quality to change the way health and care is delivered for the better.

As part of this journey, 84 per cent of our GP member practices voted to merge to create a single strategic commissioning organisation that will operate across Staffordshire and Stoke-on-Trent. The CCGs' merger application was submitted by

31 March, however due to the establishment of Integrated Care Systems (ICSs), the formal act of merging will not now take place in the next financial year following instruction from NHSE/I.

Changes in the way we are organised won't be the only thing to alter for our staff. On 17 March 2021, we observed the one-year anniversary since the vast majority of our staff were sent home to work because of the pandemic. Our IT support teams worked incredibly quickly to ensure our teams had the infrastructure and equipment to be able to facilitate that change. Microsoft Teams played a big part in enabling us to carry on holding meetings and supporting people where needed.

Our staff have been fantastic, they adapted quickly and continued to work hard, many of them juggling home-schooling at the same time which we know has not always been easy. Overall, it has been a huge success. Not only have we reduced our carbon footprint, improved our employees' work-life balance and retention rates and cut running costs, but our sickness rates have also dropped.

Our people have also told us that they feel communication has improved, people are more engaged, feel more supported by the CCGs, and are listened to. Particularly in terms of shaping and influencing our new operating model. We know, however, that although many staff prefer the flexibility of working from home, others prefer to be in a dedicated work environment for part of the week. Once safe to do so, we will be implementing an agile framework so that our staff can work flexibly. The majority of staff will carry on working from home most of the time, coming together to work with colleagues in a workspace conducive to collaboration and creativity when needed.

The NHS has also recently launched its People Plan, which sets out practical actions that we as NHS employers should take. The biggest take home for me in the 52-page document was that everyone – no matter what their role, title or grade – needs to be kind, compassionate and inclusive. Never before have we seen such a focus on health and wellbeing, which has accelerated due to the pandemic. This goes far beyond safety for frontline staff, but extends to mental wellbeing, managing stress, burnout and the new challenges of remote working.

The plan recognises that staff are tired, need rest and respite and that we should be supporting one another. The plan gives clear priorities for us to support our teams – whether it's introducing wellbeing guardians, healthy work environments and having conversations around working flexibly.

COVID-19 has also heightened our understanding of the inclusivity gap. I want to be clear that discrimination, violence and bullying have no place in our NHS, in our CCGs, nor anywhere in society. Last year saw the horrific murder of George Floyd – the latest in a long line of equally horrific acts and injustices inflicted upon ethnic minorities going back many years. You will have watched the Black Lives Matter movement taking centre stage and building momentum.

I want to ensure that our CCGs are safe, welcoming and supportive places to work. We have zero tolerance to any form of racism, and there is no conscious or unconscious bias against anyone on the basis of their ethnicity – nor their faith or no faith, age, sex or gender, ability or disability.

I also want to reiterate that the services we commission are accessible to all and tailored to meet the needs of the patients and public we serve. We engage service users in designing and shaping the services they use. We monitor and hold to

account ourselves and all of our providers to ensure they deliver care in line with our public sector equality duty. No one is discriminated against on the basis of the colour of their skin or any other characteristic or difference when using the NHS. We listen to, work with and help to protect colleagues and patients who have suffered disproportionately from COVID-19.

As we work through the vaccination programme, we have seen from the data captured that the take up within our ethnic minority communities has been lower than in our white population. An important piece of work has been conducted to try and redress the balance. We have put out targeted messages dispelling some of the myths associated with having the vaccine, we have spoken with hard-to-reach groups and distributed information in the languages our communities speak, held vaccination centres in mosques and other places of worship, and GPs and faith leaders have contacted people within their community directly to encourage uptake.

Midnight on 31 December also saw us leave the European Union. As a health economy, we had done a lot of work behind the scenes to manage the transition. Thankfully, this work has paid off and so far, our departure has not impacted significantly on us.

Financially, it has of course been a very unusual year. We have been given additional money from the Treasury to help manage the financial implications COVID has brought. As a result, the CCGs and wider system made a surplus. However, our underlying financial position has not improved, and we face a few challenging years ahead as we recover from the pandemic, both to eliminate deficits and get back into financial balance.

Looking ahead, as a system we will complete the rollout of the second vaccination doses, knowing that this is likely to be an annual programme, much like the flu vaccination programme is now. We do need to take stock and reflect on what has been a tumultuous year that has tested many of us at times, especially those working on the frontline.

We mustn't underestimate the mental toll that the last 12 months will have had – not only on our staff, but families and friends who have been living under restrictions for such a long time now. We need to be prepared for the impact that will have on mental health services going forward and have measures in place to ensure the right support is available.

Many routine and elective procedures have been put on hold because of the pandemic. Now that transmission rates have fallen and the pressure on hospitals reduced, attention has turned to the restoration and recovery of services and reduction of waiting lists. Restoring general practice and community services is also important, restoring areas such as childhood immunisations and screening to pre-COVID levels.

I want to finish by simply saying thank you. To our staff for doing all they can to help keep services going, to our GPs and system partners for all their work in establishing and delivering the testing and vaccination programmes so quickly and effectively. To our frontline staff who have worked under extreme pressure for so long to continue to deliver life-saving services. We know it's been incredibly challenging and none of us working in the NHS will ever forget just how difficult the last 12 months have been. Let's hope that 2021 is a better year for all of us.

Marcus Warnes

Accountable Officer

NHS Cannock Chase CCG

14 JUNE 2021

Purpose and activities of the organisation

What we do

CCGs are here to make a difference to people's lives through improving the health and wellbeing of individuals and their families and taking action to reduce the inequalities in health that exist across Staffordshire and Stoke-on-Trent.

Staffordshire and Stoke-on-Trent has a diverse healthcare system, comprising both rural and urban areas, as well as extremes of affluence and deprivation. Cannock Chase CCG has responded to one of the biggest issues that health and care organisations have faced. COVID-19 has been an unprecedented event, and we have had to rise to the challenges presented – which have changed the way we do business, care for our staff, and continue to provide high-quality services for local people. We recognise that there are very real health inequality challenges, many of which have been brought into sharper focus as a result of COVID-19.

In Cannock Chase, we have a population of 135,184 – compared to 1,161,631 in Staffordshire and Stoke-on-Trent (figures as at December 2020).

We need to consider the following factors:

- An ageing population – this puts more pressure on our health and care services.
- People's health varies – with different levels of poverty, deprivation and health inequalities.
- A diverse population – 8.8% of people in Staffordshire and 17.8% in Stoke-on-Trent identify themselves as non-White British[1].

[1] ONS Data / Population characteristics research tables: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationcharacteristicsresearchtables

- Lifestyle factors that lead to health needs – more people have diabetes, strokes or heart disease than the national average[2], and obesity is also significantly worse than the national average.
- Long-term conditions – the number of people with long-term conditions is increasing, with more than half of over-65s having two or more long-term conditions.
- Early deaths – for example, people in Stoke-on-Trent have a lower life expectancy than in other parts of the country. More people under the age of 75 die from cancer than the national average.
- Deprived and ethnic minority communities are at a greater risk of exposure to COVID-19 and are more likely to have poorer outcomes due to existing poor health and adverse lifestyle factors. The control measures that have been implemented during the pandemic such as lockdown, social distancing and changes to routine care have resulted in disproportionately worse economic, social and health impacts on disadvantaged populations.

How we do it

Cannock Chase CCG is a clinically-led body, working in partnership with other commissioners and with providers to commission (plan and buy) healthcare services to meet the needs of local people. We are also responsible for making certain that the healthcare provided is of a high standard, delivers quality improvements and offers value for money, and that systems are in place to make sure people are looked after in the best way possible.

Our membership is made up of GP practices – as GPs are best placed to understand what services their patients need. This means that health professionals with current patient experience are leading the decisions we make. Our GP practices are organised into groups known as Primary Care Networks (PCNs), which work together with a range of local providers, including those across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations.

To support these aims, 25 PCNs are already established across Staffordshire and Stoke-on-Trent, and three across Cannock Chase, with six clinical directors appointed. Find out more on our website: https://www.cannockchaseccg.nhs.uk/about-us/our-members

The CCG is the delegated commissioner of general medical services, which means the organisation is responsible for managing the national General Medical Services (GMS) / Personal Medical Services (PMS) contracts with GP practices.

There are 147 general practices across the whole of Staffordshire and Stoke-on-Trent, and 22 in Cannock Chase.

[2] Quality and Outcomes Framework, 2019/20 – NHS Digital: https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2019-20

We commission healthcare and work with a number of providers, including the following.

- Acute trusts including University Hospitals of North Midlands NHS Trust (UHNM), University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) and The Royal Wolverhampton NHS Trust (RWT)
- Mental health trusts including North Staffordshire Combined Healthcare NHS Trust (NSCHT) and Midlands Partnership NHS Foundation Trust (MPFT)
- NHS community trusts, including UHDB and Midlands Partnership NHS Foundation Trust
- Vocare (urgent care services)
- West Midlands Ambulance Service University NHS Foundation Trust
- For the South and East of Staffordshire, there are patient flows to a number of trusts in Derbyshire and the Black Country and West Birmingham
- NHS elective services provided to the local population by non-NHS providers
- A diverse market of nursing, residential home and domiciliary care providers.

We continue to broaden our scope, coming together with our partners and providers to prevent poor health, improve wellbeing and involve and empower our population. We continue to work closely with Stoke-on-Trent City Council and Staffordshire County Council, which is split into eight districts and boroughs: Cannock Chase, East Staffordshire, Lichfield, Newcastle-under-Lyme, South Staffordshire, Stafford, Staffordshire Moorlands and Tamworth.

We are fortunate to have a wealth of voluntary, community and social enterprise (VCSE) partners who play an important role in providing services in the community. We recognise their ability to access those who may be considered ‘seldom-heard’ but may in fact be the daily contact for the sector.

We are committed to meaningful engagement and involvement with patients and have a strong track record in involving staff, service users and the voluntary sector in developing our priorities and plans. Understanding the views of our population helps us to explore ideas such as the smarter use of technology, providing care in different settings closer to home and supporting ways to reduce health inequalities.

How we are structured

The Governing Body (GB) is responsible for making sure that the CCG follows the correct rules and procedures when making decisions about local healthcare or monitoring the quality and safety of services. Read about the Governing Body on our website: https://www.cannockchaseccg.nhs.uk/about-us/our-governing-body

The Primary Care Commissioning Committee (PCCC) has been established as a sub-committee of our Governing Body to support the CCG in its new role and make decisions on the review, planning and procurement of GP services locally. Read about the PCCC on our website: https://www.cannockchaseccg.nhs.uk/about-us/our-staff/primary-care/primary-care-commissioning-committee

Our objectives and strategies

Staffordshire and Stoke-on-Trent Integrated Care System (ICS)

Cannock Chase CCG is a key partner in the local Integrated Care System (ICS) which replaces the predecessor Sustainable Transformation Partnership (STP), along with other neighbouring NHS organisations, local authorities and the voluntary sector. The partners have a clear shared ambition to work with local people, communities and staff to improve the health and wellbeing of individuals, and to use their collective resources more effectively.

The STP vision was originally set out in 2016 and carried forward into the ICS Development Plan, aiming "to make Staffordshire and Stoke-on-Trent the healthiest places to live and work". This means:

- Helping our population live well, for longer, and supporting you to be as independent as possible so we can be there when you need us
- Delivering care as close to home as possible, ensuring that people's experience of healthcare is the best it can be
- Treating people rather than ill-health conditions and giving mental health equal priority to physical health.

Aiming to:

- Promote prevention strategies and empower people for self-care and shared decision making
- Co-ordinate and integrate care, with early intervention and step-down possible where appropriate and greater use of digital technologies
- Reduce unwarranted clinical variation, through providing evidence-based, effective care and using our workforce in the best way.

The publication of the NHS Long Term Plan in 2019 set out key ambitions for the next 10 years and the main commitments to making sure everyone gets the best start in life, delivering world-class care for major health problems and supporting our population to age well.

The impact of COVID-19 has meant that all the plans and ways of working have needed to be reviewed and updated to ensure that they remain relevant and appropriate for the challenges that we face.

The ICS Development Plan describes how the system will continue to collaborate and deepen its approach to partnership working to tackle the challenges set out in the Five-Year Plan, whilst continuing to respond to the COVID-19 pandemic.

This Development Plan has been created in conjunction with a system-wide Five Year Plan and several phased system submissions to support restoration and recovery post-COVID. System partners are clear that ICS designation is not an end point, but rather, is a process that continues to evolve as the system tackles the challenges that it is facing. There is recognition that not one organisation working in isolation can solve the demand pressures that the system is facing. Stark health

inequality challenges remain across the system and an urgent need to improve outcomes for our population whilst living within our collective resources.

Together We're Better remains the partnership name and continues to be representative of the joint commitment demonstrated by NHS, local authority partners, voluntary and third sector to transform the way we provide health and care across Staffordshire and Stoke-on-Trent. The Five Year Plan describes the needs of our population, outlines our vision and aims for local health and care in the future.

Whilst great care is delivered daily across our system, the current service offer is often fragmented, adds duplication and unwarranted variation into the pathway, is confusing, and is not responsive to the changing demands of our local population.

All parts of the ICS will be working in partnership to streamline the commissioning approach and to develop system-wide strategic commissioning across health and care, which will align, and for some services be integrated, with social care commissioners.

Providers and commissioners will continue to work collaboratively across primary, community and mental health services, including health and care professionals and the voluntary and independent sector to promote behavioural change and deliver service transformation – coordinated by three locality Integrated Care Partnerships: north, south east and south west.

Principal risks and issues

In view of the COVID-19 pandemic, the CCG decided to 'mothball' its business-as-usual corporate risk register and created a COVID-19 risk register to enable the CCG to focus on the work and risks of the pandemic.

Details of these risks can be found in the Governance Statement section.

Financial review

Summary of 2020/21 financial performance

Throughout the financial year, we have operated under temporary financial arrangements. Consequently the annual funding allocation to spend on healthcare services for our population was replaced by a framework designed to reimburse the cost of delivering services including COVID-related expenditure.

The six Staffordshire and Stoke-on-Trent CCGs ended the year with a total allocation to spend on healthcare of £1,965 million including allocations to meet the costs of COVID-19. Included in this allocation is a separate financial allocation to spend on running costs (employing staff, running the organisation and buying support services). The running costs allocation was determined as approximately £20 per head of CCG population – or £22.3 million for the Staffordshire and Stoke-on-Trent CCGs.

The financial rules set by NHS England for CCGs are such that:

- We must not over-spend our total allocation, as this would be a breach of our statutory duty under the Health and Social Care Act 2012
- We are expected to under-spend our total allocation (healthcare allocation plus running costs allocation)
- We can use any under-spend on our running costs allocation to fund expenditure on healthcare
- We cannot use an under-spend on our healthcare over-spend on running costs.

As an individual CCG, our actual financial performance for 2020/21 is summarised in the following table.

Summary 2020/21 financial performance

Area of expenditure	Budget £'000	Actual £'000	Over/under spend £'000
Patient services	218,891	218,424	467
Corporate / running costs	2,609	2,598	11
TOTAL	**221,500**	**221,022**	**478**

The highlights from our financial performance are as follows:

- The actual position we have reported at the end of the financial year is a cumulative under-spend or surplus of £0.48 million
- The actual spend on running costs was within the allocation.

Overall, financial performance this year has been effective and leaves us well placed to manage our financial performance in future years.

Historic expenditure by area of healthcare expenditure

Area of expenditure	2018/19 £'000	2019/20 £'000	2020/21 £'000
Acute	99,619	110,401	103,404
Mental health	17,191	18,631	19,837
Community	26,465	21,015	23,366
Prescribing	23,664	24,226	25,257
Primary care other	1,991	2,284	4,483
Primary care co-commissioning	17,502	18,383	19,165
Continuing care and funded nursing care	19,250	19,601	20,676
Other programme services	1,583	535	2,235
Corporate / running costs	2,518	2,535	2,598
TOTAL	**203,784**	**217,610**	**221,022**

The highlights from our historic expenditure are as follows:

- During 2020/21, the COVID-19 pandemic led to the suspension of local contract provisions and payments to providers were set centrally to maintain

services which compares to the payment by results activity based contract values in prior years

- Growth in continuing care and prescribing has continued to be greater than consumer price inflation.

Our financial statements for 2020/21 are set out on pages 1-4 of the annual accounts. These have been prepared in accordance with a direction issued by NHS England, under the National Health Service Act 2006.

Our Statement of Financial Position is set out on page 2 of the annual accounts. The main assets and liabilities at 31 March 2021 are short-term receivables (amounts owed to the CCG by third parties) and short-term payables (amounts owed by the CCG, mainly to other NHS organisations). We do not own any significant operational assets (e.g. land, buildings or equipment). Nor do we have any interests in finance leases or private finance initiative schemes.

Note 19 to our financial statements discloses our performance in 2020/21 against our statutory financial duties. This confirms that all statutory duties have been met.

Future financial plans

The temporary financial framework continues for the first six months of the next financial year and as such our allocation continues to be based on the expected costs of delivery as the system recovers from the impact of COVID-19.

With some aspects of healthcare inflation at levels above other sectors and cost pressures arising from an ageing population and rising demand for treatments, we need to continue to identify efficiencies and other savings to balance the books. Until we know the financial framework for the rest of 2021/22, we cannot be certain what level of efficiencies may be required, but there remains a significant challenge and risk to the delivery of our financial plan when allocations return to the population-based methodology that has been set aside due to the pandemic.

Achieving financial targets continues to be a significant control issue currently facing the CCG in the short to medium-term, and we are working collaboratively with system partners to manage this.

Overview analysis of COVID-19 expenditure 2020/21

As a result of the COVID-19 pandemic, the CCG received additional funding to combat the disease. The table below provides a summary breakdown of what the CCG used the additional funding to procure within the financial year 2020/21.

COVID-19 expenditure by type 2020/21

CCG COVID allocation and expenditure breakdown	Cannock Chase CCG £000's
Hospital discharge programme	£3,429
Support to primary care (excluding PPE)	£629
Other COVID-19 support costs	£315
TOTAL CCG COVID-19 EXPENDITURE	**£4,373**

Mental Health Investment Standard

NHS Cannock Chase CCG considers that it has not complied with the requirements of the mental health investment standard for 2019/20 due to a reduction in non-core continuing healthcare expenditure following the implementation of increased patient reviews and the introduction of the Intelligent Fixed Payment System. The 2019/20 target spend was £18.175m and actual spend was £15.751m.

Going concern

We have undertaken an assessment of our status as a going concern. In conjunction with the ICS (STP), we and our providers across the system have produced a financial strategy and are currently working on the development of a medium-term financial recovery plan that is targeted with the objective of returning the system to an in-year financial balance.

This is based upon having established an Integrated Care System supported by local Integrated Care Partnerships, which enables all of the system partners within the health economy to focus upon delivering a collaborative transformation plan. This has been supported by strengthened system governance measures, including the establishment of a System Transformation and Savings Group, to enable the CCG and system to make progress with their journey to a position of financial sustainability.

In the short term, the CCG faces a very challenging period supporting the system to restore services following the COVID-19 pandemic. It expects that from the second half of 2021/22, it will return to the previous financial arrangements from 2019/20 that will require delivery of a transformation programme and therefore expects to set a deficit plan for this period when funding arrangements are confirmed.

While the plan to be submitted is likely to be a deficit due to the underlying financial position, there is no indication that NHS England will not continue to support us or our successor bodies with the additional cash consequences of delivering this plan. This means that, for the 2020/21 year end onwards, while CCG management has still needed to document its reasons for adopting the Going Concern basis, as above, this assessment should solely be based on the anticipated future provision of services in the public sector. This means that it is highly unlikely that the CCGs nor NHS organisations would have any material uncertainties over going concern to disclose. Consequently, we have prepared our Annual Report and Accounts on a going concern basis.

Performance overview

As a statutory body, we recognise the importance of providing assurance to our stakeholders and the public so that they have confidence in our ability to commission safe, high-quality and

sustainable services within the resources that we have available.

This has been an unprecedented year and a number of our normal key measures have been affected by the COVID-19 pandemic.

A regular assessment by NHS England and NHS Improvement (NHSE/I) of our operational effectiveness is part of this process of assurance. Our performance is assessed against a wide range of indicators that reflect whether standards set out in the NHS Constitution and the NHS Oversight Framework (NHS OF) are being delivered and whether health outcomes are improving for local people. However, neither of these indicators have been collected this year.

Due to the impact and prioritisation of the COVID-19 response, the majority of national data collection and reporting was suspended or paused in March 2020, including the Annual Assessment for the CCG under the NHS OF 2019/20. Nationally it is not clear when these data collection and reporting systems will be fully reinstated. The system will be recovering from the impact of COVID-19 on patients and performance for some time, and the local understanding of the performance of our health and care services will need to reflect this.

We confirm that in line with the Department of Health and Social Care (DHSC) End of Transition Period Data Preparedness Guidance, which was used in our planning for the 31 December EU Exit, that no additional costs were incurred. This was in relation to:

- End of Transition Period Data Preparedness (as no data is held beyond the UK by the organisation)
- Supplier Costs (in terms of additional supply chain or logistics beyond the financial disclosures made in the accounts about medicines supply)
- HR matters (as no non-UK staff are employed).

Nor were additional costs incurred in relation to consultancy, solicitors or other external advisors etc. All resources required to report to DHSC and NHS England were absorbed within our existing staff headcount and running costs. Some opportunity costs of staff time devoted to reporting to the DHSC etc will have occurred, to provide the necessary upward assurances. However these cannot be quantified, as they were absorbed within “Business as Usual” normal staff working arrangements.

Annual Assessment

The six CCGs in Staffordshire and Stoke-on-Trent remain separate legal bodies, and are the lead organisations for managing performance against three-quarters of the indicators across the system. As a result, each CCG is assessed annually against five key domains in the NHS Oversight Framework, which has 65 indicators, of which 60 relate to CCGs.

The CCG Annual Assessment provides each CCG with a headline assessment rating against the indicators in the NHS OF. It rates the commissioning organisation’s performance, and does not reflect the services patients receive or the commitment of staff.

Due to the significant COVID-19 challenges this year, including the suspension or pausing of national data collections, the Annual Assessments have been derived using an algorithmic approach. The three domains and their weightings are listed below:

- Quality of Leadership: 25 per cent
- Finance: 25 per cent
- The remaining performance and outcomes measures: 50 per cent.

As the weightings of the indicators for Quality of Leadership and Finance are heavily weighted, they have impacted significantly on our rating.

Our Annual Assessment for last year (2019/20) was published in November 2020, and the outcome for Cannock Chase CCG was an 'inadequate' overall rating – the same as our rating for 2018/19.

It has been a significant challenge to improve health services and outcomes for local people against a backdrop of increasing demand and pressure on services, heightened by the COVID-19 pandemic. We have seen many achievements, but there have also been extraordinary challenges. We continue to work closely with our system partners to improve our performance in areas we are currently under-delivering against. At all times, our priority is to assure the safe delivery of patient care.

https://www.cannockchaseccg.nhs.uk/news-events/932-commissioners-continue-to-prioritise-patient-safety-in-a-difficult-financial-climate

Constitutional Standards

During 2020/21, we have not achieved a number of our Constitutional Standards with some key performance indicators and measures being stood down nationally due to the COVID-19 pandemic. It is not possible to compare performance in Constitutional Standards for this year with previous years' performance, as this year has seen unprecedented challenges and changes throughout the health and social care system.

Cannock Chase CCG has several main acute providers. These include:

- Royal Wolverhampton NHS Trust (RWT)
- University Hospitals of North Midlands NHS Trust (UHNM)
- University Hospitals of Derby and Burton NHS Foundation (UHDB)
- University Hospitals Birmingham NHS Foundation Trust (UHB)
- Dudley Group NHS Foundation Trust (DGFT)
- Walsall Healthcare NHS Trust (WHT).

Collectively, these providers determine our ability to meet NHS Constitutional Standards and deliver services for our population. The CCG is also an associate commissioner for various other providers in the area. This report will highlight those providers relevant to the area.

COVID-19 impact on performance

The NHS declared a Level 4 National Incident on 30 January 2020 due to the rapidly increasing COVID-19 pandemic. A national and regional coordinated effort requiring fast-moving agile responses were put into place.

On 17 March 2020, NHS England and NHS Improvement (NHSE/I) published a letter from Sir Simon Stevens (NHS Chief Executive) and Amanda Pritchard (NHS Chief Operating Officer) on the next urgent steps in response to COVID-19. In this, they set out the important actions that every part of the NHS was to put in place to redirect staff and resources, building on multiple actions already in place. These included:

- Freeing up the maximum possible in-patient and critical care capacity
- Preparing for, and responding to, the anticipated large numbers of COVID-19 patients who would need respiratory support
- Support staffing, and maximising their availability
- Playing our part in the wider population measures newly announced by government
- Stress-testing operational readiness
- Removing routine burdens, to facilitate the above.

At this stage, the majority of elective care services and non-essential services were stood down to provide support to the NHS where it was most needed.

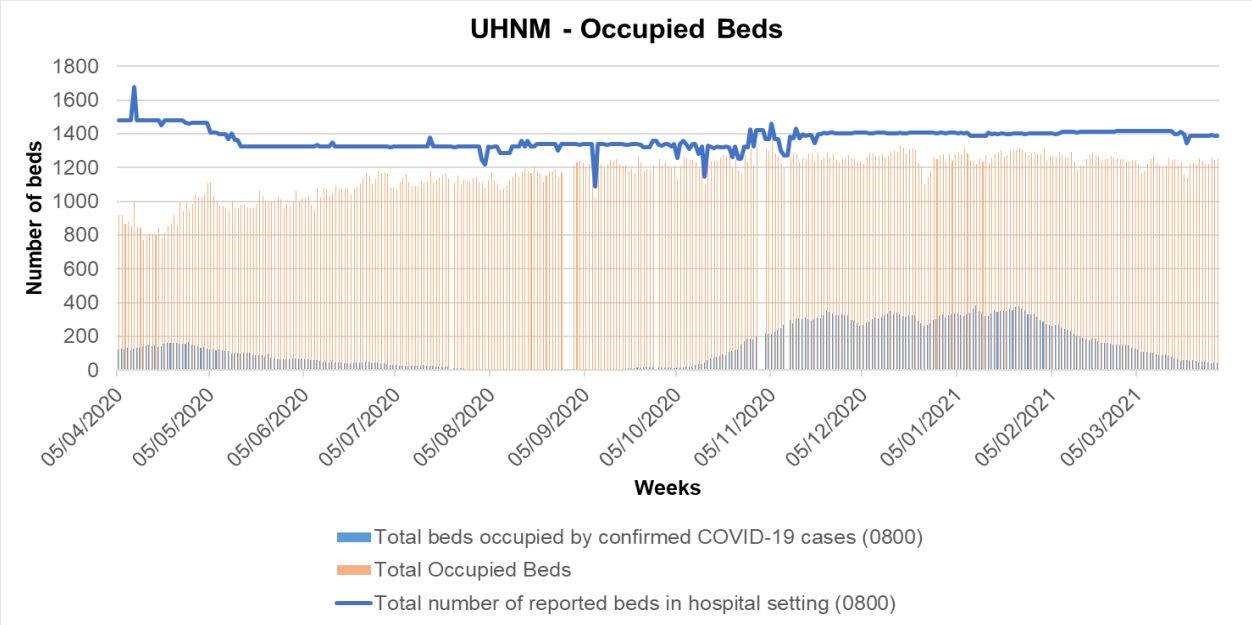
Following the NHSE/I letter, the Prime Minister announced the first national lockdown on 26 March 2020 and people were told to stay at home to protect the NHS and save lives. This impacted on public behaviour and the way that services were accessed or delivered nationally, regionally and locally throughout the year.

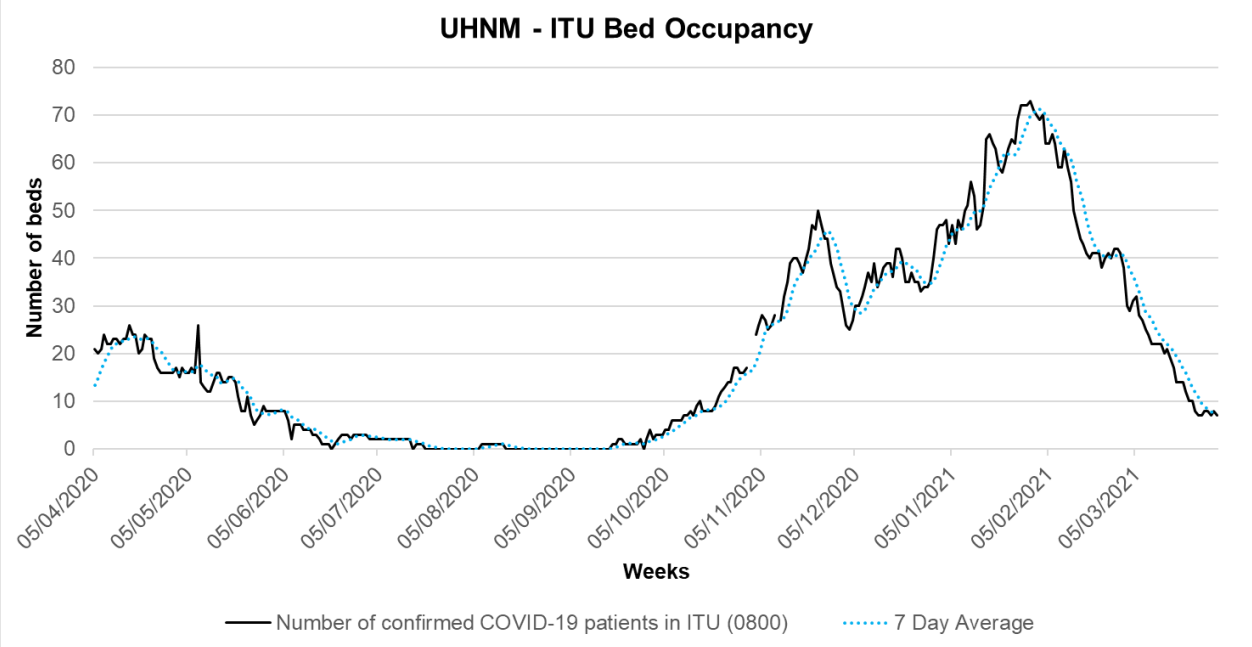
Across Staffordshire and Stoke-on-Trent, the peak in the first wave of daily reported COVID-19 cases occurred in April 2020, when acute providers saw the first surge in the number of patients being admitted into hospital and critical care.

The second wave of COVID-19 created greater pressure on the health and care system from November 2020 to January 2021, when further national lockdowns were enacted. Significantly more pressure was on the NHS than in the first wave, where elective activity in acute trusts stopped to provide immediate support. In the second wave, acute trusts were required to continue with elective care and other services, leading to significant challenges in capacity, workforce, and infection prevention and control (IPC) measures.

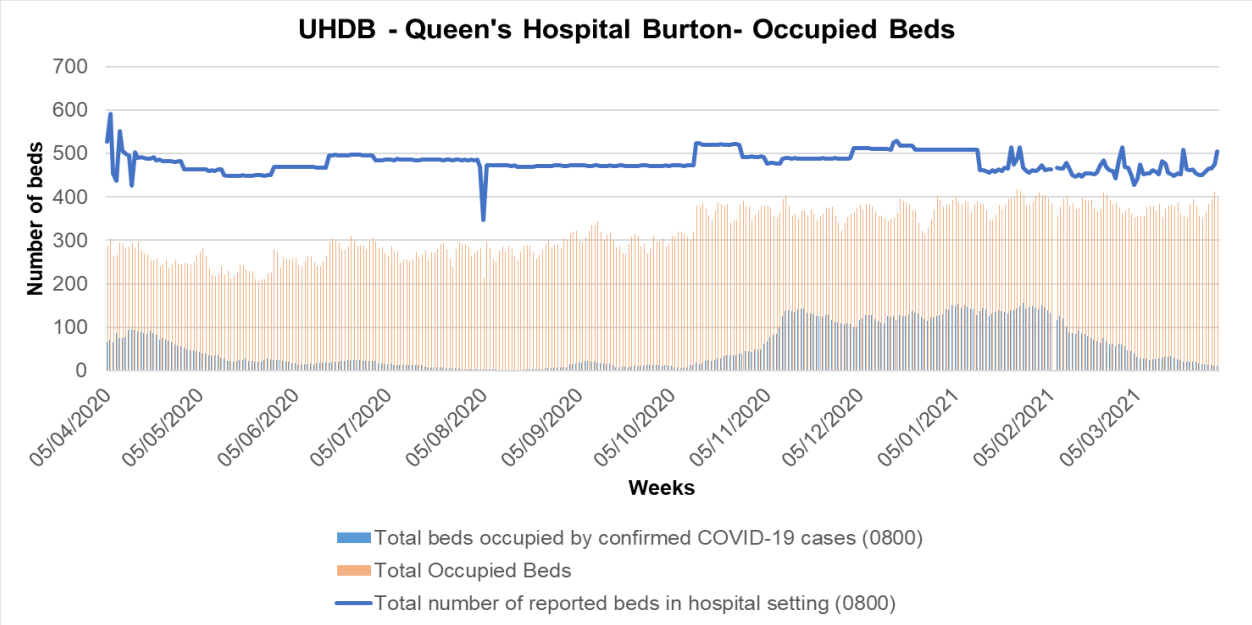
For our three main acute trusts that account for the majority of patient activity (UHNM, UHDB and RWT), the charts below show the total bed occupancy in general beds and the critical care beds for COVID-19 patients across the year. The number of beds occupied by confirmed COVID-19 patients remained high but started to stabilise towards the end of the year. However, intensive care unit (ITU) occupancy levels also remained high until the end of the year, where a decline had started to be seen as COVID-19 cases declined as a result of the national lockdown.

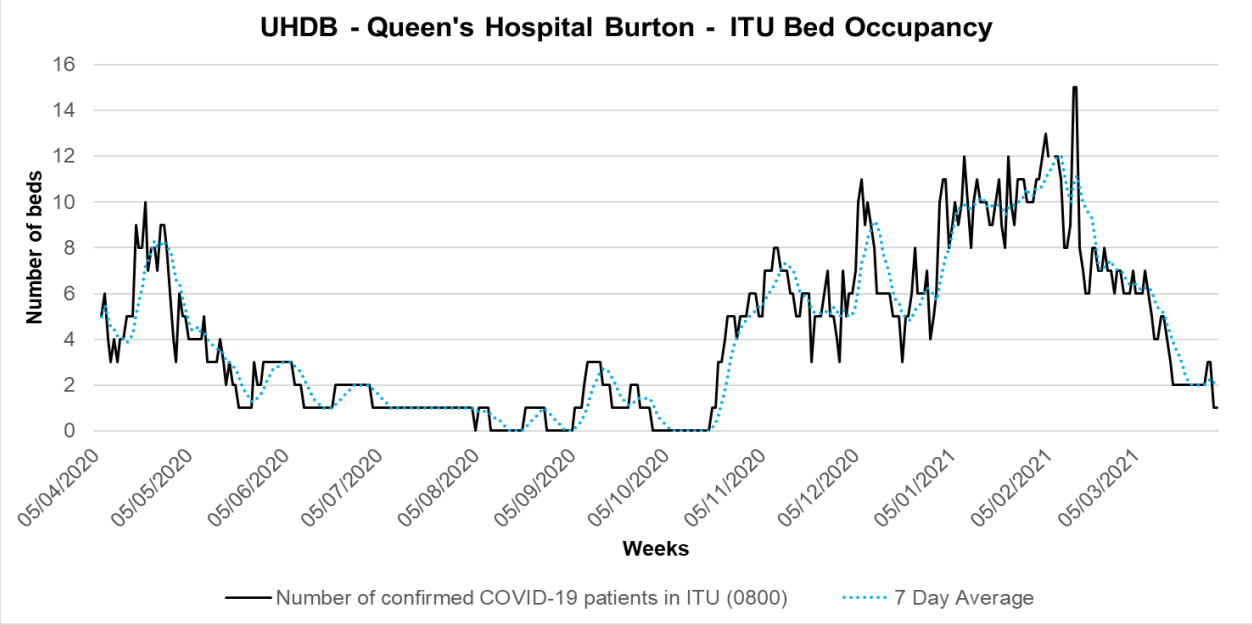
UHNM total bed and ITU occupancy



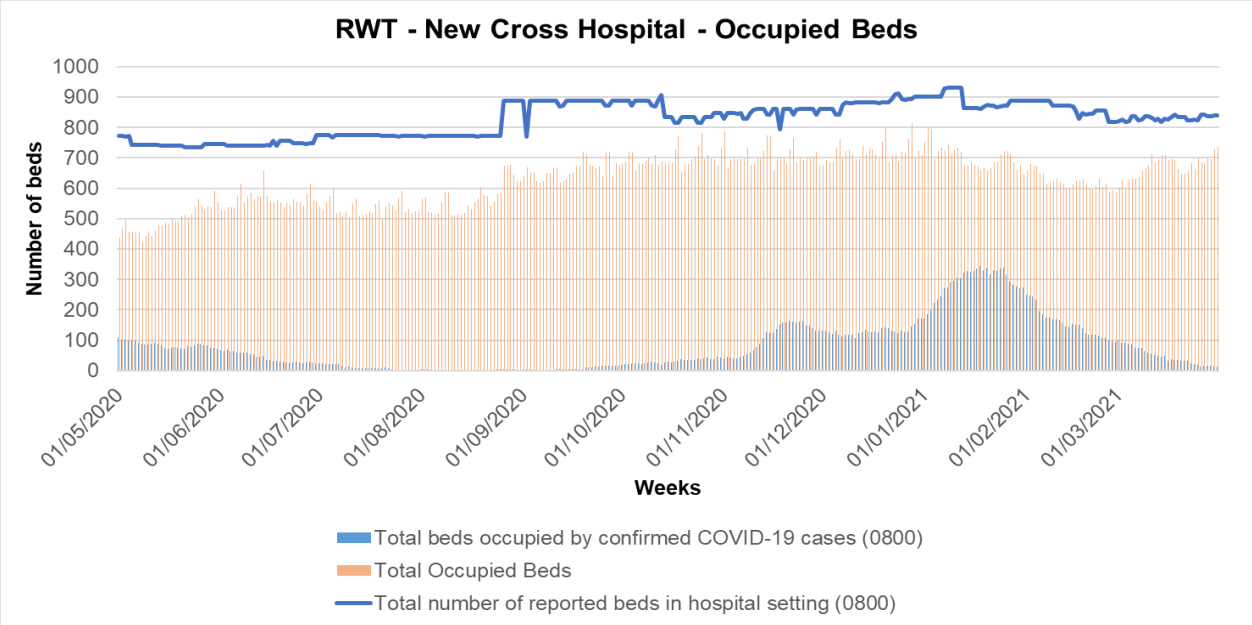


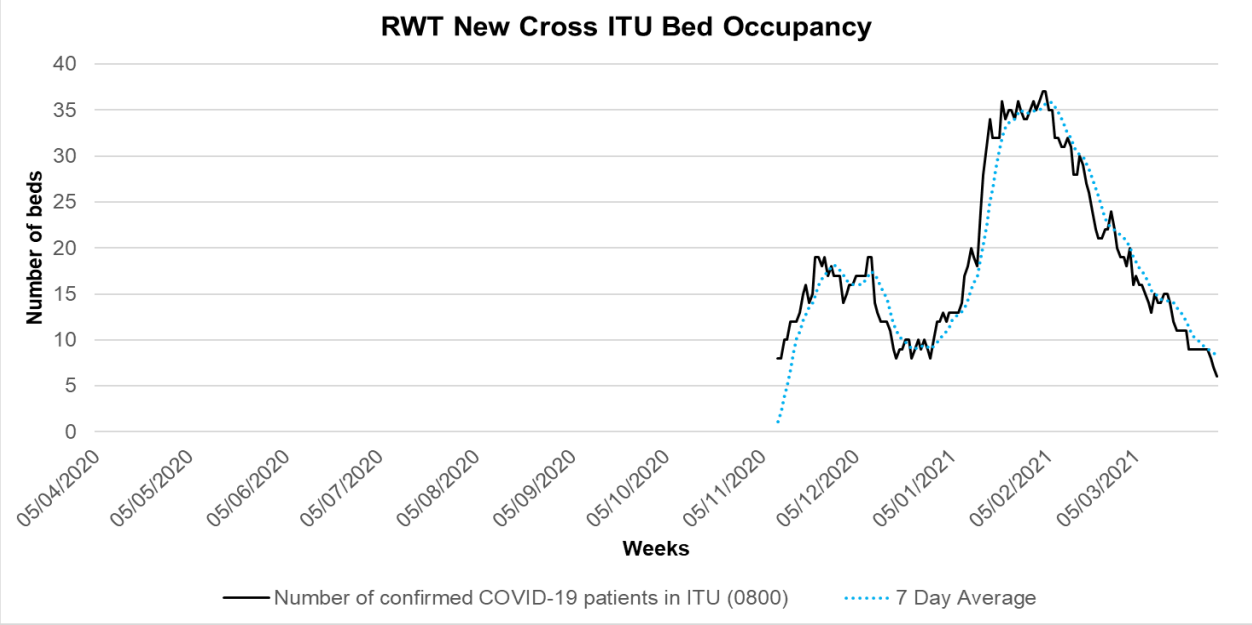
UHDB (Queen's Hospital Burton) total bed and ITU occupancy





RWT (New Cross Hospital) total bed and ITU occupancy





The number of beds occupied by confirmed COVID-19 patients remained high at RWT and stabilised towards the end of the year. Although ITU occupancy levels remained high, a decline had started to be seen towards the end of the year as COVID-19 cases declined as a result of the national lockdown.

Staffing numbers and resilience across all system partners continued to be challenging with particular pressures in critical care. Trusts have been required to increase their critical care capacity significantly to meet demand. All our acute providers continue to experience challenges due to the volume of patients requiring high dependency treatment and all remained at surge capacity in February 2021 following the third wave.

The key issues affecting performance in acute providers were the availability of appropriate beds through the high-risk pathway, restricted or closed beds due to IPC measures, and staff sickness (including shielding, self-isolating or COVID-19 illness).

Urgent and emergency care

Accident and Emergency (A&E) waiting times are often used as an indicator for overall performance of the NHS and social care system. This is because A&E waiting times can be affected by changing activity and pressures in other services such as the ambulance service, primary care, community-based care and social services. For example, patients cannot be admitted quickly from A&E to a hospital ward if hospitals are full due to delays in transferring patients to other NHS services or in arranging social care.

A&E performance is reported at provider trust level, rather than CCG. All six Staffordshire and Stoke-on-Trent CCGs' core acute providers failed to achieve the target of seeing 95 per cent of patients within four hours at any time this year. This was despite the dramatic reduction in attendances during the height of the COVID-19 pandemic when people were staying at home in line with the national lockdown guidance in order to protect the NHS from becoming overwhelmed. Attendances increased closer towards expected levels later in the year. Even though attendances were lower, our providers had significant challenges in managing COVID and non-COVID patients, for example ensuring that social distancing and IPC measures were maintained for the safety of patients and staff, which affected performance.

The winter period was especially challenging for providers due to the usual winter pressures alongside the additional COVID-19 challenges. There have been increases in 12-hour trolley breaches for all our main providers from October.

The CCGs' Quality and Safety Committees in Common (QSCC) continued to meet throughout the year to monitor and review all quality- and safety-related risks. There has been recent improvement in the numbers of 12-hour trolley breaches for all of our main providers. For example, in January 2021 there were 33 breaches at UHNM (from 64 in December); one breach at UHDB (from 12 in December), and 25 breaches at RWT (from 108 in December). All 12-hour beaches that occurred at UHNM have been reviewed, except those that occurred in February and no harm has been identified to date. Due to COVID-19, there has been some delays of review panels for breaches occurring in quarter 4.

There have been major collaborative improvements in how system partners work together to avoid unnecessary admissions and improve flow out of hospital. This includes the work of the Community Rapid Intervention Service (CRIS), including care homes, and the huge effort to support discharges from hospital.

Elective care

The Referral to Treatment (RTT) standard is part of the NHS Constitution and requires that 92 per cent of patients should wait no more than 18 weeks from referral to the start of their treatment and that no patients should wait over 52 weeks for treatment.

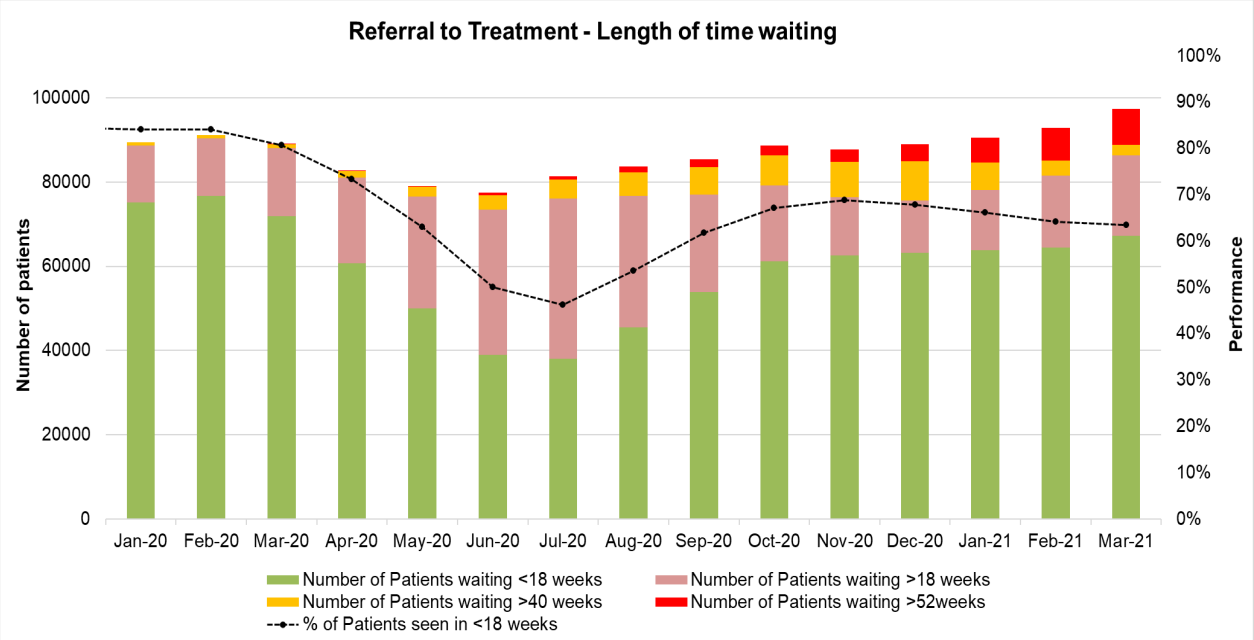
In line with NHS guidance received on 17 March 2020 regarding the local response to COVID-19, local acute providers reduced elective activity during March to free up staff for refresher training and redeployment, and beds, theatres and recovery

facilities for COVID-19 patients. This resulted in an initial deterioration of CCG performance in the 18-week RTT standard.

On a provider level, none of our core acute providers have met this standard throughout the year, which has led to an increase in waiting times for some patients.

The graph below demonstrates that significant recovery was achieved in the 18-week RTT standard in the summer and autumn, as all NHS organisations worked hard to make up for the lost activity that occurred during the first lockdown.

Referral to Treatment – Total number of Staffordshire and Stoke-on-Trent patients waiting 18 weeks, 52 weeks and the waiting list size for including all providers



However, the significant increase in COVID-19 patients during the late autumn and winter period meant that COVID-19 patients were occupying over 25 per cent of acute beds and at some stages over 200 per cent of our normal critical care capacity. This put extreme pressure on services and meant that none but the most urgent and clinically time-critical patients could be seen at that time.

There has been significant growth in RTT waiting lists and the number of people waiting over 40 and 52 weeks. Waits over 52 weeks are much higher in comparison to last year, and have been increasing each month. For example, in December, a total of 4,091 patients were waiting over 52 weeks for the Staffordshire and Stoke-on-Trent STP – compared to zero in the same month the previous year.

The sustained high levels of COVID-19 patients admitted to hospital in both general beds and critical care beds, combined with winter pressures on bed and critical care, mean that acute trusts have had to be flexible with the level of elective procedures booked and undertaken. Trusts are continuing to prioritise patients daily , based on clinical need rather than the length of time waiting.

All breaches of 52 weeks are subject to a harm review by the provider and a meeting held which the CCG Quality team attends, to identify if any harm has occurred, and any learning and improvement to patient pathways. Harm review panels continue

and no harm has been identified to date (at UHNM), however due to COVID-19 there has been some delays of review panels for breaches occurring in quarter 4.

The diagnostics standard is for 99 per cent of patients to wait less than six weeks for a diagnostic test. During the first wave of COVID-19, some diagnostic activity was stood down to support the COVID-19 response. However, since then the NHS has maintained its diagnostic capability – and diagnostic activity has recovered to above that of previous years.

There have been specific challenges in some diagnostic procedures, for example in endoscopy. This is due to the restrictions imposed due to COVID-19 in procedures identified as high-risk for the transmission of COVID-19.

Cancer

Performance in cancer standards across the Staffordshire and Stoke-on-Trent CCGs has been variable throughout 2020/21. Relatively small patient numbers in some standards can lead to large fluctuations in performance month-on-month.

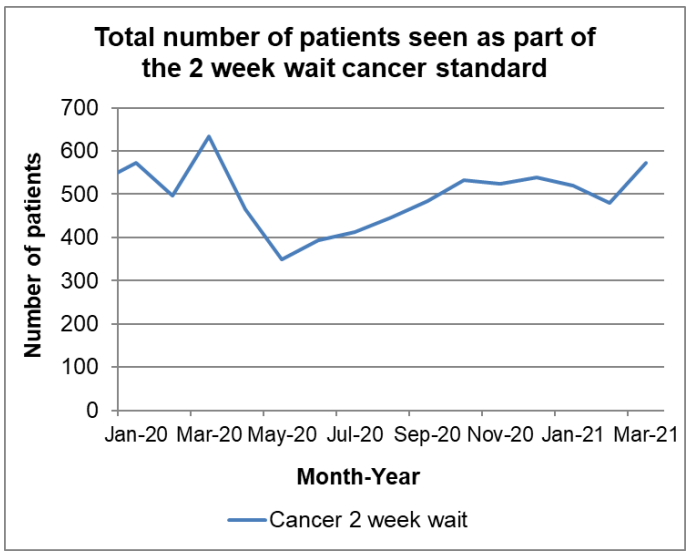
All cancer services have remained open throughout 2020/21, and have continued as a priority. However, some parts of the cancer pathway were severely disrupted. For example, breast cancer screening was stood down, plus there were endoscopy challenges as mentioned above.

The number of patients attending their GP practice in general decreased significantly from April 2020 due to the national lockdown and patient concerns or hesitancy around the risks of COVID-19. This led to a significant reduction in both two-week wait referrals and patients attending screening. Extensive work with communications teams across Staffordshire and Stoke-on-Trent STP has been ongoing this year to raise the awareness and importance of acting on symptoms and participating in screening programmes, supporting the national narrative as part of the Help Us Help You campaign.

The number of people seen within two weeks of an urgent cancer referral recovered at pace to above the activity levels prior to COVID-19, as demonstrated by the chart below.

Total number of Staffordshire and Stoke-on-Trent patients seen as part of the two-week wait cancer standard by all providers

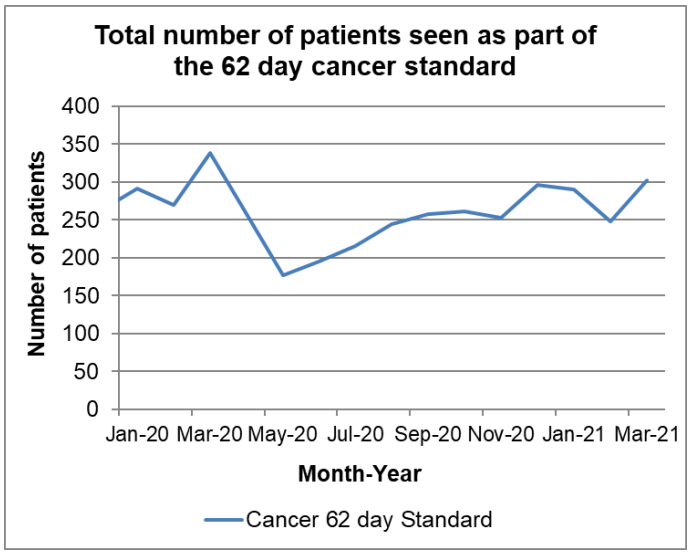
This standard covers patients seen by a specialist following an urgent GP referral for suspected cancer. The standard states that 93 per cent of patients should be seen within 14 days of the referral.



The number of patients seen within two weeks of an urgent cancer referral recovered at pace to above the activity levels prior to COVID-19, as demonstrated by the chart above.

Total number of Staffordshire and Stoke-on-Trent patients seen as part of the 62 day cancer standard by all providers

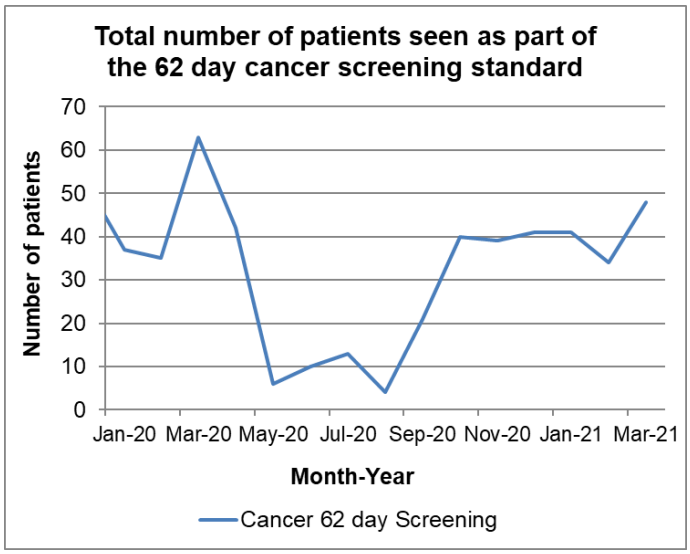
The standard covers patients starting a first definitive treatment for a new primary cancer following an urgent GP referral for suspected cancer. The standard states that 85 per cent of patients should receive a first definitive anti-cancer treatment within 62 days of the urgent referral date.



Similarly, following a decrease during the first wave of COVID-19, the number of patients seen within the 62-day standard as shown in the chart above increased during the summer months, plateaued during the autumn and winter, and started to increase towards the end of the year.

Total number of Staffordshire and Stoke-on-Trent patients seen as part of the 62 day cancer screening standard by all providers

The standard states that 90 per cent of patients should receive a first definitive anti-cancer treatment within 62 days following referral from an NHS cancer screening programme (breast, cervical or bowel).



The number of patients seen on the cancer screening pathway is demonstrated by the chart above. Screening activity decreased significantly between May and August, plataued in the autumn and winter, and started to increase towards the end of the year.

Mental health

There has been increased demand in primary and secondary care for mental health services due to COVID-19, which has affected service delivery and performance in most mental health standards. For example, physical health checks for serious mental illness (SMI) performance have been affected. This is reflective of the wider national picture and challenges nationally.

Mental health services across Staffordshire and Stoke-on-Trent did not stand down during the COVID-19 pandemic, but some services were provided virtually by telephone or video conferencing, rather than face-to-face.

People with a learning disability (LD) often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Some people with LD are anxious about attending for checks and tests, so sometimes don't keep their appointments. During the pandemic, these health checks were even more important, but it was more challenging to adapt to make sure staff and patients were kept safe from COVID-19.

Practice staff made reasonable adjustments to make sure people with LD continued to have access to annual health checks. They offered health checks by phone or

video call, and where face-to-face was needed, made sure these were done in a COVID-safe way. Our community LD nurse teams supported practices and made sure patients, families and their carers understood why these checks were so important. Our target was to exceed 67 per cent of all people with LD having an annual health check by 31 March 2021. As a system, we exceeded this target by achieving 74.2 per cent[3] (provisional quarterly data) – Cannock Chase CCG achieved 75.5 per cent.

The performance of Improving Access to Psychological Therapies (IAPT) has been affected by the pandemic, and the access rate declined in some CCGs due to low referrals. Promotional work continues to be undertaken to provide support for the population and allow performance to recover.

Further challenges this year include those experienced by the mental health workforce – along with all health and care professionals. Continued high staff absences and reallocations of staff to critical services have disrupted routine service delivery.

Out of area placements have remained one of the lowest in the region, despite the challenge posed by restricted bed capacity due to COVID-19 outbreaks. Long COVID clinics began in December 2020 to support people affected by the virus.

Children and young people (CYP)

We recognise the concerns around children and young people's mental health that have been highlighted during COVID-19. Our mental health trusts have maintained services for this cohort throughout the year.

The Staffordshire and Stoke-on-Trent STP is achieving the CYP access target, with September 2020 performance at 37.4 per cent (against a national target of 35 per cent). However, some CCG performance is below this and targeted work is ongoing in those CCGs. For example, in Cannock Chase CCG and East Staffordshire CCG, new mental health support teams (MHSTs) are being developed to increase access for children and young people.

Restoration and recovery

COVID-19 has meant that all our plans and ways of working have needed to be reviewed and updated to ensure that they remain relevant and appropriate for the challenges that we face.

In July 2020, NHSE/I set out the actions required as part of the third phase of the NHS response to the pandemic and the NHS' priorities from August 2020. The focus of the letter was around the following.

a) **Accelerating the return to near-normal levels of non-COVID health services**, making full use of the capacity available in the 'window of opportunity' during the summer before winter

b) **Preparation for winter demand pressures**, alongside continuing work in the light of further probable COVID-19 spikes locally and nationally

[3] Data source: NHSD - learning disabilities health check scheme quarterly publications, 2020/21 QOF Publications

c) Doing the above in a way that would take account of **lessons learned** during the first COVID-19 peak to **lock in beneficial changes.** To explicitly tackle fundamental challenges, including **support for our staff** and action on **health inequalities** and **prevention**.

In response, the Staffordshire and Stoke-on-Trent STP developed a three-phase plan for restoration and recovery. Our plan set out how we would tackle some of the resulting issues from the initial COVID-19 response and restore services to meet the needs of the population that we serve. The timescales were:

- Restoration (0 to 6 weeks)
- Recovery (6 weeks to 9 months)
- Reset and embed (6 to 12 months).

The Clinical Senate's considerations were at the forefront of all our planning and the agreement of a clinical framework. The Senate considered the following:

- Priorities for standing up services: what services were organisations considering standing up in the next periods? What were the clinical considerations/issues in making these changes?
- What were the clinical risks/benefits/interdependencies?
- Would this be delivered by a new way of working (stop, start, keep, change)?
- Were there any challenges in managing vulnerable groups of patients?

The key clinical priority areas identified as part of restoration and recovery were:

- Cancer
- Urgent and emergency care
- Elective care
- Mental health.

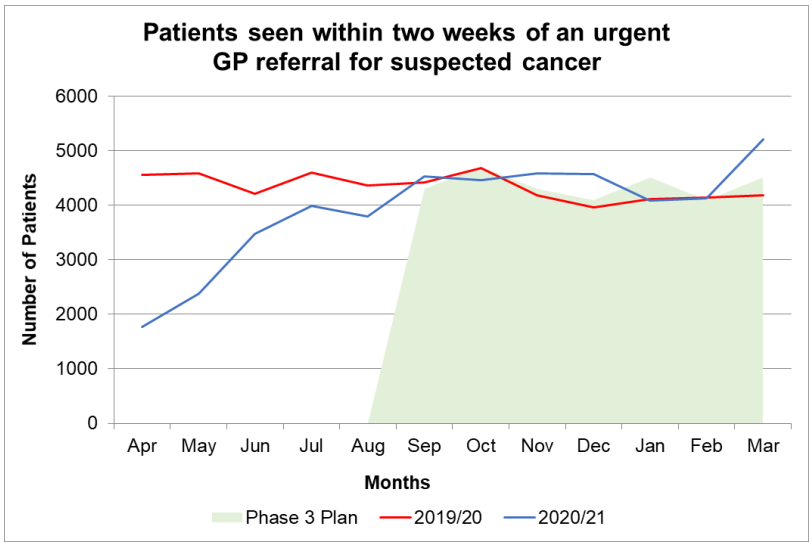
System partners have worked together this year as never before to provide services, support and mutual aid in the best interests of our population. Partners continue to work together to manage these pressures across the system, although this is increasingly challenging.

Following earlier progress made against phase 3 recovery trajectories by our providers, progress slowed from November to January in some areas. This was due to the increasing pressures on all NHS services with the rising levels of COVID-19 cases in the second wave.

The following charts demonstrate the progress made by the Staffordshire and Stoke-on-Trent STP and system partners in terms of the phase 3 recovery plans for cancer services, urgent and emergency care, and elective care.

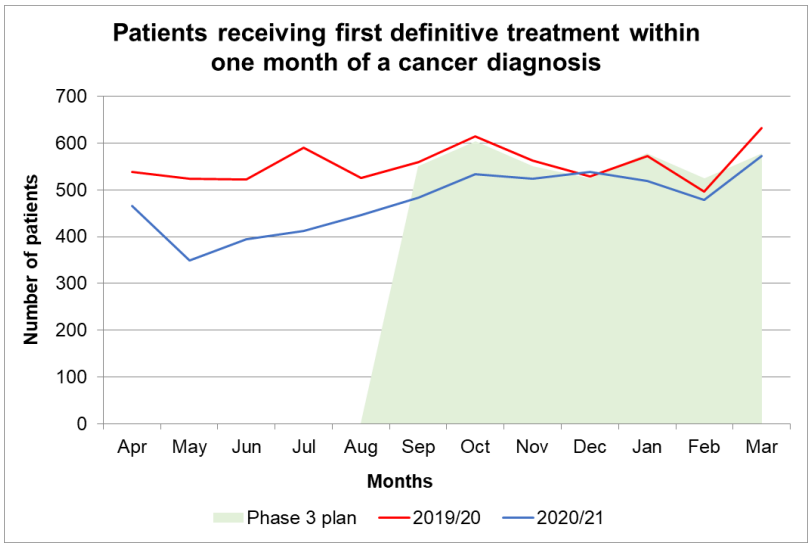
Urgent cancer referrals

During the first wave of COVID-19, the number of patients seen within two weeks of an urgent GP referral for suspected cancer reduced significantly. Activity then recovered at pace – meeting and exceeding the rates anticipated in the phase 3 plan and previous year.



Patients receiving first definitive cancer treatment

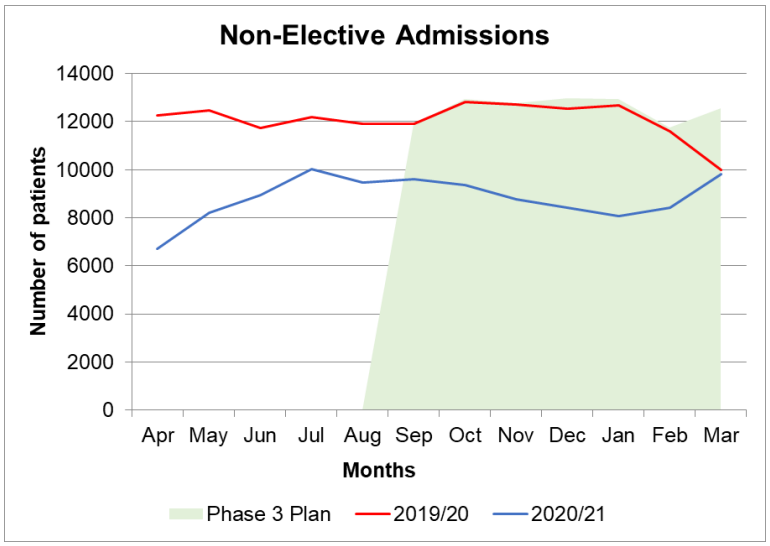
The number of patients receiving the first definitive treatment within one month of a cancer diagnosis reduced during the first wave of COVID-19. This recovered steadily up to December 2020, when the phase 3 plan was met and improved further towards the end of the year.



Cancer services have been largely maintained throughout the COVID-19 pandemic. This demonstrates the positive system working arrangements and progress achieved.

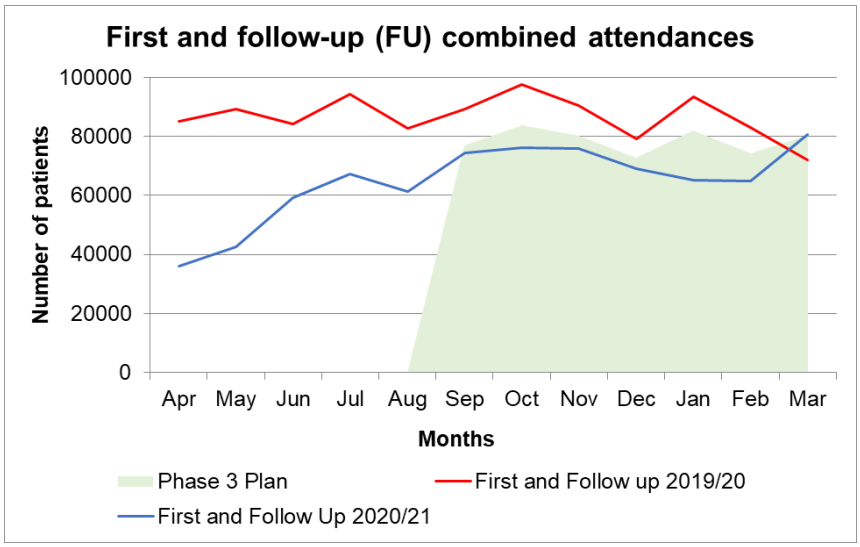
Urgent and emergency care – Non-elective admissions

A non-elective admission (NEL) is one that has not been arranged in advance. NELs decreased at the start of the first wave of COVID-19 compared to the previous year, then plateaued in the main throughout the rest of the year.



Elective outpatients – First and follow-up attendances

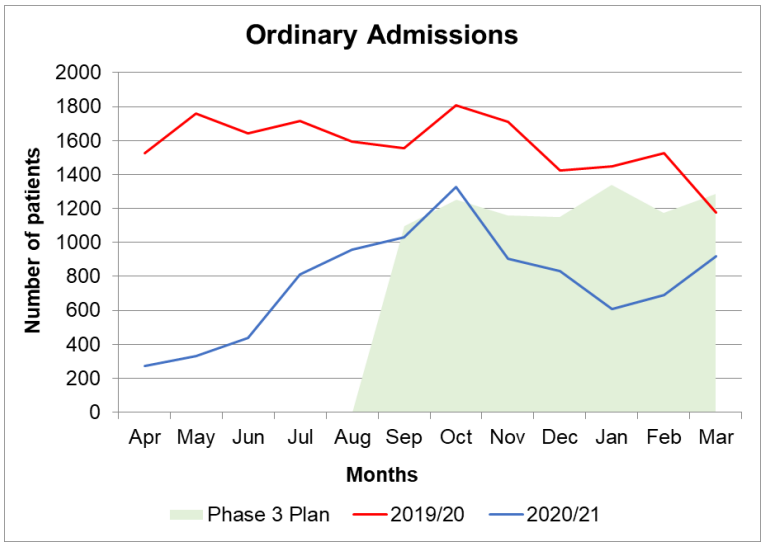
Recovery of consultant-led first and follow-up attendances remained lower than in the pre-COVID period but on track, until the end of the year where the phase 3 plan was achieved. This demonstrates the provider trusts' ability to maintain non-bed-based services throughout the pandemic.



Elective ordinary admissions

An elective ordinary admission is one that is planned and the patient is expected to remain in hospital for at least one night. The total elective ordinary admissions across Staffordshire and Stoke-on-Trent remain notably lower than in the pre-COVID period. There was a sharp decrease in November and a continued fall in December as COVID-19 infection rates began to rise and bed pressures begin to impact the trusts.

Admissions in December 2020 were 41.5 per cent lower than in December 2019. Elective ordinary admissions have been increasing towards the end of the year as COVID-19 infection rates decreased and elective services began to recover.



In summary, we recognise that as we come out of the pandemic, there will be a major challenge in the health economy to restore services back to pre-COVID levels. The Staffordshire and Stoke-on-Trent STP – now Integrated Care System – will need to deal effectively with a backlog in demand for services that built up over the year, while also encouraging people who were reluctant to seek healthcare during the pandemic to come forward for services and treatment.

Performance analysis

Due to the impact and prioritisation of the COVID-19 response, the majority of national data collection and reporting was suspended or paused in March 2020.

Key Performance Indicators

Staffordshire and Stoke-on-Trent STP Key Performance Indicators

Indicator	Target	STP 2020/21 year-end*	Q1	Q2	Q3	Q4
Healthcare acquired infections						
MRSA	0	4	1	0	2	0
C.difficile	239	92	22	15	36	19
Referral to treatment						
RTT incompletes - % seen in 18 weeks	92%	63.4%	50.1%	61.8%	67.9%	63.4%
RTT 52 week + waiters	0	8,585	531	870	4,084	8,585
Diagnostics						
Diagnostics 6 weeks +	99%	23.6%	57.0%	28.5%	26.3%	23.6%
Cancer waits						
Cancer 2 week wait	93%	88.6%	94.5%	88.8%	89.2%	84.4%
Cancer Breast Symptoms 2 week wait	93%	73.3%	94.1%	88.9%	69.6%	51.8%
Cancer 31 day first definitive treatment	96%	93.6%	94.1%	93.7%	94.4%	92.1%
Cancer 31 day subsequent treatment – surgery	94%	85.6%	88.1%	88.3%	81.4%	85.5%
Cancer 31 day subsequent treatment – drug	98%	98.7%	99.0%	99.7%	99.4%	96.8%
Cancer 31 day subsequent treatment – radiotherapy	94%	96.1%	96.7%	95.7%	96.3%	95.8%
Cancer 62 day – Standard	85%	66.8%	68.9%	69.1%	68.4%	61.8%
Cancer 62 day – Screening	90%	75.5%	63.8%	60.5%	82.5%	78.9%
Cancer 62 day – Upgrade	N/A	82.4%	80.6%	90.3%	80.4%	78.8%
Mixed sex accommodation breaches						
Mixed sex accommodation breaches	0	116	32	25	41	18

**The six CCGs combined and for all providers serving the population of Staffordshire and Stoke-on-Trent STP.*

Cannock Chase CCG Key Performance Indicators

Indicator	Target	Cannock Chase CCG 2020/21 Year End
Healthcare acquired infections		
MRSA	0	**0**
C.difficile	20	**12**
Referral to treatment		
RTT incompletes - % seen in 18 weeks	92%	**32.39%**
RTT 52 week + waiters	0	**790**
Diagnostics		
Diagnostics 6 weeks +	99%	**68.65%**
Cancer waits		
Cancer 2 week wait	93%	**88.50%**
Cancer Breast Symptoms 2 week wait	93%	**55.60%**
Cancer 31 day first definitive treatment	96%	**91.20%**
Cancer 31 day subsequent treatment – surgery	94%	**86.10%**
Cancer 31 day subsequent treatment – drug	98%	**96.70%**
Cancer 31 day subsequent treatment – radiotherapy	94%	**94.60%**
Cancer 62 day – Standard	85%	**62.30%**
Cancer 62 day – Screening	90%	**75.00%**
Cancer 62 day – Upgrade	N/A	**76.80%**
Mixed sex accommodation breaches		
Mixed sex accommodation breaches	0	**4**

Accident and Emergency Provider Performance - The Dudley Group NHS Foundation Trust

	Target	Year to date	Q1	Q2	Q3	Q4
A&E 4-hour trolley performance	95%	**89.5%**	**96.7%**	**92.6%**	**84.6%**	**85.2%**
12-hour trolley breaches	0	**125**	**2**	**0**	**29**	**94**

Accident and Emergency Provider Performance - The Royal Wolverhampton NHS Trust

	Target	Year to date	Q1	Q2	Q3	Q4
A&E 4-hour trolley performance	95%	**85.0%**	**92.4%**	**88.5%**	**78.9%**	**81.6%**
12-hour trolley breaches	0	**167**	**0**	**3**	**138**	**26**

Accident and Emergency Provider Performance - University Hospitals Birmingham NHS Foundation Trust

	Target	Year to date	Q1	Q2	Q3	Q4
A&E 4-hour trolley performance	95%	**77.6%**	**89.3%**	**85.5%**	**69.6%**	**66.0%**
12-hour trolley breaches	0	**114**	**5**	**8**	**82**	**19**

Accident and Emergency Provider Performance - University Hospitals of Derby and Burton NHS Foundation Trust

	Target	Year to date	Q1	Q2	Q3	Q4
A&E 4-hour trolley performance	95%	80.0%	87.6%	81.7%	75.6%	76.4%
12-hour trolley breaches	0	34	1	3	25	5

Accident and Emergency Provider Performance - University Hospitals of North Midlands NHS Trust

	Target	Year to date	Q1	Q2	Q3	Q4
A&E 4-hour trolley performance	95%	77.0%	83.9%	78.4%	70.1%	76.7%
12-hour trolley breaches	0	205	0	0	171	34

Accident and Emergency Provider Performance - Walsall Healthcare NHS Trust

	Target	Year to date	Q1	Q2	Q3	Q4
A&E 4-hour trolley performance	95%	84.8%	90.7%	90.0%	76.4%	82.8%
12-hour trolley breaches	0	8	0	1	3	4

West Midlands Ambulance Service Performance - all six CCGs

CCG	Category 1 (7 minute target) incidents total	Mean (hh:mm:ss)	90th (hh:mm:ss)
North Staffordshire	2,326	00:08:00	00:14:31
Stoke-on-Trent	4,098	00:06:05	00:09:43
Cannock Chase	1,584	00:08:20	00:13:28
East Staffordshire	1,467	00:08:29	00:15:35
South East Staffordshire and Seisdon Peninsula	2,315	00:08:30	00:13:52
Stafford and Surrounds	1,634	00:07:27	00:12:59

**Data from WMAS Contract Monitoring Report, March 2021*

Reducing health inequalities

Cannock Chase CCG has put governance and reporting arrangements in place to ensure that reducing health inequalities is a central part of achieving better outcomes for our patients. There is an Executive Board-level responsibility for addressing health inequalities in each NHS organisation – including the CCG. Both health and social care services are held to account for health inequalities through the Health and Wellbeing Board.

There are significant health inequalities across Staffordshire and Stoke-on-Trent, with Stoke-on-Trent being the 14th most deprived upper tier local authority in England. Staffordshire and Stoke-on-Trent have one of the largest gaps between life expectancy and healthy life expectancy in the West Midlands. For example, in Stoke-on-Trent, the gap is 19 years for males and 25 years for females. In Staffordshire, the gap is 16.5 years for males and 18 years for females. This means a long period of time is spent in ill-health, when people have significant health problems and become major users of health and care services. Reducing this gap will have a major impact on health outcomes for the population and achieve a major reduction in the demand for health and care services.

Early childhood indicators are poor across Staffordshire and Stoke-on-Trent. For example, Staffordshire has high infant mortality rates, and Stoke-on-Trent has among the highest in England.

COVID-19 has brought health inequalities into sharp focus. Deprived communities are at a greater risk of exposure to the virus, and more likely to have poorer outcomes due to existing poor health and adverse lifestyle factors. The control measures that have been implemented such as lockdown, social distancing and changes to routine care have resulted in disproportionately worse economic, social and health impacts on disadvantaged populations. COVID-19 has highlighted the structural disadvantages and discrimination faced by ethnic minority communities.

Staffordshire and Stoke-on-Trent have four key elements to our approach to addressing health inequalities:

- reducing the risk of worsening health inequalities
- improving understanding of population risk
- accelerating preventative programmes, which proactively reduce inequalities and support the recovery of services in the community
- addressing significant ongoing inequalities that are included in the NHS Long Term Plan.

Reducing the risk of worsening health inequalities

Given the impact of COVID-19 on health inequalities, a key priority is to ensure that we do not worsen inequalities as we restore NHS performance to pre-COVID levels. We therefore plan to use linked clinical and population data, so that we can take into account both clinical and population risk in reaching our decisions about how services are delivered and restored.

The key elements are as follows.

- **A clinical working group:** a health inequalities clinical working group to review and improve recording of clinical data for health inequalities (age, gender, ethnicity and socio-economic status). A particular focus is on indicators such as ethnicity, where recording of data is known to be incomplete. A health inequalities champion has been nominated for each organisation.
- **Clinical prioritisation:** the aim is for the recovery of services to be equitable and clinically effective, driven by three clinical principles:
    - minimise the harm at the individual and population levels (for example, prioritise time-critical care)
    - limit health inequalities (for example, those affecting vulnerable groups)
    - maximise benefit (for example, through the clinical prioritisation of outcomes).
- **Equality Impact Assessment (EIA)** and **Quality Impact Assessments** for all major service changes.

Population management approach to addressing health inequalities

We are adopting a population health management (PHM) approach to ensure the right data and intelligence are used to identify and address existing health inequalities. This will allow system partners both to develop a shared understanding of population need and to plan targeted interventions that will meet people's needs and result in better health outcomes.

The key elements are as follows.

- **An Integrated System Intelligence Hub:** this will consolidate our analytical capacity, with contributions from our partners in the NHS and local authorities. The CCG is to provide the intelligence capability for the PHM approach.
- **Health and social care data linkage** will provide a population-level strategic dataset to support decision making.
- **Population segmentation and risk stratification** to enable the development of cost-effective, targeted interventions.

Accelerating preventative programmes

Proactively reducing health inequalities and supporting the recovery of services in the community will involve community and social engagement and interventions for:

- preventative measures for COVID-19 including social distancing and hand hygiene
- promoting the uptake of COVID-19 vaccinations by communities at greatest risk
- promoting the uptake of the seasonal flu vaccination, childhood immunisations and vaccinations and accessing health services appropriately
- cardiovascular disease (CVD) prevention programmes as a key component of the NHS Long Term Plan and associated risks with COVID-19
- promoting non-medical models to improve wellbeing
- smoking cessation and other brief intervention advice to improve health.

Addressing significant ongoing inequalities in the NHS Long Term Plan

Children and young people's (CYP) physical and mental health will be a key part of all recovery plans and there will be a strong focus on ethnic minority communities. Together We're Better's digital programme will drive forward digitally shared health and care information, making it available to the relevant professionals and patients. This will include system partners working together on mitigating digital exclusion.

Programmes aimed at the long-term transformation of services were placed on hold in response to the COVID-19 pandemic. A press statement to this effect was circulated on 27 March 2020, which included the Together We're Better Transformation Programme and the Maternity Transformation Partnership.

The Maternity Transformation Partnership was recovered and restored fully in August 2020, and transformation work has progressed but also stalled at times during the financial year due to the ongoing pandemic.

For information about the CCGs' Equality and Inclusion Strategy 2018-21, see the 'Reducing health inequality' section.

Non-financial information, including social matters, respect for human rights, anti-corruption and anti-bribery matters

There are no issues to report for this financial year. Further information regarding reducing health inequality can be found in this report's dedicated section.

We also produce an annual Equality and Inclusion Report which can be accessed on our website. In addition, we have an accredited Counter-Fraud Specialist in place to

undertake counter-fraud work proportionate to identified risks and this service is provided by RSM.

Finally, all officers of the CCG and relevant decision makers are required to sign a declarations of interest form stating any relationships with other colleagues and organisations.

Sustainable development

As an NHS organisation spending 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 services. Sustainability means spending public money well, using natural resources smartly and efficiently, 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 costs of natural resources.

The CCG continues to demonstrate a commitment to actively promoting environmental and social sustainability through our actions as a corporate body as well as a commissioner. We recognise that everything we do has an impact on the environment, which in turn affects people's health and wellbeing.

All six CCGs in Staffordshire and Stoke-on-Trent are working together to make the most efficient use of our resources, including the estate. Our CCG headquarters was located at Staffordshire Place in Stafford, but we vacated the building at the end of January 2021 for the reasons given below. We continue to maintain other offices in Edwin House, Burton, and Smithfield One in Hanley.

Due to the COVID-19 pandemic, all staff (bar one or two exceptions) have worked from home for most of the 2020/21 financial year – in line with HM Government requirements. We have conducted all business meetings through Microsoft Teams, significantly reducing our carbon footprint by removing the need to travel and use utilities in buildings. Costs have fallen accordingly, with only the most essential journeys undertaken in a few isolated cases where homeworking was impossible.

All our offices are situated in purpose-built office blocks, designed to high environmental standards to reduce the carbon footprint of the CCGs. Staffordshire Place includes a range of features to maximise natural lighting and minimise heat loss, including lights automatically switching off in areas where there is no movement and atmosphere control to deliver a 3 per cent reduction in carbon dioxide emissions per annum. Smithfield One has been built to a Building Research Establishment Environmental Assessment Method 'excellent' standard. Energy consumption, water consumption and waste are all monitored and the Energy Performance Certificate for the building shows a 'B' standard of performance.

All our sites operate the following:

- Travel and transport schemes – as noted above, fuel costs have been reduced to negligible amounts due to enforced homeworking during COVID. Instead, the exclusive use of tele-conferencing and improved access to mobile IT devices as part of our Back to the Future programme have helped to achieve paper-light or paperless working
- Waste management – due to COVID-19 homeworking patterns and the use of tele-conferencing for all business meetings, there has been very little paper to recycle and confidential shredding is all but non-existent
- Procurement and supply chain management – ensuring that procured / commissioned goods and services are as energy-efficient as possible and reduce carbon emissions (included within the CCG's procurement strategy); including the use of contractual provisions to ensure that providers adopt sustainable business practices and implement the carbon reduction strategy
- Managing system risk – taking a whole-systems approach to our commissioning work and actively looking to manage future risks
- Staff training and attitudes – actively engaging our staff in delivering our Sustainable Development Plan objectives through the Back to the Future programme. Staff cited environmental and business benefits as a positive reason to support changing people's base to their home (after consultation in summer 2020), effective as of 1 April 2021
- QIPP and transformation work – designing and implementing schemes that support the delivery of good quality healthcare, delivered at the right time and in the right place to the right person; to help reduce the use of resources and carbon and improve sustainability.

Events such as heatwaves, cold snaps and flooding are expected to increase as a result of climate change. To ensure that the CCG will continue to meet the needs of our local population during such events, we have developed and implemented a number of policies and protocols in partnership with other local agencies. These are included within our Business Continuity and Emergency Resilience Response Plans.

We also received at the end of the financial year, an additional central allocation of £10k across the Staffordshire and Stoke-on-Trent CCGs for "Greener NHS" purposes. All the CCGs contributed to the development of a system-wide Green Action Plan submission to NHS England and NHS Improvement.

Through North Staffordshire Combined Healthcare NHS Trust (acting as lead co-ordinating agency across the ICS partnership), we have worked to secure additional specialist support needed to help us deliver a joint Sustainability Plan, through establishing pan-organisation baseline data on individual aspirations for sustainability to facilitate a co-ordinated STP approach to the interim NHS Green Plan requirements of:

- Corporate approaches
- Greenhouse gas emissions
- Capital projects
- Sustainable use of resources, care models and sustainable travel

- Our people
- Climate change adaptation
- Our sustainable procurement programme
- Green space and biodiversity.

Given the limited funding, the output will not be detailed individual organisational plans, but will facilitate work-streams to be developed to a level that can be used to better inform future initiatives and the anticipated funding opportunities signalled in NHSE/I's planning guidance.

Statutory duties

The CCG has a number of statutory duties under section 14Z15(2)(a) of the Health and Social Care Act 2012 and section 116B(1)(b) of the Local Government and Public Involvement in Health Act relating to:

- improving the quality of services (Duty 14R)
- reducing inequalities (Duty 14T)
- public involvement and consultation (Duty 14Z2)
- contributing to the delivery of any joint health and wellbeing strategy
- section 116B(1)(b) of the Local Government and Public Involvement in Health Act 2007.

The CCG also has statutory duties relating to safeguarding adults and children which are as follows:

- the Children Act 1989
- the Children Act 2004
- the Adoption and Children Act 2002
- the Care Act 2014
- Working Together to Safeguard Children 2018.

The following sections of this report focus on quality, partnerships and public and patient involvement, and explain how the CCG has discharged its statutory duties in these areas during 2020/21.

The CCG certifies that we have complied with the statutory duties laid down in the National Health Service Act 2006, as amended by the Health and Social Care Act 2012.

Maintaining and improving the quality and safety of services

The Staffordshire and Stoke-on-Trent CCGs work closely together. This is reflected in the joint governance, which will enable the CCGs to work towards forming an ICS/ICP within 2021/22.

The North and South quality committees came together to create the Staffordshire and Stoke-on-Trent CCGs Quality and Safety Committees in Common (QSCC). The committee continued to meet (virtually) throughout 2020/21. During the first wave of the COVID-19 pandemic (April to July 2020) and second wave (December 2020 to March 2021), the agenda was refocused on safety and areas of risk across the system.

Quality is everyone's business, and the patient journey today often involves multiple providers. It is therefore important that all organisations and individuals involved have strong relationships and work together in a systematic way to understand patients' needs and ensure that care is safe, effective and provides a positive experience. It is only when all strands of quality come together that high-quality care is achieved. We have well-established working relationships, and we will continue to work proactively with our main providers via Clinical Quality Review Meetings (CQRMs), to ensure that our vision for quality patient care is delivered.

Throughout the pandemic, meetings have continued to ensure we understand and identify the impact of COVID-19 on quality, safety, patients and workforce to support risk mitigation. The quality team works flexibly in partnership with providers to identify emerging quality concerns and assist with prompt resolution. These have taken the form of CQRMs or touch-point meetings with a clear focus on patient safety.

The CCGs are committed to continually working with all providers as we move into 2021/22 and into the new Integrated Care Systems (ICSs) and Integrated Care Partnerships (ICPs). We aspire to maintain and continue to improve the high levels of quality and safety of care provided for our local population. The CCGs recognise the importance of working together to achieve the best health and wellbeing outcomes for the people of Staffordshire and Stoke-on-Trent, building on the progress and work currently being undertaken.

General quality improvement

The Nursing and Quality Directorate in the CCG has continued to work tirelessly to ensure the delivery of high-quality service provision for local people. We have continued to review the processes and mechanisms we use, and continued to build relationships with our respective stakeholders and providers of healthcare, which are:

- University Hospitals of North Midlands NHS Trust (UHNM)
- North Staffordshire Combined Healthcare NHS Trust (NSCHT)
- Midlands Partnership NHS Foundation Trust (MPFT)
- Vocare – Integrated Urgent Care

- Independent hospitals.

We also work with some out of area providers, detailed below.

The following summaries present an overview of the discussions that the quality team have had with key providers during the past year, and the identified quality improvements.

All Patient-Led Assessments of Care Environment (PLACE) scores for providers from which the CCG commissions services can be found on the NHS Digital website: https://digital.nhs.uk/data-and-information/publications/statistical/patient-led-assessments-of-the-care-environment-place/england---2019

University Hospitals of North Midlands NHS Trust (UHNM)

UHNM has had a challenging year because of the COVID-19 pandemic. The emergency department at Royal Stoke University Hospital was under significant pressure between October 2020 and February 2021 due to a second COVID-19 surge. This led to increased demand because of high numbers of COVID-19 admissions, resulting in 12-hour trolley breaches. The Trust has undertaken harm reviews for the affected patients, and has held panels with the CCGs' Quality Leads in attendance. These have continued throughout the year.

At the start of the pandemic, in line with other trusts across the country, the Trust complied with the request to cease all elective work. During the second COVID-19 surge, due to high inpatient numbers, a major incident was declared which resulted in further cancellations of elective work. This has inevitably led to significant backlogs. Throughout the pandemic, UHNM has worked with the CCGs and system partners on restoration and recovery, including the implementation of virtual outpatients, validation of the follow-up backlog, clinical prioritisation of the waiting lists and triaging of referrals. The Trust has undertaken harm reviews for those patients who waited longer than 52 weeks to complete their treatment. The CCGs' Quality Leads attended panels to review cases by speciality.

Throughout the pandemic, the Trust has prioritised cancer and urgent patients, by continuing surgery and utilising the independent sector when clinically indicated.

During the pandemic, the UHNM workforce was badly impacted with around 12 per cent of staff (1,272 people) off sick in November 2020. Of these absences, 50 per cent were COVID-related – with staff either testing positive or self-isolating due to being in contact with a positive case. The Trust redeployed staff from elective areas and received mutual aid from system partners to ensure patient care and safety were maintained.

The Trust's COVID-19 vaccination programme, led by the infection prevention and control team, has (at the time of writing) administered around 20,000 vaccines to UHNM staff and other staff across the health and social care system.

Royal Stoke University Hospital was awarded more than £4.2 million of government funding to create a Specialised Decision Unit (SDU). The unit has spacious bays to allow for social distancing and large glass doors so patients can be monitored safely while reducing the risk of COVID-19. It is linked to the Royal Stoke Emergency Department, where patients with neurological, cardiac, trauma and orthopaedic conditions are able to access quick assessment, diagnosis and treatment following a referral by their GP or a consultant.

North Staffordshire Combined Healthcare NHS Trust (NSCHT)

NSCHT is currently the only NHS provider within Staffordshire and Stoke-on-Trent rated as 'outstanding' by the Care Quality Commission (CQC). We have continued to work alongside the Trust to support it to maintain its strong reputation.

With the support of the Trust and Healthwatch Stoke-on-Trent, the CCGs completed three virtual quality visits to provide 'real time' assurance on the quality of services. All three visits demonstrated positive engagement and support for service users. The Trust also maintained its focus on feedback from service users – seeking their views on service provision, offering support during the pandemic, and consulting with both staff and patients on its restoration and recovery plan.

Following a successful pilot, the Trust rapidly introduced the 'Attend Anywhere' app to deliver consultations online via a video call, thereby supporting the NHS Long Term Plan directive to deliver digitally enabled care. The Trust has been confirmed as one of only 24 to be included within the national Digital Aspirant programme.

The Trust launched its new strategy in November 2020, which focuses on four strategic themes:

- quality and safety – headlines, key issues, challenges and risks
- Transforming Care Partnership
- LeDeR (learning disabilities mortality reviews)
- quality, people, partnerships and sustainability.

The strategy outlines the Trust's ambitions over the next four years. The NHS Long Term Plan has a strong focus on joining up primary and community care, mental health and acute services, and supporting providers to have greater influence on service improvement and integration. As a consequence, the Trust has established partnerships with other NHS providers and commissioners, local authorities, police and third sector organisations which puts them in a strong position to shape the future design of services.

Like many NHS organisations, recruitment and retention continues to be a major priority due to a national workforce shortage and the ongoing challenge of nursing and medical recruitment. The provider is part of the NHS Improvement National NHS Retention Scheme, and has implemented a number of strategies to recruit and retain workforce. In addition, the Trust launched its first Nursing Degree Apprenticeship programme (mental health pathway) in collaboration with its academic partner, the University of Derby.

The all-age mental health access team – crisis care centre – has been named regional champion in the prestigious NHS Parliamentary Awards in the 'Excellence in Mental Health Care' category. The team brings together 50 NHS specialists to offer a single point of contact for all mental health crises for individuals of all ages – 24 hours a day, seven days a week, 365 days a year.

The Trust has been successful in its focus on securing long-term investment, which includes £15 million invested in acute and community mental health services across North Staffordshire and Stoke-on-Trent.

Midlands Partnership NHS Foundation Trust (MPFT)

2020/21 proved to be a challenging year for MPFT, due to the COVID-19 pandemic. The Trust adapted well to this challenge in a very short period of time, redeploying staff to areas which required additional support and skills. Throughout this period, the CCGs and Trust continued to hold monthly full (virtual) Clinical Quality Review Meetings or, where capacity was limited by COVID-19, either touch-point meetings or patient safety focus meetings, enabling continued assurance around quality, safety and care for service users.

The Trust has undertaken a comprehensive health care associated infections (HCAI) programme of work relating to COVID-19, providing training to organisations within Staffordshire and Stoke-on-Trent, including all care homes within the area. The HCAI team has also been central to the testing programme, and commended for its professionalism.

During the pandemic, MPFT has seen a rise in the number of pressure ulcers reported compared to the number reported in 2019/20, as a direct impact from COVID-19. The Trust has worked in collaboration with UHNM on preventative measures such as the Rainbow Leaflet, which gives patients and their carers advice on self-care.

In October 2019, MPFT took over the services that were offered by Midlands Psychology. Since it took over the autism spectrum condition (ASC) services, there has been a marked improvement in all aspects of the service such as reducing the backlog of waiting lists, and liaising and working with families to ensure the right care is provided at the right time. The ASC service has recruited to a number of key roles and now provides a fully compliant multi-disciplinary team approach as outlined by NICE guidance.

Healthwatch Stoke-on-Trent undertook an independent survey across their social media platforms and website examining patient experience at the Minor Injuries Unit at Haywood Hospital for the period of 16 November to 6 December 2020. This followed the announcement that Royal Stoke University Hospital's emergency department would no longer be treating adults or children for minor injuries, which would free up vital resources for managing COVID patients. In total, Healthwatch collected 38 feedback experiences, of which 92 per cent were positive and 8 per cent were negative. The full report can be found on the Healthwatch Stoke-on-Trent website: https://www.healthwatchstokeontrent.co.uk/report/public-experience-of-minor-injuries-unit-at-haywood-hospital/

MPFT was a finalist as Mental Health Trust of the Year in the *Health Service Journal* awards. MPFT's selection was based on the Trust's "ambition, visionary spirit and the demonstrable positive impact colleagues have had on patient and staff experiences within the health and social care sector".

Integrated urgent care

We recognise the impact of the COVID-19 pandemic on this service, which began to be seen in mid-January 2020 with a rapid increase in activity in the NHS111 service. The provider has worked as a valued system partner in the major incident response.

As a result of a change in how services operate, and partly in response to the pandemic, the number of operational bases within the integrated urgent care service

reduced from a total of seven to five sites. There has been a change from face-to-face to virtual consultations, which is in line with the current practice in primary care.

A working group facilitated by the CCGs, involving the emergency department front-of-house at Royal Stoke University Hospital and the Urgent Care Centre, was set up to implement an agreed pathway that ensures optimum timely care for patients. In addition, a clinical triage forum was established as a direct action from the working group. The purpose of the forum was to review incidents and soft intelligence and examples of good practice that are raised by the emergency department and Urgent Care Centre for learning and action.

'111 First' was launched on 1 December 2020. This is a national programme that encourages patients who think they need to go to an emergency department to call NHS111 first. Early patient feedback suggests that the service is working well, and that patient experience has been good. Staff also report that it has helped social distancing in hospital waiting rooms. Although early data shows some success, the programme is still in its infancy and the number of patients being booked in this way remains relatively low. Our clinicians continue to review and develop pathways alongside Vocare, our local NHS111 provider, to support more people to be able to access the time slots.

Independent hospitals

During 2020, the CCGs worked with the independent hospitals within the Staffordshire and Stoke-on-Trent footprint, as well as with key partners such as the CQC and NHSE/I. Together they strengthened effective quality-monitoring systems and ensured robust systems were in place. This was in line with the NHS Long Term Plan for improving the quality of care within the in-patient setting for people with a learning disability, autism or both.

The CCGs have an established system to monitor out of area commissioned patient placements within the independent hospitals. The CCGs, as host commissioners, are responsible for ensuring appropriate communication processes are in place to share soft intelligence.

During the COVID pandemic, several independent hospitals had COVID outbreaks which were managed via a system-wide approach with assistance from key stakeholders as required, such as Public Health England. Subsequently, documentation was produced and circulated to all the independent hospitals to support reporting and monitoring processes for all COVID outbreaks.

The CQC community mental health team and the CCGs' quality representatives meet monthly to share any intelligence and concerns. This was increased to weekly at the start of the pandemic. The CCGs have established good working relationships with local CQC inspectors, and this process is being further strengthened in 2021 by the inclusion of local authority colleagues for information sharing.

During 2020, the CCGs established quarterly meetings with independent hospitals and stakeholders, including NHSE/I, Healthwatch, Asist and safeguarding, to share intelligence, good practice and lessons learnt.

The host commissioner guidance 'Quality oversight of CCG inpatient care for learning disability (LD) and autistic people' published in January 2021 applies to LD and autism, but does not include complex mental health conditions. However, the

CCG is committed to using this monitoring process for all independent hospitals in our area, including complex mental health. During the COVID pandemic, the quality team undertook a pilot virtual quality visit to Ballington House Hospital. To support the process at this time, a toolkit was developed and evaluated after use. The visit process, evaluation and toolkit were presented at the Midlands Host Commissioner and Quality Visit Regional Forum as an example of good practice.

Further quality improvement work planned for 2021/22 includes:

- peer review process
- annual quality visits
- review, gap analysis and implementation of published NHSE framework for commissioner oversight visits to in-patients, published in January 2021, together with the host commissioner guidance published in January 2021.

Out of area providers

Throughout the pandemic, to help providers prioritise services and release capacity, CQRMs have been reduced for out of area providers and replaced with patient safety-focused meetings between the provider and the lead commissioner. The CCGs' quality team has been liaising with the lead commissioners – Birmingham and Solihull CCG, the Black Country and West Birmingham CCGs, and Derby and Derbyshire CCG. Together, they are sharing soft intelligence from GPs, understanding the outcome of discussions, and supporting quality assurance and improvements at a very challenging time.

The CQC inspected a number of these services throughout 2020/21, including:

The Dudley Group NHS Foundation Trust (DGH)

DGH had an unannounced inspection from the CQC on 3 and 8 February 2021, after the Trust applied to the CQC for removal of the Section 31s. The visit was focused on the emergency department. DGH has said that an improvement plan is in development and will be shared once the inspection report has been published.

University Hospitals Birmingham NHS Foundation Trust (UHB)

UHB had an unannounced inspection from the CQC in December 2020. This inspection was not rated, and focused on specific hospital locations – specifically Good Hope Hospital. The full report is available on the CQC website: https://www.cqc.org.uk/provider/RRK. Following publication, UHB said that an improvement plan was being developed at medical director level between UHB and Birmingham and Solihull CCG regarding action planning and assurance. This would incorporate workforce planning as highlighted within the report.

University Hospitals of Derby and Burton NHS Foundation Trust (UHDB)

UHDB was inspected in February 2020 and identified as in breach of the Ionising Radiation (Medical Exposure) Regulations (IRMER). In August 2020, following the implementation and planning of remedial actions, the CQC agreed closure. The Trust underwent a 'short notice announced' visit in July 2020. The subsequent report was published on the CQC website in October 2020: https://www.cqc.org.uk/provider/RTG. The report raised concerns regarding discharge processes and falls. An improvement plan is in place.

Walsall Healthcare NHS Trust (WHT)

WHT had a CQC inspection on 8 and 9 September 2020 of the emergency department and maternity services. The full report is available on the CQC website: https://www.cqc.org.uk/location/RBK02. An action plan has been developed and is progressing via the Trust's governance processes.

Primary care quality

Primary care

The quality team supports colleagues in primary care with quality and safety issues related to general practice. This includes the General Practice Nurse 10 Point Plan. The quality team also helps general practice with their incident investigation processes and wider learning.

The General Practice Nurse Evidence Based Practice (GPN EBP) Group

The CCGs are working collaboratively with key partners to support the development of the Staffordshire and Stoke-on-Trent STP General Practice Nurse Strategy for 2021/22. This will build on the NHS Long Term Plan's (2019) ethos of strengthening compassionate and diverse clinical leadership to meet the complex challenges that a successful workforce will require.

The strategy embeds the positive work undertaken following the General Practice Five Year Forward View (2016) with reference to the General Practice Nurse 10 Point Plan. This strategy focuses on the training and development areas already successfully implemented with attention to the key areas of 'Recruitment, Retention and Reform'.

The strategy creates a great opportunity to raise the profile and highlight the value of the general practice nursing workforce with a focus on leadership, career framework, professional roles, innovation and quality improvement.

Suicide Prevention Strategy Programme

The CCG remains an active member of the Staffordshire and Stoke-on-Trent Suicide Prevention Strategy Programme which has progressed the majority of its deliverables, despite the challenges of the past 12 months. The programme's key achievements include:

- Successfully delivering the #TalkSuicide campaign with the support of all key partners, including endorsement from local sport clubs and university involvement
- Continuing to deliver over 1,000 suicide awareness and prevention courses to community-facing services, voluntary and community services, smaller community-based groups and individuals active in their community. The course, delivered in partnership with the mental health charity Mind, is receiving some great feedback and really helping connection with local communities
- Supporting 180 Mental Health First Aid courses to employees of local businesses with a male-dominated workforce in high-risk sectors, where the employers feel that they could benefit from greater mental health support in the workplace. So far, 47 businesses have been involved, with in excess of 60

expected once these courses have been fully rolled out. The programme has worked with the local Chamber of Commerce and growth hub to present webinars and an article to improve mental health support in the workplace

- Supporting partnerships between Suicide Prevention Community Champions and local Community Action Groups to provide suicide awareness, support and signposting at a community level (including some dedicated male engagement work)
- Providing suicide awareness and response training sessions for local GPs and other practitioners. Contributing towards the provision of train-the-trainer courses covering Stoke-on-Trent City Council, Staffordshire County Council, Keele University, UHNM, NSCHT and MPFT
- Receiving a very positive independent evaluation report for the self-harm support service – despite the difficulties imposed by COVID-19 and lockdowns
- Supporting the development of real-time suicide surveillance with key partners – which will continue into 2021/22.

Quality visits

During the pandemic, in recognition of the pressures faced by providers and respecting COVID-19 safety measures, routine planned quality visits have been paused. However, responsive quality visits have continued. Further virtual quality visits have been piloted in collaboration with providers during periods of reduced pressure.

As part of our quality assurance and quality improvement process, the quality team agreed to virtually attend provider internal assurance meetings. This was to ensure robust scrutiny and that the appropriate learning and actions were embedded in order to drive quality improvement and ensure patient safety. These internal meetings have included harm reviews, as well as reviews of pressure ulcers, falls, 12-hour wait breaches and NHS Constitution breach panels, such as waits of over 52 weeks.

Delivery of the Quality and Patient Safety Strategy

Our key role is to commission the best possible services and achieve the best health outcomes for the population that we serve, within available resources. We will always champion quality and patient safety as a central principle, demonstrating that it should and can be maintained and improved alongside financial sustainability.

The Quality and Patient Safety Strategy 2019-21 describes a systematic quality assurance structure to ensure that performance concerns and risks around quality are escalated appropriately and openly. The structure incorporates the provider CQRMs, the Quality and Safety Committees in Common (QSCC) and the Shropshire and Staffordshire Quality Surveillance Group (QSG) which has not met since late 2019. A system-wide quality assurance meeting was to be developed in early 2020, but this was delayed by the impact of COVID-19.

System-wide quality assurance monitoring has continued during 2020. However, NHSE/I have suspended areas of national reporting, data collection and contract

management processes until April 2021 at the earliest. Within Staffordshire and Stoke-on-Trent, we continued to meet with our providers on a regular basis so we could report into our Quality and Safety Committee in Common. We also forged stronger links with the local authorities and the CQC to maximise our resources and reduce duplication of our monitoring of provider organisations.

To allow us to continue to quality assure our commissioned services, we agreed to refocus our quality assurance processes. This also enabled our providers and ourselves to release capacity and support local provision of services throughout the COVID-19 pandemic.

Refocusing our quality assurance processes included, but was not limited to:

- refocusing the QSCC to safety and areas of risk
- where the CCGs are the lead commissioner, replacing CQRMs with a touch-point meeting focusing on any potential emerging safety concerns and mitigations
- where the CCGs are an associate commissioner, requesting that the lead commissioner notify the CCGs of any areas of concern and/or potential impacts on Staffordshire provision
- reinstating the CCGs' shortened Quality Impact Assessment (QIA) process
- stopping virtual quality visits unless there was a significant safety concern.

The CCGs are clinically led and committed to engaging with clinicians so that those who deliver care directly to patients can use their clinical knowledge and experience to inform and influence service provision and commissioning decisions.

Patient feedback continued to be received, evaluated and triangulated with other data at the QSCC. This informed the CCG quality assurance response, which included virtual quality visits and onsite visits to some providers.

The patient journey often involves multiple providers across Staffordshire and Stoke-on-Trent, requiring many patients to travel outside of their immediate area. It is therefore important that all organisations and individuals involved have strong relationships and work together in a systematic way to understand patients' needs and ensure that care is safe, effective and provides a positive experience. Furthermore, where the experience is found to be less than positive, mechanisms exist to ensure early warnings, shared learning and continuous improvement.

The Staffordshire and Stoke-on-Trent CCGs' Quality and Patient Safety Strategy 2019-21 covers the six CCGs – an indication of the next stages in their journey towards becoming a single strategic commissioning organisation. As this has progressed over the last 12 months, the strategy includes reference to a number of system-wide developments that are either planned or already underway.

To support the implementation of the strategy during 2021 and develop the future strategy, the quality team will continue to work at pace with system partners on the following tasks:

- Developing a system-wide quality assurance oversight group led by the ICS

- Continuing and building on their well-established processes with local authorities that support quality assurance and quality improvement in care homes and care agencies
- Planning to support the Integrated Care Partnerships' (ICPs') quality arrangements and align some members of the CCG quality team, as it is expected that some of the team will transition to ICPs in the future. These team members will take with them their collective and significant experience of commissioning quality assurance and improvement
- A review of safeguarding functions within the ICS and ICPs
- Implementing a system-wide Quality Impact Assessment (QIA) process to support decision making. The QIA process should also ensure that the quality and safety of services for patients are considered at a system level. This is particularly important to the work being undertaken as the CCG develops into an ICS
- Implementing the NHS Patient Safety Strategy (published in July 2019), which, alongside the NHS Long Term Plan, requires system partners to work together to improve patient safety.

The CCGs will ensure that the quality requirements within the Operational Plan (published 25 March 2021) are incorporated into the quality function. Specifically:

- Reduce unwarranted variation in service quality and address previously unmet need
- Ensure services and providers meet the fundamental standards of quality as set out in legislation
- Manage and improve quality that considers strategic decision-making and governance arrangements within the Integrated Care System and the relationship between quality assurance, quality planning and quality improvement
- Building on the learning from the pandemic to further enhance quality and improve patient safety
- Welcome the shared commitment to quality and a nationally agreed definition of quality
- Implement the revised national guidance for Quality Surveillance ensuring the monitoring and managing of quality risks within the local system and quality architecture
- Continue to implement the new NHS Patient Safety Strategy
- Enhance the Local Risk Management Systems are compatible with the Patient Safety Incident Management System (PSIMS) and the inclusion of patient safety partners on relevant committees
- Deliver improvements in maternity care, including responding to the recommendations of the Ockenden review.

Many of these elements are delivered within the current quality function described above. As they progress further, they will be embedded into quality processes and the emerging ICS/ICP quality architecture through 2021 and into 2022.

Patient feedback

The quality team understands how fundamental patient feedback is to the monitoring and influencing of high-quality and safe patient care that the CCG commissions. The patient voice and patients' stories have the potential to identify any gaps and/or best practice in the quality of services commissioned. The patient feedback received by the QSCC is evaluated and triangulated, which informs CCG quality visits to providers or quality improvement work that has to be undertaken between the CCG and providers.

The quality team gathers patient feedback from a variety of sources, including:

- feedback from patient group meetings to QSCC
- the patient engagement and experience reports
- Healthwatch and soft intelligence reports
- CCG quality visits
- joint CCG and provider collaborative working
- GP 60-second reporting
- the Maternity Voices Partnership.

Patient feedback is communicated via the lay member representatives at the QSCC. If any quality or safety issues are identified, they are reviewed at the QSCC, which also hears patient stories and receives patient engagement and experience reports.

Patient Experience Report

The QSCC receives a quarterly Patient Experience Report which includes an overview of the key themes and trends of patient feedback relating to all providers. The report also includes an overview of actions taken by providers in response to the patient/public complaints, also incorporating Members of Parliament letters, Patient Advice and Liaison Service (PALS) contacts and complaints received directly by the CCG.

Annual Complaints Analysis

All patients who are unhappy about a service that is funded or provided by the NHS have a right to make a complaint. We actively encourage patients and their families to complain when they are not satisfied with the service, care or treatment they receive.

People within the six Staffordshire and Stoke-on-Trent CCGs use a range of services in local hospitals, health centres or in their own homes and could choose who they make their complaint to. People can decide to complain directly to the provider of their care services or to the commissioner, in this case the CCGs.

An analysis of the complaints received and handled by the Midlands and Lancashire CSU (MLCSU) Patient Services Team on behalf of the CCGs is detailed below. The

analysis is broken down to reflect the complaints that relate directly to CCG services and decisions and are shown as internal complaints and those the CCGs have handled on behalf of our external providers.

Due to COVID-19, NHS England instigated a three-month pause on complaints to ensure staff were not diverted from pandemic efforts. The pause was implemented on 31 March 2020 and was lifted on 30 June 2020. Many large providers locally implemented a further complaint pause when the pandemic numbers increased. This has continued to have an effect on response timescales as providers are taking longer to respond due to the backlog of cases they have to investigate.

Feedback Type	Quarter 1 2020/21	Quarter 2 2020/21	Quarter 3 2020/21	Quarter 4 2020/21	TOTAL 2020/21
PALS	110	250	269	474	1,103
Complaints	31	47	46	48	172
MP Letters	24	18	22	115	179
Compliments	2	3	3	14	22
TOTAL	**167**	**318**	**340**	**651**	**1,476**

Themes and trends for this year

The services with the highest amount of feedback this year are detailed below:

- **General practice services** – predominantly about COVID vaccination issues as well as accessing appointments, changes to prescribing and access to services
- **University Hospitals of North Midlands NHS Trust** – about accessing appointments, delays in treatment follow up care, wait times to be seen and clinical treatment across all the hospitals specialities and wards
- **CCG Commissioning Decisions** – about changes to prescribing, hearing aid provision, fertility services and treatments not routinely commissioned
- **Midlands Partnership NHS Foundation Trust** – about the commissioned community services.

Complaint Outcomes

The table below shows the outcome of complaints closed during this year. This is for cases closed, rather than received for this period. Some of the cases will have been received prior to quarter 1 of 2020/21 and will remain open at the end of quarter 4 of 2020/21.

Outcome code	2020/21
Closed by patient	4
Complaint / issue partially upheld	71

Complaint / issue already investigated / being investigated	5
Complaint / issue not upheld	69
Complaint / issue upheld	30
No consent therefore closed	17
No further action required	39
Referred on to Complaints Team	2
Referred to secondary care	1
Signposted to NHS England	1
Signposted to service	1
TOTAL	**240**

Lessons learned from complaints and PALS

We have changed the focus of complaints management to look at individual action plans for complainants and broader service improvements. As part of our standard complaints process, services are asked to complete an investigation report. The MLCSU team detail the complaint and request the investigating officers tell us about changes they have made or plan to make and request they complete the log of actions planned or taken and lessons Learned, where appropriate. We include these lessons learned in complaint responses wherever possible.

Parliamentary and Health Service Ombudsman (PHSO)

The PHSO has contacted us in relation to six new cases this reporting period. Numbers per CCG areas are shown below:

- East Staffordshire CCG – two
- North Staffordshire CCG – one
- South East Staffordshire and Seisdon Peninsula CCG – two
- Stafford and Surrounds CCG – one.

Soft intelligence

Monitoring soft intelligence allows patients, the public and healthcare professionals to provide their feedback to CCGs about healthcare services in their local area. Soft intelligence is triangulated with other forms of quality data, to inform the quality team of any areas of quality and safety and/or good practice which require further attention.

Soft intelligence is reported on our Datix system, and reviewed regularly to identify any themes, trends and potential serious incidents and never events. Soft intelligence is triaged by the quality team and shared further with providers where

appropriate. All soft intelligence is clinically reviewed and taken to the Datix Monitoring Group for assurance, review of themes and trends or a multidisciplinary review.

The aim of the group is to improve patient care and safety. It has representation from GPs, members of medicines optimisation and the primary care teams, patient representatives, members of the nursing and quality team and lay members. The group meets monthly and provides robust governance and assurance.

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Learning Disabilities Mortality Review (LeDeR)

LeDeR is being delivered across the country by CCGs for their local area, on behalf of NHSE/I. The programme is supported nationally by the University of Bristol and regionally by NHSE/I. The continued aims are to:

- improve the quality of health and social care service delivery for people with learning disabilities
- reduce premature mortality and health inequalities
- influence practice at individual, operational and strategic levels.

In order to achieve these aims, the programme undertakes a review of all deaths involving individuals with learning disabilities aged four years and over. The reviews seek to identify potential avoidable factors that may have contributed to the death. The learning from reviews is collated and used to guide improvements in health and social care services.

In March 2020, the programme was scaled back and steering groups were cancelled to accommodate the national response to COVID-19. Over this period, CCG staff, reviewers and LD professionals across the system were redeployed to support the response. In August 2020, the programme resumed and by December 2020 had comprehensively reviewed all deaths that had occurred during the initial phase of COVID-19. The CCG cleared its backlog of reviews by December 2020, which supported the region to achieve 100 per cent compliance.

Since the programme resumed, the CCGs have begun work to enhance the role of the steering group, membership of which includes representatives from health and social care, the voluntary sector and individuals who live with the challenges of a learning disability. The group has been further strengthened with representation from ethnic minority communities as well as from the private sector.

The group has seen some fundamental changes to the programme through 2020/21, including a system-wide approach to improving learning, measuring the impact of positive practice and identification of areas requiring development.

The national LeDeR Annual Report was published in June 2020, and includes recommendations to address premature mortality for individuals with a learning disability. The local LeDeR Programme will publish its 2020/21 Annual Report in June 2021, which will include a full system review of the activities in Staffordshire and Stoke-on-Trent and an easy read version to improve accessibility for our LD population.

Special Educational Needs and Disabilities (SEND)

In 2020/21, the CCG has strengthened its collaborative working relationship with the local authority and parents and carers to ensure that co-production principles are embedded across the local area and all workstreams. The aim is to deliver a robust response to the requirements of the SEND reforms (2014) and to ensure that the initiative lives up to its intended ambition.

The reforms were ambitious, aiming to place children and young people at the heart of the system with the role of health providers and the meshing of the two systems being pivotal. A parliamentary select committee report (2019) has confidently stated that the reforms were the right ones while acknowledging the challenges for partners in delivering them.

The CCG Director of Nursing and Quality has overall responsibility for SEND at Governing Body level, and has overseen a number of quality initiatives during 2020/21:

- increasing Designated Clinical Officers' (DCOs') resource and capacity, supporting collaborative working on behalf of the six CCGs in Staffordshire and Stoke-on-Trent, with all partners and health provider services
- developing a quality assurance process aimed specifically at improving the quality of health information included in Education and Health Care Plans (EHCPs)
- delivering targeted training to health providers in conjunction with all partners to ensure a continuous cycle of improvement
- including detailed reporting of SEND compliance in provider contracts to enable closer scrutiny of provider performance.

In Staffordshire and Stoke-on-Trent, there is a clear governance process overseeing implementation of the SEND agenda, with the SEND partnership groups being pivotal in scrutinising delivery of a distinct improvement programme as identified during the Local Area Review. The CCGs jointly chair key meetings within the governance structure and are represented at all required groups to maintain the momentum of joint working and joint commissioning. Maintaining that governance

structure and scrutiny provides challenges – as would be expected with processes reviewed on an ongoing basis to ensure efficiency and efficacy.

Infection prevention and control (IPC)

The COVID-19 pandemic has dominated IPC work in 2020/21. We have worked with changing guidance as information about all aspects of the virus has emerged and more experience has been gained. Support and specialist advice has been given in managing outbreaks in acute, primary and community care, working closely with the local authority, Public Health England. NHSE/I and the IPC team at Midlands Partnership NHS Foundation Trust.

We have seen system partners achieve improvements in IPC in 2020/21, such as:

- MPFT internally increasing its IPC provision by redeploying staff to direct resource and support into care homes across Staffordshire and Stoke-on-Trent
- local authority investment into MPFT's IPC provision to expand the team as redeployed staff returned to their original posts to reopen services
- additional investment from the CCG and both local authorities to employ a Strategic Lead for IPC, hosted by the CCG, for 12 months, to be reviewed during 2021
- additional investment by the CCG to support the Strategic Lead for IPC due to the high incidence of outbreak management
- a national directive to ensure 100 per cent of care homes received IPC training to a consistent standard was achieved in May 2020.

During the pandemic, there have been weekly meetings with the IPC leads. Post-infection reviews in the provider trusts have allowed shared learning and provided the ability to move forward and improve practice.

As the reduction of gram-negative blood stream infections and other healthcare associated infections remains an important ambition, the health economy IPC meeting continues monthly with the remit of bringing together system partners to reduce avoidable healthcare-associated infections. Work towards this goal will increase as the impact of the COVID-19 pandemic subsides.

Quality Impact Assessment (QIA)

We remain committed to evaluating the impact on the quality of care for patients for any service changes, either temporary or permanent, that are proposed. The Quality Lead has a well-established single QIA policy and process for all six Staffordshire and Stoke-on-Trent CCGs. This includes a single QIA sub-group, which has a range of members including lay members of the Governing Bodies and members of the quality team.

The role of this sub-group is to scrutinise the commissioning activities and to challenge decision making. This is so that staff who carry out change can ensure that quality is not compromised and prevent or mitigate impacts for the residents that the CCGs serve.

During 2020/21, the CCGs have further embedded the improvements made in 2019/20. This will support the adoption of a system-wide QIA process as we move into 2021/22. The volume of QIAs means the sub-group continues to meet twice a month, with additional meetings as required. QIAs continue to form an integral part of the Quality Innovation Productivity and Prevention (QIPP) process, and ensure that processes are streamlined, efficient and timely.

In March 2020, the process was scaled back and QIA sub-groups were cancelled to accommodate the national response to COVID-19. Over this period, the CCGs enacted a 'short form' QIA process that analysed the quality impacts of any changes enforced on the system by COVID-19. These changes included cessation of face-to-face outpatient or planned care pathways, and any unintended impacts on out of hours services or IVF (in-vitro fertilisation) treatments. This successful response process was overseen by a senior manager in the quality team and developed in conjunction with commissioners.

In August 2020, the sub-groups resumed and the 'short form' QIA process became part of the panel's responsibility for oversight. QIA development to enable a system-wide QIA process with partners across the local NHS footprint continues. Changes include a more robust review of the impact on quality, identified mitigations and aspirations, and oversight using pathway mapping to identify where the change sits within the system. Feedback to the CCGs is via Quality and Safety Committees in Common. This work will continue into 2021/22, as we design an overarching intergraded commissioning system to ensure quality for patients remains at the heart of the commissioning work.

Maternity Transformation Programme (MTP)

The CCGs in Staffordshire and Stoke-on-Trent actively support the recommendations within Better Births (2016), Saving Babies Lives Care Bundle Version 1 and 2 (SBLCB v1/v2), the Neonatal Critical Care Review, the NHS Long Term Plan (2019) and phase 3 COVID priorities through the Staffordshire and Stoke-on-Trent Maternity Transformation Programme (MTP) / Local Maternity and Neonatal System (LMNS). The LMNS membership includes CCGs, both Staffordshire and Stoke-on-Trent local authorities, NHS maternity providers, NHS providers, NHS England and NHS Improvement, and women who use the maternity services.

In March 2020, the NHS took the decision to pause the MTP nationally in response to the COVID-19 pandemic, meaning that all maternity transformation activity was paused across Staffordshire and Stoke-on-Trent. Midwives and clinicians within the MTP were redeployed to clinical duties, as were CCG staff that are part of the programme. In June 2020, the NHSE/I regional team advised the LMNS to begin recovery and restoration of the MTP. The MTP was recovered and restored fully in August 2020, and transformation work has progressed but also stalled at times during the financial year due to the ongoing pandemic.

One thing that was maintained and was constant throughout the pause was the continuation of Maternity Voices Partnerships (MVPs). NHSE/I advised LMNSs that MVPs should continue to provide support to service users during the pandemic, and also deliver vital communications regarding local service changes in maternity, as a result of local responses to COVID-19.

The MVP's continuation during the pandemic has resulted in it growing from strength to strength. The MVP recruited more Maternity Champions during the pandemic, and has had multiple success stories. MVP meetings now take place virtually through Microsoft Teams, which has allowed for equitable representation of service users, providers and stakeholders – whereas previous meetings were hosted in Stafford, which required cost and travel time to attend.

Co-production and transformation of maternity services via the MVP has continued to progress, with the MVP providing feedback on the Postnatal Improvement Plan, MTP Plan, Neonatal Critical Care Review and leaflets – to name a few. Bi-monthly meetings are now taking place, as opposed to quarterly meetings. This provides more focused discussion and engagement from champions and stakeholders. A quarterly service user feedback report, 'You said, we did', has been produced. This allows for champions to feel their opinion is valued and provides feedback to service users and families. The LMNS workstream now has MVP Champion representation, which has allowed for even greater co-production of services.

NHSE/I provided transformation funding for 2020/21, and revised targets and deliverables (phase 3 COVID priorities) for Better Births and the NHS Long Term Plan, due to the pausing of the programme. The phase 3 COVID priorities are detailed below, along with LMNS updates against each priority.

1. **Restoring – with appropriate adjustments – the full pathway of maternity care:** the LMNS installed the full pathway of maternity care, while also locking in the advantages of adjustments made during the pandemic, such as the continued use of the 'Attend Anywhere' platform for clinic consultations.
2. **Continuing delivery of key safety initiatives, reporting and learning:** to progress this piece of work under the Quality and Safety workstream, a Saving Babies Lives Care Bundle (SBLCB) Steering Group was created to provide a more focused approach to the implementation of this guidance. The group has representatives from the University Hospitals of Derby and Burton and the Shrewsbury and Telford Hospital NHS Trust. The group reports progress and assurance directly into the Quality and Safety workstream, and then onto the MTP Board.
3. **Resume implementation of continuity of carer (CofC) towards most women receiving continuity by March 2022:** a CofC Steering Group has been created which focuses on the key deliverables in more detail. The LMNS now has a detailed action plan to achieve continuity of carer, focusing on the key priorities. These are to ensure that by March 2021, at least 35 per cent of women booked for maternity care are placed onto CofC pathways, and to ensure at least 35 per cent of all Black and Asian women, and at least 35 per cent of all women from the most deprived 10 per cent of areas are placed onto CofC pathways. The steering group reports directly to the service reconfiguration group, and then onto the MTP Board.
4. **Implementation of actions towards equity in health outcomes for ethnic minority women, women living in the most deprived areas, and their babies:** to focus on inequalities in health outcomes for the ethnic minority population across Staffordshire and Stoke-on-Trent, a monthly BAME (Black, Asian and minority ethnic) Task and Finish Group was created. The group has focused on co-producing an operational policy with the MVP and community

organisations who are representative of local women and families, to manage the risks of COVID-19 for pregnant women from an ethnic minority background. The group has also co-produced tailored communications to reassure pregnant women from ethnic minority backgrounds that maternity services are available during the pandemic, and to encourage them to seek help if they have any concerns. Work has been undertaken with maternity providers to ensure there are discussions regarding vitamins, supplements and nutrition in pregnancy to help minimise the risk of vitamin D insufficiency. More is being done to ensure data for women from ethnic minority backgrounds is recorded, to identify those most at risk of poor outcomes: ethnicity, as well as risk factors such as living in a deprived area (postcode), co-morbidities, BMI and those aged 35 years or over.

5. **Continued implementation of the Neonatal Critical Care Review recommendations:** a Local Neonatal Workstream has been set up to monitor actions against the key recommendations. A Joint Neonatal Workstream has also been created between the Staffordshire and Stoke-on-Trent LMNS and Shropshire LMNS, which focuses on one key recommendation for all LMNSs: an inter-utero pathway for babies born before 27 weeks. This is to ensure that babies are born at the right time in the right maternity unit, providing better outcomes for neonatal and pre-term babies.
6. **Participation in funded NHS Long Term Plan initiatives, on a voluntary basis:** the NHS Long Term Plan included a joint Perinatal Mental Health and maternity transformation objective: by 2023/24, maternity outreach clinics (now maternal mental health services (MMHS)) will be available across the country, combining maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience. Central transformation funding was made available to systems for testing models for MMHSs in selected areas in 2020/21 and 2021/22. The Staffordshire and Stoke-on-Trent LMNS was successfully awarded 'Fast Follower' status. As a result, a weekly Implementation Group has been set up and the LMNS is working to implement, mobilise and go live with MMHS in June 2021.

During the recovery and restoration of the programme, the MTP team has been further improved with three additional posts: two LMNS midwives and a senior data analyst. The LMNS midwives started in post in 2020, and both lead on specific workstreams within the MTP, providing support to providers, clinical oversight and regular updates and assurance of progress to the MTP Board.

The Senior Data Analyst has been integral in creating and producing an LMNS dashboard, which provides data against all of the key objectives/deliverables of the MTP (Better Births, NHS Long Term Plan and phase 3 COVID priorities). The dashboard also provides data which is analysed to identify inequalities and variation in maternity services across the Staffordshire and Stoke-on-Trent population, exploring specific inequalities such as those relating to breastfeeding, smoking in pregnancy, obesity in pregnancy, perinatal mental health and infant mortality.

Work in progress to address these inequalities includes:

- an LMNS Infant Feeding Strategy / Action Plan Steering Group across Staffordshire and Stoke-on-Trent
- enhancement of the quality and safety workstream with representation from Public Health to address smoking in pregnancy
- BAME Task and Finish Group
- an infant mortality working group across Stoke-on-Trent.

Despite the pausing of the MTP, the team has continued to support Together We're Better's Pre-Consultation Business Case (PCBC). In particular, they have assessed the quality impact and patient experience of the temporary closures of the Freestanding Midwifery Birth Units at County Hospital and Samuel Johnson Hospital, as a result of our local maternity providers' responses to the pandemic.

The LMNS has also completed an assurance and assessment tool in response to the immediate and essential actions required by all maternity providers in England, identified from the Ockenden Report (Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust, 10 December 2020). This work requires the LMNS to implement a Perinatal Quality Surveillance Model / Framework, which will require the LMNS to support the new ICS's role in quality oversight of maternity services. The Perinatal Surveillance Oversight Model / Framework will illustrate how maternity transformation and the quality of maternity services is monitored at a local and regional level in the future.

Safeguarding children and vulnerable adults

Safeguarding is a statutory responsibility for the CCG, led by the Executive Director of Nursing and Quality supported by the Designated Safeguarding Nurses for Children, Looked after Children and Adults. CCG safeguarding responsibilities are covered in key legislation.

The CCG is a statutory partner of both the Adult and Children's Local Safeguarding Boards (or equivalent meeting) and the safeguarding arrangements of our most vulnerable remain a key priority for us. The Designated Nurses for Safeguarding Children and Adults remain committed to working with our multi-agency partners and neighbouring CCGs to ensure that our children and adults at risk are protected from harm.

We have robust governance and contractual arrangements in place for reporting and responding to safeguarding issues which fulfil the national and local safeguarding requirements. The CCG's Safeguarding Dashboards, with agreed trajectories for each metric, are now fully embedded within provider organisations and reviewed by our safeguarding leads. This enables us to view performance, quality and trends, and to identify and target areas requiring action.

Safeguarding children

The Designated Nurses, Doctors and Named GPs for Safeguarding Children have prioritised safeguarding workstreams across Staffordshire and Stoke-on-Trent. This has included:

- partnership working with multi-agencies on the Domestic Abuse Strategic Commissioning Board and associated working groups
- developing and supporting the Domestic Abuse Strategy, the Serious Violence Strategy and child exploitation task groups, including county lines and modern slavery
- developing the Child Sexual Exploitation Strategy and the Female Genital Mutilation Steering Group
- steering and contributing to the workstreams and contributing towards the Staffordshire and Stoke-on-Trent priority agenda for neglect.

The Designated Nurses have continued to support and guide the six CCGs regarding their statutory safeguarding duties in this respect. Policies for safeguarding children have been developed and updated including the Safeguarding Children Policy, Safeguarding Children Supervision Policy, and the Managing Safeguarding Allegations against Staff and Domestic Abuse Policy.

The Designated Nurses remain committed to implementing the changes in Working Together to Safeguard Children (2018) stipulated as part of the six CCGs' responsibilities outlined in the Children and Social Work Act 2017. This work is ongoing and involves development of a revised Safeguarding Executive Partnership in Stoke-on-Trent; a Safeguarding Children Board in Staffordshire; a Child Death Overview Panel; and Serious Case Review modernisation, now referred to as the Child Safeguarding Practice Review.

The newly formed Safeguarding Children Health Forum began in November 2019. The forum's purpose is to enable and coordinate the health economy to improve the wellbeing of children and families. It remains committed to the former joint Safeguarding Children Board's arrangements, ensuring that the relationships and co-production around priorities are owned and valued by all partners across the wider partnership. It specifically seeks to achieve the following goals:

- Provide a communication network for safeguarding children's health professionals, reinforcing relationships and sustaining reciprocal communication and collaboration between the Staffordshire and Stoke-on-Trent Safeguarding Children Board / Partnership and health provider safeguarding teams.
- Facilitate the sharing of best practice and encourage members to promote this within their organisations.
- Discuss, share and reflect on current areas of safeguarding work. Identify areas of concern, gaps and themes that require local attention and multi-agency problem solving. Provide scrutiny and challenge to the Safeguarding Children Scrutiny and Assurance Group, and report to the Staffordshire and Stoke-on-Trent Safeguarding Children Board / Partnership.
- Escalate matters that require further scrutiny or investigation to the appropriate forums.

The Designated Nurses chair the Child Safeguarding Practice Review sub-group of the Staffordshire Safeguarding Children Board, and act as Vice Chair of the CDOP

for Staffordshire and Stoke-on-Trent. Both Designated Nurses remain officers of the respective Local Safeguarding Children Boards (or equivalent).

As part of its improvement plan, Stoke-on-Trent City Council has introduced a new model of working, which the Designated Nurses have supported as a health reference group. This group are now members of the Children's Advice and Duty Service (CHADS) working group.

There is continued support to develop a multi-agency performance framework, with workshops and task and finish groups to address the work involved in the newly commissioned Graded Care Profile 2 (GCP2) and Restorative Practice.

The Child Death Overview Panel (CDOP) Nurse Practitioner became an employee of the CCGs and a valued member of the safeguarding team in 2020. They provide assurance that providers of health services are compliant with the CDOP processes, and deliver valuable training and information pertaining to the prevention of child deaths across Staffordshire and Stoke-on-Trent.

The Designated Nurse for Looked after Children has embedded processes across Staffordshire and Stoke-on-Trent, working in partnership with the local authority and provider organisations. A robust quality assurance system is in place to monitor the quality of health assessments and this role continues to be an expert source of advice and guidance to medical staff completing the required assessments.

Safeguarding adults

The Designated Nurse for Safeguarding Vulnerable Adults for the six CCGs in Staffordshire and Stoke-on-Trent co-ordinates the adult team. They ensure delivery against the statutory duties and responsibilities detailed within the Care Act 2014 and in accordance with the NHS England Safeguarding Accountability Framework, to demonstrate the CCGs' compliance with statutory safeguarding functions.

The collaborative working with Staffordshire and Stoke-on-Trent local authorities' quality teams and adult safeguarding enquiry team has gathered real pace with the CCG Adult Safeguarding and Care Home Quality nurses becoming integral members of those teams. They undertake safeguarding enquiries in accordance with the Care Act 2014 and also make reactive quality monitoring visits to provide clinical support and oversight to the quality monitoring programmes.

The Designated Nurse is vice chair of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB). Together with the Senior Nurse for Adult Safeguarding, they provide leadership and support to the sub-groups of the Board. The CCG has received the SSASPB Annual Report, which has been discussed in detail at the CCGs' Safeguarding Group – a sub-group of the Quality and Safety Committees in Common (QSCC).

The Safeguarding Group is chaired by the Clinical Chair and Non-executive GP Lead for Adult Safeguarding. The group agrees the workstreams and work plans for the safeguarding team. It discusses safeguarding issues for adults, children and young people in detail, and escalates relevant matters to the QSCC. This has strengthened safeguarding throughout the CCG and ensured robust governance and reporting.

The Designated Nurse supported by the Senior Adult Safeguarding Nurse and Named GP for Adult Safeguarding have undertaken Domestic Homicide Reviews

(DHRs) and Safeguarding Adult Reviews (SARs). These are the statutory reviews that the safeguarding team undertakes on behalf of primary care general practice.

The Adult Safeguarding Roles and Competencies for Healthcare Staff intercollegiate document was published in August 2018 and is endorsed by NHSE and the Royal Colleges. It was designed to guide professionals and the teams they work with to identify the competencies they need to ensure that people receive personalised and culturally sensitive safeguarding support. The adult safeguarding team has worked with NHS providers to ensure action plans derived from this document have been delivered and demonstrate compliance.

Across the six CCGs, there have been a high number of Section 21a Deprivation of Liberty Challenges. These have been overseen by the safeguarding team in collaboration with external providers and NHS Midlands and Lancashire Commissioning Support Unit (MLCSU).

The adult safeguarding team is working with the Director of Nursing and the commissioning team to prepare for the implementation of the MCA Amendment Act (2019). This will see a change in the CCGs' duties when authorising the arrangements enabling the care or treatment of people who lack capacity to consent to the arrangements, which gives rise to a deprivation of their liberty.

The Designated Adult Nurse also ensures that the Prevent agenda and requirement set out in the Counter Terrorism and Security Act (2015) is achieved by all NHS commissioned services. This continues to be monitored and supported through a national pilot with the multi-agency team.

The Designated Adult Nurse is a member of the NHSE/I Safeguarding National Network, which is a clinical reference group influencing national policy and developing key partnership working at a national level.

Transforming Care Partnership

The Staffordshire and Stoke-on-Trent Transforming Care Partnership (TCP) continues to progress the ambitions set out in the 'Building the Right Support' document. The last year has been particularly successful in progress towards the year-end trajectory. The TCP has been acknowledged for its significant improvement.

The number of autistic people and those with a learning disability in Staffordshire and Stoke-on-Trent who have been inpatients for a long period of time continues to decrease. There has, however, been an increase in admissions particularly for children and young people with autism who appear to be struggling mainly due to COVID-19 restrictions. This is not unique to the local system, and is being seen across the country.

For many of the people discharged, their lives have been completely transformed with many enjoying new experiences in the community with their families and friends. The TCP will continue to be committed to discharging patients from inpatient hospitals back into the community.

There is a plan to transfer the current transforming care team to North Staffordshire Combined Healthcare NHS Trust (NSCHT) from 1 April 2021. NSCHT will continue

to support the current programme while the CCGs concentrate their efforts on the delivery of the objectives set out in the NHS Long Term Plan.

Hospices

End of life (EOL) care remains one of the priority areas for the CCGs. During 2020/21, a palliative and end of life cell (PEOLC) was developed, linking with the CCGs' EOL operational cell. As part of the Palliative Care and EOL Strategy, developed at the end of November 2019, the EOL cell was created to support a system-wide approach to delivering improvements in EOL care during COVID-19. The group is made up of partners from the community services, acute hospitals and the voluntary and community sectors. This cell reports to the COVID-19 response governance structure which then reports into the CCGs' Governing Body.

The quality team representative for the EOL cell is the Designated Nurse for Safeguarding Vulnerable Adults. Due to the escalation of the COVID-19 pandemic, the EOL cell met weekly to focus on operational issues that arose. The quality team has not conducted quality visits in adult and children's hospices during the pandemic. However, regular communication through the EOL cell and reporting mechanism has ensured ongoing engagement.

Nursing homes

Quality improvement in nursing/care homes remains one of the CCG's priorities. To accomplish this, the local system quality improvement oversight meeting, the Nursing Home Quality Assurance and Improvement Group (NHQAIG), has made changes to its terms of reference. This has led to a renewed focus on the quality assurance of nursing homes and care homes in the Staffordshire and Stoke-on-Trent area.

The group has further embedded the NHSE Enhancing Health Care in Care Homes framework into its quality oversight structure and monitoring of the plan. This framework provides a baseline for system-wide transformation of the care home economy.

The provider improvement response team (PIRT) has been operational since March 2019, and is an integrated service jointly funded by Staffordshire County Council and the six Staffordshire and Stoke-on-Trent CCGs, with the aim of working with care home services identified as being in urgent need of support. The PIRT works collaboratively with providers across the health and social care system with a predominant focus on ensuring safe, effective, evidence-based and high-quality care to patients and residents.

These are the team's aims and intended outcomes.

- Improve patient safety and quality of life by ensuring care home providers meet individuals' needs.
- Improve market quality by working with care homes that have an escalated level of risk and those which have continuously struggled to improve the quality of their service.
- Reduce unnecessary hospital admissions by identifying issues, understanding hospital admission difficulties and working with the care homes to reduce

unnecessary non-elective hospital admissions. The aim is to ensure a timely response to care needs from the right care professional in the right setting.

- Ensure greater market choice with more services with a CQC 'good' or 'outstanding' rating to improve the standards of patient care.
- Avoid urgent closures by the regulator under Section 30 of the Health and Social Care Act 2008. The aim is to minimise the impact on people and their families and carers in the event of a care home closing (CQC, 2020).
- Use quality interventions to reduce the duration of contractual suspensions, increasing the available capacity within the market.

Through their input and collaborative working, the PIRT has been able to demonstrate considerable impact by:

- preventing urgent care home closures
- reducing the need for multi-agency processes including large scale enquiry and quality improvement processes
- enhancing timely response to quality assurance action plans
- supporting referrals to training resources to enhance staff knowledge and adherence to training standards.

During the COVID-19 pandemic, the PIRT has assisted various workstreams, including:

- supporting the COVID-19 local outbreak management process
- undertaking risk assessments with adult care settings
- partnership working with community providers, including intensive support teams and infection prevention and control.

In acknowledgement of its work, including integrated working and collaboration with many health and social care partners, the PIRT was a finalist for three national awards during 2020:

- *Nursing Times* Awards 2020 – Care of Older People
- *Municipal Journal* (MJ) Awards 2020 – Care and Health Integration
- *Health Service Journal* (HSJ) Patient Safety Awards 2020 – Best Partnership Solution for Improving Patient Safety.

Engaging people and communities

Responding to the coronavirus pandemic and its impact on health and social care services has required a responsive and flexible approach to communications and engagement. Due to an ever-evolving situation, it has been more important than ever to ensure stakeholders and the public have received timely and accurate information to help reduce the spread of the virus, to manage the delivery of services, and to reassure people about the services that have continued to be available.

Throughout the pandemic, partnership working across the health and social care system has enabled channels to be shared between organisations and ensured a

consistent approach to messaging. It has also supported engagement with the population to understand the impact of COVID-19 and to address any concerns or issues by providing clarity and reassurance.

New approaches have been developed this year to maintain and widen engagement despite social distancing restrictions, without losing sight of those who are unable to engage though digital channels. There has been an increased use of digital and online platforms, such as Microsoft Teams, WhatsApp and social media, to engage with the population as well as the development of more creative materials to reach a wider audience.

In addition, there has been increased engagement with our community and voluntary sector networks to reach seldom-heard groups, such as ethnic minorities as well as those with disabilities, the homeless and travelling communities. We needed to understand the challenges being faced so we could ensure equitable access to information and services. Tackling inequalities has always been a priority for us and this year we have strengthened our networks to help reach and understand the needs of these diverse groups and adapted both our communication activities and operational delivery of services accordingly.

Throughout the pandemic we have proactively sought feedback from stakeholders and the public through a variety of channels including:

- working with Healthwatch(s) to develop a short survey to capture people's experiences during the pandemic
- regular surveys through the Together We're Better People's Panel, which aims to be broadly representative of our general population – including by age, geography, and protected groups
- working with existing patient groups to understand how we can still connect with them through digital channels
- temperature check surveys – shared through partner channels and also online including social media, websites and staff
- social media conversations and webinars/online focus groups encouraging people to share their views on specific areas of interest
- phone calls with community groups that represent seldom-heard groups, for example with ASIST to understand the needs of people with learning disabilities/hearing impairments as we move towards more virtual working.

Despite the challenges this year, the CCG remains committed to patient and public involvement at all stages of the commissioning cycle – not just because it is our statutory duty, but because it is the right thing to do. Evidence shows that involving patients and the public in decisions about their healthcare increases their confidence, empowers them to consider how to stay healthy, and ultimately leads to better health outcomes.

We must commission health services that meet patient needs and we must ask people what those services should look like and how they feel when they are in place. This, balanced with clinical evidence and academic research, will mean that we commission efficient and effective services.

Engagement to support compliance with national guidance

To encourage compliance with national guidance and to understand potential barriers for the public, it has been important to engage with the local population. We have sought feedback from a variety of sources across a range of partners to help shape the communications activity over the last 12 months. This included the development of a system-wide behaviour change campaign called the 'Do it for' campaign.

Working with colleagues across Staffordshire's Local Resilience Forum, which includes NHS organisations, local authorities, Staffordshire Police and Staffordshire Fire and Rescue, the campaign was developed to tackle the issue of rising numbers of coronavirus cases, public fatigue with coronavirus messages and to increase the uptake of testing. It was aimed at reminding people of the basic things they could do to stop the spread of the virus but also at explaining why they work and using emotive local stories to motivate people.

Engaging with stakeholders and partners as well as the community and voluntary sector, local businesses, faith leaders and members of the public, we developed a campaign that included a series of videos of local people across Staffordshire and Stoke-on-Trent saying why compliance mattered to them and what they were doing it for. The videos included a range of people from NHS leaders talking about the need to protect the NHS to local grandparents talking about doing it so they could visit their grandchildren again.

The campaign also included a weekly campaign toolkit, which was shared with partners and stakeholders to be adapted for use on their own communication channels and included key messages, latest videos and both digital and non-digital resources to amplify the campaign.

Engagement to support the coronavirus vaccination programme

In December 2020, we launched the largest vaccination programme in the history of the NHS. Communications and engagement have played a key role in supporting the rollout across Staffordshire and Stoke-on-Trent.

Regular information has been shared across a range of channels to ensure people have been kept up to date with the programme as well as providing reassurance and clarity on areas of concern. A dedicated coronavirus vaccine bulletin has been sent to stakeholders every week sharing the latest news, resources, FAQs and media coverage, as well as weekly updates on the vaccination figures.

Meetings have taken place fortnightly for MPs and council leaders to keep them informed about the latest news and updates, led by the programme team and supported by communications. Following each meeting, stakeholders were sent an information pack which included the key messages so they were able to respond to queries from their constituents or other stakeholders.

Social media has been an important and effective channel for the system in the delivery of the vaccination programme. The vaccine materials and content shared on social media relating to the vaccination programme have achieved high levels of engagement and organic reach. A blend of paid and organic content has been

pushed out on social media, targeting specific audiences based on their demographics, geographic location and interests. The vaccine content has also achieved much higher levels of engagement and reach through community pages.

A range of graphics and videos from local clinicians (using different languages) were produced to increase reach for followers. These resources were routinely shared with partners, including GP practices, to support consistent messaging, and there has been a responsive approach to feedback received across all social media channels.

Monitoring soft intelligence

Regular monitoring of soft intelligence and proactive engagement with a range of community groups has helped to shape the communications response to the vaccination programme. Comments and questions raised via social media or directly through discussions highlighted areas of focus for communications, which were then addressed through a variety of activities, including social media messaging, videos and stakeholder bulletins.

A coronavirus vaccine intention survey was shared among stakeholders to help evaluate how many communities were intending to get the vaccine and the reasons why. Most respondents welcomed the vaccine, however the survey helped to identify a key theme of hesitancy related to the safety of the vaccine and fears that it was developed too quickly.

A coronavirus patient refusal survey was also produced for GPs to send via email or text message to patients who had refused the vaccine. The survey provided soft intelligence on the reasons for hesitancy and refusal, which were then fed back into the seldom-heard workstream and used to shape and form communication strategies.

Working with groups such as ASIST and DeafLinks enabled communications to be tailored to meet the needs of the people with sensory impairments and supported the vaccination programme operationally. Feedback from Communities2gether and meetings with faith leaders helped to identify concerns that people had in relation to the vaccine, which could be addressed through communication resources. This also led to a number of pop-up clinics in the relevant areas.

Engaging with seldom-heard groups

During the response to coronavirus, a number of seldom-heard groups were identified that required a more targeted approach to communication and engagement to ensure information was both inclusive and accessible.

Working in partnership with organisations across health and social care, the Communities2gether forum was established to focus on the needs of seldom-heard groups. It included representatives from the wider equality and health inclusion groups, such as faith leaders, support groups and members of the community and voluntary sector.

Communities2gether aimed to support and inform the development of local resources and communication channels and to disseminate key messages to its own groups, organisations and wider networks. It also collated feedback from the

community highlighting examples of good practice as well as areas that needed further focus or development.

Online

Digital communications

We have increased our digital communications over the last 12 months, as a result of how we communicate and engage due to the coronavirus restrictions. This activity supports our Digital Communication Strategy which involves using a variety of digital assets and innovative methods to share our messages and engage with the local population as well as internal colleagues and GP practices.

Social media

We have significantly increased the use of innovative methods across our social media platforms through engaging videos and informative infographics. We also introduced podcasts reaching a new audience to share important updates on the pandemic, and educated the population on relevant subjects, such as the set-up of COVID testing centres and raised awareness of health services.

These methods have featured people from the community and health and social care workers to make them more personable, resulting in increased reach and engagement. These methods have also seen an increase in our social media profiles for Facebook, Twitter, Instagram and YouTube, and website traffic. Each of these assets were clear and accessible for everyone, including British Sign Language (BSL) interpreted videos.

Live meetings/webinars

We have introduced virtual meetings and webinars to continue communication and engagement with stakeholders of all levels across the system. We have supported GP- led sessions and presentations by GPs about the vaccine to community groups members, and other vaccine related sessions with faith leaders and councillors.

Our first joint Annual General Meeting (AGM) was held virtually in a live webinar where attendees could hear about our achievements and focus for the next year. We saw an increase in people attending compared to previous years. This encouraged us to hold other virtual meetings in public, including our Governing Body meetings. Videos of these events and meetings are also available for people to watch after the event on our website.

We’ve encouraged patient participation groups (PPGs) and patient groups to meet virtually to continue their valued work. This has enabled the continuation of the two-way conversation during the pandemic.

This technique also enabled us to support engagement projects including interactive workshops to support the SEND strategy. This means families from different backgrounds with different commitments could have their say in a safe manner.

Internally, live meetings and webinars have supported the ongoing ‘Back to the Future’ programme of work for staff. Weekly live conversations, known as the Team Brief, have taken place between senior leaders and staff about the organisational development work programme, as well as interactive development sessions with all staff throughout the year.

The communications and engagement team have provided further technical support and training for other departments to hold their own virtual meetings, such as safeguarding training and protected learning time (PLT) sessions with GP practices.

E-newsletters

We have increased our frequency of e-newsletters and developed dedicated newsletters with Together We're Better to support the fast-paced response to the COVID-19 vaccine programme.

A fortnightly stakeholder bulletin and patient bulletins cover any CCG news, health awareness campaigns and current engagement and consultations to get involved in. A further weekly bulletin was developed toward the end of the year to communicate the progress of the COVID vaccine programme. This was accompanied with various toolkits and resources so that stakeholders and community representatives could share consistent messaging among their networks. The newsletters are also saved on the websites, so that people can download and read the information at their own pace.

Internally, we saw a significant increase in e-newsletters for staff and GPs. Staff received one bulletin a day during the beginning of the pandemic, and GP practice staff received an update three times a week. While the staff bulletins reduced to twice a week, there is a continued feed of information through other mediums such as social media, websites, Microsoft Teams chats and intranets.

Websites and intranets

Our website is central around providing meaningful public information and feedback in accessible formats. The website is AA standard compliant. The site map and functionality were co-designed with patients, who told us what they needed to know from the website and how they wished to access the information they seek.

We provide feedback on what we have done with the information that people give us and let them know how we have changed services as a result – this is covered in the engagement and consultation section of the site. It details all current and previous activity covering the background, the activity, what people said and a 'you said, we did' approach so people can clearly see how their impact has made a difference.

There is also a dedicated section on the CCG website providing advice and resources for patient participation groups to support engagement with their practice populations.

Information and resources around coronavirus and the vaccination programme are hosted on the Together We're Better website for a system-wide approach. Various materials and resources in different languages and formats are hosted, whilst toolkits and social media posts all feed to this page to help measure its usage.

The staff intranet continues to be the one-stop host of resources for CCG colleagues including news, training opportunities and resources. Towards the end of the financial year, the site was moving to a SharePoint platform to aid easier access for staff, and the use of features to connect with the Microsoft package. This is likely to launch in May 2021.

GP practices saw the introduction of a new intranet site developed and updated by the communications and engagement team. At first this need was to address all

practices across the six organisations to share one area for information about coronavirus. Working with GPs and primary care, this evolved into an intranet platform to incorporate primary care news, forms, operational procedures and other resources. This intranet site is also being scoped to move to SharePoint to aid easier access and make use of the full Microsoft package.

Face-to-face

We have continued to engage with our various patient groups throughout the pandemic, although online mechanisms were put in place to deliver them due to social distancing restrictions. Training and guides were also produced to support members to attend virtual meetings on Microsoft Teams and these were well received by members.

District Patient Groups

In south Staffordshire, patient representatives have continued to attend the CCGs' District Patient Groups, which aim to create a two-way flow of information between the CCGs and the wider population via practice-based Patient Participation Groups (PPGs).

The District Patient Groups are chaired by patient representatives and used to inform and engage the population in CCG activities and local health services beyond primary care. They are also open to individuals and organisations outside the PPGs that can represent the views of different demographics and different parts of the local community in each district.

To support practices' engagement with their PPGs during the pandemic, the PPG Toolkit was updated this year to provide advice and guidance on running virtual PPGs in place of the traditional face-to-face meetings. There is also a password-protected area on the CCGs' website for PPG members to access toolkits, guidance and good practice and regular information is shared through the CCGs' stakeholder bulletin.

Commissioning Patient Council

The CCG has an active Commissioning Patient Council, which brings together a group of informed participants to contribute to the strategic planning, development and delivery of local health services. The meetings have continued this year as online meetings using Microsoft Teams.

Representatives from the four District Patient Groups are invited to attend the Commissioning Patient Council to ensure there is a local focus to strategic discussions as well as representatives from the community and voluntary sector. The Lay Member for Patient and Public Involvement (PPI) for each CCG chairs the meetings, and there is an embedded process for gathering soft intelligence through the collection of patient stories, which are reported to the CCGs' Quality and Safety Committees in Common and then fed back through the local district groups via a summary report.

Lay Member for Patient and Public Involvement (PPI)

Lay members are integral to the assurance and governance processes of the CCGs. The Lay Member for PPI ensures that patients' voices are brought to the table and able to influence decisions taken at a strategic level. Through the Communication,

Engagement, Equality and Employment Committee, equality and inclusion are woven into our day-to-day practice.

The Lay Member for PPI has a key role to play in assuring the CCG in relation to public involvement and holds the CCG to account on its involvement activity.

Examples of patient representative involvement

While the priority focus for this year has been supporting the local response to coronavirus, engagement activity on service development has continued where appropriate and when national guidance allowed. Service users, GP practices and staff have also been involved in informing restoration and recovery plans for services impacted by the pandemic as well as in shaping services for the future.

Some examples of patient representatives' involvement in CCG activities this year include the following.

- The Communications, Engagement, Equalities and Employment (CEEE) Committee monitors and shapes our patient and public involvement activity regularly. Although meetings were suspended at the height of the pandemic, they were reinstated last summer and continue to oversee the delivery and outcomes of communications and engagement with the community. The CEEE Committee also has a strategic responsibility and reports to the Governing Body
- The Primary Care Commissioning Committee monitors public involvement through the contracts with primary care services. The meetings are chaired by CCG lay members and part of their role is to ensure that GP practices have undertaken the correct level of involvement in relation to potential changes to services, such as branch closures and mergers. This year the meetings have been moved online, but members of the public can still ask questions on agenda items
- Together We're Better undertook listening events during the pandemic to capture people's experiences and to understand how COVID-19 had affected their access to services. The feedback was fed into the restoration and recovery work and will continue to be used to shape planning of future services
- Despite the impact of coronavirus on business as usual this year, there have been examples of patient engagement that has taken place:
    - Stakeholder and public engagement on proposals to become a single strategic commissioning organisation
    - Engagement and consultation with parents, carers and professionals to develop a new Special Educational Needs and Disability (SEND) Strategy with Staffordshire County Council. This involved a series of online workshops to identify the issues facing families and professionals, including a session on Facebook, and then further sessions to co-produce the draft strategy that went out for consultation
    - Engagement with parents, carers and service users to help shape a new service specification for the child and adolescent mental health service (CAMHS).

Examples where we have further developed our PPI mechanisms

- All decision-making committees of the CCG include lay member representatives to ensure patient and public views are heard in all aspects of the CCG's business including the Governing Body. The front cover of all Governing Body papers requires officers to provide assurance about patient and public involvement activity undertaken to support the proposals being made
- For every engagement process we undertake, we endeavour to gather (on an optional basis) equality and diversity monitoring data. This is so that we can assure ourselves that we are gathering information from a representative sample group and reaching out for feedback to all sections of our local communities
- Knowledge and guidance are shared with commissioners through training and awareness sessions, for example how to conduct a formal consultation.

We are proud of our public and patient involvement and are committed to embedding this as a golden thread through all of our decision-making processes.

Reducing health inequality

We have put governance and reporting arrangements in place to ensure reducing health inequalities is central to commissioning better outcomes for our patients. There is an Executive Board-level responsibility for health inequalities. The board member is supported by identified CCG officers and the local authority Public Health Department. Both health and social care services are held to account for reducing health inequalities through the Health and Wellbeing Board.

Partners across the system have undertaken an in-depth piece of work to understand health inequalities across the whole of Staffordshire, to inform the ICS Development Plan. By overlaying public health, geographic and demographic data with system and service use data, we have been able to analyse patterns of health inequalities with heat maps of social deprivation and economic profiling, informing Population Health Management work as this programme develops.

As a system, we are developing transformational change upon which we will involve patients and the public in developing solutions to the problems we have identified, and we will work with local people to develop the options that we will present in the Pre-Consultation Business Case. This is not a quick programme of work, but something that is becoming embedded in the way that we do business to reduce health inequalities for our population.

Work is underway to prepare data and information in a way that is meaningful to local people about the place that they live, in order that they can make an informed contribution to pre-consultation on future plans. Each local area has a profile and data to support the discussions we will have.

From a commissioning perspective, the six CCGs have increasingly commissioned services across Staffordshire, with some commissioning being locality-specific if health inequalities have been identified in our data analysis.

The CCGs have worked together to develop the first collaborative Equality and Inclusion Strategy 2018-21 following internal and external stakeholder engagement.

We are keen to involve local stakeholders in the continuing development and monitoring of this strategy to ensure that we commission the right services and work towards reducing health inequalities. This includes accessing services, outcomes from services, and providing services in an integrated way where this might reduce health inequalities.

The equality and inclusion annual publication 2020/21 for all six CCGs was approved by the Communications, Engagement, Equality and Employment (CEEE) Committee, as a sub-committee of the Governing Bodies in Common, in April 2021. The publication will report on how each of the six CCGs are meeting their Public Sector Equality Duty (PSED) and agreed equality objectives over a four-year cycle.

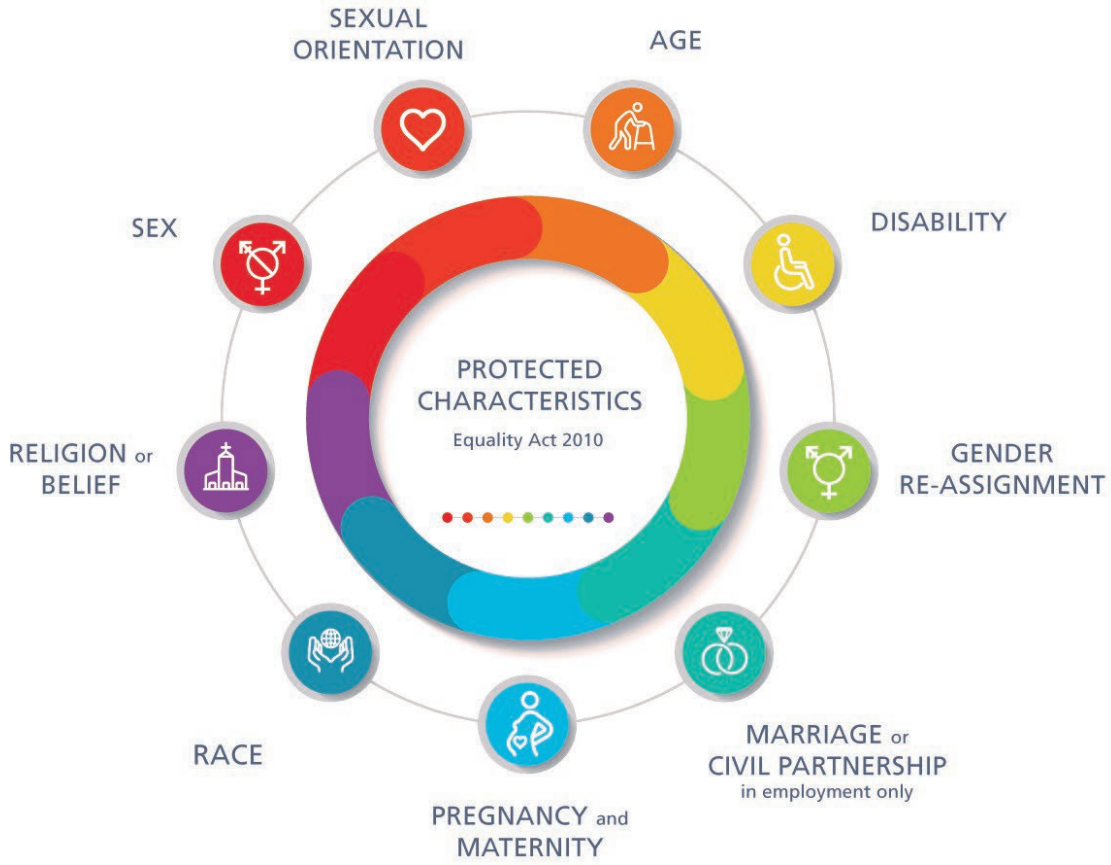
The CCG has adopted a vigorous Equality Impact and Risk Assessment (EIRA) process to understand the potential impact of proposed service change on both protected groups and how any policy or service may affect health inequalities or human rights.

A common database is used across all six CCGs which asks assessors to consider key questions to demonstrate how they have considered any unintended consequences and mitigations required to exercise their duty to reduce health inequalities, promote equality and protect human rights. Key staff have received training and the number of stage 1 and stage 2 EIRAs has increased significantly during the past 12 months.

The front sheets to Governing Body papers now state whether an impact assessment has been undertaken and Governing Body members have been briefed on their non-delegable duty to consider the information provided to inform their decision making.

The CCGs established a Local Equality Advisory Forum (LEAF) for the North of Staffordshire and Stoke-on-Trent in 2016, and were pleased to extend the group to cover all six CCGs in Staffordshire in early 2019. The forum is a group of people who represent communities with protected characteristics and vulnerabilities and act as critical friends to the CCGs. They advise on policies, public campaign material, service change proposals and inform our decision making. The group also includes representatives from vulnerable communities (such as the homeless and asylum seekers and refugees) and it includes people who can help us to think more broadly about how we can reduce health inequalities.

Protected characteristics, Equality Act 2010



As the members of LEAF are asked to join from local organisations which support people from seldom-heard groups, we have access to their wider networks and they kindly support us by promoting information or circulating consultations on our behalf. This means we can gather views and feedback from a wide range of people. Our commissioners attend the meetings when they are considering changing the way health services are delivered, so that we can understand whether there would be any unintended consequences from the changes or any mitigations we would need to put in place to minimise adverse impacts on particular groups. The forum is chaired by a CCG lay person with responsibility for patient and public involvement and we make sure that there is a clinician (doctor) at each meeting to answer any medical questions.

Some of the areas of work that LEAF has influenced include:

- our Equality and Inclusion Strategy
- It's OK to Ask – our health literacy work
- Medicines Matter – our campaign to reduce waste medicine
- proposals to change pathways in dermatology, physiotherapy, podiatry, musculoskeletal, Improving Access to Psychological Therapies (IAPT), cancer and end of life services among many others
- health services for older people
- access to adult mental health services with the Citizen's Jury

- LGBT (lesbian, gay, bisexual and transgender) issues in primary care
- pregnancy and maternity
- extended access to GP services
- integrated care hubs and the future of local health services
- cervical screening campaign messages
- deaf awareness and British Sign Language (BSL) video
- our stakeholder mapping
- access and contact methods
- faith and belief with regard to clinical procedures.

Stoke-on-Trent CCG and North Staffordshire CCG are piloting a digital reach programme with around 40 patients and their carers, supporting the work of Together We're Better's digital programme. The digital workstream 'Long-term health conditions – accelerating inclusion' includes the work of digital champions from a range of Staffordshire- and Stoke-on-Trent-based general practices and community services, alongside clinicians from other healthcare areas. This will showcase how voice-assisted technology such as Amazon's Alexa device can be used to improve health and wellbeing.

Alexa devices will be used to support about 40 patients with one or more long-term conditions, adverse lifestyle habits and/or frailty who are not currently using their own devices or technology equipment (such as a mobile phone, tablet or computer) for health-related purposes. Training (for patients and carers / clinicians) and set-up will be included, with a 'buddy' available to provide ongoing informal support if required.

Health and wellbeing strategy

Our Clinical Chair continues to attend the Staffordshire Health and Wellbeing Board, which is also co-chaired by North Staffordshire CCG's Clinical Chair. The Board brings together key health and care organisations to improve the health of local people and ensure fair access to services.

The Health and Wellbeing Board meets to understand local needs, agree priorities and ensure NHS organisations and the council work more closely, including commissioning services together where possible. The Health and Wellbeing Board is key to delivering integrated health and social care through strong local leadership across health, local authority and voluntary sector partners.

The Board's key functions are:

- to undertake a Joint Strategic Needs Assessment (JSNA)
- to develop a joint health and wellbeing strategy
- to ensure that the commissioning plans and activities of CCGs and the council are consistent with the JSNA and the health and wellbeing strategy
- to support development of joint commissioning, integrated delivery and pooled budgets

- to assess the need for pharmaceutical services in its area, and publish a statement of its first assessment and of any revised assessment
- to encourage integrated working under the Health and Social Care Act 2012.

During the early months of the COVID-19 pandemic, the Health and Wellbeing Board was stepped down to enable frontline health and care workers to focus on the response.

Examples of our contribution to the Health and Wellbeing Board include the following:

- The Board is co-chaired by a senior elected member of Staffordshire County Council and North Staffordshire CCG's Clinical Chair. This has been the case since the Board was established
- Whilst there are five CCGs within the Staffordshire County Council footprint, they act as one body and contribution to the Board reflects this arrangement
- We have provided regular updates to the Health and Wellbeing Board on the system's response to the COVID-19 pandemic. During summer 2020, we kept the Board informed of the system's plans to restore and recover routine services, that were temporarily stepped down during the pandemic
- During 2020/21, the NHS, working closely with the local authorities, has managed the roll-out of the largest vaccination programme in the history of the NHS. Regular updates have been provided to the Board and any feedback has been shared with the programme to inform the approach to the programme
- During the second half of the year, the Health and Wellbeing Board have been actively engaged in the development of plans for the Integrated Care System and the proposals for the single strategic commissioning organisation. The Health and Wellbeing Board have given their support to the proposal to form a single strategic commissioning organisation, which has informed the application to NHS England and NHS Improvement (NHSE/I).

This information has been developed in conjunction with the Health and Wellbeing Board and was agreed to be included in this year's Annual Report.

Overview and Scrutiny Committee

The Healthy Staffordshire Select Committee is responsible for scrutiny of matters relating to the planning, provision and operation of health services in the local authority's area. This includes public health, in accordance with regulations made under the Health and Social Care Act 2001 and subsequent guidance.

The Committee has the power to make reports and recommendations to NHS bodies conferred by the Health and Social Care Act 2001 and may respond independently to health related consultations from government and external agencies.

The Committee takes the lead in scrutinising the work of the CCG, which has been actively engaged with the Committee throughout the year in formal meetings and informal briefings.

This is to make sure that Committee members are able to scrutinise our plans and proposals in a public forum.

Items under consideration include:

- Approach to the restoration and recovery of health and care services following the first wave of the pandemic, including an update on services that have been temporarily closed. This included an update on the system-wide transformation programme that was put on pause during the pandemic
- Mental health response to the COVID-19 pandemic
- Winter planning and COVID-19 surge planning
- NHS 111 first to launch timeslots for urgent and emergency care settings
- Difficult Decisions – prioritisation of procedures of limited clinical value. This included the report of findings on the listening exercise held in 2019/20
- Proposals to form a single strategic commissioning organisation in Staffordshire and Stoke-on-Trent
- The development of the Integrated Care System and Integrated Care Partnerships
- Regular updates on the progress with the COVID-19 vaccination programme.

Together We're Better

Together We're Better is a partnership of all NHS and local authority organisations in the area, alongside voluntary and third sector organisations – initially formed as a Sustainability and Transformation Partnership in 2016.

2020/21 has been a planning year for the partnership, as it has worked towards the ambition set out in the NHS Long Term Plan, for all health and care systems to evolve into integrated care systems by April 2021.

In November 2020, we welcomed the appointment of Prem Singh as the Independent Chair of the shadow ICS. As a former clinician, Prem brings a wealth of health care and leadership experience to direct us as we transform care for local people. You can find out more at www.twbstaffsandstoke.org.uk.

Throughout the autumn and winter of 2020/21, partners, clinicians and staff have worked together to submit a Development Plan to NHSE/I that meets the robust assurance criteria to become an ICS. The plan set out how we would deliver the national priorities and gave assurance we had the initial building blocks in place around planning, relationships and finances to become an ICS. In March 2021, we received authorisation from NHSE/I to become an ICS on 1 April 2021.

ICSs are central to the delivery of the future health and care strategy, bringing together local organisations and partners to redesign care, improve population health, creating shared leadership and genuinely looking to make a real difference to local residents' experiences of health and care.

Becoming an ICS shows that our system is ready to evolve into a more integrated and strengthened partnership – focussed on a collective effort to tackle the wider determinants of health and the health inequality challenges that we all knew were

there before, but that COVID-19 has shone a spotlight on. However, we know that there is much more work for us to do before we can truly become an integrated partnership, this will be our focus during 2021/22. We're committed to continuing our ongoing dialogue with staff, partners and patients in 2021/22 to inform our transition plan.

Partnership working has been essential in the response to the COVID-19 pandemic. Health, social care and the voluntary sector have worked together to rapidly respond to new challenges and to continue to deploy resources to the areas that most need them.

In March 2020, the partnership took the decision to pause its clinically-led transformation programme and the launch of the Five Year Plan, to enable the clinicians and partners to focus on the response to COVID-19. The transformation programme remains on pause in March 2021 and will be reviewed in 2021/22 once the COVID-19 pressures have eased.

The COVID-19 pandemic has accelerated many of our long-term priorities, including digital innovation, workforce and integrated working across health and care to reduce admissions to hospitals and support the most vulnerable. We want to build on this momentum for the future as we look to restore services.

Looking forward, 2021/22 will be a year of restoration for health and care services, as we await to see the long-term outcome of the largest vaccination programme in the history of the NHS. In March 2021 we see our COVID-19 cases falling once again, bringing much welcome relief for our staff and clinicians as well as local people. However, we know the work does not stop and COVID-19 has brought new challenges to the system, including tackling a significant backlog for routine treatment across all providers, and increases in demand for mental health care. We also know some people may have not come forward with early symptoms for cancer, and our primary care and hospital services are likely to see a surge in these areas.

Tackling inequalities has always been a priority for us, however the barriers to accessing health and care for some communities have been highlighted this year. We have learnt a great deal this year and strengthened our networks to help reach and understand the needs of these diverse groups. This local approach, utilising community networks and local data, will be important as the ICS and Integrated Care Partnerships evolve.

Although the ICS will officially be formed on 1 April 2021, we recognise this will be a transitional year as we await the outcome of the Government's White Paper. This was released in February 2021 and proposes a statutory footing for ICSs by April 2022. During 2021/22, we will be required to develop a detailed transition plan that will show how we will continue moving forward. We know this will be an iterative process, but we want our focus to be on working effectively, as partners, to recover and restore services to meet the needs of the local population. Part of our system responsibility is to also recognise our role in the wider economic recovery locally. This is an opportunity to really consider the role that we play in regards to the wider socio economic development.

A priority – both nationally and locally – will be to strike a balance between minimising disruption during this period, versus driving change that adds value to residents and clinicians / professionals. We already know that simply doing more of

the same – in the way that we have done it before – isn't going to work. At the same time, we need to support and care for our staff and clinicians as they continue to go above and beyond in the response to COVID-19, gradually work to restore services and deliver the vaccination programme.

Accountability Report

Corporate Governance Report

The Corporate Governance Report seeks to explain the composition and organisation of the CCG's governance structures and how they support our achievements.

Member profiles

Dr Gary Free is Chair of Cannock Chase CCG.

Marcus Warnes is the single Accountable Officer for Cannock Chase CCG, East Staffordshire CCG, North Staffordshire CCG, South East Staffordshire and Seisdon Peninsula CCG, Stafford and Surrounds CCG and Stoke-on-Trent CCG.

Cannock Chase CCG member practices

Practice Name	Address	Post Code
Aelfgar Surgery	Church Street, Rugeley	WS15 2AB
Alderwood Medical Practice	Longford Road, Cannock	WS11 1QN
Brereton Surgery	Main Road, Brereton, Rugeley	WS15 1DU
Chadsmoor Medical Practice	45 Princess Street, Chadsmoor, Cannock	WS11 5JT
The Colliery Practice	60 Hednesford Street, Cannock	WS11 1DJ
Essington Medical Centre	Hobnock Road, Essington, Wolverhampton	WV11 2RF
Heath Hayes Health Centre	Gorsemoor Road, Heath Hayes, Cannock **Branch Surgery:** Chase Practice, 65 Church Street, Cannock	WS12 3TG WS11 1DS
Dr S Geeranavar Hednesford Medical Practice *(now includes Dr Murugan wef 02.10.2020)*	Hednesford Valley Health Centre, Station Road, Hednesford	WS12 4DJ
Dr Murugan Hednesford Valley Health Centre *(now merged with Hednesford Medical Practice wef 02.10.2020)*	Hednesford Valley Health Centre, Station Road, Hednesford	WS12 4DJ
Dr Manickam Hednesford Valley Health Centre	Hednesford Valley Health Centre, Station Road, Hednesford	WS12 4DJ
High Street Surgery	High Street, Cheslyn Hay, Walsall **Branch Surgery:** Great Wyrley Health Centre, Wardles Lane, Great Wyrley, Walsall	WS6 7AB WS6 6EW

Horsefair Practice	Springfields Health and Wellbeing Centre, Lovett Court, Rugeley **Branch Surgeries:** Sandy Lane Health Centre, Sandy Lane, Rugeley The Armitage Surgery, Shropshire Brook Road, Armitage, Rugeley	WS15 2FH WS15 2LB WS15 4UZ
Moss Street Surgery	Moss Street, Chadsmoor, Cannock	WS11 6DE
The Nile Practice	High Street, Cheslyn Hay, Walsall **Branch Surgeries:** The Nile Practice, Old Penkridge Road, Cannock Hednesford Valley Health Centre, Station Road, Hednesford	WS6 7AE WS11 1AB WS12 4DJ
Dr B K Singh Norton Canes Practice	Norton Canes Health Centre, Brownhills Road, Norton Canes, Cannock	WS11 9SE
Dr P K Jalota Norton Canes Surgery	Norton Canes Health Centre, Brownhills Road, Norton Canes, Cannock	WS11 9SE
Dr W Nilar Norton Canes Health Centre	Brownhills Road, Norton Canes, Cannock	WS11 9SE
(The) Quinton Practice	Great Wyrley Health Centre, Wardles Lane, Great Wyrley, Walsall	WS6 6EW
Dr I Rasib	GP Suite, Cannock Chase Hospital, Brunswick Road, Cannock	WS11 5XY
Rawnsley Road Surgery	Rawnsley Road, Rawnsley, Cannock	WS12 1JF
The Red Lion Surgery	Cannock Chase Hospital, Brunswick Road, Cannock	WS11 5XY
Sandy Lane Surgery	Sandy Lane Health Centre, Sandy Lane, Rugeley	WS15 2LB
Southfield Way Surgery	2a Southfield Way, Great Wyrley, Walsall	WS6 6JZ

Composition of the Governing Body

Voting	Number
Board Nurse/Secondary Care Consultant	2
GPs	6
Officers	2
Lay members – statutory	3

Governing Body members

Title	First name	Surname	Position	Date of joining the committee*	Date of leaving the committee*
Dr	Gary	Free	Clinical Chair		
Mr	Marcus	Warnes	Accountable Officer		
Mr	Neil	Cook	Interim Director of Finance		07.06.2020
Mr	Paul	Brown	Chief Finance Officer	08.06.2020	
Mrs	Heather	Johnstone	Director of Nursing and Quality		
Dr	Doug	Robertson	Secondary Care Consultant		
Dr	Anna	Onabolu	Clinical Leader		
Dr	Mukesh	Singh	Clinical Leader		
Dr	Hirendra	Choudhary	Clinical Leader		
Dr	Murray	Campbell	Clinical Leader		
Dr	Sandeep	Geeranavar	Clinical Leader		
Mr	Neil	Chambers	Lay Member for Governance		
Mr	Paul	Gallagher	Lay Member for PPI		
Mrs	Janet	Toplis	Lay Member		

**Dates will only be included if there has been a change in-year*

Governing body profiles can be viewed on our website:
https://www.cannockchaseccg.nhs.uk/

Committee(s) including Audit Committee

Audit Committee

This is a committee held in common with East Staffordshire CCG, North Staffordshire CCG, South East Staffordshire and Seisdon Peninsula CCG, Stafford and Surrounds CCG and Stoke-on-Trent CCG. Only Cannock Chase CCG members vote on Cannock Chase issues.

Cannock Chase CCG representatives on Audit Committee

Title	First name	Surname	Position	Date of joining the committee*	Date of leaving the committee*
Mr	Neil	Chambers	Lay Member for Governance (Cannock Chase)		
Mr	Paul	Gallagher	Lay Member for PPI (Cannock Chase)		
Dr	Doug	Robertson	Secondary Care Consultant		

East Staffordshire CCG representatives on Audit Committee

Title	First name	Surname	Position	Date of joining the committee*	Date of leaving the committee*
Mr	David	Harding	Lay Member for Governance (East Staffs)		
Ms	Anne	Heckels	Lay Member for PPI and Quality		
Dr	Doug	Robertson	Secondary Care Consultant		

North Staffordshire CCG representatives on Audit Committee

Title	First name	Surname	Position	Date of joining the committee*	Date of leaving the committee*
Mr	John	Howard	Lay Member for Governance		
Dr	Doug	Robertson	Secondary Care Consultant		
Mr	Tim	Bevington	Lay Member		

South East Staffordshire and Seisdon Peninsula CCG representatives on Audit Committee

Title	First name	Surname	Position	Date of joining the committee*	Date of leaving the committee*

Ms	Anne	Heckels	Lay Member for PPI and Performance		
Mr	Neil	Chambers	Lay Member for Governance		
Mr	Paul	Gallagher	Lay Member for Quality		
Dr	Doug	Robertson	Secondary Care Consultant		

Stafford and Surrounds CCG representatives on Audit Committee

Title	First name	Surname	Position	Date of joining the committee*	Date of leaving the committee*
Mr	Neil	Chambers	Lay Member for Governance		
Mrs	Diana	Smith	Lay Member		
Dr	Doug	Robertson	Secondary Care Consultant		

Stoke-on-Trent CCG representatives on Audit Committee

Title	First name	Surname	Position	Date of joining the committee*	Date of leaving the committee*
Mr	John	Howard	Lay Member for Governance		
Mr	Tim	Bevington	Lay Member		
Dr	Doug	Robertson	Secondary Care Consultant		

**Dates will only be included if there has been a change in-year.*

Remuneration Committee

The Remuneration Committee has met in common once with East Staffordshire, North Staffordshire, South East Staffordshire and Seisdon Peninsula CCG, Stafford and Surrounds CCG and Stoke-on-Trent CCG during 2020/21.

Details of membership can be found in the Remuneration and Staff Report.

Further details of the sub-committees of the Governing Body can be found in the Annual Governance Statement.

Register of Interests

Details of company directorships and other significant interests held by members of the Governing Body which may conflict with their management responsibilities, as well as details of how we manage these conflicts, can be viewed on our website: https://www.cannockchaseccg.nhs.uk/news-events/documents/1163-cc-ccg-governing-body-membership-coi-february-2021

Please see the Governance Statement for more information.

Personal data related incidents

Please see the Governance Statement for more information.

Statement of Disclosure to Auditors

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

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

Modern Slavery Act 2015

The Modern Slavery Act 2015 establishes a duty for commercial organisations with an annual turnover in excess of £36 million to prepare an annual 'Slavery and Human Trafficking Statement'. This is a statement of the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains or in any part of its own business. Income earned by NHS bodies from government sources, including CCGs and local authorities, is considered to be publicly funded and is therefore outside the scope of these reporting requirements.

After discussion with our Auditors, the CCG does not consider that it has any activities that requires it to be treated as a commercial organisation for the purpose of the Modern Slavery Act 2015. We do not engage in profit-making activities, and so do not trigger the mandatory reporting requirements.

However, we fully support the government's objectives to eradicate modern slavery and human trafficking. Even though we do not meet the requirements for producing an annual statement, as best practice, we have produced one and made it available on our website: https://www.cannockchaseccg.nhs.uk/news-events/documents/about-us/equality-diversity/1177-modern-slavery-act-statement-2020

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 Mr Marcus Warnes to be the Accountable Officer of Cannock Chase 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 a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Clinical Commissioning Group and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

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

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts
- prepare the accounts on a going concern basis.

The CCG has complied with its financial duties under Section 223H to 223J of the National Health Service Act 2006 (as amended) and has made a surplus. [However the CCG has received a qualified audit opinion for the value for money conclusion. As such, the CCG has not complied with Section 14q of the National Health Service Act 2006 (as amended).]. In all other respects 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 Clinical Commissioning Group Accountable Officer Appointment Letter.

I also confirm that:

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

Marcus Warnes

Accountable Officer

NHS Cannock Chase CCG

14 JUNE 2021

Governance Statement

Cannock Chase CCG is a corporate body established by NHS England on 1 April 2013 under the National Health Service Act 2006 (as amended).

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

As at 1 April 2020, the CCG is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006. However, in July 2018 the CCG was placed in special measures for its financial operational performance.

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, while 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.

This has been achieved by the following.

Key features of the CCG's constitution for governance

The CCG will promote good governance and proper stewardship of public resources in pursuance of its goals and in meeting its statutory duties.

The principles of good governance are established in our Constitution: https://www.cannockchaseccg.nhs.uk/news-events/documents/13-cc-ccg-constitution-v-10-2-regional-office-approved

The CCG will at all times observe these generally accepted principles in the way it conducts its business.

These include:

- the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business
- the Good Governance Standard for Public Services
- the standards of behaviour published by the Committee on Standards in Public Life (1995), known as the 'Nolan Principles'
- the seven key principles of the NHS Constitution
- the Equality Act 2010.

Information about the Governing Body, the Membership Board and the committees

The Governing Body has an ongoing role in reviewing the CCG's governance arrangements, to ensure that they continue to reflect the principles of good governance. The CCG has a programme of organisational development sessions for the Governing Body held bi-monthly to strengthen commissioning arrangements and provide mandatory training. As CCGs are permitted to delegate to the Governing Body and its committees that meet at the same time and in the same location as other committees (from other CCGs) it is referred to as "committees in common".

Our Membership Board has a clinician from each of the 22 practices in Cannock Chase CCG. The Membership Board provides the professional clinical expertise and scrutiny to ensure the CCG's decisions are clinically led.

Committees of the Governing Body (all held in common)

- Audit Committee
- Remuneration and Terms of Service Committee
- Quality and Safety Committee
- Finance and Performance Committee
- Primary Care Commissioning Committee
- Communication, Engagement, Equality and Employment Committee

Staffordshire and Stoke-on-Trent CCGs have met as a Joint Committee at the newly formed Locality Commissioning Board, for three meetings between January and March 2021. These have been set up in the South West (Cannock Chase CCG, the Seisdon locality of South East Staffordshire and Seisdon Peninsula CCG and Stafford and Surrounds CCG); in the South East (South East Staffordshire and Seisdon Peninsula CCG, minus Seisdon locality and East Staffordshire CCG) and the North (North Staffordshire and Stoke-on-Trent CCGs).

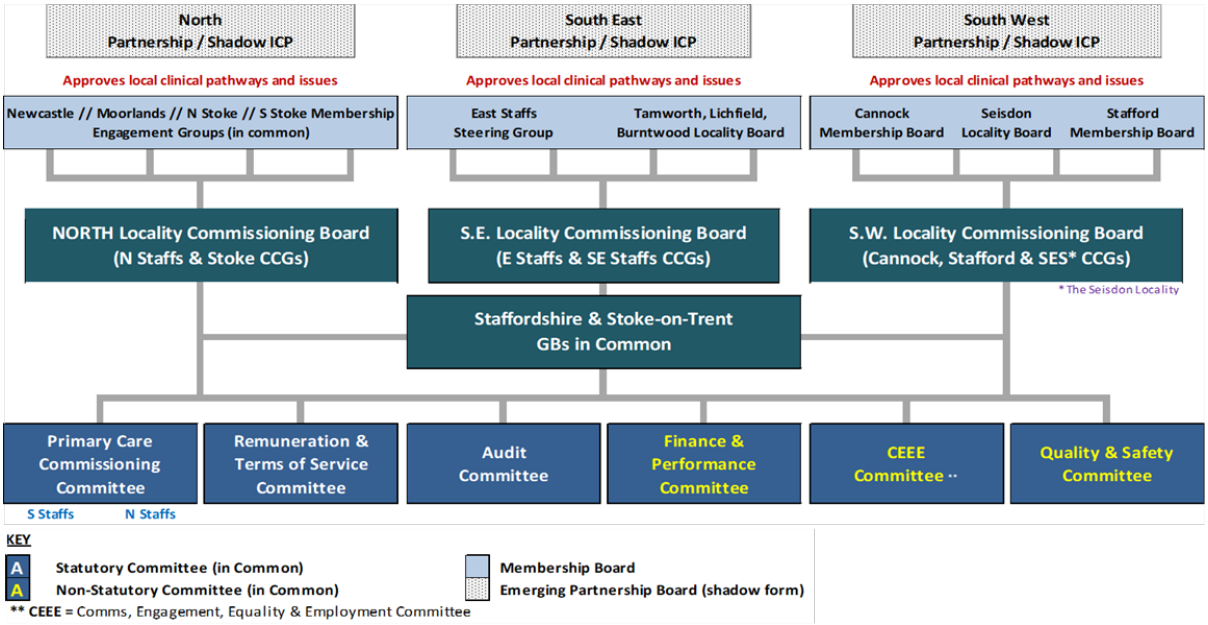
Joint arrangements with other CCGs

In 2020, the six Staffordshire and Stoke-on-Trent CCGs were once again asked to consider the option of developing a single strategic commissioning organisation in April 2022.

Following engagement events, the CCG memberships voted for a single strategic organisation. Work was undertaken to prepare for the CCG merger, but will not now proceed due to the formation of the ICSs and ICPs.

A White Paper was released in February 2021 setting out plans for wide-ranging reforms to how health and social care services are to be commissioned in England, with CCG functions being taken over by integrated care systems (ICSs). These plans will be implemented in 2022.

The CCGs continue their close working and maintain arrangements for holding meetings in common.



Meetings of the Governing Body

As a CCG we have a duty to demonstrate accountability to our key stakeholders. In March 2020 we sent our staff to work from home due to the COVID-19 pandemic. We had to define new ways of working remotely and holding our statutory meetings. We achieved this by the introduction of Microsoft Teams. We held six Governing Body meetings in public that were all quorate, 12 in private that were all quorate and an Annual General Meeting on Teams to which the public could listen in.

Information about the committees

The Finance and Performance and the Quality and Safety Committees have at least one clinician, executive and lay member as part of their membership. The membership of the Audit Committee, the Remuneration and Terms of Service Committee, the Communication, Engagement, Equality and Employment Committee and the Primary Care Commissioning Committee consists of the CCG's lay members.

The terms of reference for each of the CCG's committees provide further details of their membership, roles and responsibilities, and can be found in the Constitution. The Constitution is on our website: https://www.cannockchaseccg.nhs.uk/news-events/documents/13-cc-ccg-constitution-v-10-2-regional-office-approved

Performance of the Membership Board and Governing Body, including their own assessment of their effectiveness

During 2020/21, due to enforced COVID-19 home working requirements and regulations, all of our meetings have moved to virtual rather than face-to-face methods (using Microsoft Teams). We developed standard operating procedures to assist all staff and participants to run their meetings effectively. The switch to virtual meetings has had no adverse impact on CCG operations – in fact, it has had the benefit of making the majority of meetings quorate, as people have not had to travel across the county.

Virtual meetings have also created efficiency savings thanks to reduced travel cost claims and savings in other corporate overheads, such as printing (see the Sustainability section of this report).

Each committee meeting has a standing agenda item to review its effectiveness (against terms of reference, objectives for the meeting, and so on). All members who are present complete a series of self-assessment questions, which are noted in the minutes – with any issues escalated by the Chair through routine highlight reports that go to subsequent Governing Body meetings for information.

The questions are as follows.

- Did we achieve what we set out to do; linking back to the Agenda?
- Were the Nolan Principles adhered to during the meeting?
- Was the meeting conducted effectively, in line with the Meetings Charter?
- Do we need to escalate any issues or inform anyone of our decisions?

The CCG has now had eight years' experience of delivering its functions as a statutory organisation, and we have used a review of performance against key standards and domains designed by NHS England to evaluate the effectiveness and impact of the CCG.

As part of ensuring that the required professional standards are achieved, the CCG's Governing Body and committees adhere to the following principles, drawn from our Constitution and their terms of reference.

The Governing Body audits its own and its committees' performance and effectiveness in a number of ways:

- it does so according to provisions within our Constitution
- Governing Body and committee members abide by the 'Nolan Principles'
- quoracy and conflicts of interest are recorded at the start of each meeting and throughout, and include details of how conflicts are managed

- draft minutes of each preceding meeting are approved at each subsequent meeting
- approved minutes of committees are submitted to each Governing Body meeting
- the Governing Body delegates powers to the committees to manage certain items: for example, policy approvals (the Governing Body still formally ratifies these)
- Board observations are carried out by our internal auditors
- escalation and highlight reports are submitted for each subsequent Governing Body meeting, and the Chair raises any issues by exceptions.

Our internal auditors – RSM – undertook an observation of the Governing Body's approach to managing risk. The risk observation formed part of the reports on the CCG's overall risk management arrangements and the recommendations are being overseen by the Audit Committee.

There is also provision in our Constitution for our member practices to call a meeting of the Governing Body (where due process has been followed and using the Teams approach as noted previously). Member practices have not called for a meeting of the Governing Body in 2020/21.

The names of all members present at Governing Body, the Membership Board and formally constituted committee meetings in 2020/21 have been routinely recorded in the minutes of these meetings. Attendance has been more than satisfactory throughout 2020/21 with the use of Microsoft Teams, as we have achieved more than minimum quoracy requirements for all CCG in common meetings.

All papers for the meetings held in public can be found on our website: https://www.cannockchaseccg.nhs.uk/about-us/governing-body-papers

In the very few areas where quoracy has not been maintained for meetings, the arrangements to mitigate this have been set out in the minutes.

All Governing Body meetings were quorate throughout 2020/21 as these were held virtually through Microsoft Teams.

The CCG Governing Body can confirm that it has received verbal reports from the CCG committees, along with approved minutes, and it is satisfied with the composition, attendance and efficacy of these committees.

Highlights of the work of all the above committees, sub-committees and joint committees

Membership Board

Our CCG Membership Board has met 10 times throughout 2020/21 and the meetings were quorate.

The Membership Board focused on:

- workforce
- CCG rapid decisions
- health navigator
- prescribing
- acute visiting service
- finance report
- winter pressures
- child mental health services.

Audit Committee

The Audit Committee meetings in common with the other five Staffordshire and Stoke-on-Trent CCGs were held in April, July, September (two meetings), November, January and March. The meetings were held via Microsoft Teams and all were quorate.

The committee's role is to provide assurance to the Governing Body on systems of internal control through the independent, objective review of financial and corporate governance / risk management arrangements. These include internal and external audit matters, compliance with the law, guidance and regulations pertinent to the NHS.

The Audit Committee focused on:

- the Internal Audit Plan
- the receipt and scrutiny of reports from both external and internal auditors and the scrutiny of action plans to address these reports
- Annual Report for 2020/21
- the ongoing review of fraud prevention including the summary reports from any investigations
- the dedicated Task and Finish Group focusing on improving working relationships and outputs of arrangements with internal and external audit; this was done through active monitoring of a detailed action plan
- the ongoing review of the CCG's Assurance Framework and the management of risk, including the oversight of the risk group

- scrutiny of CCG registers for conflicts of interest, and gifts and hospitality, and active monitoring of an agreed conflicts of interest action plan
- scrutiny of single tender waivers.

Membership of the CCG's Audit Committee is cited as part of the Members' Report within this Annual Report.

Remuneration Committee

Remuneration Committee meetings were held in common with the other five Staffordshire and Stoke-on-Trent CCGs. The committee met twice.

The committee's role is to make recommendation to Governing Bodies on determinations about remuneration, conditions of service, benefits and allowances for Very Senior Managers and any alternative to the NHS scheme for employees and members of the Governing Bodies.

The meetings were quorate.

Quality and Safety Committee

Committee meetings were held in common with the other five Staffordshire and Stoke-on-Trent CCGs. The Quality and Safety Committee met 11 times in 2020/21. All meetings were held in common with the other five Staffordshire and Stoke-on-Trent CCGs. The committee's role is to provide assurance to individual Governing Bodies on the quality and safety of all services commissioned for local patients, including those led by other CCGs where the CCGs from Staffordshire and Stoke-on-Trent are an 'Associate Commissioner'.

It also leads on other joint commissioning duties relating to pan-CCG quality strategy elements such as the assurance of non-clinical services (including Commissioning Support Unit Quality KPIs, approval of Quality Impact Assessments (QIAs) for QIPP schemes, research governance matters, the agreement of policies, and receipt / management of clinical risk registers).

All of the meetings were quorate.

The committee focused on:

- COVID-19 Quality and Safety report, which included:
    - provider assurance – where the CCGs are the lead/host commissioner
    - incidents management
    - independent sector assurance
    - QIA
    - quality and safeguarding
    - soft intelligence
    - risk register and issues log
- waiting list backlog
- patient engagement
- safeguarding.

The committee also received reports on:

- the LeDeR programme
- Special Educational Needs and Disabilities (SEND)
- autism services – independent review report
- patient safety
- primary care quality
- patient engagement
- complaints and soft intelligence
- medicines optimisation
- serious incidents
- QIA sub-group.

Finance and Performance Committee

The Finance and Performance Committee has met 12 times, and all meetings were quorate. Committee meetings were held in common with the other five Staffordshire and Stoke-on-Trent CCGs. The committee's role was to assure the Governing Bodies on issues related to finance, performance and contracting, including financial and commissioning plans and performance management of contracts.

The discussion of meetings focused on:

- performance issues
- year-end position
- COVID-19 finance update and returns
- contracting report
- COVID-19 risk register
- restoration and recovery planning
- 2021/22 financial plan:
    - budget setting
    - system financial plan
- contractual arrangements with independent sector providers.

As noted in the Performance Report sub-sections on NHS Oversight Framework (NHS OF) and NHS Constitutional Standards, a number of system provider and commissioner failures occurred this year in the delivery of KPIs or outcome measures. NHS standard contract remedial action plans and local performance improvement plans are in place to address all of these issues with each affected provider. The Finance and Performance Committee will continue to monitor these plans throughout 2020/21. It will look for evidence in further performance reports that the necessary improvements in performance are being made in each individual performance area.

Primary Care Commissioning Committee

The Primary Care Commissioning Committee met in common with Staffordshire CCG, South East Staffordshire and Seisdon Peninsula CCG and Stafford and Surrounds CCG six times in public. All public meetings were quorate.

The committee also held 11 confidential meetings, all of which were quorate.

The committee is responsible for corporate decision making in the management of the delegated functions / exercise of delegated powers in relation to primary medical services review, planning and procurement.

The meetings have focused on:

- COVID-19
- vaccination programme
- primary care quality
- social prescribing
- patient participation groups
- GP Forward View Plan 2019/20
- enhanced services
- GP extended access
- delegated commissioning
- estates
- digital
- risk register and BAF.

The Primary Care Commissioning Committee has also held 12 confidential meetings. The meetings focused on local primary care issues relating to specific practices.

Communications, Engagement, Equality and Employment Committee

The Communications, Engagement, Equality and Employment Committee has met in common with the five other Staffordshire and Stoke-on-Trent CCGs 11 times.

All meetings were quorate, with the exception of the meeting held in January 2021, when items requiring approval were sought virtually after the meeting.

The committee's role is to support strategic commissioning by feeding in local views. It also provides a vehicle for Patient and Public Involvement lay members from the six CCGs to agree common approaches. It covers all CCGs' statutory duties, pertinent to title, including the Equality Act 2010.

It provides meaningful and timely communication to stakeholders, and engagement with communities, clinicians and staff (including consultation arrangements for changes to healthcare services in line with legislation). It oversees the joint Organisational Development Plan to develop and empower Governing Bodies, the

senior leadership team and staff to deliver strategic objectives. It provides oversight of aspects of employment (including labour law compliance, employment standards and employee relations).

The committee focused on:

- the COVID-19 risk register
- workforce
- statutory and mandatory training
- staff engagement
- Board Assurance Framework (BAF)
- Back to the Future
- comms and engagement strategy
- coaching and mentoring framework
- staff development events
- staff support groups.

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 Good Governance Institute best practice.

Discharge of statutory functions

The CCG has put in place arrangements, developed with expert external legal advice, to ensure our compliance with all relevant legislation. That legal advice also informed the matters reserved for Membership Body and Governing Body decisions and the scheme of delegation.

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

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

Risk management arrangements and effectiveness

As part of the Staffordshire and Stoke-on-Trent CCGs' Internal Audit Plan for 2020/21, a BAF and risk management review was undertaken to provide assurance on the frameworks in place and any changes made to them during COVID-19.

The corporate risk register review process has been suspended in 2020/21 to date to allow more regular reviews of the COVID-19 risk registers. As a result, the corporate risk registers have been temporarily superseded by the COVID-19 risk register

process and therefore the normal risk registers have not operated in 2020/21 to date. A Standard Operating Procedure (SOP) has been established to detail the processes for risk management during COVID-19.

Review of the procedure confirmed that it is intended to guide staff on how to process their local and corporate issues or risks relating to the CCG's COVID-19 response programme.

Normal risk registers have been reviewed and updated on a monthly basis with oversight from the risk group. The COVID-19 risk registers have been reviewed and updated on a weekly basis with oversight at the 'Start the Week' group attended by executive directors and held each Monday morning. There is also oversight through the CCGs' Committees and Governing Body in Common which receive monthly committee-tailored relevant extracts or full versions respectively of the BAF and COVID-19 risk registers.

The scope of the review centred on the central baseline BAF, normal risk register processes and the current COVID-19 risk register processes.

The administration of both the BAF and COVID-19 risk registers is undertaken by the central corporate services, governance and communication team. Our testing was based on documentation supplied by the governance and communication team.

We have auditor-assured and adequate risk management control frameworks, with clear reporting lines and regular review of the CCG's identified risks.

In this way we have continued to actively support our 'risk culture', despite the impact of COVID-19 on normal risk management business processes. We have ensured that risk management has remained fully embedded in the CCG's core business activity (including interlinked areas such as undertaking Equality Impact Assessments with in-built risk assessment checks, or to support all incident reporting to be carried out openly).

The BAF and the risk register work together to identify and monitor threats to the CCG's strategic goals. A 2020/21 BAF was agreed by the Governing Bodies and internal auditors in June 2020 to ensure the Governing Bodies are alerted to risks that could impact delivery of the strategic objectives throughout the year.

The Governing Body receives the risk register and BAF early on the agenda to ensure discussions are informed by risk. All Board reports identify links between their content and items on the risk register. At the end of each meeting, the committee considers whether any new risks have been identified and are recommended for addition to the risk register. This practice remains embedded in the work of all the Governing Body sub-committees.

An audit was carried out by RSM on our BAF this year, and noted that the BAF aligned to the CCGs' seven strategic aims. It contains risks, controls and assurances. Gaps in control and assurances are identified and appropriate actions are allocated to individuals to address the gaps.

Risks are scored at three stages: initial risk score, residual risk score and target risk score.

Testing confirmed that regular review, monitoring and scrutiny of the BAF and risk registers are undertaken by the CCG Governing Body in Common and its sub-committees.

Key staff within the CCGs were provided with risk management training this year, as the new temporary/interim COVID-19 risk register required some additional awareness of the amended approach. The governance team liaised with all risk owners to provide ad-hoc informal training where necessary, until the risk owner was confident in using the new approach.

All CCG staff are expected to risk-assess their areas of COVID-19 management work and to discuss these with their line managers, executive directors and COVID-19 Incident Co-ordination Centre (ICC) operational cells. These discussions determined the actual risk and how this could be managed during the pandemic.

Assessment and review of the operational cells and COVID-19 risk registers was undertaken weekly by the relevant lead and presented for information to each relevant committee throughout the year, as per their business cycle (naturally amended for COVID specific requirements). This way, the relevant COVID risks remained assigned to the relevant committee. Further to this, the Audit Committees and Governing Bodies continue to receive regular updates of the COVID-19 risk register, covering all risks scoring over 15, in undertaking their COVID management oversight roles and in accordance with their terms of reference.

These meetings are attended by lay members – both statutory and non-statutory. Risk is discussed at the CCG's Annual General Meeting, where the Governance Statement and Annual Reports and Accounts are presented.

The RSM audit reviews of the corporate governance and risk management processes, and a more focused piece on risk management, have resulted in the following findings.

Two 'medium' category management actions relating to the following:

Of the sample of seven BAF risks (one from each strategic aim), one control was selected from each. Of the sample of seven controls tested:

- five controls had appropriate descriptions to clearly demonstrate what the process was and how this mitigated the identified risk to which it related
- one control description was too brief
- one control description was identified as an action, rather than as a control.

Of the sample of seven BAF risks (one from each strategic aim), one assurance was selected from each. Of the sample of seven assurances tested:

- three assurances were clearly recorded, specific and had an appropriate timeframe attached contextualising the assurance
- one assurance description was identified as an action, rather than as an assurance
- one assurance description was too brief and was exactly the same as a control description

- two assurance descriptions were not specific enough for the reader to determine details of the assurance.

RSM also noted that the majority of assurances identified within their sample were from an internal source/process. A range of assurance sources should be considered to diversify and strengthen the assurances received (internal audit, external audit, KPIs, independent reports, and so on).

Capacity to handle risk

The CCG Governing Body is responsible for the organisation's systems for internal control, including risk management. The Accountable Officer is designated with overall responsibility for ensuring the implementation of external assurances covering risk management and reporting to the Governing Body. The Accountable Officer delegates some of these responsibilities to senior officers of the CCGs.

Single leadership team

The role of the single leadership team covering all six CCGs in Staffordshire and Stoke-on-Trent is to have oversight of the BAF and the encompassing risk register for all COVID risks. Executive directors through their 'Start the Week' weekly meeting were responsible for validating and managing risks within their designated remit of work, including COVID response. This meeting replaced the Risk Group throughout 2020/21 in line with the interim risk management SOP. However, all risks remained fully controlled throughout this temporary arrangement.

Audit Committee (held in common)

The Audit Committee ensures that effective systems of integrated governance, risk management and internal control are maintained.

The Audit Committee reviews the risk register and BAF, and the work of the Risk Group.

The sub-committees of the Governing Bodies are responsible for overseeing the risks relating to their workstreams. The Audit Committee has oversight of all risks.

Accountable Officer

The Accountable Officer has overall responsibility to ensure appropriate systems of internal control are in place for all aspects of governance, including financial and risk management as well as plans for dealing with emergencies that may impact on the CCGs.

Day-to-day management of risk management processes is delegated to the Executive Director of Corporate Services, Governance and Communications.

Executive directors

The relevant executive director ensures that all risks are identified, managed and mitigated for their workstreams and that the risk owner carries out their duties effectively. The attribution of risks is aligned with the programme portfolios (including the COVID-19 response). Executive directors led the interim risk review process throughout the COVID-19 response.

Risk owners

The risk owners will ensure that their risks are continuously managed. They will check that the risk register is updated on at least a monthly basis or as deemed appropriate by their executive director.

The directors are:

Executive leads	Area of work (including COVID-19 ICC Cell)
Director of Finance	Finance, Governance and Senior Information Risk Owner
Director of Quality and Safety and Chief Nurse	Quality, Safety, Safeguarding, Caldicott Guardian
Director of Corporate Services, Governance and Communications	Corporate Governance, Human Resources, Organisational Development, Equalities and Communications and Engagement
Director of Primary Care	Primary Care and Medicines Management
Director of Strategy, Planning and Performance	Performance, Information, Planning and Strategy, as well as formal processes for ICC incident response
Director of Strategic Commissioning and Operations	Commissioning and Operations, including the operational cells' work in COVID-related areas

Risk assessment

As noted above, the COVID-19 pandemic required the CCGs to deploy staff to work in other areas while still maintaining their statutory duties in relation to risk management. In doing so, the executive management team made a decision to 'mothball' the corporate risk register and develop the dedicated COVID-19 risk register. The register has been updated on a weekly basis in line with the demands of the pandemic.

To ensure further scrutiny the formal committees of the Governing Bodies received copies of the COVID-19 risk register at their regular meetings for risks scoring 15 and above.

The CCG can declare that it is currently managing 10 business continuity cells and ICC risks on the COVID-19 risk register scoring 15 and above, which will be carried forward into 2021/22. This includes:

- three risks scoring 20 (extreme)
- seven risks scoring 16 (extreme).

The Audit Committee and the Governing Body have oversight of these risks and details of the top extreme scoring risks are as follows.

Top extreme scoring risks

Risk description	Actions to mitigate
1. **NHS Oversight Framework (NHS OF) deterioration of performance:** there is a risk of deterioration across the NHS of indicators and overall CCG annual rating. Some of the work programmes linked to NHS OF have also been suspended or reduced while attention is diverted to COVID-19, e.g. national child measurement programmes and weight management. This has the risk of increased waiting lists.	It is unlikely there will be a refreshed version for 2020/21. Annual ratings received for the six CCGs in 2019/20 (all CCGs rated 'inadequate' except for East Staffordshire CCG, rated as 'requires improvement'). Strategy, Planning and Performance will monitor monthly for updates to the framework (dashboard) but these are not anticipated for the remainder of 2020/21.
2. **NHS planning delays:** there is a risk of delays in the Operational Plan for 2020/21, technical submissions and monitoring of NHS Long Term Plan trajectories during 2020/21. The delay in the Operational Plan may result in the hindering of system working across the patch.	National Planning guidance for 2021/22 has not yet been received, but is anticipated at end March 2021.The approach to the national planning round will be overseen by system directors of strategy and planning (CCGs, UHNM, NSCHT and MPFT) and supported by respective heads of strategy and planning. System leads (CCG and UHNM) are currently coordinating a national planning template for utilising the independent sectors. Business plan for 2020/21 developed with contributions from all directorates and shared with executive management team.
3. **Care home workforce:** there is a risk of instability in the care home workforce, mobilisation of workforce to support the provider intensive response team (PIRT), lack of demand and capacity modelling, infection control and outbreaks. Lack of modelling could lead to higher infection rates, particularly in light of COVID-19.	The Care Home Cell is active and mobilising the system response. The PIRT model is now in operation and fully staffed. MPFT is supported clinically via 'in-reach' IST model and IPC/Outbreak via IPC team. Stoke-on-Trent City Council is working with UHNM.
4. **System workforce supply and capacity:** retention of workforce supported through national Bring Back Staff scheme (BBS); organisational workforce capacity aligned to restoration and recovery of services. Insufficient workforce resource could delay restoration and recovery of business as usual.	Working closely with programme managers and clinical leads in the design of new care models and pathways to determine workforce requirements and the implications of these. Working in partnership with the digital workstream to introduce new technologies and support the workforce. Working with higher education institutions / Health Education England to review courses and placements.
5. **Supporting workforce modelling for ICPs' restoration and recovery**	Restoration and recovery plans have been developed and submitted by each ICP. High-

plans: there is a risk of lack of clarity around service delivery and ICP-level workforce requirements. Lack of clarity could cause confusion around roles and workforce required for the ICPs.	level workforce overview has been provided to support plans. Engagement with ICP leads to establish links to support workforce modelling. Further phase 3 planning undertaken and draft submitted.
6. **Risk of patient harm due to referrals being rejected by providers:** there is a risk of further delay within patient pathways. This could lead to patients waiting longer for treatment with the risk of patients and diagnosis being missed.	Patient feedback received by Commissioning Patient Council with regard to longer waiting times, rather than rejections. This continues to be monitored by CCGs and West Midlands Cancer Alliance with providers collaborating to mitigate potentially longer waits.
7. **Maternity Transformation Programme (MTP):** the system is unlikely to deliver the requirements of the MTP due to delays resulting from COVID-19. This will continue to delay continuity of carer and vital to get the programme back on track.	Continuity of carer remains off track, although existing teams are now providing intrapartum care.
8. **Planned care activity in cancer pathway at UHDB and UHB:** there is a risk at UHDB due to a pause in planned care activity which has created a backlog around routine referrals. Proportions of routine referrals are upgraded to cancer pathways. Some patients may have altered outcomes, e.g. later stage diagnosis (palliative rather than curative). The endoscopy service is prioritising two-week wait, then six-week routine referrals, which may cause a wait for the latter patient cohort. The risks at UHB are getting patients into secondary care following two-week wait referrals or confirmed cancer diagnosis; patients choosing not to access diagnostics or treatment following confirmed cancer diagnosis. This has the potential to result in poor outcomes for patients.	The UHB skin two-week wait backlog has been cleared. Breast pathway mitigations are in place to reduce the backlog, including CNS phone assessments for patients under 35 years. Outpatient appointments are either virtual or telephone consultations. All two-week wait referrals are seen. Birmingham and Solihull restoration and recovery plan to reduce backlog for cancer and electives. All case lists being reviewed for clinical risk management.
9. **The long-term consequences for local patients and staff following the demands placed on the system in response to COVID-19 are not yet known:** there is a potential unintended consequence which will have significant impact on	A discussion took place in February 2021 at the CCGs' Quality and Safety Committees in Common around the impact of the pandemic on waiting lists. There is a discussion paper outlining the harm review processes/mitigations created by Staffordshire providers to safely manage backlogs

physical/emotional patient wellbeing and optimal treatment outcomes across all commissioned services.	accumulated during the pandemic. This paper was discussed at the committee in March 2021. The CCGs' quality leads continue to virtually support harm review panels (where the CCGs are the lead commissioner) or liaise with the lead commissioner (where the CCGs are associates).
10. **The recent increase in COVID-19 outbreaks in Staffordshire and Stoke-on-Trent has highlighted gaps in outbreak management control processes in smaller providers:** this has the potential to prolong the duration and increase the impact of the outbreak.	The rollout of PCR testing to independent hospitals is being scoped out by the CCGs. The current proposal is that the CCGs will commission UHNM to provide a long-term service to further reduce the risk of outbreaks. Vaccination programme rollout is ongoing and will assist the reduction of risk.

The risks detailed above are considered to be important to the CCG as they directly impact on patient care and the services provided, it is therefore important that these are monitored regularly and mitigations put in place to reduce them. The extreme risks listed above and the high-scoring risks can be found in the Governing Body papers on our website: https://www.cannockchaseccg.nhs.uk/about-us/governing-body-papers

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 BAF and review of the risk register are included within the Governing Body and Audit Committee Cycle of Business, as appropriate. The BAF will be refreshed to develop the objectives in 2021/22. This will take place in April 2021.

Assessment of CCG effectiveness

As part of the CCGs' Back to the Future programme, the CCGs undertook regular internal reviews for each of their directorates. This helped identify priority development needs for managing COVID-19 and also the journey to becoming strategic commissioners.

The Governing Body, along with the other five CCGs in Staffordshire and Stoke-on-Trent, holds its meetings as 'meetings in common' (as do all sub-committees), focusing on strategic organisational development and other matters.

The Remuneration and Terms of Service Committee oversees the performance appraisal cycle for senior staff. 'Senior staff' are defined as those staff who are

directly accountable to the Accountable Officer, and the Accountable Officer post which is appraised by the Clinical Chair.

As part of ensuring that the required professional standards of performance and effectiveness are achieved, the Governing Body and its committees adhere to the following principles, drawn from our Constitution and terms of reference.

- All Governing Body and committee members abide by the Nolan Principles.
- Quoracy and conflicts of interest are recorded at / throughout each meeting.
- Draft minutes of preceding meetings are approved at each subsequent meeting.
- Committee Chair reports are presented to the Governing Body on the business conducted by the committee, if not covered by another paper, for example the finance report. Approved business cycles govern the items of business to be transacted at each meeting to ensure that the right report is sent to the right meeting at the right time.
- All committees are encouraged to undertake a self-assessment as part of their annual business cycle.

Annual audit of conflicts of interest management

The statutory guidance on managing conflicts of interest for CCGs (June 2017) 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.

Headlines/summary of findings

The six CCGs in Staffordshire and Stoke-on-Trent have an aligned Conflicts of Interest Policy. They have also reviewed and aligned the templates used to collate the declarations from their staff and membership. CCGs are required to submit quarterly returns to NHSE confirming compliance with the statutory guidance. We publish our register of interest on our website and we request conflict of interest returns on an annual basis as per the statutory guidance.

Our internal auditors, RSM, carried out their annual internal audit of conflicts of interest on behalf of the CCG in quarter three of 2020/21. RSM's review focused on the submission of declarations made by board members and all relevant staff to ensure the CCG continues to have sufficient processes and controls in place to meet the revised requirements. Internal audit also reviewed the implementation of the previous year's findings.

The review identified a well-designed control framework, however two medium priority management actions were identified which relate to the maintenance and publication of an up-to-date Procurement Register and that clear documentation is maintained for single tender waivers.

Reasonable assurance can be taken that the controls in place to manage this area are suitably designed and consistently applied.

Whilst opportunities for some enhancements to the control environment were identified, internal audit have based their opinion assessment on the following work undertaken in 2020/21:

- COVID-19 Emergency Preparedness and Business Continuity Plans (Reasonable Assurance)
- Quality Innovation, Productivity and Prevention (QIPP) Programme Framework (Reasonable Assurance)
- Safeguarding Adults (Reasonable Assurance)
- Governance Arrangements – Phase One (Substantial Assurance)
- Board Assurance Framework and Risk Management (phase 1) (Reasonable Assurance)
- Financial Model Health Check (Advisory)
- Management and Resilience of IT and Home Working Arrangements (Substantial Assurance)
- Financial Feeder Systems (Reasonable Assurance)
- Provider Contract Management and Performance – during the COVID-19 Pandemic (Substantial Assurance)
- Financial Management Review (Advisory)
- Board Assurance Framework (phase 2) (Reasonable Assurance)
- We have also undertaken an advisory piece of work around Personal Health Budgets (PHBs) which has been completed outside of the 2020/21 Internal Audit Plan. This has not formed part of our opinion.

Internal Audit has not issued any 'no assurance' or 'partial' opinion reports in 2020/21 to date. The audits shown as providing 'reasonable assurance' have identified some areas where enhancements are required and in each of these cases management actions have been agreed, the implementation of which will improve the control environment. Topics judged relevant for consideration will be included as part of the annual governance statement. The ongoing action tracking has identified progress against actions taking place although there are some which have been impacted due to the COVID-19 pandemic. The Audit Committees in Common has been kept appraised of progress through the year via our progress reports.

NHS England conflicts of interest training

We have proactively encouraged staff to complete mandatory training on time, with regular monitoring and reporting throughout the year. We send notices to staff regularly reminding them of the importance of completing their training, and a training report is received monthly.

Further action is put in place in cases where training has not been completed by the required date. This includes potential restrictions on attending meetings until either training or declarations gaps are remedied, in line with the agreed conflicts of interest action plan monitored by the Audit Committees.

Data quality

The Governing Body agrees that the data, information and intelligence brought to its attention and the attention of the Membership Board and its committees are fully acceptable and fit for purpose.

Information governance (IG)

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 framework is supported by a Data Security and Protection Toolkit (DSPT) 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.

We place high importance on ensuring there are robust information governance systems and processes in place to protect patient and corporate information. We have established an information governance management framework and have developed information governance processes and procedures in line with the NHS DSPT. All staff undertake annual information governance training, and we regularly update the staff IG handbook to ensure staff understand their information governance roles and responsibilities.

There are processes in place for reporting and investigating serious incidents. We have information risk assessments and management procedures, and we will establish a programme to embed an information risk culture against identified risks throughout the organisation.

The Data Protection Act 2018 and General Data Protection Regulation (GDPR) introduced more rights for individuals and the accountability principle for organisations to provide greater assurances relating to data-sharing practices and protocols.

We adhere to the legislation and have implemented data protection by design.

- We appointed the Deputy Director of Corporate Services, Governance and Communications as the Data Protection Officer.
- A Data Privacy Impact Assessment is completed for all projects, processes and services carried out by or on behalf of the CCG in which personal data is or may be processed or accessed. A short form version was introduced this year to help staff implement projects relating to COVID-19.
- We publish privacy notices on our website explaining what data is collected and how the data is collected, shared and processed – with appropriate legal basis to support processing evidence.
- We maintain an Information Asset Register to show all information assets held and that associated data flows are mapped.

The DSPT is an online self-assessment tool that enables organisations to demonstrate and publish their compliance against the 10 data security and protection assertions.

In light of NHSX and NHS Digital instructions relating to COVID-19, we will complete a DSPT declaration for the financial year 2020/21. This is planned to take place by June 2021.

To support staff, a suite of documents was produced, incorporating the IG handbook, Staff Code of Conduct and Information Governance and Data Security and Protection Policies. Staff are required to read and acknowledge their understanding

of these documents to ensure accountability of processes. All staff employed by or on behalf of CCGs must undertake and pass annual IG training.

Personal data-related incidents

There have not been any personal data breaches during the period 1 April 2020 to 31 March 2021.

Freedom of Information (FOI) requests

Following a review of the Freedom of Information processes, additional oversight of the FOI service, provided by NHS Midlands and Lancashire Commissioning Support Unit, has been implemented. This has led to an improvement in performance.

Cannock Chase CCG received 198 FOI requests during 2020/21, and responded to 196 of them within the statutory 20 working days.

Business critical models

In line with the best practice recommendations of the 2013 MacPherson review into the quality assurance of analytical models, we confirm that an appropriate framework and environment are in place to provide quality assurance of business critical models.

Third party assurances

The CCG commissions its back-office support from NHS Midlands and Lancashire Commissioning Support Unit (MLCSU). Monthly performance reviews are scheduled with MLCSU.

MLCSU's Internal Audit support is provided by Deloitte. The CCG is awaiting the outcome of the MLCSU's Service Auditor Reports, and will include any identified weaknesses in controls within the final submission.

Control issues

No material issues requiring reporting beyond the underlying financial position were identified via the Month 9 Governance Statement return to NHSE. However, we face a new significant control issue relating to the COVID-19 pandemic.

The financial framework that has operated for the second half of 2020/21 is being extended for the first half of 2021/22, with local systems allocating funds to organisations and is modified by the introduction of an elective recovery fund to incentivise restoring these services and a gradual removal of the financial support provided for the hospital discharge programme. These changes to restore systems to more locally-based commissioning for the second half of 2021/22 will require management and control to ensure value for money and reduce the risk of attempted fraud. The delivery of financial turnaround plans will be a system focus for the first half of 2021/22 as the organisation also considers the impact of proposals contained in the White Paper relating to healthcare procurement to ensure value for money.

While it was determined that this issue did not prejudice the achievement of the other organisational priorities or undermine the integrity or reputation of the CCG and/or wider NHS, advice and opinions were sought by both internal and external audit and provided to the Audit Committee, including briefings on the financial position by the Chief Finance Officer throughout 2020/21.

At the time of writing the external audit, opinion on the financial statements is expected to be unqualified; therefore, delivery of the standards expected of the Accountable Officer are not deemed to be at risk. Furthermore, the issue has not made it harder for us to resist fraud or other misuse of resources, and has not diverted resources from another significant aspect of the business.

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

Ratings for the 'Quality of Leadership' indicator of the 2020/21 NHS OF were awaited at the time of publication of the report. However, at the last data release in November 2020, the CCG was rated as 'Red'. Final assessment for 2020/21 is to be confirmed by NHSE/I, but may be affected by COVID-19.

Financial planning and in-year performance monitoring (such as details about the CCG's recovery planning process) are covered within the Performance Report section.

Central management costs are provided in the Financial Performance Targets note in the Accounts section.

Our Governing Body in Common and the Finance and Performance Committee and Audit Committees meeting in Common have been kept fully abreast of the CCG's financial position, and have provided both support and challenge as would be expected.

The CCG's QIPP delivery and monitoring function has been paused and revised during this financial year due to COVID-19 national requirements. In addition, business processes have been restructured to enable the Finance and Performance Committee to scrutinise and lead the COVID-19 financial agenda within standard business processes.

As noted in the Highlights of the Work of Sub-Committees section, there are a number of control issue areas where our performance is not up to the required NHS OF or NHS Constitution standards. We are discussing performance improvement plans at Finance and Performance Committees to address these issues and bring performance back up to the required standards.

Delegation of functions

The key financial systems (general ledger, accounts payable, accounts receivable and payroll) are operated by Shared Business Support under contract to MLCSU. These systems undergo a separate regime of Internal Audit assessment which is provided by Deloitte. Their Service Auditor Reports are published twice a year, presented to the Audit Committee and reviewed by our external auditors in terms of informing the overall audit opinion.

For details on internal delegations, please refer to the CCG's Constitution (Scheme of Reservation and Delegation), as available on our website: https://www.cannockchaseccg.nhs.uk/news-events/documents/13-cc-ccg-constitution-v-10-2-regional-office-approved

Counter-fraud arrangements

The CCG has an accredited counter-fraud specialist in place to undertake counter-fraud work proportionate to identified risks. This service is provided by RSM. The

CCG Audit Committee receives a report against each of the standards for commissioners at least once a year, and the Executive Director for Finance and officers work with the counter-fraud specialist to support a proactive work plan to address identified risks.

The Fraud Risk Group continued to meet with representation from directorates in 2020/21. The six Staffordshire and Stoke-on-Trent CCGs adhere to the National Counter-Fraud Standards, which outline the action commissioners should take to prevent fraud, bribery and corruption, and to deal with them should they occur.

We have undertaken the annual Self Review Tool (SRT) against the national commissioner-facing anti-fraud standards. There are five thematic self-assessment areas covered in these. We met the majority of areas and were rated as compliant. Any areas subject to 'Amber' or 'Red' assessment will have detailed actions set – which will form part of the Integrated Improvement Plan and routinely be monitored through the Audit Committee.

We have not had any areas identified or actions recommended to be taken as a result of the NHS Counter-Fraud Authority (NHSCFA) quality assurance. The Director of Finance is proactively and demonstrably responsible for tackling fraud, bribery and corruption.

Head of Internal Audit Opinion

Review of the effectiveness of governance, risk management and internal control

In accordance with Public Sector Internal Audit Standards, the head of internal audit is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes. The opinion should contribute to the organisation's Annual Governance Statement.

This section provides RSM's draft annual internal audit opinion for 2020/21 as at 8 March 2021. The final opinion will be set out in their annual internal audit report after year end.

As at 8 March 2021, the draft head of internal audit opinion for the CCGs is as follows:

The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective (please see below for the range of annual opinions available in preparing this report and opinion).

While opportunities for some enhancements to the control environment were identified, we have based the draft opinion assessment on the following work undertaken in 2020/21:

- COVID-19 Emergency Preparedness and Business Continuity Plans (reasonable assurance)
- Quality Innovation, Productivity, and Prevention (QIPP) Programme Framework (reasonable assurance)
- safeguarding adults (reasonable assurance)
- governance arrangements – phase 1 (substantial assurance)
- Board Assurance Framework and risk management (phase 1) (reasonable assurance)
- financial model health check (advisory)
- management and resilience of IT and home working arrangements (substantial assurance)
- financial feeder systems (reasonable assurance)
- provider contract management and performance during the COVID-19 pandemic (substantial assurance)
- financial management review (advisory)
- Board Assurance Framework (phase 2) (reasonable assurance).

- We have also undertaken an advisory piece of work around Personal Health Budgets (PHBs) which has been completed outside of the 2020/21 Internal Audit Plan. This has not formed part of our opinion.

We have not issued any 'no assurance' or 'partial' opinion reports in 2020/21 to date. In the audits shown as providing reasonable assurance, we have identified some areas where enhancements are required. In each of these cases, management actions have been agreed – the implementation of which will improve the control environment. The ongoing action tracking has identified progress against actions taking place although there are some which have been impacted due to the COVID-19 pandemic. The Audit Committees in Common have been kept appraised of progress through the year via our progress reports.

At the time of drafting this opinion, we have not yet received the Service Auditor Reports from the internal auditors of NHS Shared Business Services and in relation to Capita and NHS Digital, for instance. These will be considered prior to finalising this Head of Internal Audit Opinion.

Based on the work we have undertaken to date on the CCG's system on internal control, we do not consider that within these areas there are any issues that need to be flagged as significant control issues within the Annual Governance Statement. The CCG may wish to consider whether any other issues have arisen, as well as recognise the challenging financial and operational environment within which the CCG is operating, including the results of any external reviews, when determining whether anything should be highlighted within the Annual Governance Statement.

Conclusion

- My review of the effectiveness of the governance, risk management and internal control has confirmed that accepting the control issues identified above, I am confident that the organisation has appropriate mechanisms in place to deliver good governance.

Marcus Warnes

Accountable Officer

NHS Cannock Chase CCG

14 JUNE 2021

Remuneration and Staff Report

Remuneration Report

Remuneration Committee

The CCG has a Remuneration and Terms of Service Committee in Common, which is a sub-committee of the Governing Bodies in Common. The Chair of the Remuneration Committee is the Lay Member for Governance and its members are the Clinical Chairs of each CCG, lay members and secondary care consultants. The purpose of the committee is to advise the Governing Bodies about appropriate remuneration and terms of service for the Accountable Officer, Director of Finance and other senior employees, on Very Senior Manager contracts, including:

- all aspects of salary
- provisions for other benefits, including pensions and cars
- arrangements for termination of employment and other contractual terms
- discipline and dismissal of officer members of the Governing Body.

The Director of Corporate Services, Governance and Communications and the HR lead from the Midlands and Lancashire Commissioning Support Unit, support the meeting with the Chair, the Accountable Officer and the Director of Finance being asked to attend as appropriate.

Remuneration Committee members

Title	First name	Surname	Position	Date of joining the committee*	Date of leaving the committee*
Mr	Neil	Chambers	Chair/Lay Member for Governance (Cannock Chase CCG)		
Dr	Alison	Bradley	Clinical Chair (North Staffordshire CCG)		
Dr	Lorna	Clarson	Clinical Chair (Stoke-on-Trent CCG)		
Mr	David	Harding	Lay Member for Governance (East Staffordshire CCG)		
Mr	Paul	Gallagher	Lay Member for PPI (Cannock Chase CCG)		

			Lay Member for Quality (South East Staffordshire and Seisdon Peninsula CCG)
Dr	Rachel	Gallyot	Clinical Chair (East Staffordshire)
Dr	Paddy	Hannigan	Clinical Chair (Stafford and Surrounds CCG)
Ms	Anne	Heckels	Lay Member for PPI and Finance and Performance (South East Staffordshire and Seisdon Peninsula CCG)
Mr	John	Howard	Lay Member for Governance (Stoke-on-Trent CCG)
Mr	Doug	Robertson	Secondary Care Consultant (Cannock Chase, North Staffordshire, South East Staffordshire and Seisdon Peninsula, Stafford and Surrounds and Stoke-on-Trent CCGs)
Mrs	Diana	Smith	Lay Member (Stafford and Surrounds CCG)
Mrs	Jan	Toplis	Lay Member (Cannock Chase CCG)

**Dates will only be included if there has been a change in-year*

Details of the Remuneration and Terms of Service Committees meeting in Common can be found in the committee section of the Annual Governance Statement.

Policy on the remuneration of senior managers

Senior Managers are paid under one of three national frameworks.

- The Accountable Officer and the Director of Finance were paid under remuneration guidance for Chief Officers (where the Senior Manager also undertakes the Accountable Officer role) and Chief Finance Officers, published in 2012.
- The following posts were paid on the Very Senior Manager pay scale:

  - Director of Strategy, Planning and Performance
  - Director of Commissioning and Operations
  - Director of Nursing and Quality, and Chief Nurse
  - Director of Corporate Services, Governance and Communications
  - Director of Primary Care
  - Managing Director – North
  - Managing Director – East
  - Managing Director – South.
- Agenda for Change – see next paragraph.

Agenda for Change

All other staff except medical and dental staff are paid through the Agenda for Change pay structure.

Lay member remuneration was based on the rate for PCT non-executive directors set by the former Appointments Commission in accordance with national policy.

No senior managers have been paid/will be paid through a performance-related pay mechanism in 2020/21.

Everything relating to the remuneration and terms and conditions of the Accountable Officer, Director of Finance and Very Senior Managers is subject to approval by the Remuneration Committee.

Remuneration of Very Senior Managers

In accordance with DHSC GAM para 3.42 – 3.43, we can confirm there are no Very Senior Managers of the CCG paid more than £150,000 per annum.

Senior manager remuneration 2020/21 (including salary and pension entitlements)

The costs of the individuals shown below are 100% attributable to the six Staffordshire and Stoke-on-Trent Clinical Commissioning Groups.

Name and title	a) Salary (bands of £5,000) £000	b) Expense payments (taxable to nearest £100) £	c) Performance pay and bonuses (bands of £5,000) £000	d) Long-term performance pay and bonuses (bands of £5,000) £000	e) All pension-related benefits (bands of £2,500) £000	f) Total a-e (bands of £5,000) £000
Marcus Warnes - Accountable Officer	140 - 145	6,400	0 - 0	0 - 0	202.5 - 205	350 - 355
Paul Brown - Chief Finance Officer	105 - 110	0	0 - 0	0 - 0	0 - 0	105 - 110
Neil Cook - Interim Chief Finance Officer	50 - 55	0	0 - 0	0 - 0	30 - 32.5	80 - 85
Jane Moore - Director of Strategy, Planning and Performance	115 - 120	0	0 - 0	0 - 0	147.5 - 150	260 - 265
Heather Johnstone - Director of Quality and Safety	115 - 120	0	0 - 0	0 - 0	10 - 12.5	125 - 130
Lynn Millar - Director of Primary Care	110 - 115	3,200	0 - 0	0 - 0	2.5 - 5	115 - 120
Sally Young - Director of Corporate Services, Governance and Communications	110 - 115	0	0 - 0	0 - 0	2.5 - 5	115 - 120
Cheryl Hardisty - Director of Strategic Commissioning and Operations	115 - 120	0	0 - 0	0 - 0	0 - 0	115 - 120
Craig Porter - Locality Director South	105 - 110	0	0 - 0	0 - 0	25 - 27.5	130 - 135
Mark Seaton - Locality Director North	105 - 110	0	0 - 0	0 - 0	5 - 7.5	110 - 115
Nicola Harkness - Locality Director East	100 - 105	2,700	0 - 0	0 - 0	5 - 7.5	110 - 115
Gary Free - Clinical Leader	50 - 55	0	0 - 0	0 - 0	0 - 0	50 - 55
Anna Onabolu - Clinical Leader	25 - 30	0	0 - 0	0 - 0	0 - 0	25 - 30
Mukesh Singh - Clinical Leader	25 - 30	0	0 - 0	0 - 0	0 - 2.5	25 - 30
Paul Gallagher - Lay Member for PPI	15 - 20	0	0 - 0	0 - 0	0 - 0	15 - 20
Neil Chambers - Lay Member for Governance	15 - 20	0	0 - 0	0 - 0	0 - 0	15 - 20

Janet Toplis - Lay Member	10 - 15	0	0 - 0	0 - 0	0 - 0	10 - 15
Douglas Robertson - Secondary Care Specialist	5 - 10	0	0 - 0	0 - 0	0 - 0	5 - 10
Hirendra Choudhary - Clinical Lead	10 - 15	0	0 - 0	0 - 0	172.5 - 175	185 - 190
Sandeep Geeranaver - Clinical Lead	10 - 15	0	0 - 0	0 - 0	0 - 2.5	10 - 15
Murray Campbell - Clinical Lead	15 - 20	0	0 - 0	0 - 0	0 - 0	15 - 20
Murray Campbell - Clinical Director	20 - 25	0	0 - 0	0 - 0	0 - 0	20 - 25

Note: Taxable expenses and benefits in kind are expressed to the nearest £100.

Neil Cook Interim Chief Finance Officer left the organisation on 31/07/2020 and was replaced by Paul Brown Chief Finance Officer on 08/06/2020. All other post holders were employed for the full duration of the financial year (01/04/2020 – 31/03/2021)

Marcus Warnes expense payments relates to benefit in kind in relation to a lease car.

Lynn Millar expense payments relates to benefit in kind in relation to a lease car.

Nicola Harkness expense payments relates to benefit in kind in relation to a lease car.

NHS Cannock Chase CCG shares a single leadership team with the five other CCGs, with the remuneration of those senior officer being apportioned out on a capitated basis, unless stated otherwise. The table below shows the costs which have been apportioned to NHS Cannock Chase CCG, associated with the remuneration of the senior management team.

Name and title	a) Salary (bands of £5,000) £000	b) Expense payments (taxable to nearest £100) £	c) Performance pay and bonuses (bands of £5,000) £000	d) Long-term performance pay and bonuses (bands of £5,000) £000	e) All pension-related benefits (bands of £2,500) £000	f) Total a-e (bands of £5,000) £000
Marcus Warnes - Accountable Officer *	15 - 20	756	0 - 0	0 - 0	20 - 25	40 - 45
Paul Brown - Chief Finance Officer *	10 - 15	0	0 - 0	0 - 0	0 - 0	10 - 15
Neil Cook - Interim Chief Finance Officer *	5 - 10	0	0 - 0	0 - 0	0 - 5	5 - 10
Jane Moore - Director of Strategy, Planning and Performance *	10 - 15	0	0 - 0	0 - 0	15 - 20	30 - 35
Heather Johnstone - Director of Quality and Safety *	10 - 15	0	0 - 0	0 - 0	0 - 5	15 - 20
Lynn Millar - Director of Primary Care *	10 - 15	376	0 - 0	0 - 0	0 - 5	10 - 15
Sally Young - Director of Corporate Services, Governance and Communications *	10 - 15	0	0 - 0	0 - 0	0 - 5	10 - 15
Cheryl Hardisty - Director of Strategic Commissioning and Operations *	10 - 15	0	0 - 0	0 - 0	0 - 0	10 - 15
Craig Porter - Locality Director South *	10 - 15	0	0 - 0	0 - 0	0 - 5	15 - 20
Mark Seaton - Locality Director North *	10 - 15	0	0 - 0	0 - 0	0 - 5	10 - 15
Nicola Harkness - Locality Director East *	10 - 15	322	0 - 0	0 - 0	0 - 5	10 - 15
Gary Free - Clinical Leader **	50 - 55	0	0 - 0	0 - 0	0 - 0	50 - 55
Anna Onabolu - Clinical Leader **	25 - 30	0	0 - 0	0 - 0	0 - 0	25 - 30
Mukesh Singh - Clinical Leader **	25 - 30	0	0 - 0	0 - 0	0 - 5	25 - 30
Paul Gallagher - Lay Member for PPI ***	5 - 10	0	0 - 0	0 - 0	0 - 0	5 - 10
Neil Chambers - Lay Member for Governance ****	0 - 5	0	0 - 0	0 - 0	0 - 0	0 - 5
Janet Toplis - Lay Member **	10 - 15	0	0 - 0	0 - 0	0 - 0	10 - 15
Douglas Robertson - Secondary Care Specialist *	0 - 5	0	0 - 0	0 - 0	0 - 0	0 - 5

Hirendra Choudhary - Clinical Lead **	10 - 15	0	0 - 0	0 - 0	170 - 175	185 - 190
Sandeep Geeranaver - Clinical Lead **	10 - 15	0	0 - 0	0 - 0	0 - 5	10 - 15
Murray Campbell - Clinical Lead	15 - 20	0	0 - 0	0 - 0	0 - 0	15 - 20
Murray Campbell - Clinical Director	20 - 25	0	0 - 0	0 - 0	0 - 0	20 - 25

**Note: NHS Cannock Chase CCG pays 11.80% capitated basis of the highlighted individuals' costs*

***Note: NHS Cannock Chase CCG pays 100% of the highlighted individuals' costs*

****Note: NHS Cannock Chase CCG pays 50% of the highlighted individuals' costs*

*****Note: NHS Cannock Chase CCG pays 26.60% of the highlighted individuals' costs*

Senior manager remuneration 2019/20 (including salary and pension entitlements)

The costs of the individuals shown below are 100% attributable to the six Staffordshire and Stoke-on-Trent Clinical Commissioning Groups.

Name and title	a) Salary (bands of £5,000) £000	b) Expense payments (taxable to nearest £100)** £	c) Performance pay and bonuses (bands of £5,000) £000	d) Long-term performance pay and bonuses (bands of £5,000) £000	e) All pension-related benefits (bands of £2,500) £000	f) Total a-e (bands of £5,000) £000
Marcus Warnes Accountable Officer	145 - 150	6,400	0 - 0	0 - 0	0 - 0	155 - 160
Alistair Mulvey Chief Financial Officer	95 - 100	0	0 - 0	0 - 0	0 - 0	95 - 100
Neil Cook Interim Chief Finance Officer	100 - 105	0	0 - 0	0 - 0	127.5 - 130	225 - 230
Jane Moore Director of Strategy, Planning and Performance	115 - 120	0	0 - 0	0 - 0	0 - 0	115 - 120
Heather Johnstone Director of Quality and Safety	115 - 120	0	0 - 0	0 - 0	52.5 - 55	170 - 175
Lynn Millar Director of Primary Care	115 - 120	0	0 - 0	0 - 0	25 - 27.5	140 - 145
Sally Young Director of Corporate Services, Governance and Communications	110 - 115	0	0 - 0	0 - 0	0 - 0	110 - 115
Cheryl Hardisty Director of Strategic Commissioning and Operations	115 - 120	0	0 - 0	0 - 0	0 - 0	115 - 120

Mark (Jonathan) Bletcher Director of Planning & Strategy	70 - 75	0	0 - 0	0 - 0	0 - 0	70 - 75
Craig Porter Locality Director South	105 - 110	0	0 - 0	0 - 0	25 - 27.5	130 - 135
Gary Free Clinical Leader	50 - 55	0	0 - 0	0 - 0	0 - 0	50 - 55
Anna Onabolu Clinical Leader	25 - 30	0	0 - 0	0 - 0	0 - 0	25 - 30
Mukesh Singh Clinical Leader	25 - 30	0	0 - 0	0 - 0	0 - 0	25 - 30
Paul Gallagher Lay Member for PPI	15 - 20	0	0 - 0	0 - 0	0 - 0	15 - 20
Neil Chambers Lay Member for Governance	15 - 20	0	0 - 0	0 - 0	0 - 0	15 - 20
Janet Toplis Lay Member	5 - 10	0	0 - 0	0 - 0	0 - 0	5 - 10
Douglas Robertson Lay Member	0 - 5	0	0 - 0	0 - 0	0 - 0	0 - 5

Note: Taxable expenses and benefits in kind are expressed to the nearest £100.

Alistair Mulvey, Chief Financial Officer, left the organisation on 31/05/2019 and was replaced by Neil Cook, Interim Chief Financial Officer on 01/08/2019. All other post holders were employed for the full duration of the financial year (01/04/2019-31/03/2020)

Alistair Mulvey was paid 6 months' notice period in lieu of notice to terminate his contract as per his contractual terms and conditions.

Marcus Warnes expense payments relates to benefit in kind in relation to a lease car.

NHS Cannock Chase CCG shares a single leadership team with the five other CCGs, with the remuneration of those senior officer being apportioned out on a capitated basis, unless stated otherwise. The table below shows the costs which have been apportioned to NHS Cannock Chase CCG, associated with the remuneration of the senior management team.

The 2019/20 values in the table below have been represented to ensure consistency with the 2020/21 format.

Name and title	a) Salary (bands of £5,000) £000	b) Expense payments (taxable to nearest £100)** £	c) Performance pay and bonuses (bands of £5,000) £000	d) Long-term performance pay and bonuses (bands of £5,000) £000	e) All pension-related benefits (bands of £2,500) £000	f) Total a-e (bands of £5,000) £000
Marcus Warnes Accountable Officer *	15 - 20	753	0 - 0	0 - 0	0 - 0	15 - 20
Alistair Mulvey Chief Financial Officer *	10 - 15	0	0 - 0	0 - 0	0 - 0	10 - 15
Neil Cook Interim Chief Finance Officer *	10 - 15	0	0 - 0	0 - 0	15 - 20	25 - 30
Jane Moore Director of Strategy, Planning and Performance *	10 - 15	0	0 - 0	0 - 0	0 - 0	10 - 15
Heather Johnstone Director of Quality and Safety *	10 - 15	0	0 - 0	0 - 0	5 - 10	20 - 25
Lynn Millar Director of Primary Care *	10 - 15	0	0 - 0	0 - 0	0 - 5	15 - 20
Sally Young Director of Corporate Services, Governance and Communications *	10 - 15	0	0 - 0	0 - 0	0 - 0	10 - 15
Cheryl Hardisty Director of Strategic Commissioning and Operations *	10 - 15	0	0 - 0	0 - 0	0 - 0	10 - 15
Mark (Jonathan) Bletcher Director of Planning and Strategy **	70 - 75	0	0 - 0	0 - 0	0 - 0	70 - 75
Craig Porter Locality Director South ****	25 - 30	0	0 - 0	0 - 0	5 - 10	35 - 40
Gary Free Clinical Leader **	50 - 55	0	0 - 0	0 - 0	0 - 0	50 - 55

Anna Onabolu Clinical Leader **	25 - 30	0	0 - 0	0 - 0	0 - 0	25 - 30
Mukesh Singh Clinical Leader **	25 - 30	0	0 - 0	0 - 0	0 - 0	25 - 30
Paul Gallagher Lay Member for PPI ***	5 - 10	0	0 - 0	0 - 0	0 - 0	5 - 10
Neil Chambers Lay Member for Governance **	15 - 20	0	0 - 0	0 - 0	0 - 0	15 - 20
Janet Toplis Lay Member **	5 - 10	0	0 - 0	0 - 0	0 - 0	5 - 10
Douglas Robertson Lay Member ****	0 - 5	0	0 - 0	0 - 0	0 - 0	0 - 5

**Note: NHS Cannock Chase CCG pays 11.80% capitated basis of the highlighted individuals' costs*

***Note: NHS Cannock Chase CCG pays 100% of the highlighted individuals' costs*

****Note: NHS Cannock Chase CCG pays 50% of the highlighted individuals' costs*

*****Note: NHS Cannock Chase CCG pays 26.60% of the highlighted individuals' costs*

Pension benefits as at 31 March 2021

The Cash Equivalent Transfer Values contained in the table below relate to the total value accrued by the individual across all six Staffordshire and Stoke-on-Trent CCGs. The total amount is shown due to not being able to reliably estimate the split of the CETVs by individual CCG.

Name and title	a) Real increase in pension at pension age (bands of £2,500) £'000	b) Real increase in pension lump sum at pension age (bands of £2,500) £'000	c) Total accrued pension at pension age at 31.03.21 (bands of £5,000) £'000	d) Lump sum at pension age related to accrued pension at 31.03.21 (bands of £5,000) £'000	e) Cash Equivalent Transfer Value at 31.03.20 £'000	f) Real increase in Cash Equivalent Transfer Value £'000	g) Cash Equivalent Transfer Value at 31.03.21 £'000	h) Employer's contribution to stakeholder pension £'000
Marcus Warnes - Accountable Officer	10 - 12.5	0 - 0	50 - 55	110 - 115	861.11	170.66	1046.41	0.00
Paul Brown - Chief Financial Officer	0 - 0	0 - 0	30 - 35	80 - 85	749.75	0.00	733.01	0.00
Neil Cook - Interim Chief Finance Officer	0 - 2.5	0 - 2.5	45 - 50	130 - 135	947.89	51.91	1015.91	0.00
Jane Moore - Director of Strategy, Planning and Performance	7.5 - 10	0 - 0	65 - 70	0 - 0	893.60	137.82	1046.61	0.00
Heather Johnstone - Director of Quality and Safety	0 - 2.5	0 - 0	35 - 40	75 - 80	673.37	29.55	714.37	0.00
Lynn Millar - Director of Primary Care	0 - 2.5	0 - 0	30 - 35	60 - 65	456.10	15.03	478.88	0.00
Sally Young - Director of Corporate Services,	0 - 2.5	2.5 - 5	30 - 35	100 - 105	781.37	40.43	835.09	0.00

Governance and Communications								
Craig Porter - Locality Director South	0 - 2.5	0 - 0	5 - 10	0 - 0	86.16	27.20	114.82	0.00
Mark Seaton - Locality Director North	0 - 2.5	2.5 - 5	20 - 25	70 - 75	551.68	36.33	597.39	0.00
Nicola Harkness - Locality Director East	0 - 2.5	0 - 0	35 - 40	75 - 80	606.82	20.27	637.40	0.00
Hirendra Choudhary - Clinical Lead	7.5 - 10	20 - 22.5	5 - 10	20 - 25	0.00	169.38	169.38	0.00
Sandeep Geeranaver - Clinical Lead	0 - 2.5	0 - 0	5 - 10	15 - 20	117.08	3.83	122.91	0.00
Mukesh Singh - Clinical Leader	0 - 2.5	0 - 0	10 - 15	30 - 35	270.73	8.73	284.06	0.00

**Note: Taxable expenses and benefits in kind are expressed to the nearest £100.*

***Column E disclosed the growth of all pension related benefits during the year. It reflects pension related benefits and is sourced from the Greenbury information.*

**** Neil Cook Interim Chief Finance Officer left the organisation on 31/07/2020 and was replaced by Paul Brown Chief Finance Officer on 08/06/2020. All other post holders were employed for the full duration of the financial year (01/04/2020 – 31/03/2021)*

NHS Pensions are using pension data from their systems without adjustment for potential future legal remedy required as a result of the McCloud judgement. (This is a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a Final Salary design.) Given the considerable uncertainty this means that the benefits and related CETVs presented do not allow for a potential future adjustment arising from the McCloud judgment.

Cash equivalent transfer values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

During the year, the government announced that public sector pension schemes will be required to provide the same indexation in payment on part of a public service scheme pension known as the Guaranteed Minimum Pension (GMP) as applied to the remainder of the pension i.e. the non GMP. Previously the GMP did not receive full indexation. This means that with effect from August 2019 the method used to calculate CETV values has been updated. So the method in force at 31 March 2020 is different to the method used to calculate the value at 31 March 2019. The real increase in CETV will therefore be impacted (and will in effect include any increase in CETV due to the change in GMP methodology).

Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation on early retirement of for loss of office

No payments have been made in respect of compensation on early retirement. Payments paid or payable in respect of loss of office are summarised within the notes relating to Exit Packages.

Payments to past members

Payments have been made in relation to Exit Packages.

Pay multiples (subject to audit)

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

For the majority of staff, costs are shared across the six Staffordshire and Stoke-on-Trent CCGs in proportion to their Running Cost Allocation. To report the salary band of the highest paid director/member for each individual entity based upon the share of basic salary costs paid by each CCG would result in an abnormally low figure. Therefore, to maximise transparency and to show a true and fair view of the pay multiple across the six Staffordshire and Stoke-on-Trent CCGs, the banded remuneration of the aggregate total salary cost of the highest paid director/member for the six Staffordshire and Stoke-on-Trent CCGs is shown and used as the basis for the pay multiple calculation.

The banded remuneration of the highest paid director/member for the six Staffordshire and Stoke-on-Trent CCGs in the financial year 2020/21 was £145,000 – 150,000 (2019/20, £145,000- 150,000). This was 3.22 times (2019/20, 3.31) the median remuneration of the workforce, which was £45,753 (2019-20, £44,606).

There has been a movement of 0.09 in the ratio of the highest paid to the median renumeration from 2019/20 to 2020/21. Salary movement for all pay scales reflects annual pay award and incremental movement only.

In 2020/21, 0 (2019/20, 0) employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £3,574 to £149,999 (Restated 2019-20 £3,574 to £149,999). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Staff Report

During 2019/20, the six CCGs in Staffordshire and Stoke-on-Trent agreed to transfer their staff onto a single payroll administered through Stafford and Surrounds CCG. This was to ensure that efficiencies were achieved by going from six separate payrolls to one. This section reflects staffing information pertaining to all six organisations, unless otherwise stated.

Number of senior managers

A senior manager is defined by NHS Business Services Authority as those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS organisation.

For the purposes of this report, we believe those persons in Band 8a and above are senior managers.

Number of staff across the six Staffordshire and Stoke-on-Trent CCGs across all pay bands

Pay Band	Headcount
Apprentice	0

Band 1	0
Band 2	4
Band 3	3
Band 4	21
Band 5	30
Band 6	33
Band 7	41
Band 8 - Range A	52
Band 8 - Range B	27
Band 8 - Range C	21
Band 8 - Range D	7
Band 9	7
Medical	40
VSM	24
Gov Body (off payroll)	0
Grand Total	**310**

Staff numbers and costs

Average number of people Cannock Chase CCG employed in 2020/21

	Permanently employed	Other	Total
Administration and estates	21.48	0.35	21.83
Medical and dental	1.13	0	1.13
Nursing, midwifery and health visiting staff	2.64	0	2.64
Other	0.39	0.06	0.45
Scientific, therapeutic and technical staff	2.82	0	2.82
Total	**28.46**	**0.41**	**28.87**

Associated staff costs for Cannock Chase CCG for 2020/21

	Permanently employed (£000)	Other (£000)	Total (£000)
Administration and estates	£1,244	£25	£1,269
Medical and dental	£152	£0	£152
Nursing, midwifery and health visiting staff	£195	£1	£196
Other	£6	£0	£6
Scientific, therapeutic and technical staff	£165	£11	£176
Total	**£1,762**	**£37**	**£1,799**

Staff composition

Percentage of employed staff across the six Staffordshire and Stoke-on-Trent CCGs by gender*

Staff Grouping	Female	Male
Governing Body	39.5%	60.5%

Other Senior Management (Band 8C+)	65.6%	34.4%
All Other Employees	85.3%	14.7%
Grand Total	**75.81%**	**24.19%**

**This information was based on staffing on 31 March 2021.*

Headcount of staff by gender and staff grouping*

Staff Grouping	Female	Male	Totals
Governing Body	15	23	**38**
Other Senior Management (Band 8C+)	40	21	**61**
All Other Employees	180	31	**211**
Grand Total	**235**	**75**	**310**

**This information was based on staffing on 31 March 2021.*

Sickness absence data

The sickness absence data in 2020 was whole time equivalent (WTE) days available of 56,451.11, and WTE days lost to sickness absence of 1,148.86. The average working days lost per employee was 4.58, which was managed through the absence management policy.

Staff sickness absence across the six Staffordshire and Stoke-on-Trent CCGs

	2020 number
Total days lost	1,148.86
Total staff years	250.89
Average working days lost	4.58

Staff turnover data

The CCG staff turnover rate for 2020/21 has been calculated by dividing the total FTE leavers in-year by the average FTE staff in post during the year.

Staff turnover rate across the six Staffordshire and Stoke-on-Trent CCGs

	2020/21 number
Average FTE employed 2020/21	251.59
Total FTE leavers 2020/21	32.54
Turnover rate	12.93%

Staff policies

The CCG has continued to work with the Staff Engagement Group (SEG), newly formed Staff Network/support Groups, Staff Side Representatives and the Communications, Engagement, Equalities and Employment (CEEE) Committee to continue to align all staff policies across the six CCGs in Staffordshire and Stoke-on-Trent. The majority of policies are now fully aligned at the end of the financial year, with only a few policies awaiting approval due to the cycle of business. This has greatly improved the support to the workforce which has shown equity of application regardless of which CCG is their employing organisation.

All the main Human Resources (HR) policies such as disciplinary grievance, performance management and flexible working have now been aligned. Changes to policies will always be accompanied by an Equality Impact Assessment (EIA), which includes assessing the impact of any protected characteristic groups.

Our mandatory equality and diversity training includes awareness of a range of issues impacting on people with disabilities. The CCGs introduced independent mandatory training for all staff on Invisible Disabilities. We also ensure that any employee who needs training (either because they work with people with disabilities, or because they have acquired an impairment or medical condition) receives the necessary support.

Staff can easily access HR policies and documents by using the staff intranet, 'Information and News', known as IAN.

Trade union facility time reporting requirements

We have one local representative across the six CCGs in Staffordshire and Stoke-on-Trent. The percentage of facility time is not monitored.

Health and safety

Midlands and Lancashire Commissioning Support Unit (MLCSU) provides advice and support on all health and safety related matters. However due to the COVID-19 pandemic, the CCGs' staff have been working from home since March 2020. Therefore it has not been possible for health and safety checks of CCG property to be carried out.

All staff were asked to undertake a Display Screen Equipment (DSE) assessment for the home office set up and this was sent to the HR team for inclusion in their personnel records. Staff were required to complete a risk assessment prior to visiting any of the offices for any reason, and for this to be signed-off by their line manager.

Any staff that continued to work in the offices had additional safety precautions in place along with the appropriate personal protective equipment (PPE) and distancing guidance. A total of 225 staff also completed the online health, safety and wellbeing risk assessment between August and October 2020.

The CCGs have also vacated the office space at Staffordshire Place 2, and staff were asked to remove their belongings from the office. During this period, COVID-19 precautions were put in place, staff were required to book appointments to ensure that a maximum of five people were in the office at any one time, and enhanced PPE was made available.

MLCSU's health and safety team have also kept the CCGs updated on any changes in government guidance and health and safety legislation during this time – and continue to do so.

There were no health and safety related incidents reported to the MLCSU Health and Safety Officer and no RIDDOR incidents.

Other employee matters

Shift to remote working during COVID-19

In line with national government guidance in March 2020, the majority of the CCGs' workforce have been working from home and agilely since March 2020. Not all functions of the CCG can be undertaken at home, so for a small number of staff, the CCG has conducted a risk assessment and introduced measures to ensure a COVID-safe office environment.

This has resulted in new ways of working, embracing IT and other technology to continue to provide services without impact to patients and citizens. All meetings are held virtually, and all staff have been trained to use Microsoft Teams. Technology has supported almost all staff to be able to work from home successfully and further planned digital transformation needs to be built into future models of working.

The benefits of remote working have been tangible from both an organisational and staff wellbeing perspective:

- The Executive Team no longer spend long periods of time travelling across Staffordshire and Stoke-on-Trent
- Virtual meetings have proven more productive and seen higher attendance rates
- Staff sickness has been reduced since people have begun working from home
- Some directorates were previously spread across the three offices, but have found it easier to bring people together virtually in order to collaborate on larger strategic projects
- Internal 'workforce' communications improved, with a single team brief being held digitally and recorded for those members of staff who were unable to attend and many other initiatives
- Clinical engagement increased as the barrier of travel was removed, and clinicians could more easily attend meetings and workshops from their consulting rooms
- A large majority of staff reported their work-life balance had improved
- People have reported that they are more productive when working from home
- The CCGs' carbon footprint has reduced, along with a significant fall in travel expenses.

The health and wellbeing of the workforce has been a key concern as staff have been working from home. Throughout the year, a range of wellbeing check-ins have been undertaken, asking how staff are finding working from home, and their thoughts on returning to an office. In August and September, a consultation took place to change the base for the majority of staff to home, from 1 April 2021. The proposal was supported and will be implemented from September 2021.

The CCGs' HR lead has presented to regional seminars and we have been the focus of a national case study by NHSE/I. Some staff have also contributed to a 'talking heads' video produced by the national team, talking about the importance of the

health and wellbeing conversations as part of the actions in the NHS People Plan, launched in July 2020.

Agile working

Agile working is about what you do, and not where you do it. Developing our agile working strategy will provide an opportunity to modernise our working practices – moving away from command and control assumptions of traditional working about where, when and how work should be done, to a culture of doing more with less, working wherever, whenever and however is most appropriate to get the work done.

It is not just about working hours, locations and workstyles – it is about being responsive and adaptive to service needs and advancements in technology. Agile working aims to provide greater flexibility, particularly in relation to the time and location our staff can work, subject to the requirements of the service and individual job.

To support the move to agile working, the CCGs established the 'Back to the Future Programme' in June 2020. The programme was to bring together and co-ordinate the broad range of changes including digital transformation, estates rationalisation, corporate governance, human resources, wellbeing and organisational development workstreams that are required to implement a new Agile Framework for April 2021.

The Agile Framework provides the CCGs with information of how they will return to a physical office and how to embrace and build on the successes of working from home. It will help the CCGs to develop a new work culture and create new approaches to future working.

Temporary redeployments

As part of a Memorandum of Understanding, eight CCG staff were temporarily deployed into frontline and back office posts external to the CCGs, as part of the system requirement to support the COVID-19 pandemic mutual aid workforce response. The MOU was signed by all system partners, and ensured a quick mechanism to deploy staff, without any financial impact of recharging.

Staff development days

Development days have occurred virtually throughout the year, embracing new technology and new ways of getting staff together to hear key messages and provide feedback from previous events. Some of the events from June 2020 were recorded through Microsoft Teams, so staff who may have missed the event could watch back.

- June 2020 – Back to the Future; Restoration, recovery and reset
- 2 September 2020 – Webinar on restoration and recovery
- 29 September 2020 – Agile working and change of base consultation feedback
- November 2020 – Journey to an ICS and Strategic Commissioner
- February 2021 – Preparing for change

- March 2021 – Journey to an ICS / COVID – one year on.

Whistleblowing

For our corporate whistleblowing obligations we have a dedicated policy in place. We have appointed Freedom to Speak Up Guardians, and all our staff are assured that they can speak up freely to raise any concerns they may have.

Governing Body OD session

Governing Body meetings are held in common for all six CCGs, with six Governing Body meetings in common held in public and a confidential meeting, alternating with an OD session for six Governing Bodies and a confidential Governing Body meeting in common.

The OD sessions focus on planned development sessions aligned to the OD work and statutory training, to support the implementation of new ways of working. Examples of these sessions have included:

- 24 September 2020 – Information Governance training
- 17 December 2020 – Conflicts of Interest training
- 25 February 2021 – CCG merger and White Paper discussions.

Staff Engagement Group

The six CCGs have successfully maintained a formal Staff Engagement Group (SEG) while working virtually. The group includes core members and various volunteers from all directorates and reports directly to the Communications, Engagement, Equality and Employment Committees in Common (CEEE). During 2020/21, the group has supported staff events, charity and health awareness days, and refresher training for mental health first aiders. It provides monthly feedback on key issues.

The group has supported the business cycle review of a significant number of aligned HR policies.

Staff temperature check-ins

As most staff have worked from home during 2020/21, we have sent out several check-in questions for them to complete, which have helped monitor their health and wellbeing, and also captured information to inform the Agile Framework. In the third quarter of the year, we also had a winter wellness check-in, to ensure staff were feeling supported while working at home during the winter months.

The Governing Bodies' commitment to OD remains strong. Work will progress in 2021/22, with a focused programme of training and development opportunities for all staff.

Staff diversity and inclusion (best practice disclosures)

These best practice disclosures are as follows.

Changes to staff composition of under-represented groups at the entity over time, both for the workforce as a whole and for management and/or senior management positions, are provided in separate, nationally-published 2020 WRES reports and

Combined CCG Staff Workforce Diversity Profile Review. The CCGs will be producing a Gender Pay Gap Report, which is anticipated to be published in June 2021.

A comparison of staff composition of under-represented groups against any diversity and inclusion targets that the CCG has, along with explanations of what the CCG has done to meet those to improve the diversity and inclusiveness of its workforce (including outputs and publications in respect of responsibilities under other legislation to report on the diversity and inclusiveness of the workforce and to promote equality of opportunity) are provided in the table below:

2020/21 Staffordshire and Stoke-on-Trent E&I / HR Action Plan

Action	Update	Status
Review internal recruitment process against best practice. Check with local providers for good practice initiatives	Head of HR&OD is working with system partners to establish best practice and review current recruitment processes. The CCGs are looking at application process for schemes that support the recruitment of staff with specific characteristics. The CCGs have signed up to become a Disability Confident Organisation.	Complete
Add an equality statement to our recruitment notices.	Statement developed for approval – the CCG actively encourages applications from members of ethnic minority communities and from people with a disability. These groups are under-represented in our organisation, and it is important to us that our workforce reflects the diversity of our communities as much as possible.	Complete
Promote CCG's profile and career opportunities within schools and colleges.	This links into the local System Plan for work experience. The approach taken is digital and involves CCG and partner comms teams. The CCGs are supporting a work placement for a Media, Communications and Culture student at Keele University, as part of their final year.	Complete
Open shadowing opportunities within the CCGs considering age (young people), disability and race.	Proposal to be developed to present to August 2021 Communication Engagement Equality and Engagement Committee (CEEE). The approach taken is digital and involves CCG and partner communications teams. The CCGs are supporting a placement across the system for a graduate trainee scheme (Age-Young People).	In progress
Positive action initiative to recruit Lay Member. Considering race, disability and age.	Proposal to be developed to present to August 2021 Communication Engagement Equality and Engagement Committee (CEEE). To identify potential organisations that will promote opportunities to people representing protected characteristic groups, develop a communications package and set up shadowing opportunities.	In progress / Ongoing

Monitor inequalities within our organisation	WRES templates and report published; Workforce Diversity Profile Review Report 2019/20 data published; Gender Pay Gap initial report produced covering a two-year period (awaiting approval and will be published in 2021); Ethnicity Pay Gap monitoring to be introduced – CCG committed to taking part in monitoring when details and process are released.	Complete

Further data is published in our WRES reports, Combined CCG Staff Workforce Diversity Profile Review 2020 and 2020 PSED Annual Report (available on the CCG website).

The CCGs are working with NHS provider partners around a system-wide staff ethnic minority, disability and neurodiversity, and LGBT+ groups; and in developing the Midlands EDI Strategy and Six High Impact Actions on race inclusion.

Expenditure on consultancy

The table below details expenditure on consultancy for the financial year 2020/21.

Consultancy provision	£000
Carnall Farrar Ltd	7
Chadsmoor ETTF Project	171
Hunter Healthcare Resourcing	14
Keigh Communications	3
Liaison VAT Consultancy	2
RSM Risk Assurance	0
Skills For Health	5
The Knowledge Academy	11
West Midlands Employers	11
Maktub Consultancy	3
Total	**227**

Off-payroll engagements

Off-payroll engagements longer than six months

For all off-payroll engagements as at 31 March 2021 for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2021	1
Of which:	

• for less than one year at the time of reporting	0
• for between one and two years at the time of reporting	0
• for between 2 and 3 years at the time of reporting	1
• for between 3 and 4 years at the time of reporting	0
• for 4 or more years at the time of reporting	0

Please note the Staffordshire and Stoke-on-Trent CCGs operate under a single management structure, meaning that most employees are contracted to work across more than one CCG and their costs have been attributed accordingly. In relation to the off-payroll workers, the figures represent the number of engagements rather than the Full-Time Equivalent (FTE) of each contractor. For example, if an individual is contracted by all six CCGs irrespective of the hours worked, they will be represented within each CCG's Table 1 (as above), as a whole single engagement.

New off-payroll engagements

Where the reformed public sector rules apply, entities must complete Table 2 for all new off-payroll engagements, or those that reached six months in duration, between 1 April 2020 and 31 March 2021, for more than £245 per day and that last for longer than six months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2020 and 31 March 2021	0
Of which:	0
• Number assessed as caught by IR35	0
• Number assessed as not caught by IR35	0
Number engaged directly (via PSC contracted to department) and are on the 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 2020 and 31 March 2021.

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year (1)	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. (2)	20

Note

There should only be a very small number of off-payroll engagements of board members and/or senior officials with significant financial responsibility, permitted only in exceptional circumstances and for no more than six months.

As both on payroll and off-payroll engagements are included in the total figure, no entries here should be blank or zero.

In any cases where individuals are included within the first row of this table the department should set out:

- details of the exceptional circumstances that led to each of these arrangements
- details of the length of time each of these exceptional engagements lasted.

Exit packages, including special (non-contractual) payments

Exit package cost band (Inc. any special payment element	Number of compulsory redundancies	Cost of compulsory redundancies	Total number of exit packages	Total cost of exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000	0	0	0	0
£10,000 - £25,000	0	0	0	0
£25,001 - £50,000	0	0	0	0
£50,001 - £100,000	0	0	0	0
£100,001 - £150,000	0	0	0	0
£150,001 – £200,000	1	160,000	1	160,000
>£200,000	0	0	0	0
TOTALS	1	160,000	1	160,000

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

The tables in this note show the aggregate total of Exit Packages agreed in year for three of Staffordshire CCGs, NHS Cannock Chase CCG, NHS South East Staffordshire and Seisdon Peninsula CCG and NHS Stafford and Surrounds CCG. NHS Cannock Chase CCG's share of costs relating to Exit Packages agreed in 2020/21 was £53,333 (2019/20 £36,699). Redundancy costs have been paid in accordance with the provisions of the Agenda for Change Scheme or in line with contractual terms and conditions.

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

Analysis of other departures

	Agreements	Total value of agreements
	Number	£000s
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice*	0	0
Exit payments following employment tribunals or court orders	0	0
Non-contractual payments requiring HMT approval**	0	0
TOTAL	0	0

As a single exit package can be made up of several components each of which will be counted separately in this note, the total number above will not necessarily match the total numbers in Table 1 which will be the number of individuals.

**any non-contractual payments in lieu of notice are disclosed under 'non-contracted payments requiring HMT approval' below.*

***includes any non-contractual severance payment made following judicial mediation, and 0 (list amounts) relating to non-contractual payments in lieu of notice.*

No non-contractual payments were made to individuals where the payment value was more than 12 months of their annual salary.

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

Parliamentary Accountability and Audit Report

Cannock Chase 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 report at page 5-25 of the annual accounts. A management letter of representation is also included in this Annual Report at page 147.

Marcus Warnes

Accountable Officer

NHS Cannock Chase CCG

14 JUNE 2021

List of Acronyms

Acronym	Definition
A&E	Accident and Emergency
ASC	Autism spectrum condition
BAF	Board Assurance Framework
BAME	Black, Asian and minority ethnic – preferred term is now ethnic minorities
CAMHS	Child and adolescent mental health services
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CEEE	Communication, Engagement, Equality and Employment Committee
CETV	Cash equivalent transfer value
CofC	Continuity of carer
CPAG	Clinical Priorities Advisory Group
CQC	Care Quality Commission
CQRM	Clinical Quality Review Meetings
CRIS	Community Rapid Intervention Service
CVD	Cardiovascular disease
CYP	Children and young people
DCO	Designated Clinical Officer
DGFT	Dudley Group NHS Foundation Trust
DHRs	Domestic Homicide Reviews
EBP	Evidence-Based Practice Group
EHCP	Education and Health Care Plan
EIA	Equality Impact Assessment
EIRA	Equality Impact and Risk Assessment
EOL	End of life
FOI	Freedom of Information
FYSDP	Five Year Strategic Delivery Plan
GB	Governing Body
GDPR	General Data Protection Regulation
GMP	Guaranteed Minimum Pension
GMS	General Medical Services contract
GP	General Practitioner
GPN	General Practice Nurse
HCAI	Healthcare Associated Infections
HR	Human Resources
IAPT	Increased Access to Psychological Therapies

ICC	Incident Co-ordination Centre
ICP	Integrated Care Partnership
ICS	Integrated Care System
ICU	Intensive Care Unit
IFPS	Intelligent Fixed Payment System
IG	Information Governance
IPC	Infection prevention and control
IRMER	Ionising Radiation (Medical Exposure) Regulations
IVF	In-vitro fertilisation
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicator
LD	Learning disability
LEAF	Local Equality Advisory Forum
LeDeR	Learning Disabilities Mortality Review
LGBT	Lesbian, gay, bisexual and transgender
LMNS	Local Maternity and Neonatal System
MHST	Mental health support team
MLCSU	Midlands and Lancashire Commissioning Support Unit
MMHS	Maternal mental health services
MPFT	Midlands Partnership NHS Foundation Trust
MRSA	Methicillin-resistant Staphylococcus aureus
MTP	Maternity Transformation Programme
MVP	Maternity Voices Partnership
NHQAIG	Nursing Home Quality Assurance and Improvement Group
NHSCFA	NHS Counter-Fraud Authority
NHSE	NHS England
NHSE/I	NHS England and Improvement
NHS OF	NHS Oversight Framework
NHQAIG	Nursing Home Quality Assurance and Improvement Group
NICE	National Institute of Health and Care Excellence
NSCHT	North Staffordshire Combined HealthCare NHS Trust
OD	Organisational Development
PALS	Patient Advice and Liaison Service
PCBC	Pre-Consultation Business Case
PCCC	Primary Care Commissioning Committee
PCN	Primary Care Network
PEOLC	Palliative and end of life cell
PHM	Population health management
PIRT	Provider Improvement and Response Team
PLACE	Patient-Led Assessments of Care Environment

PMS	Personal Medical Services contract
PPE	Personal protective equipment
PPGs	Patient Participation Groups
PPI	Patient and Public Involvement
PSED	Public Sector Equality Duty
PSIMS	Patient Safety Incident Management System
QIA	Quality Impact Assessment
QIPP	Quality Innovation Productivity and Prevention
QSCC	Quality and Safety Committees in Common
QSG	Quality Surveillance Group
RSUH	Royal Stoke University Hospital
RTT	Referral to Treatment
RWT	The Royal Wolverhampton NHS Trust
SARs	Safeguarding Adult Reviews
SBLCB	Saving Babies Lives Care Bundle
SDU	Specialised Decision Unit
SEG	Staff Engagement Group
SEND	Special Educational Needs and Disabilities
SMI	Severe mental illness
SRF	Self Review Tool
SES&SP	South East Staffordshire and Seisdon Peninsula
SSASPB	Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board
SSCO	Single Strategic Commissioning Organisation
STP	Sustainability and Transformation Partnership
TCP	Transforming Care Partnership
TWB	Together We're Better
UHB	University Hospital Birmingham NHS Foundation Trust
UHDB	University Hospitals of Derby and Burton NHS Foundation Trust
UHNM	University Hospitals of North Midlands NHS Trust
VCSE	Voluntary, community and social enterprise
WHT	Walsall Healthcare NHS Trust
WMAS	West Midlands Ambulance Service University NHS Foundation Trust
WTE	Whole Time Equivalent

Independent auditor's report to the members of the Governing Body of NHS Cannock Chase CCG

In our auditor's report issued on 14 June 2021, we explained that we could not formally conclude the audit and issue an audit certificate for the CCG for the year ended 31 March 2021, in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice, until we had:

- Completed our work on the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources. We have now completed this work, and the results of our work are set out below.
- Completed the work necessary to issue our Whole of Government Accounts (WGA) Component Assurance statement for the year ended 31 March 2021. We have now completed this work.

Opinion on the financial statements

In our auditor's report for the year ended 31 March 2021 issued on 14 June 2021 we reported that, in our opinion the financial statements:

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

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave this opinion.

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

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

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

We have nothing to report in respect of the above matter except on 11 September 2021 we identified a significant weakness in how the CCG plans and manages its resources to ensure it can continue to deliver its services. This was in relation to the huge uncertainties which currently exist in the NHS financial regime, in the context of the CCG's significant underlying deficit position. We recommended that the CCG ensure that appropriate scenario planning is undertaken both internally and with system partners to ensure that they are able to respond with agility to challenges to its underlying plan to bring the system back to financial balance arising from the rapidly changing NHS funding landscape..

Responsibilities of the Accountable Officer

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

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

We are required under Section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the

CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

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

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

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

Report on other legal and regulatory requirements – Audit certificate

We certify that we have completed the audit of NHS Cannock Chase CCG for the year ended 31 March 2021 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

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 audit certificate 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.

J Gregory

John Gregory, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

Birmingham

6 October 2021