NHS
Stafford and Surrounds
Clinical Commissioning Group

ANNUAL REPORT AND ACCOUNTS 2019/20

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Contents

Chair's Introduction *5*

PERFORMANCE REPORT *8*

Performance Overview *8*

A statement from the Accountable Officer **8**

Purpose and activities of the organisation **11**

What we do 11
How we do it 11
How we are structured 13
Our objectives and strategies 13

Going concern **14**

1. NHS Oversight Framework (NHSOF) 15
2. Constitutional Standards 17
Accident and Emergency 18

Performance analysis *31*

Non-financial information, including social matters, respect for human rights, anti-corruption and anti-bribery matters **33**

Sustainable Development **34**

Statutory Duties **35**

Maintaining and improving the quality and safety of services 36
Engaging people and communities 54
Reducing health inequality 58
Health and wellbeing strategy 62
Overview and Scrutiny Committee 63
Together We're Better 64

Key achievements in 2019/20 ..... **68**

ACCOUNTABILITY REPORT *84*

Corporate Governance Report *84*

Member profiles 84
Member practices 84
Composition of the Governing Body 85
Committee(s) including Audit Committee 86
Register of Interests 88
Personal data related incidents 88
Statement of Disclosure to Auditors 89
Modern Slavery Act 2015 89

Statement of Accountable Officer's Responsibilities *90*

Governance Statement **92**

Introduction and context 92
Scope of responsibility 92
Governance arrangements and effectiveness 92
Information about the Governing Body, the Membership Board and the Committees 93
Performance of the Membership Board and Governing Body, including their own assessment of their effectiveness 95
Highlights of the work of all the above committees, sub-committees and joint committees: 96

Risk Owners 106

Head of Internal Audit Opinion 118
Integrated Improvement Plan 119
Review of the effectiveness of governance, risk management and internal control 119

Remuneration and Staff Report 122

Remuneration Report 122
Remuneration Committee 122
Policy on the remuneration of senior managers 124
Remuneration of Very Senior Managers 125
Senior manager remuneration (including salary and pension entitlements) 126
Pension benefits as at 31 March 2020 131

Staff Report 136
Number of senior managers 136
Staff numbers and costs 137
Staff composition 137
Sickness absence data 138
Staff policies 138
Trade Union Facility Time Reporting Requirements 139
Other employee matters 139
Expenditure on consultancy 141
Off-payroll engagements 142

Parliamentary Accountability and Audit Report 147

List of acronyms 148

ANNUAL ACCOUNTS 154

Chair's Introduction

This has been an extraordinary year for health services in Stafford and the surrounding local area and had been especially busy even before the onset of the pandemic.

The Coronavirus/COVID-19 pandemic has caused primary care to react in a way that would have been unimaginable even 12 months ago. Our GP membership are still delivering care to our patients, but we had to do it in a different way to protect both patients and our staff from the virus. Most consultations are now being done remotely via phone or video link, with many colleagues working from home, but it is still important that we see a minority of patients face-to-face, with the proper precautions in place. The Stafford 'hot hub' for patients which allowed face-to-face GP appointments for patients with possible coronavirus symptoms was featured on Midlands Today. We are emphasising that patients need to contact us if they are worried about a range of conditions from cancer to stroke. We are also need people to let us know if they have concerns about their mental health, especially in these times of uncertainty. I would like to thank primary care staff for their extraordinary efforts, and patients for their fortitude and their acceptance that we have had to change the way we work.

Turning back to the day job, this has been 12 months where a lot has been achieved.

As a clinician my focus is on patients, but I am also a health commissioner, which means I am involved in buying services for our local population and so money is important.

This year we have performed better that in previous years and have achieved our control total which represents a very significant improvement. Meeting our annual financial targets will unlock access to national funding and other financial benefits and that in turn will help us improve patient outcomes which is to be welcomed.

One of the major developments in primary care has been the creation of primary care networks (PCNs), bringing GP practices together to act in a far more collaborative way. These are nationally mandated, but the implementation of them has very much been locally decided.

In Stafford and Surrounds we have opted to form ourselves into four PCNS: Stafford South, Stafford Town, Stone and Eccleshall, and Stafford Central. One practice, Hazeldene House in Great Haywood, opted to join with a neighbouring PCN in Rugeley.

PCNs typically serve a population of up to 30-50,000 in order to offer care on a scale small enough for patients to get the continuous and personalised care they value, but large enough to be resilient, through the sharing of workforce, administration and other functions of general practice. Community Nursing and other services are being aligned to PCNs which will improve team-working and coordinated patient care.

Also relevant is the creation of a shadow Integrated Care System (ICS) Board, which met for the first time in January, replacing the Health and Transformation Board, and tasked to support and facilitate better integration between health and social care and delivery of the NHS Long-Term Plan. PCNs will be represented on the Board.

NHS England announced the new 2020/21 GP contract in February, and this has largely been welcomed locally.

The contract nationally includes plans for 20,000 additional staff to deliver care in general practices within the next five years, including extra physiotherapists, pharmacists and link workers.

If successfully implemented, patients will be able to book an appointment directly to see a physiotherapist or a pharmacist without first having to go through a GP. It will also offer more choice for patients although the expectation is the practices will be able to deliver this choice through local PCNs rather than each having to provide the service themselves.

Workforce is more critical now than ever, and recent events have brought into sharp focus how hard people have been working.

One thing is clear is that we must develop our own workforce and give them new skills. Nurses now take on responsibilities that would have been unheard of when I first became a GP in Stafford just over 30 years ago, and many are highly skilled specialists.

We are also developing entirely new kinds of health professionals such as social prescribers, urgent care practitioners and physician associates.

We have in the past thought that we can bridge gaps in our workforce by recruiting from overseas, but this is not an option anymore. It's not just in this country that we are short of healthcare professionals, there is a global shortage and it is likely to get worse. We need to address workforce issues ourselves.

Last year I wrote about the proposed change to our six CCGs in Staffordshire and Stoke-on-Trent coming together as a single commissioning. Well that is one change that has not come about.

We engaged closely with our practices which make up our membership, and it was decided that at this time there is not the appetite to do it. Ironically, Stafford and Surrounds CCG was the only area where the move to becoming one CCG was supported by the membership, but it was by a Brexit-thin majority.

The overall decision means we shall still be six legal entities, with six Governing Bodies. It doesn't mean that we shall stop working more closely together, however. We continue to have a joint management team and since last June our board meeting have been held in common.

An example of our joint working was the engagement exercise launched in January called, for obvious reasons, Difficult Decisions. We asked people for their experiences of five different conditions for which access is different across Staffordshire and Stoke-on-Trent. These are assisted conception, hearing loss in adults, removal of excess skin following weight loss, breast augmentation and reconstruction, and male and female sterilisation.

This means there is a local postcode lottery which we need to address, and proposals aimed at aligning our policies will take place at a later date.

A major development that has been rolled out in the last few months gives me particular satisfaction, as I am also the Senior Responsible Officer, the clinical lead, for the Digital Programme for Together We're Better (TWB) – read more on page 64 or visit https://www.twbstaffsandstoke.org.uk/about-us/our-work/digital

Our lead project this year has been the deployment of ‘One Health and Care’ an Integrated Care Record. Patients’ health and care records in Staffordshire and Stoke-on-Trent will be available electronically to authorised health and social care practitioners. The planned go-live date for this is June 2020.

This is about patient safety first-and-foremost. In an emergency it is important that a clinician knows as much about a patient as possible in order to make the right decisions about treatment.

But we also hear many times of patients who are frustrated because they need to repeatedly give the same information to people from different parts of the NHS and social care, and delays caused by records not being easily accessible.

One thing in the digital sphere that went less well and caused huge frustration among practices across Staffordshire last autumn was the repeated failure of IT systems which prevented access to patient records, meaning many appointments had to be cancelled.

A great deal of work had to be put into identifying why this was the case, and the system has been more stable condition since. There have been huge IT changes during COVID-19, our local network used to have capacity for 2000 remote users, it is now running with about 8000.

During summer 2019, Together We’re Better held a 12-week listening exercise to inform the development of our system-wide Five-Year Plan. More than 2,000 people gave their views and a Report of Findings was produced in February.

This feedback is being used by clinicians and staff to develop proposals to improve health and care services, although a halt had to be called while COVID-19 was prioritised. No decisions have been made at this early stage of development and more workshops with the public are being planned over the coming months to help inform these proposals.

Before any final recommendations are made, detailed financial, travel and population analysis will be carried out before making recommendations to the governing bodies.

This will eventually lead to consultation on the future of services, including those at County Hospital, and I will be encouraging as many people as possible to have their say.

Dr Paddy Hannigan

Clinical Chair

18 September 2020

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

Clearly it has been the most extraordinary year for the NHS, both locally and nationally.

Coronavirus/COVID-19 has seen a seismic shift in the way the NHS has needed to function that is probably more profound than anything since its foundation in 1948. Everyone has had to adapt at unprecedented pace, and the response has been magnificent.

Stafford and Surrounds CCG, despite being a relatively small organisation in terms of headcount, has enormous responsibilities. Everyone has played their part in helping us to meet the new challenges posed by COVID-19. We have seen our clinical colleagues return to the frontline, while every single one of us has supported the national effort to tackle the pandemic by adapting and innovating. One thing that is already certain is that things will never be the same as they were before the crisis, and that some of those innovations will become a part of what a 'new normal' looks like.

But I also need to reflect on the other things that were happening before the crisis hit, as in many ways we were already living through momentous times.

As NHS commissioners our principal aim is always to achieve the best outcomes for our patients. However, we cannot get away from the fact that as commissioners our task is to buy those services and therefore a great deal of our focus has to be on finance and making sure each pound spent is used to bring maximum benefit.

Overall, as of the beginning of March, we have seen the CCG's financial situation improve, although we are still spending more than we receive and there is still much work to do.

Due to the Covid-19 outbreak, there has been a temporary cessation of the financial regime for CCGs and Trusts. Based on that temporary regime, the CCG is currently on track to break-even over the course of 2020/21.

One area where Staffordshire and Stoke-on-Trent are doing better is mental health. Both our mental health providers are performing well, with the Mental Health Access Team now available 24/7 and Capital and Revenue funding for Acute Detoxification Suites and Crisis Café facilities. We are also having some success in tackling out-of-area placements.

In February, we announced a new service is to be commissioned providing care and support to people experiencing common mental health problems. This new Improving Access to Psychological Therapies (IAPT) service is to be made easier and quicker to access thanks to a new partnership of local NHS and community organisations.

It sees Midlands Partnership NHS Foundation Trust (MPFT) and North Staffordshire Combined Healthcare NHS Trust (NSCHT) working together to deliver an enhanced service to the communities they presently serve.

Another important announcement came shortly afterwards. We are commissioning a new and improved service for children and young people with autism in the south of Staffordshire and MPFT will be the new provider.

Investment will enable greater opportunities to integrate with other services such as learning disabilities and mental health services and the opportunity for additional staff recruitment.

This is an area where there have admittedly been problems in the past and the CCGs agreed to increase investment by 30% in order to address these.

What has seemed like an epic journey reached a conclusion in the north of the county in January when important decisions were taken about the future of health services in northern Staffordshire. The Decision Making Business Case (DMBC) brought an end to a process that actually began in 2014.

In the north we have had an outmoded way of delivering community care that was over-reliant on beds in community hospitals. The system is badly in need of reform and it is a pity it has taken this long.

We shall now concentrate on making the transition to developing Integrated Care Hubs from which Integrated Care Teams will deliver services. These multi-disciplinary teams will bring more joined-up care closer to where people live. We are convinced it will improve outcomes for patients, and help better support our workforce, and act as an important aid to retention and recruitment.

To get to this point has taken a massive effort involving very many members of our team. The model that has been developed in the north will now be implemented in the rest of the county to enable people to be cared for at home rather than in a hospital bed where clinically appropriate to do so.

In January, we also launched a large-scale engagement on ‘Difficult Decisions’ to seek views on the clinical policies we have for assisted conception, hearing loss in adults, removal of excess skin following significant weight loss, breast augmentation and reconstruction, and male and female sterilisation.

These areas were chosen because there are varying policies across the patch and we aim to tackle the postcode lottery this creates. The results of the feedback will be used to help inform future proposals through a consultation, which was planned to take place in the autumn of 2020, but due to COVID-19 this was put on hold at the end of the financial year. We will announce when this will continue shortly.

We also launched a consultation on gluten-free products in the south. In the north we already align with national guidance but in the south we do not.

During the summer of 2019, we launched a consultation among our GP membership about whether the six CCGs in Staffordshire and Stoke-on-Trent should become a single commissioning organisation. The membership voted that we should not. This decision has been respected and he CCGs will remain six legal entities, but we shall continue to work together ever more closely. The Difficult Decisions work is an example of where we are doing this.

Another major activity during last summer was the Listening Exercise that was carried out by Together We're Better, concentrating specifically in the areas of urgent and emergency care, mental health services, integrated community services in the south and east of the county, maternity services, community hospitals in the south of the county and planned care.

That information was being developed into a Pre-Consultation Business Case (PCBC), however at the time of writing this work has been put on pause as our clinicians and managers need to prioritise the fight against COVID-19. Our commitment to the people who gave their feedback is that none of their input will be wasted and the work will resume as soon as it is possible.

In December, we had a third General Election in four and half years. We work hard to forge close relationships with all elected members representing the county and city. Our MPs are of vital importance and we meet with them regularly.

In this last election, five of our 12 MPs were new to Parliament, with some of our northern constituencies following the national trend and returning members from a different party for the first time in living memory. This meant we were busy with "getting to know you" meetings.

Finally, I would like to thank all our staff who have worked so tirelessly during the year. They are by far our most important asset.

We carry out regular staff surveys to determine morale. While our performance is fairly typical of many NHS organisations it does reveal that people have really been feeling under pressure. This is something we must work hard to help them with and I particularly want to thank them for their outstanding dedication and hard work during these last 12 months.

Marcus Warnes

Accountable Officer

18 September 2020

Purpose and activities of the organisation

What we do

We are here to make a difference to our population, and to do this we need to understand the local population and their evolving health and care needs.

In Stafford and Surrounds we have a population of 150,057, compared to 1,158,889 in Staffordshire and Stoke-on-Trent.

We need to consider:

- 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 – 8.1% of people in Staffordshire and 13.8% in Stoke-on-Trent identify themselves as non-White British
- Lifestyle factors that lead to health needs – more people have diabetes, strokes or heart disease than the national average, 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 have two or more long-term conditions
- Early deaths – for example, people in Stoke-on-Trent have a lower life expectancy than other parts of the country. More people under the age of 75 die from cancer than the national average.

In addition to the local needs of our people, we know that we face some real challenges and opportunities that will affect our ability to deliver services in the future.

Our services are generally safe and well led, but we are seeing more and more people who are living longer, with more complex health needs, and an increased demand for health services. At the same time, we are facing a decreasing workforce and vacancies in some key services. We are not alone with these challenges – many areas across the country face the same issues. We also acknowledge the significant financial challenges we face. We need to spend our budget wisely, to deliver the best care within our available resources.

How we do it

The CCG commission (plan and buy) healthcare services to meet the needs of local people. To do this well, we have to understand what health problems affect our population, and commission services that will deliver the most benefit to these 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.

The CCG membership is made up of the GP practices – as GPs, they 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), who work together with a range of local providers, including 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 26 PCNs are already established across Staffordshire and Stoke-on-Trent, and four across Stafford and Surrounds, with Clinical Directors appointed. Find out more on our website: https://staffordsurroundsccg.nhs.uk/about-us/our-members

We commission healthcare from a number of providers, including:

- Acute trusts such as University Hospitals of North Midlands NHS Trust (UHNM) and The Royal Wolverhampton NHS Trust (RWT).
- Mental health trusts such as North Staffordshire Combined Healthcare NHS Trust (NSCHT) and Midlands Partnership NHS Foundation Trust (MPFT)
- NHS community trusts, such as Midlands Partnership NHS Foundation Trust (MPFT).
- 151 general practices (GP practices) across the whole of Staffordshire and Stoke-on-Trent, and 14 in Stafford and Surrounds.
- NHS elective services are also provided to the local population by non-NHS providers and voluntary organisations.

We know that making a difference to the health and wellbeing of local people cannot be done in isolation, and we recognise that working with other organisations can bring opportunities to do things better, on a larger scale, and more efficiently. This year we have continued to build meaningful and effective partnerships across health and care organisations. These will help us deliver more, efficiently and effectively, together. We continue to work closely with 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 actively participate in a number of cross-organisational boards. These include the health and wellbeing boards and a range of partnership boards, some of which focus on particular health services and health conditions. Collectively these boards enable us to work more closely with our partners and take decisions together where that may have benefits for our local population.

Our community and patient partners represent the patient voice and provide meaningful input into proposed projects and service developments. Our work has been greatly enhanced by the contributions they have made. This year we have had wide ranging conversations with our community and patients about key healthcare services.

We have continued to work closely with NHS England (NHSE) to ensure our local challenges and successes are understood and to provide assurance that quality and performance standards are met and in line with national healthcare policy.

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 online https://staffordsurroundsccg.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 online https://staffordsurroundsccg.nhs.uk/about-us/our-work-streams/primary-care/primary-care-commissioning-committee

Our objectives and strategies

Our vision was set out in 2016 and our partners agree this is still the right approach for the coming years. It aims: “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 people to be as independent as possible so that we can focus on providing health and care services that people need
- Delivering care as close to home as possible, ensuring that your experience of health and care is the best it can be
- Treating people rather than ill-health conditions and giving mental health equal priority to physical health.

Our aims are to:

- Empower you to take steps to prevent ill-health, by helping people to self-care and to get involved in making decisions for their own health
- Co-ordinate care with services working closely together, providing early support, taking a preventative approach and by using digital technologies
- Reduce differences in experiences of care by providing services based on local needs, effective care and using our workforce in the best way.

Our strategic objectives encapsulate our intention and aspirations for local healthcare and provide the basis for prioritisation and decision-making. The launch of the national NHS Long Term Plan in 2019 gave us the opportunity to reaffirm objectives and refresh our priorities. We used the national plan as a benchmark to guide local priorities, whilst ensuring we keep a focus on local needs and challenges.

By working together to integrate how we commission and provide services with our communities, staff, and the voluntary, community and social enterprise (VCSE) sector we aim to ensure that our population will have:

- Access to urgent and emergency care services that are appropriate and deliver that care within the right setting. This includes working with other parts of the system to ensure that people are not having to access urgent and emergency care for exacerbations of conditions that should be managed in other ways

- Care integrated around the individual, delivered as close to home as possible
- Integrated and efficient complex care pathways that are simple to navigate, with rapid access to specialists and diagnostics
- Enhanced primary care and community services, aiming for continuity of care pathways, which appropriately include and value social care and the voluntary sector
- Care within the community that provides integrated mental and physical health services.

Principal risks and issues

These are covered in greater detail within the Governance Statement section.

Going concern **(subject to audit)**

In light of the 2019/20 deficit and the referral to the Secretary of State under Section 30 of the Local Audit and Accountability Act, that will be issued, the CCG has undertaken an assessment of its status as a going concern. In conjunction with the Sustainability and Transformation Partnership (STP), the CCG and providers across the system 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 innovative approach to contracting which enables all of the system partners within the health economy to focus upon delivering a collaborative transformation plan. This has been supported internally by strengthened governance measures, including the establishment of a Quality, Innovation, Productivity and Prevention (QIPP) Board, to enable the CCG to make progress with its journey back to a position of financial sustainability.

In the short term, the CCG faces a very challenging period pending the delivery of transformation programme and has submitted a deficit plan for 2020/21. Whilst the plan submitted is one of a deficit, there is no indication that NHS England will not continue to support the CCG with the additional cash consequences of delivering this plan. Consequently, the CCG has prepared its 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.

A regular assessment by NHS England (NHSE) 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 (NHSOF) are being delivered and whether health outcomes are improving for local people.

Performance against the NHS Constitution Standards and the NHSOF are reported and reviewed monthly and quarterly respectively at our Divisional Committee and Governing Body meetings – both held in common with South East Staffordshire and Seisdon Peninsula CCG and Cannock Chase CCG. This is presented as a performance dashboard, providing an 'at a glance' view of performance across the range of indicators.

1. NHS Oversight Framework (NHSOF)

The new NHSOF 2019/20, introduced in August 2019, is a joint approach by NHS England and NHS Improvement (NHSEI) that combines the Improvement and Assessment Framework (IAF) (for CCGs) and the Single Oversight Framework (for providers).

The NHSOF provides an outline of how NHS England and NHS Improvement (NHSEI) are aligning their operating models to support System working.

Changes to oversight will be characterised by five key principles:

- NHSEI teams speaking with a single voice, setting consistent expectations of systems and their constituent organisations
- A greater emphasis on system performance, alongside the contribution of individual healthcare providers and commissioners to system goals
- Working with and through system leaders, wherever possible, to tackle problems
- Matching accountability for results with improvement support, as appropriate
- Greater autonomy for systems with evidenced capability for collective working and track record of successful delivery of NHS priorities.

The six CCGs in Staffordshire and Stoke-on-Trent remain separate legal bodies and are the lead organisation for managing performance against three quarters of the indicators across the System. As a result, each CCG is assessed annually against five key domains comprising of 60 indicators, with the annual results published on our website to provide the public with information on how well CCGs are performing their functions. View the latest CCG assessment notice:

https://staffordsurroundsccg.nhs.uk/news-events/725-patient-experiences-improving-across-staffordshire-and-stoke-on-trent-although-finances-still-strained

The NHSOF comprises of 60 indicators selected to track and assess variation across policy areas covering:

- New service models
- Preventing ill health and reducing inequalities
- Quality of care and outcomes
- Finance and use of resources

- Leadership and workforce.

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. We have seen many achievements but there have also been challenges. The CCG continues to work closely with system partners to improve our performance in areas we are currently under-delivering against. At all times our first priority is to assure the safe delivery of patient care.

The CCG annual assessment provides each CCG with a headline assessment rating against the indicators in the NHSOF. The end of year review for last year (2018/19) was undertaken on 8 April 2019 and the outcome for Stafford and Surrounds CCG was an 'inadequate' overall rating, the same as the previous year.

Due to the impact and prioritisation of the COVID-19 response, the majority of national data collection and reporting was paused in March 2020, including the Annual Assessment for the CCG under the 2019/20 NHSOF. Nationally it is not clear when these data collection and reporting systems will be stood back up again. 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.

A high-level summary of our performance across the range of NHSOF indicators and the most current data release (Quarter 2, 19/20 dashboard) is outlined below.

Performance Summary

Stafford and Surrounds CCG	Total Indicator Count	In the best performance quartile nationally	In the interquartile (middle) nationally	In the worst performance quartile nationally	No data available / not applicable
New Service Models	10	2	4	2	2
Preventing Ill Health	7	0	5	2	0
Quality of Care and Outcomes	30	5	16	6	3
Finance and use of Resources	6	0	0	0	6
Leadership and Workforce	7	0	3	1	3

2. Constitutional Standards

The CCG has monitored and mitigated performance across the NHS Constitutional standards and the Assurance Framework.

	Targeted Indicator Count	Achieved	Failed
Constitutional Standards Year-End 2019/20	14	3	11

The CCGs main acute services contract is with University Hospitals of North Midlands NHS Trust (UHNM) and performance by this provider largely determines our ability to meet NHS Constitutional Standards. The CCG also has contracts with other core providers, including the Royal Wolverhampton NHS Trust (RWT), University Hospitals of Birmingham NHS Foundation Trust (UHB), University Hospitals of Derby and Burton NHS Foundation Trust (UHDB), Dudley Group NHS Foundation Trust (DGFT) and Walsall Healthcare NHS Trust (WHT).

Collectively, these providers determine our ability to meet NHS Constitutional standards.

The CCG monitors performance via contract forums. This is primarily Contract Review Boards. Where either a national i.e. constitutional or local performance requirement is underperforming, providers are asked to provide commissioners with assurance. This assurance includes monthly exception reports, performance improvement plans, or formal contractual remedial action plans. These plans are monitored monthly and against any milestone, and, or trajectory agreed.

A range of contract approaches are applied, depending on the reason for any underperformance. This includes, non-contractual assurance plans and contractual actions such as joint investigations, remedial action plans and fines/penalties.

During 2019/20, we have not achieved a number of our constitutional standards due to capacity pressures and patient flow issues throughout the health and social care system. Of the 14 targeted constitutional measures, the CCG has successfully met three standards at year-end (see Key Performance Indicator table on page 31). The 18-week Referral to Treatment (RTT), Cancer RTT performance and Urgent and Emergency Care standards remain key areas of concern and focus.

Measures requiring continuous focus for 2020/21 are:

- The 18-week RTT standards, with focus on 26 week and 40 week waits
- Zero tolerance of 52 week waits
- A&E four hour and 12-hour trolley waits
- Cancer RTT standards, including, achievement of the new 28-day Faster Diagnosis Standard (FDS).

The CCG is also an associate commissioner for other various providers in the area. This report will highlight those providers relevant to the area.

Accident and Emergency

Patients who spent less than four hours in A&E

Accident and Emergency department (A&E) performance is reported at Provider Trust level rather than CCG. All of the six Staffordshire and Stoke-on-Trent CCGs core providers have failed to achieve the target of seeing 95% of patients within four hours.

For Stafford and Surrounds CCG, most A&E patients use UHNM. UHNM provides services over two sites; Royal Stoke Hospital and County Hospital in Stafford. The majority of Stafford and Surrounds CCG patients access A&E services at the County Hospital site, which provides urgent and emergency services from 8.00am to 10.00pm every day.

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. The Kings Fund have shared an urgent and emergency care myth buster which covers this and can be access here: https://www.kingsfund.org.uk/projects/urgent-emergency-care/urgent-and-emergency-care-mythbusters

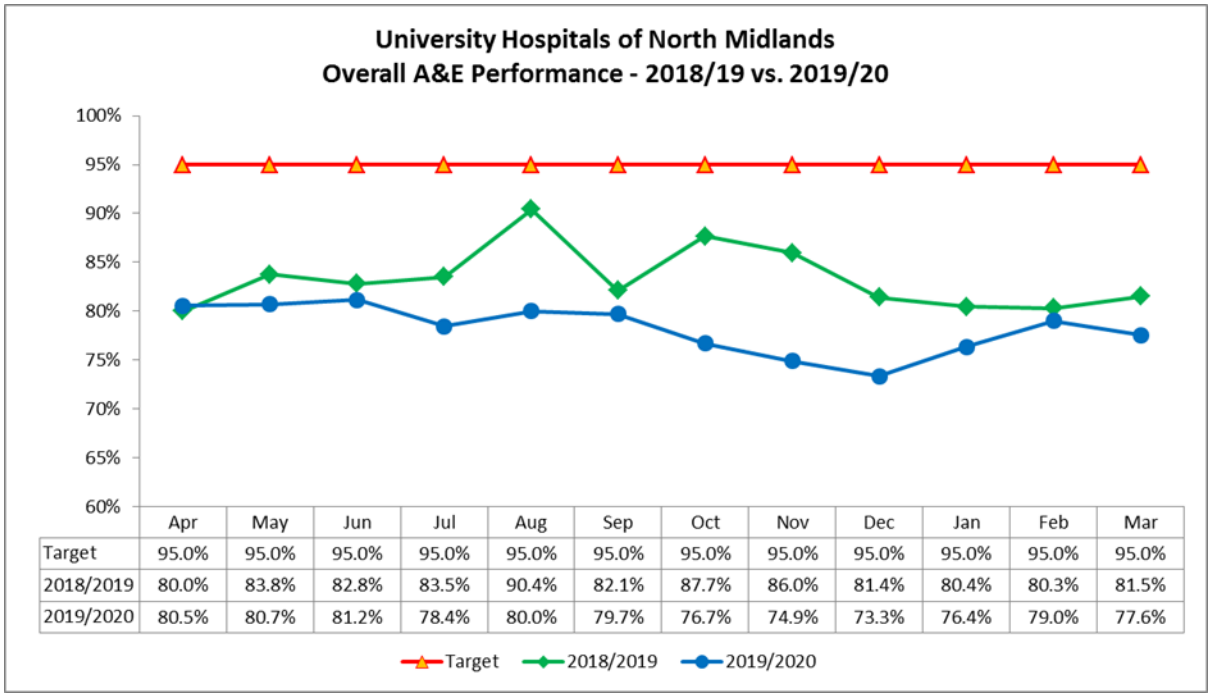
There has been an increase in overall demand (attendances) over the year recorded by all Staffordshire and Stoke-on-Trent providers; however, this increase has been variable by provider. For example, UHNM saw a 1.6% increase between April and December 2019, and RWT saw a 7.0% increase during the same period.

Winter is a particular challenge for A&E departments because of increased demands for example as a result of:

- Flu outbreaks
- Increased emergency admissions to hospital
- More complex or acute patient needs
- Closures of hospital wards to control winter vomiting bugs
- Performance may also be affected by reduced availability of staff due to sickness and holidays.

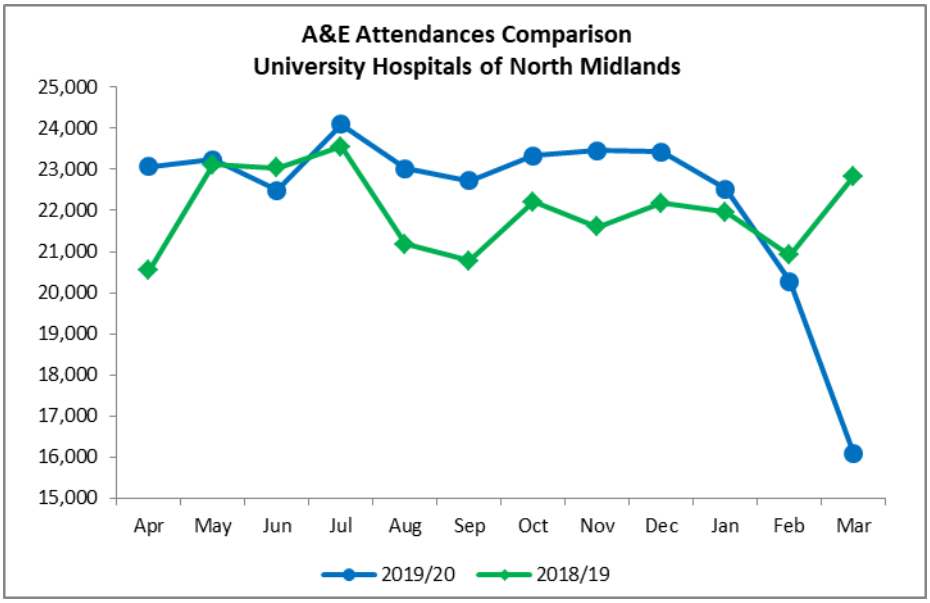
University Hospitals of North Midlands NHS Trust (UHNM) has failed to achieve the standard of seeing 95% of patients within four hours, with a year-end position of 78.2%. Overall, A&E performance deteriorated slightly over the year to December, however during the last Quarter of 2019/20 performance improved.

For 2019/20 UHNM's highest four-hour performance was recorded in June (81.2%). In December A&E performance was 73.3%, amongst the worst performing of all of the core providers for December 2019.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
2018/2019	80.0%	83.8%	82.8%	83.5%	90.4%	82.1%	87.7%	86.0%	81.4%	80.4%	80.3%	81.5%
2019/2020	80.5%	80.7%	81.2%	78.4%	80.0%	79.7%	76.7%	74.9%	73.3%	76.4%	79.0%	77.6%

In December 2019 the total number of A&E attendances was 23,424 (756 average attendances per day), compared to 22,184 in December 2018 (716 average attendances per day). The significant impact of COVID-19 demonstrated in March 2020 by the reduced A&E attendances (16,076 total attendances).



Poor performance is driven by increases in the overall number of people attending hospital, the complexity of conditions that patients attend with, and higher than average numbers of delayed transfers of care; meaning that providers have struggled to manage patient flow.

Notably flu arrived earlier and with increased incidence than anticipated which resulted in a significant rise in flu cases (565 cases in 2019 compared to 84 in 2017)

particularly at the beginning of December. This led to more patients being admitted (831 more than in December 2017) and an increase in the number of reportable 12-hour trolley breaches.

In response to the challenges experienced during winter and in preparation for the Easter period, demand and capacity assessments were undertaken and escalation beds remained open throughout the beginning of the year. Other mitigating actions included medical workforce reviews, new nurses recruited and trained, A&E floorplan re-design, neurology and spinal pathway redesign; and the Community Rapid Intervention Service (CRIS) was rolled out early.

Community Rapid Intervention Service (CRIS)

During 2019/20 a new rapid access service has been commissioned and rolled out across North Staffordshire and Stoke-on-Trent CCGs and latterly Stafford and Surrounds. The CRIS is an acute led two-hour rapid response service for patients with sub-acute illness who would otherwise be conveyed to hospital or their community clinician or care home may have previously called 999 for support. The service runs seven days a week, 365 days of the year and represents a truly integrated model of delivery between the acute and community trust with integrated teams and one single point of access. The service aims to keep patients in their own home and reduce unnecessary A&E attendances and subsequent hospital admissions.

The CRIS accepts referrals from any healthcare professional (including the Clinical Assessment Service behind 111) and from care homes through one single point of access using a care co-ordination and trusted assessor model. To date, of the referrals received the CRIS has been able to support 94% of referrals to remain in their home environment.

The health and care system within Staffordshire and Stoke-on-Trent has continued to focus on improvements using a 'system approach' including:

- The Urgent and Emergency Care (UEC) Programme Board – consisting of all system partners – meets monthly to discuss UEC Programme and Performance issues across Staffordshire and Stoke-on-Trent
- A clear governance structure beneath to resolve issues and deliver recommendations for improvements highlighted nationally and regionally
- The continuing use of an escalation trigger tool at Royal Stoke and County hospitals to monitor key system metrics with associated action cards for when a metric exceeds thresholds
- The development of a UEC Programme dashboard to give high level performance information across all system partners
- Agreed system plans – covering all aspects of health and social care across Staffordshire and Stoke-on-Trent – for surge demand planning.

We have continued to work across the health and social care system to ensure patients can access a resilient and responsive urgent care service, including a series of 'Winter Schemes' as in previous years. These schemes have focused on reducing avoidable emergency admissions and keeping people well at home. This reduces the need for unexpected hospital admissions and managing the amount of time patients have to stay in hospital once they are there. The focus on the Discharge to Assess (D2A) work programme remains upon achieving optimum patient outcomes by assisting recovery at home, wherever possible, for patients who have complex care needs. The service specification has been progressing in the South and East CCGs.

Total number of patients who have waited over 12 hours in A&E from decision to admit to admission

As with the four-hour A&E standard, the number of 12-hour trolley breaches is reported at provider trust level, not by CCG.

The largest area of concern has been at UHNM. At UHNM 12-hour trolley breaches declined dramatically from 410 in 2017/18 to 3 in 2018/19. However, in 2019/20 the number of 12-hour trolley breaches significantly increased to a total of 601 during Winter. There were 321 breaches in December, 246 in January, none in February and 34 in March 2020.

A review is undertaken for each individual breach to ascertain the reasons for the breach if there were any detrimental impacts on the patient's health outcome and any learning which can be applied in future. The Quality Team for the six Staffordshire and Stoke-on-Trent CCGs work closely with the providers, undertaking quality visits to gain further assurance and to monitor how learning has been embedded on the front line in wards and services.

Referral to Treatment (RTT) within 18 weeks

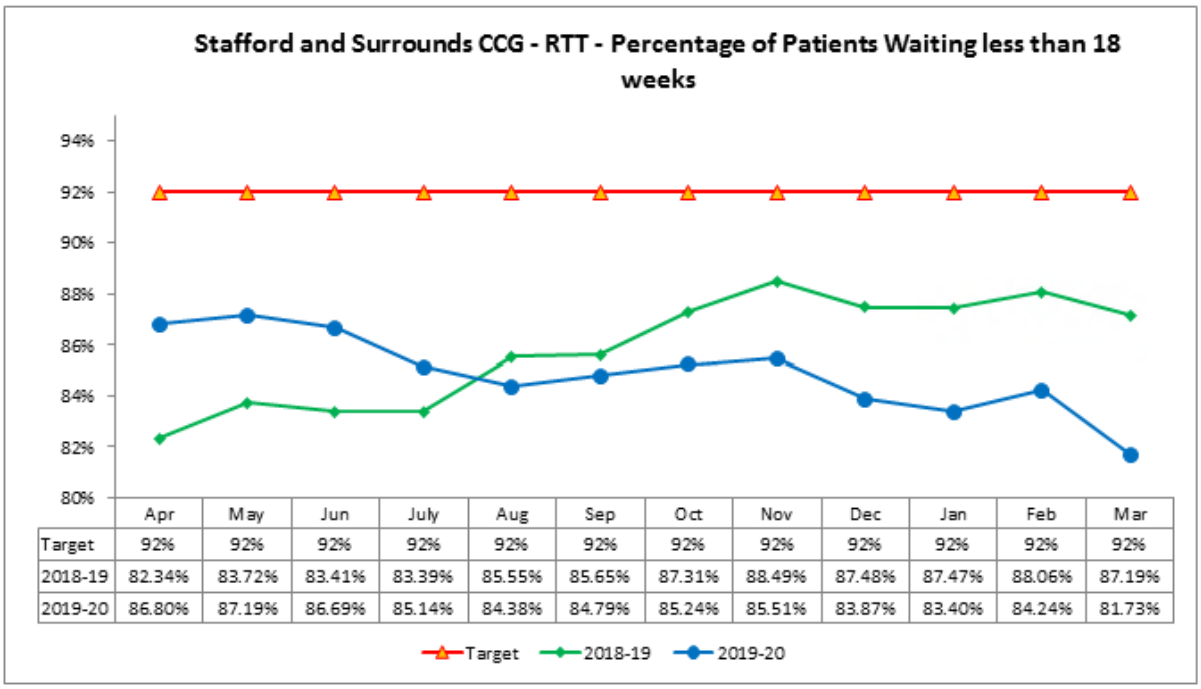
The RTT standard is part of the NHS Constitution and requires that 92% of patients should wait no more than 18 weeks from referral to the start of their treatment and that no patients should wait over 52 weeks for treatment. The 18-week RTT standard continues to be a challenge locally, reflecting the national picture, however significant progress has been made on the 52-week standard.

All providers report increased referrals for both elective and cancer services, along with difficulties in workforce capacity (recruitment and retention), including the impact of the change to the NHS Pension agreement, from April 2019. This has deterred clinical staff from undertaking additional work due to the tax and pension implications. National staff shortages in some areas have also been highlighted.

In the CCG 84.9% of patients were seen within 18 weeks in 2019/20. Performance has demonstrated a slightly deteriorating trend over the year, which has led to an increase in waiting times for some patients.

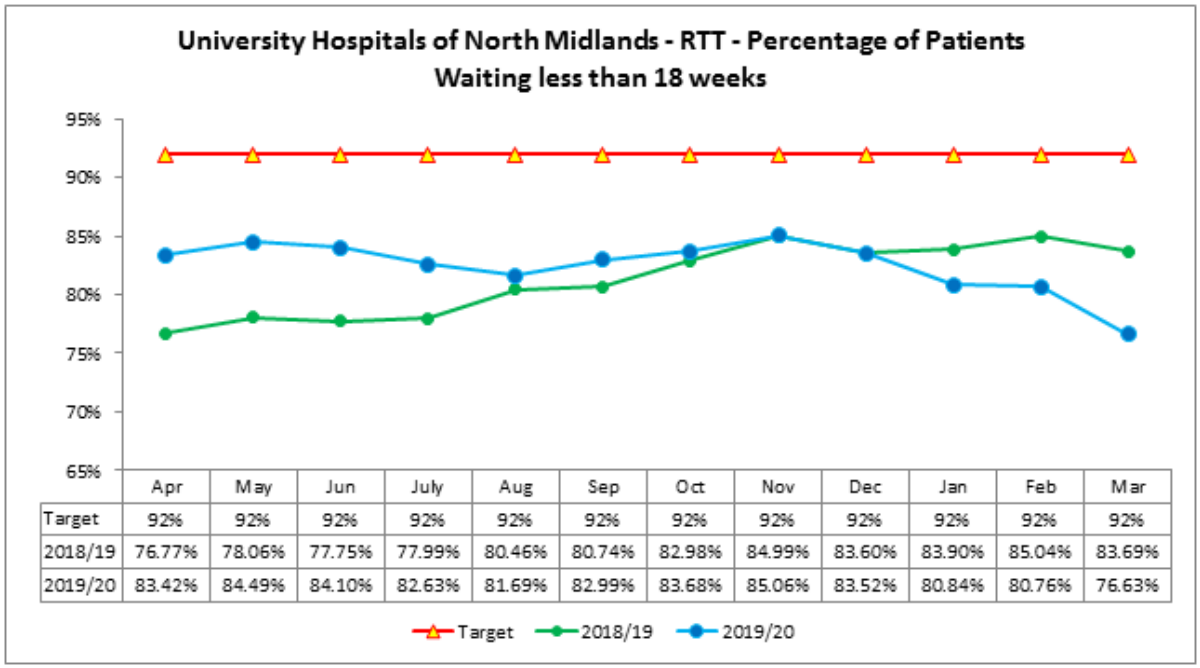
In line with NHS guidance received on 17 March 2020 regarding the local response to COVID-19, local acute providers reduced elective activity during March to free up

staff for refresher training, beds for COVID-19 patients, and theatres/recovery facilities which resulted in further deterioration of performance.



	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
2018-19	82.34%	83.72%	83.41%	83.39%	85.55%	85.65%	87.31%	88.49%	87.48%	87.47%	88.06%	87.19%
2019-20	86.80%	87.19%	86.69%	85.14%	84.38%	84.79%	85.24%	85.51%	83.87%	83.40%	84.24%	81.73%

On a provider level, UHNM did not meet the 92% 18-week RTT standard throughout the year. Performance remained similar for Stafford and Surrounds CCG patients until November 2019, and then deteriorated during winter months.



	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
2018/19	76.77%	78.06%	77.75%	77.99%	80.46%	80.74%	82.98%	84.99%	83.60%	83.90%	85.04%	83.69%
2019/20	83.42%	84.49%	84.10%	82.63%	81.69%	82.99%	83.68%	85.06%	83.52%	80.84%	80.76%	76.63%

At UHNM the main challenged specialties (across the year) are Urology, Trauma and Orthopaedics and Respiratory Medicine (sleep studies) for Stafford and Surrounds CCG patients. Issues with equipment for sleep studies now resolved and in place.

The RTT Waiting List Recovery Plan for the six Staffordshire and Stoke-on-Trent CCGs is submitted monthly to our regulator NHSEI and outlines reasons for variance against plan, with actions and plans in place to mitigate and improve.

The CCG has continued to achieve the zero-tolerance target for 2019/20 in respect of patients waiting more than 52 weeks for treatment, along with Cannock Chase CCG. This is recognised as significant progress and improvement from 77 breaches in 2018/19 compared to zero at year-end.

All breaches are subject to a harm review between the provider and the CCG Quality Team, to identify learning and improve patient pathways.

The CCG also continues to proactively monitor the wait times of patients waiting more than 40 weeks and works directly with providers to ensure that plans are in place to ensure that patients are treated as soon as possible.

As directed by the Long-Term Plan and 2019/20 Planning Guidance the CCGs increased focus on patients waiting over 26 weeks with a view to offering patients a meaningful choice of provider if they are waiting at 26 weeks. UHNM was nominated “first mover” site for the Staffordshire and Stoke-on-Trent System. The System already benefits from a “Choice and Referral” centre in the North of the County and plans are being developed to extend this across the remaining areas, as this will be the portal through which “choice” will be transacted.

Mixed-Sex Accommodation Breaches

There is a zero-tolerance for mixed-sex accommodation breaches, defined as the number of occurrences of unjustified mixing in relation to sleeping accommodation.

During 2019/20, there was one mixed-sex accommodation breach, equal to that recorded last year. The breach occurred out of area at Frimley Health Foundation Trust in May 2019.

Healthcare Associated Infections

Healthcare Associated Infections (HCAI) are a major cause of avoidable patient harm. The CCG has maintained its focus on the reduction of HCAIs, and a robust collaborative approach exists to review cases with established pathways for learning in place.

NHS England has a zero-tolerance policy for Methicillin-Resistant Staphylococcus Aureus Bacteraemia (MRSAb) infections. There have been two MRSAb infections recorded for the CCG in 2019/20, compared to three in 2018/19 where the infection occurred in an acute hospital setting. In response, we have undertaken assurance visits with the Trust Infection Prevention Control Team to areas where any MRSAb has been reported to see how the learning is being implemented. There were 34 Clostridium Difficile (C.difficile) incidents recorded 2019/20, above the year-end threshold of 28.

All cases are subject to an investigation. The CCG receives an infection, prevention and control report that details performance, learning and any associated improvement actions identified.

Diagnostic Test Waiting Times

The Diagnostics standard is for 99% of patients to wait less than six weeks for a diagnostic test. The CCG failed the target with a year-end position of 97.77% and ten out of twelve months of underperformance.

Cancer Standards

There has been deterioration in performance of cancer standards across the six Staffordshire and Stoke-on-Trent CCGs in most cancer standards. In particular at the diagnostic end of the pathway (two-week wait and especially two-week wait breast standards) as well as the 62-day standard.

Of the eight cancer wait standards with a target, the CCG met two at the end of 2019/20, with variable performance throughout the year. Relatively small patient numbers in some standards lead to large fluctuations in performance month-on-month.

The table below highlights each of the cancer standards that the CCG has achieved or failed at year-end:

Cancer Standards	Year-End Performance (2019/20)
Cancer 2 Week Wait (93% target)	82.29%
Breast Symptoms 2 Week Wait (93% target)	73.57%
31-day first definitive treatment (96% target)	96.03% (achieved)
31-day subsequent treatment – surgery (94% target)	85.80%
31-day subsequent treatment – drug (98% target)	99.17% (achieved)
31-day subsequent treatment – radiotherapy (94% target)	91.55%
62-day standard (85% target)	73.03%
62-day screening (90% target)	84.62%

The majority of these breaches are attributable to UHNM for Stafford and Surrounds CCG patients, with some activity at RWT.

The challenges UHNM is facing alongside the majority of Staffordshire and Stoke-on-Trent providers are:

- Significantly high demand for referrals, including huge increases for certain specialities (Colorectal, Breast, and Urology)

- High levels of endoscopy referrals and increased demand for fast track patients
- Vacancies and inability to recruit to key roles has impacted on available capacity (Radiography, Breast, Clinicians). This is a regional and national issue.

There is a national drive to diagnose cancer earlier and reduce emergency diagnosis. NHSEI outline that the referral increase in part reflects improvements in referral practice by GPs, and this is vital to deliver the ambition in the NHS Long Term Plan (LTP) to “diagnose 75% of cancers at Stages 1 and 2.”

There is also a programme to increase community and society awareness of symptoms that should lead to more GP appointments. Note that increased referrals reflect NICE guidance on referring patients into the two-week pathway and that primary care are following best practice or that patients and the community are more aware of early cancer symptoms or both. The increase in referrals should lead to improvements in Stage 1 and 2 at diagnosis and reductions in emergency presentation of cancer over the next two to three years. These are key to better survival of cancer.

The CCGs have worked with core Staffordshire providers to collectively put plans in place to recover cancer wait performance. The CCGs Senior Commissioning Manager leads on cancer to ensure a Staffordshire-wide approach to improving performance. UHNM have a Cancer Recovery Programme in place, along with a high impact action plan, and a cancer services strategy group in place overseeing the recovery plan. Best practice pathways are being developed and pathway trackers review patients potentially breaching. The Trust also adjusts clinic capacity to respond to increases in two-week wait referrals.

Cancer transformation work with support from West Midlands Cancer Alliance (WMCA) commenced in January 2020, priorities include Colorectal, Urology and the new 28 days from decision to treat (DTT) standard.

A dedicated Cancer Programme Board for Staffordshire and Stoke-on-Trent has also been established to ensure transformation of cancer services and to drive improvements in performance.

Lung Cancer Health Check Pilot

Starting April 2019, the six Staffordshire and Stoke-on-Trent CCGs were awarded an allocation of funding from the WMCA to pilot a respiratory heath check programme. The pilot programme which was based around certain GP practices in Stoke-on-Trent carried out over 1,000 lung health checks in the last nine months of 2019 and was well ahead of target when the COVID-19 emergency meant that the programme was temporarily stood down.

As part of the programme, patients whose GP records indicate that they might be a risk of lung disease are invited for a lung health check and then if necessary a CT scan. As a result, the programme identified a significant number of people with early signs of lung disease but also cardiovascular diseases and other conditions such as diabetes. In many cases these patients did not know that they had these conditions and have been offered treatment or interventions at an early stage, usually under the care of their GP before the condition or symptoms became more serious. The programme also led to early detection of cancer in a small number of cases and these patients were offered treatment at an early stage.

National and international evidence shows that programmes of this type will make a big difference to the lives of patients where early stages of cancer are detected. The Stoke-on-Trent pilot was the first programme of this type to recruit patients in the West Midlands and the results of the pilot programme were extremely promising.

Although the programme had to be suspended due to COVID-19, the CCGs have recently been informed that the programme is going to be incorporated into a national programme that will allow it to be expanded significantly. This will mean an increase in the number of patients being seen and the ability to recruit and retain more doctors and nurses at UHNM into the programme. The findings from the expanded programme involving Stoke-on-Trent residents will have a large part to play in the development of a national model.

The Colorectal Cancer 2 Week Wait pathway at UHNM has seen a significant increase (42%) in referrals over the past two years. In response a West Midlands Cancer Alliance (WMCA) focused recovery plan and steering group has been created to improve colorectal cancer performance. The WMCA has approved the Faecal Immunochemistry Test (FIT) test for use in primary care. When this test comes in fewer patients will need colonoscopies. All six Staffordshire and Stoke-on-Trent CCGs have agreed through Membership Boards to implement FIT for patients who do not meet the two-week wait referral criteria.

At RWT a Cancer Standard Improvement Plan is in place focusing on actions the Trust are undertaking to meet the 62-day cancer standard at the earliest possible opportunity, which will also impact on improvements in all cancer performance. The jointly agreed actions include actions with the NHSEI Intensive Support Team, Cancer Alliance and Wolverhampton CCG.

RWT has had success working with other CCGs and providers in the Black Country in diverting Breast Cancer referrals during a period of challenging performance in 2019/20 due to increased referrals. The three providers (RWT, WHT and DGFT) are working together to balance the demand across the system. For example, if booking days increase at one Trust significantly, then this is counterbalanced by the other two providers. Additional radiographers have been recruited towards the end of the year and an increase in Endoscopy capacity (regular weekend and evening lists) are further mitigating actions undertaken to improve cancer performance.

The six Staffordshire and Stoke-on-Trent CCGs have also been provided with funding by Macmillan Cancer Support, to continue to drive improvements in the level of early diagnosis of cancer and in the care and support available to people living with and beyond cancer.

Ambulance

The CCG has a number of initiatives and services in place to try to reduce the number of ambulance conveyances, for example the Community Rapid Intervention Service (CRIS). The CCG has a dedicated urgent care commissioner who works collaboratively with hospitals and the ambulance service to monitor urgent care performance and to deliver a timely turnaround of ambulances. The focus is to ensure the best, high quality, most appropriate response is provided for each patient first time.

Ambulance services are measured on the time it takes from receiving a 999 call to a vehicle arriving at the patient's location. There are four categories. West Midlands Ambulance (WMAS) response performance has been variable over the year for Stafford and Surrounds CCG patients and remains generally better than the England Average.

The category one response target (within seven minutes) was almost met at year-end recording a 07:02 minute average response time. The number of incidents has increased significantly over the year across the STP. Category one performance is influenced by the geography of the CCGs and the road traffic conditions. Performance in category two is consistently meeting the target, however performance is variable for category three and four targets.

Mental Health

Overall, the six Staffordshire and Stoke-on-Trent CCGs are performing well across mental health standards for 2019/20 with some variation across individual CCG areas. The system was on track to achieve standards by March 2020 in full, however due to the impact of the COVID-19 pandemic this may have impacted achievement of access standards.

Improving Access to Psychological Therapies (IAPT)

Around one in six adults in England suffer from a common mental health problem, such as depression or an anxiety disorder. The effectiveness of local IAPT services is measured using this indicator and the IAPT recovery rate, which focuses on the recovery of patients completing a course of treatment.

All six Staffordshire and Stoke-on-Trent CCGs were in the highest performing quartile or interquartile range for the IAPT Access standard and each CCG performed better than the national average.

Stafford and Surrounds CCG was ranked 72 out of 191 CCGs in the Country for the IAPT Access standard (NHSOF Q1, 2019/20). The national IAPT Access target is 22% and the CCG achieved 18.66% year-to-date at December 2019.

The CCG consistently exceeds the national IAPT Recovery standard of 50% and achieves above the national average. The CCG achieved 51% year-to-date at December 2019 and is ranked 77 out of 191 CCGs in the Country (NHSOF Q2, 2019/20).

During 2019/20 all six Staffordshire and Stoke-on-Trent CCGs recommissioned the IAPT provision and a new model will be in place for from April 2020, giving consistent and equitable offer to the population across the STP.

IAPT six weeks and 18 weeks waiting time standards are exceeded across the CCGs ensuring that people with either anxiety or depression have timely access to talking therapies.

Individual Placement and Support

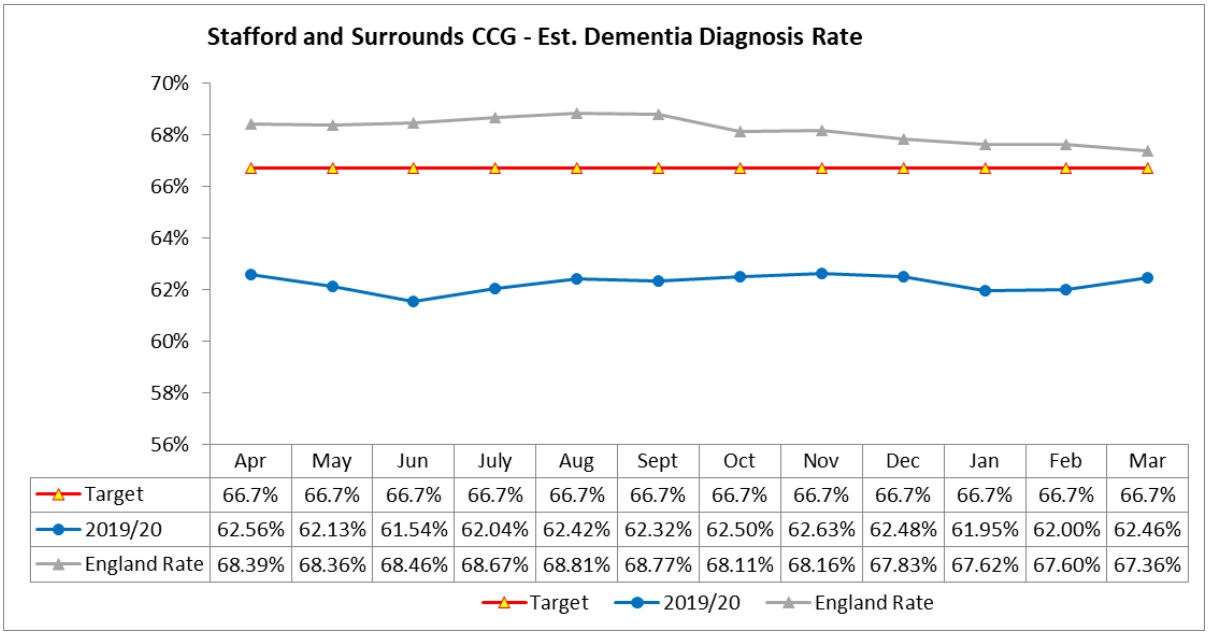
Supporting people with a mental illness to gain and retain paid employment has been demonstrated to support recovery. In October 2019, the Staffordshire and Stoke-on-Trent service provided by North Staffordshire Combined Healthcare NHS Trust and Midlands Partnership Foundation Trust was awarded a 'National Centre of Excellence' standard.

Perinatal Mental Health Services

Following the successful award of NHS England investment in October 2018 to recruit additional workforce numbers, the six Staffordshire and Stoke-on-Trent CCGs have been working in partnership with Telford and Wrekin CCG and Shropshire CCG to provide Perinatal Mental Health services across two STPs. This has resulted in an access rate across the six CCGs that significantly exceeds the national standard.

Dementia

The CCG has consistently failed to meet the target (66.7%) and is below the England rate, for estimated dementia diagnosis during 2019/20, however the Staffordshire and Stoke-on-Trent STP exceeded the target every month.



	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%
2019/20	62.56%	62.13%	61.54%	62.04%	62.42%	62.32%	62.50%	62.63%	62.48%	61.95%	62.00%	62.46%
England Rate	68.39%	68.36%	68.46%	68.67%	68.81%	68.77%	68.11%	68.16%	67.83%	67.62%	67.60%	67.36%

Key issues continue to be around case finding and an unexplained reduction in the number of people registered with a Dementia diagnosis across GP registers.

Dementia Diagnosis Rates
High Impact Action Plan

A High Impact Action Plan is in place for Stafford and Surrounds CCG, East Staffordshire CCG and South East Staffordshire and Seisdon Peninsula CCG. The South Staffordshire Dementia Steering Development Group hold monthly meetings and report to the CCGs Quality Committee.

As part of Dementia Action week in October 2019 an awareness raising video produced by the CCGs was advertised across social media. GP practices also displayed on screen messages in waiting rooms.

Other actions include:

- Opening of additional pathways for referral in to the service, including occupational therapist, physiotherapists
- Pathway development to allow social workers to refer in to memory service
- Referral training for nursing staff
- Six month follow ups with patients with Mild Cognitive Impairment to provider further support and opportunity to diagnose.

We are committed to reaching our performance requirements and we will continue to work closely with our service providers to meet national targets throughout 2020/21.

Early Intervention Psychosis

The Early Intervention Psychosis standard relates to the number of people experiencing a first episode of psychosis that will be treated with a National Institute of Health and Care Excellence (NICE) approved care package within two weeks of referral.

Stafford and Surrounds CCG is significantly exceeding the required national standard of 56%, achieving 100% in May 2019 (no further data available).

Following the national clinical audit of Psychosis in 2018/19, the South CCGs moved up to Level 2 in results published in 2019/20.

Performance analysis

Key Performance Indicators Table – Stafford and Surrounds CCG

		Stafford and Surrounds CCG				
Indicators	**Target**	**Q1**	**Q2**	**Q3**	**Q4**	**2019/20 Year-End**
Healthcare Acquired Infections (All Providers)						
MRSA	0	0	1	0	1	**2**
C.difficile	28	11	8	9	6	**34**
Referral to Treatment Times						
RTT Admitted	n/a	74.4%	69.5%	71.8%	71.5%	**71.8%**
RTT Non-Admitted	n/a	90.1%	88.2%	87.2%	85.5%	**87.7%**
RTT incompletes	92%	86.9%	84.8%	84.9%	83.1%	**84.9%**
RTT 52 week + waiters	0	0	0	0	0	**0**
Diagnostic test waiting times						
Diagnostics 6 weeks +	99%	98.7%	98.8%	98.4%	95.5%	**97.8%**
Cancer waits						
2 week wait	93%	87.7%	82.1%	80.4%	78.8%	**82.3%**
Breast Symptoms 2 week wait	93%	53.1%	77.6%	73.2%	93.1%	**73.6%**
31 day first definitive treatment	96%	96.1%	95.6%	96.3%	96.1%	**96.0%**
31 day subsequent treatment - surgery	94%	79.1%	88.9%	91.1%	83.3%	**85.8%**
31 day subsequent treatment - drug	98%	100.0%	98.4%	100.0%	97.9%	**99.2%**
31 day subsequent treatment - radiotherapy	94%	92.6%	89.7%	87.8%	96.5%	**91.6%**
62 day standard	85%	74.6%	75.0%	71.1%	71.8%	**73.0%**
62 day screening	90%	81.3%	77.8%	100.0%	82.4%	**84.6%**
62 day upgrade	n/a	89.1%	89.6%	86.5%	86.5%	**87.7%**
Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation Breaches	0	1	0	0	0	**1**

There is no mandated threshold for the cancer 62-day upgrade standard. Therefore, this indicator is not one of the eight national cancer indicators, but is monitored by the CCG for quality.

West Midlands Ambulance Service Performance Table – All CCGs

	2019/20 Year End		
	Category 1		
	Target	7 mins	15 mins
CCG	Incidents Total	Mean	90th Centile
NS CCG	2219	00:07:30	00:13:17
SOT CCG	3786	00:06:06	00:09:48
CC CCG	1463	00:08:24	00:13:55
ES CCG	1359	00:08:25	00:15:19
SESSP	2315	00:08:31	00:14:16
SAS	1738	00:07:02	00:12:03
WMAS	69463	00:06:57	00:12:05

Accident and Emergency Provider Performance Table - UHNM

		University Hospitals of North Midlands				
Indicators	Target	Q1	Q2	Q3	Q4	2019/20 Year-End
Accident and Emergency - Provider						
A&E 4 Hour Target	95%	80.81%	79.38%	74.99%	77.60%	**78.20%**
12 hour trolley breaches	0	0	0	321	280	**601**

Accident and Emergency Provider Performance Table – Core Providers

Accident & Emergency - Provider	Target	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST					THE ROYAL WOLVERHAMPTON NHS TRUST					THE DUDLEY GROUP NHS FOUNDATION TRUST				
		19/20 Year End	Q1	Q2	Q3	Q4	19/20 Year End	Q1	Q2	Q3	Q4	19/20 Year End	Q1	Q2	Q3	Q4
A&E 4 Hour Target	95%	78.20%	80.81%	79.38%	74.99%	77.60%	85.91%	87.62%	88.95%	84.30%	82.55%	81.98%	81.36%	84.56%	79.76%	82.41%
12 hour trolley breaches	0	601	0	0	321	280	37	4	2	1	30	297	10	5	161	121
		UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST					UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST					WALSALL HEALTHCARE NHS TRUST				
A&E 4 Hour Target	95%	77.46%	78.77%	80.22%	74.98%	75.62%	67.29%	69.29%	69.17%	64.51%	66.08%	81.59%	79.80%	83.64%	81.26%	81.70%
12 hour trolley breaches	0	83	11	6	49	17	38	1	13	10	14	4	1	0	2	1

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 on page 58. The CCG also produces an annual equality and inclusion report which can be accessed on the CCG website. In addition, the CCG has an accredited Counter-Fraud Specialist in place to undertake counter-fraud work proportionate to identified risks and this service is provided by PwC. 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/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, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term, even in the context of rising cost of natural resources.

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

As six CCGs in Staffordshire and Stoke-on-Trent are working together to make the most efficient use of our resources, including the estate. Our headquarters is located at Staffordshire Place in Stafford - with offices in Edwin House, Burton, and Smithfield One in Hanley. Staff are encouraged to work flexibly from any of our sites to reduce travel and make best use of the available meeting spaces.

All of our offices are situated in purpose-built office blocks, designed to high environmental standards to reduce all the CCGs' carbon footprints. 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% 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 the building performing at a 'B' Standard.

All of our sites operate:

- **Resource Efficiency Management Systems** – in terms of waste, water, energy, fuel and paper by ensuring that these resources are used efficiently
- **Travel and Transport Schemes** – to reduce the burden of rising fuel costs by: actively targeting travel /transport with schemes such as car-sharing; encouraging the use of more sustainable modes of transport; supporting the increased use of tele-conferencing; and improving access to mobile IT devices to achieve "paper-light" or paperless working wherever possible
- **Waste Management** – improving recycling rates and minimising confidential shredding
- **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
- **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, 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.

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 a number of statutory duties relating to Safeguarding Adults and Children which are as follows:

- The Children Act 1989
- The Children Act 2004
- 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 2019/20.

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

When Stafford and Surrounds CCG began working with the other five CCGs in Staffordshire and Stoke-on-Trent towards forming a single strategic commissioning organisation, the Joint Quality Committees in the north and south of the county joined. They came together to create the Staffordshire and Stoke-on-Trent CCGs Quality and Safety Committees in Common (QSCC).

Quality is everyone's business and the patient journey today often involves multiple providers. It's 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. Therefore, 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, to ensure that our vision for quality patient care is delivered.

The CCG is committed to continually work with all providers as we move into 2020/21 and into the new systems of Integrated Care Systems (ICSs) and Integrated Care Partnerships (ICPs). We aspire to achieve the high levels of quality and safety of care provided for our local population and external regulators. The CCG recognises 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 and developing this further.

General quality improvement

The Nursing and Quality function in the CCG has continued to work tirelessly to ensure the delivery of a high quality service provision for our residents. We have continued to review the processes and mechanisms we employ, and continued to build relationships with our respective stakeholders and providers of healthcare, these are:

- University Hospital of North Midlands NHS Trust (UHNM)
- North Staffordshire Combined HealthCare NHS Trust (NSCHT)
- Midland Partnership NHS Foundation Trust (MPFT)
- Vocare – Integrated Urgent Care
- Independent hospitals.

The following paragraphs present an overview of the discussions that the Quality Team have had with our key providers during 2019/20 and the identified quality improvements.

Please note, all Patient Led Assessments of Care Environment (PLACE) scores for providers, which the CCG commissions services, can be found at the following:

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)

The UHNM Care Quality Commission (CQC) inspection report was published on 14 February 2020. The overall CQC rating of the Trust stayed the same; 'Requires Improvement'. Commissioners will work with the Trust to monitor the CQC action plan and gain assurance regarding implementation.

The UHNM Emergency Department (ED) at Royal Stoke Hospital was under significant pressure during December 2019 and early January 2020 due to increased demand, resulting in 534 12-hour trolley breaches. The CCG has worked collaboratively with the Trust, joining the Trust's quality team on regular safety visits throughout the winter period to EDs on both sites. In addition, the CCG has joined the Trust's quality team in some of the regular safety visits to the winter pressure wards.

As of 20 February 2020, 88.9% of UHNM's front line staff have received the Flu vaccine, achieving the national Commissioning for Quality and Innovation (CQUIN) target of 80%. The cumulative total staff number vaccinated is 8,216, the third highest in the region.

PLACE scores were published nationally on 30 January 2020 and UHNM achieved scores well above the national average against all assessed domains.

North Staffordshire Combined Healthcare NHS Trust (NSCHT)

NSCHCT had a CQC inspection which took place between 4 December 2018 and 23 January 2019. The report was published on 28 March 2019 and the Trust received an overall rating of 'Outstanding' with three domains rated 'Good' and 'Caring and Responsive' rated as 'Outstanding'. NSCHT have been singled out by the CQC as an example for others to learn how to sustain improvements in high quality care and performance after receiving the CQC's highest possible rating of 'Outstanding'. The praise from the CQC comes in a new report, 'Sustaining Improvement', published in March 2020.

During October 2019, the Trust held open days to launch its brand-new £1.1 million Mental Health Crisis Centre, based at Harplands Hospital. The new service is unique in the NHS in bringing together, under one roof, a whole range of teams offering a service to people of all ages, 24 hours, seven days a week, and 365 days a year. Anyone feeling they are in distress or needing advice or reassurance can ring to speak to a mental health professional, who will be able to direct them to the most appropriate and accessible service to meet their individual needs.

The Trust has been successful with their application to participate in the Sexual Safety Collaborative which is part of a wider Mental Health Safety Improvement Programme (MHSIP), established by NHS Improvement (NHSI) in partnership with the CQC, in response to a request made by the Secretary of State. The collaborative commenced in London on 21 October 2019 and will run for a period of 18 months.

The Trust has achieved the annual national staff flu vaccination target of 80% for front line staff.

PLACE scores were published nationally on 30 January 2020 and NSCHCT achieved scores well above the national average against all assessed domains.

Independent hospitals

During 2019, the CCG has been working with the independent hospitals within the Staffordshire and Stoke-on-Trent footprint and key partners, e.g. CQC, NHS England/Improvement (NHSE/I), to develop effective quality monitoring systems. Work will continue into 2020/21 to ensure robust systems are in place in line with the Long Term Plan, to improve the quality of care within the inpatient setting for people with a learning disability, autism or both. The CCG has already established a quarterly meeting with providers and other key stake holders, i.e. CQC, NHSE/I and Healthwatch. Over the last six months the CCG have established good working relationships with local CQC Inspectors including joining engagement visits and monthly intelligence sharing meetings.

The CCG has set up a system to monitor which out of area commissioners have patients placed within the independent hospitals for which we are the host CCG and have written to them advising of how they can share soft intelligence with us.

Further quality improvement work planned for 2020/21 includes:

- Peer review process
- Annual Quality visits
- Review and implementation of recently published (currently draft) of NHSE Framework for Commissioner Oversight Visits to inpatients Version 18 - 21 February 2020, together with the Host Commissioner Guidance.

Midlands Partnership NHS Foundation Trust (MPFT)

In January 2020, MPFT presented their Suicide Annual Report which provides an overview of the Trust's suicides between 1 April 2017 and 31 March 2019. The aim of the report is to provide a retrospective review of suicides by service users. The outcome is based on verdicts of 'Suicide' or 'Narrative Verdicts' which include the term 'killed self' by Her Majesty's Coroner for service users of the organisation, either at the time of their death or who have had contact with MPFT's services within six months prior to their death.

MPFT advise that the review was undertaken as they recognise that one of the highest percentages of serious incidents in the Trust relates to service users in the community who complete suicide. They acknowledge that these are one of the most distressing incidents for all involved and that it is imperative that there are lessons learned from these deaths, in order to minimise the chances of reoccurrence. Data analysis demonstrated that the highest number of suicides occurs in the Adult Community Mental Health Services followed by the Crisis Resolution Home Treatment Teams and Substance Misuse Services. The Trust reports that although there is no comparative data locally or nationally since the Trust re-modelled the mental health pathways, they will commence a comparison of this data within the 2019-2020 Suicide Annual Report. The Trust is currently working with Care Groups

to develop an improvement plan which will be shared with the CCG in the coming months.

NHS England Commissioning for Quality and Innovation (2019/20) recognises the importance of 3-day and 7-day follow up to reduce the number of self-harm deaths post discharge. MPFT advise that they have agreed a standard response within 48 hours with commissioners and partner NSCHT to drive quality improvements. The Trust also shared they are working closely with the CCG and NSCHT on the zero suicide ambition for inpatients. MPFT are also actively participating in regional suicide prevention initiatives where key findings and recommendations in the report will be shared further.

CQC Comprehensive Inspection:

The CQC undertook a comprehensive inspection of MPFT between 19 February and 10 April 2019. In total, the CQC inspected nine services as part of their ongoing checks on the safety and quality of healthcare services. The CQC published their findings on 5 July 2019 and gave the Trust an overall rating as 'Good'.

Care Quality Commission Home First Stoke Inspection:

On 5 February 2020 the CQC published their findings relating to the Home First Stoke service inspection that took place on 10 and 11 December 2019. The CQC rated the service as 'Good' overall.

Integrated Urgent Care

On 1 April 2019, Vocare commenced the local implementation of the national Integrated Urgent Care (IUC) specification which brings together the NHS 111 and GP Out of Hours services across Staffordshire and Stoke-on-Trent. Vocare was the provider of both services prior to 1 April 2019, therefore this has been a relatively seamless transition. Between May and July 2019, CCG Quality Visits were conducted at a number of sites including Tamworth, Cannock, Haywood, Stafford, Burton, Royal Stoke and Elizabeth House to seek assurance on the transition.

The integrated service is now more streamlined for patients as it includes direct booking of appointments and continuity of care, while also offering additional and innovative new models of care. The service is multi-disciplinary and includes GPs, Advanced Nurse Practitioners, Urgent Care Practitioners and Advanced Pharmacy Practitioners.

Out of area providers

A number of residents in Staffordshire and Stoke-on-Trent access services managed outside of the area. In these instances, the six CCGs are associate to the contract held by another CCG (the lead commissioner) and work in partnership with the relevant Trust and lead commissioner to support quality improvements for our Stafford and its surrounding area residents.

The CQC inspected a number of these services throughout 2019/20, including:

West Midlands Ambulance Service NHS Foundation Trust (WMAS)

The CQC inspected WMAS from 24 to 26 April 2019 and published their report on 22 August 2019. The CQC rated WMAS as 'Outstanding' overall and 'Outstanding' within the Effective, Caring, Responsive and Well-Led domains. WMAS are the only ambulance service within England to have an Outstanding CQC rating.

Primary Care Quality

Primary Care

The Quality Team support colleagues in primary care with quality and safety issues related to GP practices. This includes the General Practice Nurse 10 point plan. As well as this, the Quality Team provide support with serious incidents (SIs) from General Practice which are taken through the CCG's internal Serious Incident governance processes.

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

The General Practice Nurse Evidence Based Practice group was formed in 2015 to identify areas of clinical uncertainty and clinical variation in day-to-day practice that impacts on patient care, and to develop the research awareness and skills of the General Practice Nurse (GPN) workforce. The group is now in its fifth year and consists of GPNs and Advanced Nurse Practitioners (ANPs) that span over 20 general practices, and, through collaboration with Keele University are being supported by clinical academics who provide a cross-fertilisation of skills and knowledge.

The group uses the 'critically appraised topic' (CAT) methodology and have undertaken several CATs since its commencement, however occasionally questions are identified that do not lend themselves to the CAT process i.e. questions that may not have any research evidence to provide an answer but where there may be valuable expert opinion articles or discussion papers. The group have also noted that some of the CATs have findings that are applicable to other services across the health economy i.e. community nursing, and where appropriate relevant information is shared more widely than the general practice setting.

Eight members of the group are Queen's Nurses who are committed to ensuring high standards of practice and patient centred care. In 2019 the Queen's Nursing Institute awarded the group the title of one of their regional sub-groups. This means that the group can now reach the wider Queen's nurse network and findings can be disseminated through this national forum.

The group has been promoted through the Keele University website, Facebook, journal publication and conference and poster presentations. The group has been recognised as innovative at Health Education England national conferences and have subsequently helped other nurse teams and specialities to form their own groups.

Suicide Prevention Strategy

The CCG remains an active member of the Staffordshire and Stoke-on-Trent Suicide Prevention Strategy which includes the progression of an action plan for the area. Suicide prevention training continues to be provided for primary care and a number of frontline services. Draft guidance is being produced for the development/construction industry to address suicide risks in public buildings.

In July 2019 the Staffordshire and Stoke-on-Trent Suicide Prevention strategy programme received confirmation from NHSE/I of additional funding for suicide prevention for 2019/20. The successful wave 2 bid reflected the Staffordshire and Stoke-on-Trent existing suicide prevention plans and enabled the acceleration of the delivery of these plans, with a focus on specific target groups and settings, specifically middle-aged men, people who self-harm and primary care.

The wave 2 programme was hosted and overseen by the STP and included the introduction of a service to increase support for people attending hospital for deliberate self-harm who are at high risk of suicide, working with communities and experts by experience. The aim was to encourage help-seeking and a programme of training to cover workplaces, universal and clinical/specialist services to support early intervention in communities.

A National Team event to progress the wave 2 programme was held in Stafford on 6 November 2019 where data was shared regarding the slight increase in suicide rates and the view that not all may be accounted for by changes in recording/standard of proof.

In November 2019, the second annual Staffordshire and Stoke-on-Trent Suicide Conference was held bringing together a whole range of experts, service users, clinicians and others from across Staffordshire and Stoke-on-Trent to share perspectives and knowledge. This year's conference highlighted some key issues around data, support for staff and carers and the importance of bereavement support pathways.

The most powerful impact of the day was the sharing of personal stories from service users and carers to aid reflection about the personal and emotional consequences of suicide and what could be done better in both organisations and the wider community.

Work is continuing with the aim of mental health reviews mirroring that of physical health reviews, delivered together in local GP practices, closer to home and in familiar surroundings for patients ensuring continuity of care. The CCG has provided support to improve communications between primary and secondary care on developments to improve the quality of physical health care for people with serious mental health issues in primary care with further alignment and collaboration of services.

Quality visits

The Quality Team in the CCG continues to undertake a range of announced, unannounced, responsive and planned visits to the various providers and nursing homes. These visits focused on quality assurance, infection control and winter bed

capacity, enabling the visiting team to capture the views of our patients, staff and carers.

As part of our quality assurance and quality improvement process, the Quality Team agreed to attend provider internal assurance meetings to ensure robust scrutiny and the appropriate learning and actions are embedded in order to drive quality improvement and ensure patient safety. These internal meetings include harm reviews, pressure ulcers, falls, 12-hour wait breaches and NHS Constitution breach panels e.g. waits of over 52 weeks.

The Quality Team completes these visits as part of a continuous cycle of improvement. Any themes, trends or actions identified as part of these visits form action plans that are monitored via the provider's quality meetings within the contract governance process.

Delivery of the Quality 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 Strategy describes a systematic quality assurance structure to ensure that performance concerns and risks on quality are escalated appropriately and openly. The structure incorporates the provider Clinical Quality Review Meetings (CQRM), the Quality and Safety Committees in Common and the Shropshire and Staffordshire Quality Surveillance Group (QSG) which includes representatives from the CQC, Healthwatch, NHSE and NHSI, amongst other stakeholders.

The CCGs are clinically-led and committed to engaging with clinicians to ensure that those who deliver care directly to patients are able to inform and influence service provision and commissioning decisions based on their clinical knowledge and experience. Patient feedback is received, evaluated and triangulated with other data at the Quality and Safety Committees in Common. This then informs the CCG quality assurance response which may include visits to providers or quality improvement work that is required to be undertaken.

The patient journey often involves multiple providers across Staffordshire and Stoke-on-Trent and for many patients to travel to other locations outside of the immediate area. It is therefore important that all organisations and individuals involved have strong relationships and work together in a systematic way to understand the 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 learning and continuous improvement.

The Quality Strategy supports the National Quality Board (NQB) 2017 Shared Commitment to Quality and now also includes the NHS Patient Safety Strategy 2019 which both focus on continual learning and improvement across the local healthcare system. Our focus, as we work closer and continue to develop our relationships with providers, local authorities, primary care networks and other partners, will be to ensure that we use our combined intelligence to highlight and act on emerging problems and to guide and share best practice.

The draft Staffordshire and Stoke-on-Trent CCGs' Quality and Patient Safety Strategy 2019-21 covers the six CCGs and is intended to indicate the next stages in the CCGs' journey towards becoming a Strategic Commissioning Organisation (SCO). This will help lead and influence a wider Integrated Care System (ICS) and as such includes reference to a number of system-wide developments that are either planned or already underway.

In order to support the implementation of the Strategy, during 2019/20 (and beyond) the CCG quality team will continue to work with system partners to:

- Plan to support the Integrated Care Partnerships (ICPs) Quality Arrangements and align some members of the CCG quality team, as it is expected some of the team will transition to ICPs in the future. These team members will take with them their collective and significant commissioning quality assurance and improvement experience to work alongside provider representatives to oversee quality activities
- A review of the current safeguarding arrangements in CCGs and providers will be undertaken with a view to streamlining current systems
- Continue to develop and implement a system-wide Quality Impact Assessment (QIA) process. This is intended to support decision making and to ensure that impact on the quality and safety of services for patients is considered as a system and is particularly key to the work being undertaken by the STP and in the development of the ICS structure
- Implement the NHS Patient Safety Strategy (published July 2019), which, alongside the NHS LTP, requires system partners to work together to improve patient safety
- Centralise the Quality Review process – in line with many other developing ICSs, the CCG will lead consideration of options for centralising current quality review and assurance processes through. For example, consideration of a central quality meeting where ICP and ICS representatives meet on a regular basis to discuss key quality and safety developments and issues, overseeing the core quality activity of the ICPs as they evolve. This central quality meeting may, in future, replace the current CQRM arrangements with individual providers but this is subject to agreement by all parties
- Build on the well-established processes with local authorities that support quality assurance and quality improvement in care homes and care agencies, including through clinical staff deployed with Staffordshire County Council with clinical oversight from the CCGs.

The CCGs will ensure that the quality requirements within the Operational Plan (published 31 January 2020) 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
- develop a plan for managing and improving quality that considers strategic decision-making and governance arrangements within the ICS/STP and the

relationship between quality assurance, quality planning and quality improvement

- welcome the Shared Commitment to Quality and a nationally agreed definition of quality
- implement the revised national guidance for QSGs to ensure they play a key role in monitoring and managing quality risks within the local system and quality architecture
- continue to implement the new NHS Patient Safety Strategy, as stated above and including adoption of the 'Just Culture Guide' to ensure a fair response to incidents and the appointment of a patient safety specialist
- ensure Local Risk Management Systems are compatible with the Patient Safety Incident Management System (PSIMS) and the inclusion of patient safety partners on relevant committees
- ensure Trust Boards have due consideration of Safety Thermometer data.

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

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/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 is required to be undertaken between the CCG and providers.

The Quality Team gathers patient feedback from a variety of sources, some examples include:

- Feedback from patients group meetings
- The Patient Engagement and Experience Reports
- Healthwatch and Soft Intelligence Reports
- CCG Quality Visits
- Joint CCG/provider collaborative working
- GP 60 second reporting
- Maternity Voices Partnership.

Patient feedback is communicated via the lay members' representatives at the Quality and Safety Committees in Common and if any patient quality/safety issues are identified, they are reviewed at the QSCC. Patient stories and feedback are also discussed at the Quality and Safety Committees in Common, which also 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 received in relation 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.

Soft Intelligence

Monitoring soft intelligence allows patients, the public and healthcare professionals to provide their feedback to CCGs regarding healthcare services within 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 Datix and reviewed regularly to identify any themes, trends and potential serious incidents and never events. Soft Intelligence is triaged by the Quality Team and where appropriate shared further with providers. 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 and has representation from General Practitioners, members of Medicines Optimisation and the Primary Care Teams, patient representatives, members of the Nursing and Quality Team and Lay Members. The Group meets on a monthly basis and provides robust governance and assurance.

Learning Disabilities Mortality Review (LeDeR)

LeDeR is being delivered in local areas across the country by CCGs, on behalf of NHSE. The programme is supported nationally by Bristol University. LeDeR aims 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 Staffordshire and Stoke-on-Trent, LeDeR receives support from the Steering Group membership. The Group membership includes representatives from all local

health and social care organisations, voluntary sector organisations and representatives of individuals with Learning Disabilities.

The group has seen some fundamental changes to the programme through 2019/20 including changes to the way the review system is being managed to enable subtleties from the learning to be extracted. The group has welcomed the changes to the 'learning into action' plan focus. The change allows the group to focus on the positive areas as well as areas requiring change, allowing 'cross economy' positive repetition or local system change.

The national LeDeR Annual Report was published in May 2019 and includes a number of recommendations to address premature mortality for individuals with Learning Disabilities. The local programme will focus on the development effective actions and embedding positive learning or local system change through engagement events throughout 2020/21 to address this.

The local LeDeR Programme will publish its local 2019/20 Annual Report in April 2020 that will include a full system review of the programme for Staffordshire and Stoke-on-Trent.

Special Educational Needs and Disabilities (SEND)

In 2019/20, the CCG has continued to work in co-production with colleagues in the local authority, parents and carers, with the aim of delivering 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 whilst acknowledging the challenges for partners in delivering them.

The CCG Director of Nursing and Quality has overall responsibility for SEND at Governing Board level and has overseen a number of quality initiatives during 2019/20:

- Designated Clinical Officers (DCO) resource and capacity has been increased, supporting collaborative working on behalf of the six CCGs in Staffordshire and Stoke-on-Trent with all partners and health provider services
- the CCG has developed a Quality Assurance Process aimed specifically at improving the Quality of Health Information included in Education and Health Care Plans (EHCP)
- targeted training is being delivered to health providers in conjunction with all partners to ensure a continuous cycle of improvement
- inclusion of detailed reporting of SEND compliance in provider contracts has allowed for 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 CCG is represented at all required groups to maintain the momentum of joint working and joint commissioning. Maintaining that governance structure and scrutiny provides challenge as would be expected with processes reviewed on an ongoing basis to ensure efficiency and efficacy.

Infection Prevention and Control

The Secretary of State for Health launched an important ambition to reduce healthcare associated Gram-negative bloodstream infections (GNBSI) by 50% by 2021 and reduce inappropriate antimicrobial prescribing by 50% by 2021. Gram-negative bloodstream infections are believed to have contributed to approximately 5,500 NHS patient deaths in 2015. We know GNBSI cases can occur in hospitals however, half of all community onset cases have had some healthcare interventions either from Acute, Primary or Community Care. Therefore, we can only achieve the reductions by working together across the whole Health and Social Care sectors.

Recognising this is a complex challenge with more than 50% of infections occurring in people outside of hospital settings, the date for achievement of this goal has been revised to March 2024 with a 25% reduction by March 2021.

During 2019/20, Stafford and Surrounds CCG, together with the other five CCGs in Staffordshire and Stoke-on-Trent, has reinvigorated the Health Economy Infection, Prevention Control Meeting which brings all system partners together to reduce the number of avoidable healthcare associated infections (HCAI).

The Quality team have a high-level Health Economy Improvement plan which is in the process of being refined and updated following the re launch of the Health Economy Infection, Prevention Control Meeting held in September 2019. The purpose of the meeting currently is to focus on the reduction of the E-coli blood stream infection which is in line with NHSE's ambitions to reduce GNBSI.

Actions being undertaken by the group include dedicated:

- Catheters work stream
- Urinary tract infections (UTIs) work stream
- Sepsis and Hydration work streams.

A calendar of promotion events will be created throughout each year in line with national events e.g. hydration week, sepsis week etc. The plan is to communicate out the same message across the whole Staffordshire Health Economy including the public and all health professional etc. at the same time thus strengthening the message and pooling resources.

The work is being supported by a Quality Improvement lead from MPFT and a representative from MPFT's Programme Management Office.

Quality Impact Assessment (QIA)

The CCG remains committed to evaluating the impact on the quality of care for patients for any service changes, either temporary or permanent, that is 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 so that those that carry out change can ensure that quality is not compromised beyond a safe and effective level and prevent or minimise consequences for the patients that the CCG serves.

During 2019/20, there has been significant work to embed the QIA process into normal commissioning processes and as a result, the Quality Team has seen an increase in the numbers of QIAs per month. The QIA sub-group are meeting twice a month regularly, with additional meetings as required. QIAs also form an integral part of the Quality Innovation Productivity and Prevention (QIPP) process, to ensure that processes are streamlined, efficient and timely.

The Quality Team have rolled out a new QIA form following a pilot last year which is working well with positive feedback from all QIA sub-group members and the commissioners. An audit completed in 2019/20 gave some positive feedback and areas for further development which have been completed, including strengthening the QIA element within the corporate meeting front sheet.

Next stage of the QIA development will be to continue developing a system wide QIA process with partners across the local NHS footprint.

Maternity Transformation Programme (MTP)

The CCGs in Staffordshire and Stoke-on-Trent actively support the recommendations within the National Maternity Review, Better Births and The Saving Babies Lives Care Bundle Version 1 and 2 (SBLCBv1/v2) through the Staffordshire and Stoke-on-Trent Maternity Transformation Programme (MTP). The MTP 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.

The NHS Long Term Plan (LTP) was published in January 2019, and includes the alignment of Better Births Recommendations and Saving Babies Lives Care Bundle 1 and 2. The Local Maternity Systems (LMS) focus is on the new maternity and neonatal commitments identified within the LTP joining up and transforming both maternity and neonatal services at a system level. To highlight this commitment, the LMS has been renamed the ‘Staffordshire and Stoke-on-Trent Local Maternity and Neonatal System’ (LMNS). Further work will be undertaken by the LMNS with neighbouring maternity providers to work collectively to implement the recommendations of the neonatal critical care review, particularly around capacity modelling, transfer of neonates and British Association of Perinatal Medicine (BAPM) standards.

The Maternity Transformation Programme (MTP) Team has supported the Staffordshire and Stoke-on-Trent ‘Together We’re Better’ Sustainability and Transformation Partnership (STP) Pre-Consultation Business Case (PCBC), seeking to understand the experiences of maternity services users across Staffordshire and

Stoke-on-Trent through maternity focus groups held across the county and city and ensure the experiences of mothers and their families are captured in the potential re-configuration of maternity services.

The Maternity Transformation Plan outlines significant programmes of work with a number of improvements to be made in the five years since the publication of Better Births and Saving Babies Lives Care Bundles 1 and 2 (SBLCB). The programme consists of five work streams:

- **Staffordshire and Stoke-on-Trent Maternity and Newborn Quality and Safety Network**

  This work stream aims to reduce stillbirths, neonatal deaths and focus on clinical safety for women and their babies and improve overall outcomes. The MTP have now recruited a SBLCB Lead Midwife to support the leadership and implementation of this programme of work and are also working in partnership with both local authorities to gain a better understanding of the contributing factors and preventative actions which will reduce the risk of neonatal deaths, acquired brain Injuries, still births and infant mortality locally. The K2 system will shortly have the functionality to identify relevant data fields to help evidence compliance with the SBL standards.

- **Staffordshire and Stoke-on-Trent Maternity Voices Partnership (MVP)**

  This work stream aims to work with the women and families in Staffordshire and Stoke-on-Trent in co-producing the transformation of maternity services as outlined in Better Births. The group ensures that the voice of women and their families is at the heart of any transformation. The relaunch of the MVP in February 2020 helped raise the profile of this work stream and successfully recruited more maternity champions from across Staffordshire and Stoke-on-Trent to gather feedback from service users and help co-produce the transformation of maternity services. Locally Staffordshire and Stoke-on-Trent CCGs have implemented a model to recruit maternity champions from across the county (each district in Stafford shire and each town in Stoke-on-Trent) who, not only have experience of local services, but who know their locality well.

- **The Staffordshire and Stoke-on-Trent Maternity and Newborn Service Reconfiguration Group**

  This work stream aims to work with the providers of maternity and newborn services to explore and implement new ways of working. Specifically, the Group has focused on providing Continuity of Carer and a Single Point of Access for Pregnant Women across Staffordshire and Stoke-on-Trent.

  The challenges with Continuity of Carer has had differing levels of success nationally. However, additional funding made available has enabled the MTP to recruit a Lead Midwife for Continuity of Carer and establish a plan for the roll out of Continuity of Carer across the county and city, with the introduction of a Pilot Team and further teams being scoped out, such as a vulnerable women's team and teenage pregnancy team. Since the introduction of this plan, the number of women booked onto a continuity of carer pathway has significantly increased.

- **Digital Enabler Work stream**

  Further funding from NHS England and NHS Digital has allowed the establishment of a dedicated project team to develop the use of digital technology in women's electronic records. This will allow interactive maternity records for women to have greater input into their care and the ability to make informed and personalised care throughout their care in maternity services.

- **Staffordshire Early Years Advisory Board and Stoke-on-Trent Children and Young People Strategic Partnership**

  The MTP has been working in partnership with both Staffordshire and Stoke-on-Trent local authority's public health services to undertake a broad spectrum of health improvement measures such as smoking cessation, infant feeding support and healthy lifestyles. These groups also provide support to a number of the work streams within the MTP plan.

- **Staffordshire and Stoke-on-Trent Perinatal Mental Health Network and Steering Group**

  This work stream aims to improve women's access to specialist community perinatal mental health services and to align services across the LMNS footprint. Following additional investment Staffordshire and Stoke-on-Trent joined with Shropshire Perinatal Mental Health services under joint governance arrangements via a Steering group. A planned stakeholder event across this joint platform is aimed at a more collaborative approach between mental health and maternity services. It aims to raise awareness of what perinatal mental health is and increasing the number of women and their families accessing specialist perinatal mental health services.

With funding received from NHS England and NHS Improvement the MTP Team programme team has been further enhanced with the additional posts of; Lead Midwife for SBLCB2, Lead Midwife for Continuity of Carer, two LMNS midwives and a Senior Data Analyst.

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 within key legislation.

The CCG is a statutory partner of both the Adult and Children's Local Safeguarding Boards and the safeguarding arrangements of our most vulnerable remain a key priority for the CCG. The Designated Nurses for Safeguarding Children and Adults are officers on their respective boards and 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.

The CCG has 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 the CCG to view performance, quality and trends, highlighting the need to target areas requiring action.

Safeguarding Children

The updated released Statutory Guidance 'Working Together to Safeguard Children' (2018) identified that CCGs would become one of three key partners (alongside local authorities and the Police), with lead responsibility for the arrangements to safeguard children. As part of the new guidance, a bid was submitted by Stafford and Surrounds CCG, along with the other five CCGs in Staffordshire and Stoke-on-Trent, to apply to become an early adopter for the new style of Safeguarding Board. The bid was successful, and work has been undertaken throughout late 2018 and early 2019, to ensure that the existing arrangements make a smooth and safe transition to the new style of working, with effect from April 2019. This work stream has continued to grow and evolve throughout 2019.

The Designated Nurses for Safeguarding Children have been actively involved with prioritising safeguarding work streams across Staffordshire and Stoke-on-Trent. This has included:

- partnership working with multi-agencies on the Domestic Abuse Strategic Commissioning Board
- developing and supporting the domestic abuse strategy and the Child Sexual Abuse Forum
- developing the Child Sexual Exploitation Strategy and the Female Genital Mutilation Steering Group
- steering and contributing to the work streams and contribution towards the neglect strategy.

This year has also required a safeguarding focus on children who are vulnerable to trafficking, criminal exploitation via county lines activity and modern slavery. The Designated Nurses have continued to support and guide the six CCGs regarding their statutory safeguarding duties in this respect. Safeguarding children policies have been developed and updated including the Safeguarding Children Policy, Safeguarding Children Supervision Policy, Managing Safeguarding Allegations against Staff and Domestic Abuse Policy.

The Designated Nurses for Safeguarding Children remain committed to implementing the changes '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 Partnership Board, Child Death Overview Panel and Serious Case Review modernisation. 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 continue to be an expert source of advice and guidance to medical staff completing the assessments.

Safeguarding Adults

Within the adult safeguarding team, a Safeguarding Support Officer delivers adult safeguarding for the six CCGs in Staffordshire and Stoke-on-Trent. The safeguarding team has delivered against the statutory duties and responsibilities detailed within the Care Act 2014 and in accordance with the NHS England Safeguarding Accountability Framework, demonstrate the CCG's compliance with statutory functions.

The collaborative working with Staffordshire and Stoke-on-Trent local authorities' Quality Teams and also the local authority's Adult Specialist Safeguarding Enquiry Team (ASSET), has gathered real pace with the three CCG Adult Safeguarding and Care Come Quality nurses becoming integral members of those teams. The teams undertake safeguarding enquiries in accordance with the Care Act 2014 and also quality monitoring visits, with the nurses providing clinical support and oversight to the quality monitoring programmes.

The Designated Nurses are Officers of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) and together with the Senior Adult Safeguarding Nurse contribute to and support the sub-groups of the Board. The CCG has received the SSASPB Annual Report which is discussed in detail at the CCGs' Safeguarding Group - a sub-group of the Quality and Safety Committees in Common.

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

The Designated Nurses, supported by the Senior Adult Safeguarding Nurse, have undertaken several Domestic Homicide Reviews (DHRs) and Safeguarding Adult Reviews (SARs). These are the statutory reviews that the safeguarding nurses undertake 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 NHS England and Royal Colleges. It has been designed to guide professionals and the teams they work with to identify the competencies they need, in order to ensure individuals, receive personalised and culturally sensitive safeguarding support. The impacts of this document both internal to the CCG and our health providers will be significant. The adult safeguarding team will work with an action plan derived from this document in order to ensure the CCG's compliance. Across the six CCGs there have been a high number of Section 21a Deprivation of Liberty Challenges which have had clinical oversight by the safeguarding team. The Prevent assurance across the health economy continues to be monitored and supported through a national pilot with the multi-agency team.

Transforming Care Partnership

The Staffordshire and Stoke-on-Trent Transforming Care Partnership continues to progress the ambitions set out in the 'Building the Right Support' document.

The number of patients in Staffordshire and Stoke-on-Trent with a learning disability, autistic spectrum disorder or both who are currently in an inpatient environment is continuing to decrease and the team are being successful in delivering strategies that are continuing to be effective in preventing avoidable new admissions. This is largely due to the on-going joint working between health, social care and education services both from the NHS and independent sector providers.

Patients in Staffordshire and Stoke-on-Trent that have received inpatient care in a hospital setting for more than five years have now been successfully discharged from hospital. These patients are now leading happier and healthier lives in their own homes in the community.

The Transforming Care Partnership will continue to work to discharge patients from inpatient hospitals back out into the community, to improve their quality of life and reduce the length of their inpatient stay.

A strategic plan is now being developed which will transition the work of this team into the wider system and will continue to focus on delivering the goals identified in the Learning Disabilities and Autism Long Term Plan.

Hospices

End of Life (EOL) care remains one of the priority areas for the CCG. During 2019/20, the Quality Team conducted quality visits to all adult and children's hospices. This had been trialled last year and following the positive feedback, it formed part of the normal quality processes replacing the previous joint meeting.

The Quality Team spent an afternoon understanding internal processes, meeting staff and having a tour of the services provided. The overall findings of these visits were extremely positive. There was evidence of continuous learning and development as a result of any complaints or incidents. There were also improvements from the previous visits including estate refurbishment, reductions in incidents and the introduction of new services. The environments were of an excellent standard and there were no formal concerns raised as a result of the visits.

In addition, patient feedback is extremely positive for the hospices and the patients spoken to during the visits were complimentary of the staff and the services that they received.

Nursing Homes

One of the CCG's priority areas remains quality improvement in nursing/care homes. 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. As a result, there has been a renewed focus on the quality assurance of nursing/care homes within the Staffordshire and Stoke-on-

Trent area. Changes include the embedding of the NHSE Enhancing Health Care in Care Homes framework into the quality oversight structure and monitoring of the plan at the group. This framework was successfully transferred to the strategic Transformation Delivery Unit to provide a baseline for system wide transformation for the care home economy.

A new innovation called the Provider Improvement Response Team (PIRT) has been operational since March 2019. It is an integrated service jointly funded by Staffordshire local authority and the six Staffordshire and Stoke-on-Trent CCGs aimed at working with Care Home services identified as being in urgent need of support. The partnership has proved both effective and efficient and initially developed as a 12-month pilot. At the mid evaluation point, it proved so successful that both organisations agreed to the team becoming permanent.

PIRT work collaboratively with providers across the Health and Social Care system with an ethos of supporting the delivery of the Enhancing Health in Care Homes Strategy and a predominant focus on ensuring safe, effective, evidence based and high quality care to patients and residents. This innovative project has been incredibly successful and now feeds into the CCG's Enhancing Health in Care Homes Strategy. Moving forward the team are involved with learning from the Safer Provision and Caring Excellence (SPACE) programme which is a large-scale Care Home improvement programme that was undertaken in the West Midlands as an initiative from the Patient Safety Collaborative. The aim is to strengthen the safety culture and reduce the incidence of adverse safety events by training staff in quality improvement techniques. The team are utilising this learning and rolling it out to providers across Staffordshire.

Further improvements have been made to the clinical oversight of care home quality with the inclusion of Continuing Health Care (CHC) reporting and its integration with local authority quality monitoring. The Nursing and Quality Team has also made recommendations for quality oversight of the 'Discharge to Assess' (D2A) process for patients moving from hospital to care homes to continue their care with a short spell of assessment and rehabilitation. It is expected that this oversight mechanism will continue to improve the services offered under the D2A programme. The CCG is committed to continue to demonstrate integration across health and social care and will continue to look at joint initiatives to continually improve the care home experience for our local residents.

Engaging people and communities

Evidence shows that involving patients and the public in decisions about their health care increases their confidence, empowers them to consider how to stay healthy and ultimately, leads to better health outcomes. The CCG's commitment to patient and public involvement at all stages of the commissioning cycle is not just because it is our statutory duty, but because it is the right thing to do. We must commission health services which 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.

Our Communication and Engagement Strategy sets out the principles and approaches that the CCG uses to communicate our messages. It ensures we talk to people early enough for them to make informed decisions when we involve them in influencing the health services in the area. We use a wide range of tools and channels to make sure that our messages are accessible to everyone.

ONLINE

Digital communications

We have continued to implement our Digital Communication Strategy which involves using a variety of digital assets and innovative methods to share our messages. The six CCGs share a Facebook, Twitter, Instagram and YouTube account. We have increased the use of innovative methods across our channels including video and infographics, ensuring that the materials are clear and accessible for everyone.

Live blogs

This year the CCG has extended its use of live blogging from meetings held in public to further expand the reach of those meetings. This has included any public Governing Body, Primary Care Commissioning Committee and Annual General Meetings. The live blog appears on the CCG's website with the opportunity for people to like and comment. During each meeting, there is a chance for members of the public to ask questions – this is for those at the meeting face to face as well as those interacting online.

E-newsletters

We have continued to produce monthly newsletters for people who have signed up to receive one. This covers any CCG news, health awareness campaigns and opportunities to get involved, such as any engagement and consultations. The newsletters are also saved on the websites so people can download the newsletter.

Websites

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.

FACE TO FACE

We have continued to deliver our face-to-face engagement with various patient groups, which builds on the existing network of Patient Participation Groups (PPGs) attached to GP practices.

Building on PPGs provides a good geographical coverage of the CCG areas and provides an opportunity for all member practices to involve their registered patients in discussions relating to local health services generally, as well as practice specific.

District Patient Groups

PPG representatives are invited to attend the CCG's District Patient Groups. The aim is to create a two-way flow of information between the CCG and the wider population, using the PPGs as a conduit, to inform and engage the population in CCG activities and local health services beyond primary care. To try and involve a more representative proportion of the population, the District Patient Groups are open to individuals and organisations outside the PPGs that are able to represent the views of different demographics and different parts of the local community in each district.

Commissioning Patient Council

The CCG has an active Commissioning Patient Council, which was established across the three south Staffordshire CCGs including Cannock Chase, Stafford and Surrounds and South East Staffordshire and Seisdon Peninsula. The Commissioning Patient Council brings together a group of informed participants who are able to contribute to the strategic planning, development and delivery of the most effective health services for the local population.

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. Meetings are chaired by the Patient and Public Involvement Lay Member for each CCG and there is an embedded process for soft intelligence to be collected and acted upon 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.

The membership is renewed during the year - to ensure we continue to refresh the patient voice and perspective brought to our decision-making processes.

Patient and Public Involvement (PPI) Lay members

PPI Lay members are integral to the assurance and governance processes of the CCGs and through these groups ensure 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 through 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.

Other support for PPG members

A password protected area of the website has continued this year for PPG members to access toolkits, guidance and good practice. An e-newsletter is also sent monthly PPG Chairs called 'Your Voice' to keep them updated and support with setting up local virtual PPGs on Facebook.

Examples where patient representatives have been involved:

- The Communications, Engagement, Equalities and Employment (CEEE) Committee monitors and shapes our patient and public involvement activity regularly. The members receive a monthly update on all aspects of engagement with the community and oversee any action plans as well as the delivery and outcomes of the engagement. CEEE also have a strategic responsibility and report up to the Governing Body.
- Attending our Clinical Priorities Advisory Group (CPAG) to decide on which services will be invested / disinvested. This is a crucial role for the CCG.
- The Primary Care Commissioning Committee monitors public involvement through the contracts with primary care services. This is an important role of the committee to ensure the correct level of involvement has been undertaken by GP practices in relation to potential changes to services i.e. branch closures and mergers. Members of the public can also attend the meeting in public and ask questions on items discussed on the agenda. Member of the public can also follow the meeting virtually via a live blog, and comment on or ask questions using this web-based tool
- Together We're Better (TWB) undertook a number of listening events to seek views from users on a variety of services. For full details read page 64
- A number of patient engagement events took place during this period of which are detailed in our 'key achievements' on page 68, it includes:
    - Strategic Commissioning Organisation Consultation
    - Out of Hours / NHS 111
    - Difficult Decisions: prioritising and aligning clinical policies. This involved adapting our approach to ensure those who were deaf, hard of hearing, deafened or deafblind could share their experiences of services.
    - Extended Access review
    - To support primary care services undertaking engagement with their population when service change is likely, we developed a toolkit with best practices guidelines and tips on undertaking meaningful engagement. This will be used as an ongoing tool in the future.
    - Autism – this engagement involved targeting parents and groups to shape the approach of the engagement, as well as supporting and facilitating the engagement activity.
    - Gluten-Free consultation – to align with national guidelines and with northern Staffordshire and Stoke-on-Trent.

- Ant-coagulation engagement – during this activity we had to adapt our approach to ensure more patients had the chance to share their views.
- Community Services

Examples where we have further developed on our PPI mechanisms

- Work continues to review the face to face engagement model by reviewing its key performance indicators and looking at ways to further strengthen its impact. Work will continue during 2020/21.
- 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 has been imparted to commissioners through training and awareness sessions, for example how to conduct a formal consultation.
- An Associate Director of Communication and Engagement continues to cover all six CCGs to ensure the consistent approach for all communication and engagement activity. This person also works closely with the STP to ensure that the CCGs are able to resource and meet their statutory duties with regards to PPI. Assurance processes have been introduced to ensure that this area of work is carefully planned and scrutinised by the PPI lay members. Knowledge and guidance have been imparted to commissioners through training and awareness sessions.

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

Stafford and Surrounds CCG has 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 Case for Change for the **Sustainability and Transformation Partnership (STP).** 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. 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 has been underway recently 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 from Staffordshire and Stoke-on-Trent 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 to 2021 following internal and external stakeholder engagement. We are keen to involve local stakeholders in the continuing development and monitoring of our Equality and Inclusion Strategy to ensure that we commission the right health care services and work towards reducing health inequalities between patients in access to, and outcomes from healthcare services, and to ensure services are provided in an integrated way where this might reduce health inequalities.

The **Equality and Inclusion Annual Publication** 2019/20for all six CCGs should be approved by the Communications, Engagement, Equality and Employment (CEEE) Committee, as a sub-committee of the Governing Bodies in Common, in early 2019/20. 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.

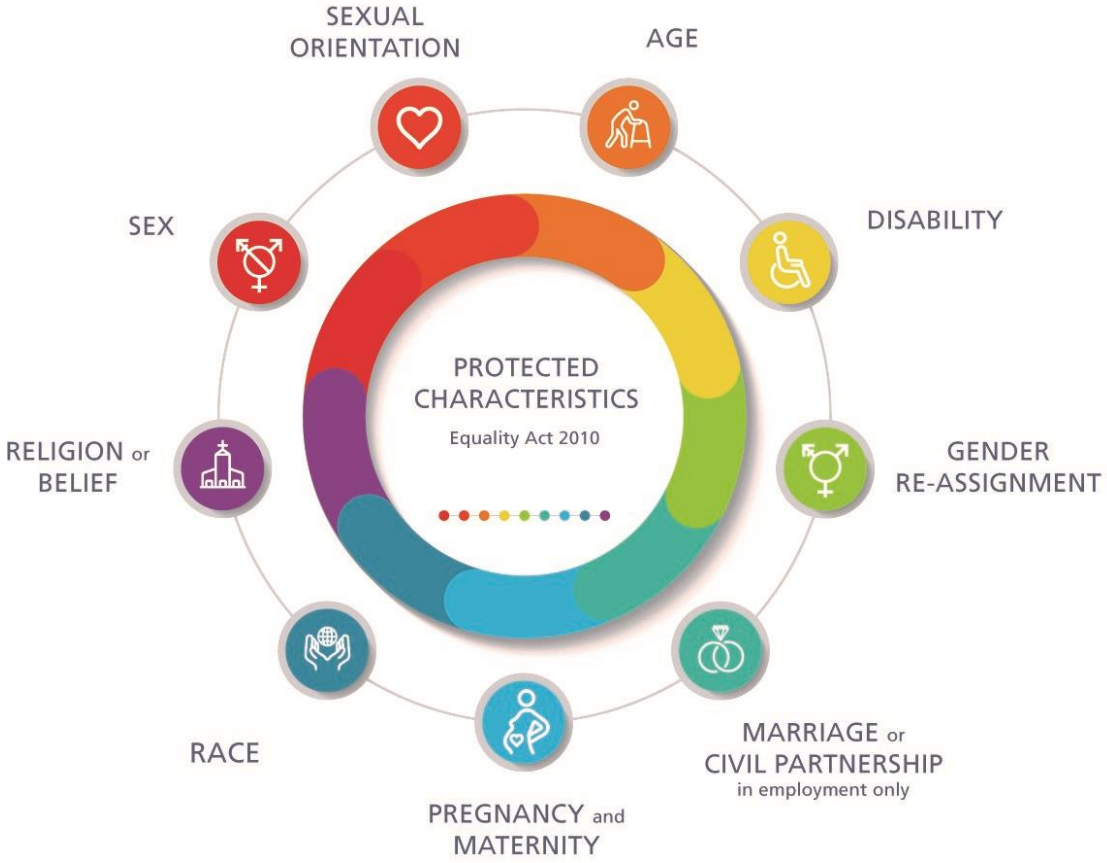
The CCG has adopted a vigorous **Equality Impact and Risk Assessment (EIRA)** process to understand the potential impact of proposed service change on both protected groups and how any policy or service may affect health inequalities or human rights.

A common database is used across all six CCGs in Staffordshire which asks assessors to consider key questions in order 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 significant during the past 12 months.

Governing Body papers front sheets 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.

Image: Protected Characteristics, Equality Act 2010



As the members of LEAF are asked to join from local organisations who 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 diverse 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 impact 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 have 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 amongst many others
- Health services for older people

- Access to adult mental health services with the Citizen's Jury
- Transgender, Lesbian, Gay and Bisexual 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 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 the Together We're Better health and care partnership's digital programme. The digital work-stream '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 condition, 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.

The six CCGs have also worked closely with NHS England on the above programme to support development of a new Equality and Health Inequalities Right Care Pack which was published to all CCGs in December 2018.

Health and wellbeing strategy

The CCG's 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.

Examples of the CCG's contribution to the Health and Wellbeing Board include:

- The Board is co-chaired by a senior elected member of the county council and the North Staffordshire CCG's Clinical Chair, this has been that case since the Board was established
- Whilst there are five CCGs within the Staffordshire County Council footprint, they now act as one body and contribution to the Board reflects this arrangement
- The Board reviews commissioning plans annually. The CCG presented its commissioning intentions for 2020/21 in January 2020, demonstrating the strong alignment between the Health and Wellbeing Strategy, the STP and the CCG's commissioning intentions.
- The CCG has continued to be an active participant in the refresh of the Health and Wellbeing Strategy for 2018-23. It has been developed in line with national guidance and local needs and is aimed at improving health and wellbeing outcomes for the people of Staffordshire. Its focus to 'help more people stay as well as they can for longer'
- A Joint Strategic Needs Assessment (JSNA) was produced in 2019, which a CCG representative helped shape, that reflects the changing needs of the local population. A report in March 2020 highlighted that performance across a number of areas had remained stable and similar to national performance figures.
- The Board has been delivering a new strategy, which has a number of focuses including: the ambition to increasing healthy life expectancy; smoking related deaths falling by almost 10% in two years, with a lower rate than the national average; a decline in teenage conception rates, now being in line with the national average; a reduction in fuel poverty, now lower than the national position, with the Staffordshire Warmer Homes Fund supporting 130 of 1,000 eligible homes to date; death rates relating to cancer, respiratory and cardiovascular diseases having reduced over the last 15 years.

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 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:

- Plans and decision around a Single Commissioning Organisation in Staffordshire and Stoke-on-Trent
- Five Year Forward Plan
- Future Model for Carers Services - 'All Together for Carers' was a carers strategy for Staffordshire which had been developed jointly with the five Staffordshire Clinical Commissioning Groups (CCGs) and the LA and adopted in the Autumn of 2019.
- Difficult Decisions - Prioritisation of Procedures of Limited Clinical Value
- General Practitioners' concerns regarding Integrated Care Proposals
- The Sustainability and Transformation Partnership (STP) and the CCG's commissioning intentions
- Various engagement programmes of work including Gluten Free provision
- Various STP work programmes.

Together We're Better

Together We're Better is the local Sustainability and Transformation Partnership (STP), working to transform health and care services in Staffordshire and Stoke-on-Trent. Together We're Better is a partnership of all NHS and local authority organisations in the area, alongside voluntary and third sector organisations. The CCG is working closely together with all partners to ensure that people have access to high quality, sustainable services that meet local needs.

This partnership's work focuses on how the local health and care services will evolve and become sustainable over the next five years in alignment with the national NHS Long Term Plan. The CCG is working with the Together We're Better partners towards achieving this transformation through a series of work programmes. Each of the core programmes is clinically-led and focussed on its own aims and objectives to ensure local needs are met.

The NHS Long Term Plan states that all STPs will need to transition to Integrated Care System (ICS) status by 2021. Together We're Better has the ambition to make this transition as soon as possible and, throughout 2019/20, has been working to

progress this. The last meeting of the partnership's Health and Care Transformation Board took place in December 2019, to make way for the formation of the shadow Integrated Care Partnership Board. This newly formed shadow Board will oversee work when the partnership evolves to ICS status in 2020/21.

Partners have been working together to design new ways of working as we move towards ICS status, developing the more local Integrated Care Partnerships and Primary Care Networks. The new board will continue to be governed by the collective vision; "Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work". Key priorities for 2020/21 include:

- Publication of the system wide Five Year Plan; our local response to the national NHS Long Term Plan, published in January 2019
- Progressing the system transformation programme, including the development of a pre-consultation business case (explained below).

Other key priorities include growing/retaining the workforce across the Staffordshire and Stoke-on-Trent health and care system, as well as developing the workforce through schemes such as the High Potential Scheme, which aims to nurture the leadership talent that already exists within the workforce through a two-year career development scheme. Progressing digital work is another key priority, with the imminent roll-out of the integrated care record, One Health and Care. This confidential digital shared care record will allow doctors, nurses and other registered health and social care professionals directly involved in patient/client care to view relevant information in order to provide better and safer care.

The partnership undertook a 12-week involvement exercise in summer 2019, as part of the system transformation programme. Feedback was gathered on key areas, including urgent and emergency care, maternity, mental health, community hospitals in the south, integrated community services in the south and planned care.

Events

	Events	Participants
Public listening events - Members of the public	13	331
Public roadshows - Members of the public	14	251
Community workshops - Voluntary groups	42	816
Workforce listening events - Staff	4	300
Workforce roadshows - Staff	13	455
Mixed roadshows - Public and staff	22	822

Feedback

Main involvement survey
367 responses

Postcard survey
746 responses

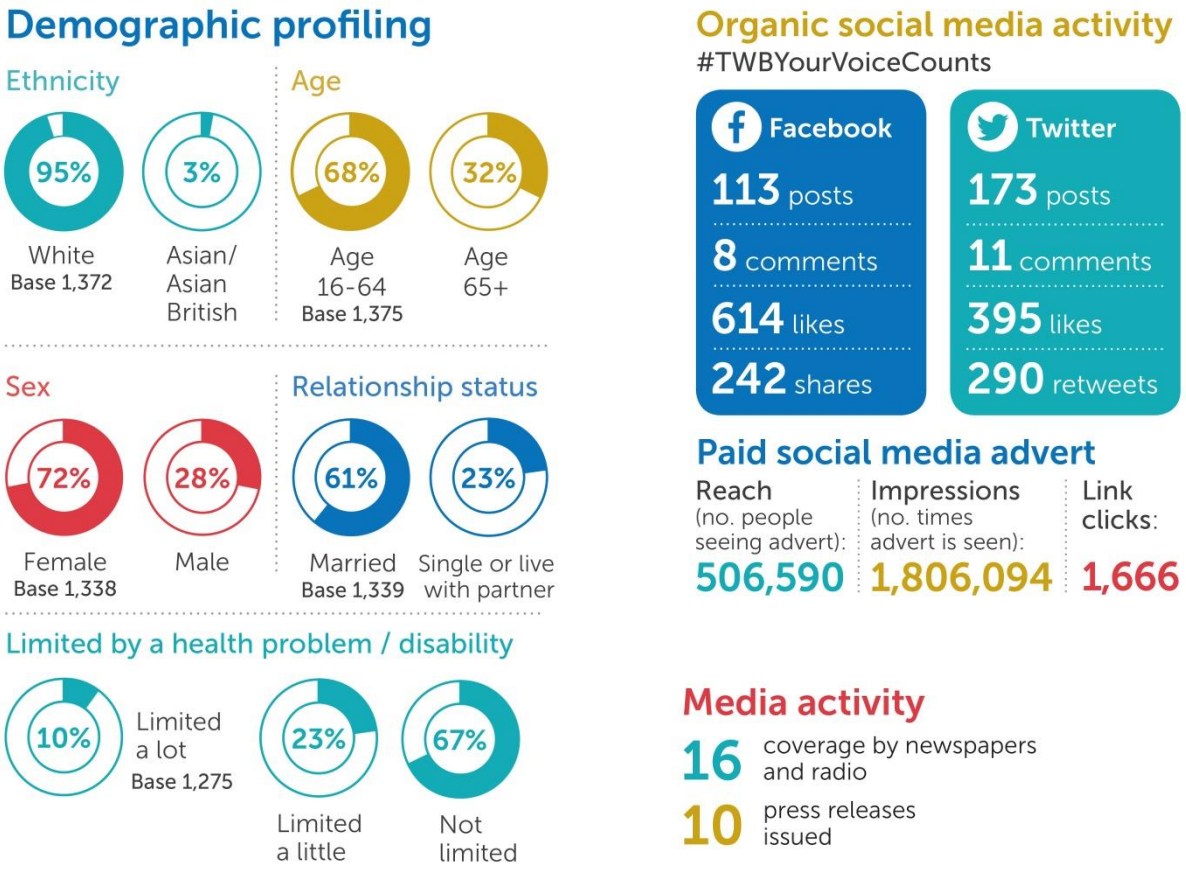
11 pieces of correspondence received

354 participant workbooks completed

Through public events, roadshows, workshops and bespoke focus groups with protected characteristic groups, we spoke to more than 2,000 patients, staff and members of the public. At each of these events we asked participants what is working well, what needs to be improved and what is important to them. The full Report of Findings from the listening exercise, as well as a summary document, can be found here: https://www.twbstaffsandstoke.org.uk/get-involved/health-and-care/our-journey/listening-exercise-report-of-findings.

The partnership has been undertaking further involvement work during Autumn/Winter 2019 with patients, staff and protected characteristic groups, as part of the options appraisal process. This work will continue in the next financial year to inform proposals for future service change. A pre-consultation business case will be developed, which will outline the case for change and future options for service change.

All of the feedback gathered from the listening exercise, which took place in summer last year, and from the options appraisal workshops, has also been taken into account and used in the development of the Five Year Plan. The local system plan will now be published in 2020/21, recognising the general election that took place in December 2019 and the coronavirus (COVID-19) outbreak in early 2020.



Staffordshire Intelligent Fixed Payment System

The plans were underpinned in the health economy by the Staffordshire and Stoke-on-Trent Intelligent Fixed Payment System (IFPS) which was been approved by all STP partner Boards. This contract framework binds the six Staffordshire and Stoke-on-Trent CCGs, University Hospitals of North Midlands NHS Trust (UNHM), Midlands Partnership NHS Foundation Trust (MPFT) and North Staffordshire Combined Healthcare NHS Trust (NSCHT) together in partnership, initially for a one year period, to collectively manage risk and focus on delivery of a Transformation Programme that works towards the delivery of system wide clinical and financial sustainability.

Key achievements in 2019/20

Reduced Delayed Transfers of Care (DTOCs)

Figures verified in July 2019 showed that the number of patients in hospital unnecessarily had fallen by over 40% in the last 12 months. They are now lower than they have been for many years and comparable to the rates for Stoke-on-Trent. In May 2019 the figure for Staffordshire patients was 2,714. This compares to 4,754 in March 2018.

This was a priority for the CCG because staying in a hospital bed unnecessarily can rapidly lead to Deconditioning Syndrome, a serious muscle wastage and loss of confidence, especially for patients who are frail and/or elderly.

Self-care advice for minor ailments

Some common conditions that people seek GP appointments for will get better within a short time or can be treated with over-the-counter medicines from a pharmacy. The self-care campaign was launched in July 2019 and encourages the public to take control of their own health and wellbeing so they can get better sooner. Its aim is to empower patients to know how to recognise symptoms, know how to treat them as soon they appear using over-the-counter medicines, and when to get more advice from a pharmacist or NHS 111.

From September 2019, pharmacies across Staffordshire and Stoke-on-Trent no longer offered the Minor Ailments Service free of charge. Instead, the public will be offered self-care advice around how they can treat their conditions using over-the-counter medicines.

This is in line with NHS England guidance and follows a national consultation which concluded in 2018. The consultation showed that 81% of respondents thought there should not be prescriptions issued for self-limiting conditions, and 72% thought they should not be issued if an over-the-counter remedy was easily available.

For information can be found on our website:
https://www.staffordsurroundsccg.nhs.uk/our-services2/self-care

Single Commissioning Organisation consultation

Plans to create one NHS Clinical Commissioning Group to oversee Staffordshire and Stoke-on-Trent was put to the public in May and June 2019 following on from the expression of interest being made by the CCGs to NHS England in December 2018. The consultation allowed patients, community and voluntary groups, health and social care providers, the wider public and local authorities to express their views on the proposal that would set to change the boundary when it comes to commissioning healthcare services for the county.

In the last few years, these six CCGs have chosen to develop a closer working relationship, and now have a single leadership team. They also hold Governing Body meetings ‘in common’ so that any strategic decisions affecting the whole population can be made. The proposal was to formalise their closer relationship in the creation

of a Single Commissioning Organisation (SCO), with responsibility for the entirety of Staffordshire and Stoke-on-Trent from April 2020.

Consultation had already taken place with the Governing Bodies of the six CCGs and with more than 150 GP surgeries in the region. Phase two of the consultation then happened throughout May and June 2019, and gathered views from a wide range of stakeholders, including:

- patients and the wider general public
- patient participation groups
- staff across the local health and social care sector
- hospitals and NHS Trusts across the county
- community and voluntary organisations
- Staffordshire County Council
- Stoke-on-Trent City Council
- Health Overview and Scrutiny Committees
- Health and Wellbeing Boards.

Following on from the consultation feedback and ultimately taking into consideration the outcome of a vote made by the GP Membership in September, the Governing Bodies of Staffordshire and Stoke-on-Trent CCGs agreed that an application to merge the CCGs would not be made to NHS England.

This means that the Governing Bodies will continue to meet in common and make decisions that affect the whole 1.1million population collectively but will remain as separate legal entities. The executive team will continue to work across the six organisations and work to create further efficiencies by doing things once rather than six times where it makes sense to do so.

Diabetes

National Diabetes Prevention Programme (NDPP)

The ‘Healthier You’ National Diabetes Prevention Programme was launched across Staffordshire and Stoke-on-Trent following a three part roll out of the NHS England initiative. The Programme is aimed specifically at patients with a high risk of developing diabetes. It uses a behaviour change approach which is strongly evidenced for its effectiveness at supporting people to maintain a healthy weight and be more active, which can significantly reduce the risk of developing diabetes.

The programme has been implemented across all practices with 5,090 patients being referred across Staffordshire and Stoke-on-Trent of which 1,332 were in Stafford and its surrounding areas.

Type 2 diabetes education bus

Diabetes costs the NHS £8.8 billion every year to treat yet can be avoided through healthier lifestyle choices. With this is mind, the CCG partnered with other NHS

providers to help local people reduce their risk of Type 2 diabetes or to manage their diabetes better.

In March 2020 a 'Type 2 diabetes education bus was situated at nine different supermarket sites across the county. Members of the public were encouraged to get on board to find out more about:

- Free DESMOND structured education
- Diabetes foot care information
- Local physical activities available
- Dietary information
- Diabetes UK support
- Local peer support groups
- Diabetes Prevention Programme.

Difficult Decisions engagement to prioritise and align clinical policies

Altogether the six CCGs commission more than 800 different services and treatments, but availability of these varies across the area. Together they have been spending around £2 million more per week than they receive, and that means some difficult decisions now need to be made.

In January, February and March 2020 people were asked for their experiences of five different services/treatments. The CCGs wanted to understand the real impact these treatments have on people's lives before deciding how they should be provided in the future.

These five areas are:

- Assisted Conception
- Hearing loss in adults
- Removal of excess skin following significant weight loss
- Breast augmentation and reconstruction
- Male and female sterilisation.

During the engagement period the CCG hosted an online survey, printed surveys and an Easy Read version of the public document to capture these experiences. The CCG were also asked to attend two groups who were deaf, hard of hearing, deafened or deafblind to offer them an opportunity to share their views in a more preferred format.

In addition, the CCG held a series of interactive workshops across the county and city to give people the chance to be a commissioner and prioritise a set of example services. This exercise allowed the CCGs to understand what factors people felt were more important when making difficult decisions.

Results of the survey and feedback from the events is being independently analysed and will be shared by the summer 2020. In 2020/21 the CCGs will create a short list of viable options and launch a formal consultation in autumn 2020.

Anticoagulation service review

Anticoagulation services are provided in a primary care setting or in the acute hospitals. Anticoagulation medication helps prevent blood clots which can lead to serious conditions such as stroke and heart attack. Anticoagulants work by interrupting the process involved in the formation of blood clots and they can sometimes be called "blood-thinning" medicines. The most commonly prescribed anticoagulant medications include:

- Warfarin
- Rivaroxaban
- Dabigatran (Pradaxa)
- Apixaban (Eliquis)
- Edoxaban (Lixiana).

The CCG undertook an engagement activity from July to October 2019, to gather the views of service users who are prescribed anticoagulant medicines to understand their expectations and to find out what is important to them when accessing anticoagulation services.

A survey was available to download, print and complete online which closed to the public in October 2019. This feedback was collated and analysed by the CCGs to identify key themes and areas of improvement.

By evaluating the results of participation through public and patient involvement, as well as partnering with NHS providers and social media support groups, the CCG can learn lessons for the future and continuously improve performance. In the summary of findings document the public can review this project to understand more about what patients said, and what the CCG did as a result of that feedback.

Suicide prevention programme

The CCG is an active member of the Staffordshire and Stoke-on-Trent Suicide Prevention Strategy, which has included the development of a suicide-prevention action plan for the area.

A joint bid by Staffordshire County Council and Stoke-on-Trent City Council won £300,000 for 2019/20 from the three-year national initiative. The county's suicide prevention programme is hosted by Together We're Better (TWB), a partnership of NHS and local government organisations, working alongside Healthwatch and voluntary and community sector groups across Staffordshire and Stoke-on-Trent.

The programme targets middle-aged men, and people who self-harm, through a range of initiatives. It will introduce a service to increase support for people attending hospital for deliberate self-harm who are at high risk of suicide, as well as training for staff working primary care settings like GP surgeries and pharmacies.

In addition, the programme is actively working with communities and experts by experience to encourage help-seeking and intervention where someone may be at risk. Training for workplaces, and to support early intervention in communities, is also offered.

Improving maternity and newborn services

Together We're Better (TWB), the health and care partnership for Staffordshire and Stoke-on-Trent, ran a series of listening events, feedback sessions and roadshows as part of a 12-week public conversation during the summer of 2019, seeking views on health and care services locally.

Working alongside the CCGs, Healthwatch and voluntary and community sector groups, TWB sought to understand what is working well, what should be improved and what is important to local people when it comes to health and care. Roadshows were held across Staffordshire and Stoke-on-Trent in busy public areas, such as shopping centres, supermarkets, leisure centres and libraries. An online survey was available, and an Easy Read version was also made accessible online.

Members of the public were invited to share their views on the challenges currently facing the system, including:

- Difficulties accessing perinatal services, which is particularly important for mothers under 18 years of age
- Non-continuity of carers during pregnancy, birth and beyond having a detrimental effect on the health of mothers and babies
- Unsustainable use of Midwife-led units, which are an appropriate setting for low-risk births but are currently under-utilised.

The public and patient views will not only help in developing the future service proposals, but also informed the local Five Year Strategic Plan that was published in Autumn 2019 and outline the local response to the priorities set down in the national NHS Long Term Plan.

GP Out of Hours and NHS 111 review

In June and July 2019, the six CCGs reviewed the current GP Out of Hours and NHS 111 services. This was in line with the plans set out in the NHS Five Year Forward View to have a fully functional integrated service for urgent care, which features a new clinical advice function. This meant bringing together NHS 111 call-handling functions with former GP Out of Hours (GP OOH) services to deliver integrated 24/7 urgent care access, clinical advice and treatment service. This is the starting point to revolutionise the way in which urgent care services are provided and accessed.

The views of service users, their families and carers were gathered via an online survey and this feedback helped the CCGs to understand what's working well with the current service and how it could be further improved.

Feedback received from service users and healthcare professionals supported the drive for integrated 24/7 urgent care access. The majority of respondents were in favour of one point of access to seek advice about primary care needs although it

was recognised that some users were unaware of NHS111 highlighting the need for increased promotion of the service.

In the summary of findings document the public can review this project to understand more about what patients said, and what the CCG did as a result of that feedback.

Planned care services

Both locally and nationally demand for planned NHS operations and treatments (planned care) has increased by 14% over the past four years and is expected to continue to rise and they face some key challenges:

- People are waiting longer for referrals from their GP into some services
- High numbers of planned operations are cancelled, causing disruption and frustration for patients
- High numbers of emergency admissions can impact on planned operations
- Recruiting and retaining the right consultants, nurses and professionals to give timely access to services.

The CCG worked in partnership with Together We're Better (TWB), the health and care partnership for Staffordshire and Stoke-on-Trent, to encourage members of the public to make their voice count through a 12-week public conversation. These views would then help system partners to identify the opportunities to improve care for patients when having a planned operation or appointment.

The summary of findings report can be found on the TWB website, alongside other supporting documents such as the Case for Change, Easy Read PDFs and other findings reports: https://www.twbstaffsandstoke.org.uk/get-involved/health-and-care/documents

Prescribing Gluten-Free products in south Staffordshire

From June 2018 to July 2019, Cannock Chase, East Staffordshire, South East Staffordshire and Seisdon Peninsula and Stafford and Surrounds Clinical Commissioning Groups (CCGs) prescribed 16,023 prescriptions for gluten-free foods at a cost of more than a quarter of a million pounds. The prescription of gluten-free (GF) products is not a cure for coeliac disease, nor does it treat the symptoms and the current prescribing guidelines with south Staffordshire supports the standardisation of prescribing of gluten-free foods in primary care and applies to people with coeliac disease requiring only gluten-free foods.

The CCG sought the views of the public about proposals to remove GF products for adults from our prescribing policy, which could potentially lead to a reduction in patients receiving gluten-free products on prescription by around 85%.

A five-week public engagement period began in January 2020 and closed in February 2020, during which the CCG partnered with Coeliac UK. An online survey was available on the CCGs website and social media was utilised in order to gather feedback from service users, their family members and carers. The findings will be

analysed before being presented to the CCGs' Governing Bodies later in the Summer of 2020.

Shaping Autism Services in southern Staffordshire

The CCGs in Cannock Chase, East Staffordshire, South East Staffordshire and Seisdon Peninsula and Stafford and Surrounds engaged with the public to shape the future service contract for Autism Spectrum Condition (ASC) services in southern Staffordshire. This was to ensure that with the new contract patients and their families receive the right, high quality services that they need and to learn from the patient's experience of the current services.

The feedback on what is important to patients, their parents and families and what support would help them and their child to live well with autism was key and made a difference to the future service in southern Staffordshire. The online survey was available from May to July 2019 and we also held a series of listening events to hear from users of existing services, including engagement events in Rugeley, Stafford, Perton, Tamworth, Burton and Uttoxeter.

By evaluating the results of participation through public and patient involvement, the CCG can learn lessons for the future and continuously improve performance. In the online summary of findings document the public can review this project to understand more about what patients said, and the 'You Said We Did' document summarises what the CCG did as a result of that feedback.

Community Ear, Nose and Throat Services

In the summer of 2019 Cannock Chase, and Stafford and Surrounds Clinical Commissioning Groups (CCGs) gather the views of patients to understand the expectations from existing services and to find out what is important to you when using community Ear, Nose and Throat (ENT) Services.

The CCGs were particularly interested to learn from patients and their family and carers with experience of this service and valued their views and opinions to help to shape future provision. An online survey was available throughout June and July 2019, as well as a printed copy to complete.

The results were collated and analysed into a findings report, which were shared on the CCG website. A number of improvements were noted from the engagement and actions to address these are being considered to take place during 2020/21.

Primary care developments

Delegated commissioning

The CCG has been the delegated commissioner of primary care (general practice) since April 2017. The overall aim of delegated commissioning is to harness the energy of Clinical Commissioners to create a joined up, clinically-led commissioning system which delivers seamless, integrated out-of-hospital services based around the needs of local populations. It also provides a greater opportunity to develop sustainable primary care services tailored to meeting local needs.

Primary Care Commissioning Committees (PCCC) are in place which makes decisions about Primary Care Commissioning and contracting. The PCCC is chaired by a lay member and is supported by contract experts and clinicians. The papers are forward-focused on primary care transformation along with broader primary care strategic issues. Primary Care Committees are held monthly and in a public setting.

Primary Care Networks (PCNs)

Since the NHS was created in 1948, the population has grown, and people are living longer. Many people are living with long term conditions (some living with multiple) such as diabetes and heart disease or suffer with mental health issues and may need to access their local health services more often.

In response to this, the NHS as part of the Long Term Plan developed some changes to the national GP contract based on successful vanguard sites across the country.

The intention of the introduction of Primary Care Networks (PCNs) is to build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. Clinicians describe this as a change from reactively providing appointments to proactively care for the people and communities that they serve.

PCNs are based on general practice registered lists, typically serving natural communities of around 30,000 to 50,000 patients. They should be small enough to provide the personal care valued by both patients and healthcare professionals, but large enough to have impact and economies of scale through better collaboration between general practices and others in the local health and social care system, including community pharmacies. Where they are larger than 50,000 neighbourhood areas have been formed to ensure the provision of services is specific to the community.

The PCNs will be developing expanded neighbourhood teams which will comprise a range of staff such as GPs, clinical pharmacists, district nurses, community geriatricians, dementia workers and Allied Health Professionals such as physiotherapists and podiatrists/chiropodists, joined by social care and the voluntary sector.

PCN delivery progress to date across the Staffordshire and Stoke-on-Trent STP is as follows:

- The establishment of 26 PCNs, covering all 150 practices with 100% population coverage
- Our PCNs are broken down as follows:
    - Six PCNs in North Staffordshire CCG
    - Seven PCNs in Stoke-on-Trent CCG
    - Four PCNs in Stafford and Surrounds CCG
    - Four PCNs in Cannock Chase CCG

    - Four PCNs in SESSP CCG
    - One PCN in East Staffordshire CCG
- Each PCN has appointed a Clinical Director. These new roles will provide leadership to shape the way forward for communities and ensure there is true joined up working across the PCN. All of the Clinical Directors are local GPs. They will be taking an active role as the local health and social economy moves towards even closer integration.
- PCN agreements are in place, which outline the agreed ways of working between practices within a PCN and also how they will work with other health and social care partners to deliver quality healthcare for their communities.
- PCNs are delivering extended hours of 30 minutes per 1,000 population per week which is providing patients with greater access outside of general practice core hours.
    - A framework has been developed for PCN organisational development with funding allocated to the following areas which have been agreed nationally:
    - Leadership training and development
    - PCN set up and to support collaborative working
    - Help to determine social need and how to support community based interventions
    - Support for PCNs on how to interpret information/data and understand the health needs of their communities
- Our PCNs are currently developing their plans.
- A Clinical Director forum has been established to share best practice, learning and provide overall leadership support

Additional workforce in primary care

The Additional Roles Reimbursement Scheme (ARRS) allows PCNs to access funding to support recruitment of new roles to work in primary care and to grow capacity as part of a multi-disciplinary team. The roles have been selected due to the strong evidence of practice demand and that they have the ability to perform tasks that can ultimately reduce GP workload allowing them to focus support in the right areas of their communities and improve outcomes for patients.

Two new roles were introduced in 2019/20 - Clinical Pharmacists and a Social Prescribing Link Workers. Further roles are also being introduced over the next two years including physiotherapists, occupational therapists and mental health workers and a number of recruitment plans are already in place within PCNs with further ongoing support over the coming year.

- 14 social prescribing link workers have been recruited
- 6 clinical pharmacists have been recruited.

In Staffordshire and Stoke-on-Trent, many PCNs have been working in partnership with the voluntary sector for the recruitment of the social prescribing link workers.

GP Forward View (GPFV)

We continue to build on progress made on areas of the GPFV as part of the primary care work programme aligning with CCG delivery and operational plans and priorities as well as the Staffordshire and Stoke-on-Trent STP.

GP Resilience Programme

The GP Resilience Programme was launched by NHS England in 2016 as part of the GP Forward View. The purpose of the fund is to deliver a wide menu of support that will help practices to become more sustainable and resilient; better placed to tackle the challenges they face now and into the future; and securing continuing high-quality care for patients.

This year's resilience funding has been utilised by Primary Care Networks to undertake their own development sessions. These have aided conversations to take place between Practices within PCNs in working together to support resilience covering change management, improvement support, exploring new ways of working and how they will ultimately collaborate with other health and social care providers to support their communities. A proportion of the funding has also been used to deliver a number of CQC training events for general practice attended by over 120 staff. A small proportion of funding has been utilised for emergency planning for IT systems.

Primary care workforce

The primary care workforce is under significant pressure in terms of the lack of numbers of GP graduates entering the profession and the ability to recruit and retain. Therefore, having a sustainable workforce model is key for primary care delivery in the future.

Our vision for workforce is

> *"To develop a sustainable general practice workforce for today and the future, which will form the foundation to enable the delivery of the future new models of integrated, collaborative care".*

A workforce plan has been developed across the Staffordshire and Stoke-on-Trent STP to assess the current workforce baseline the proposed new models of care and the actions needed, to ensure that there is a sustainable workforce in Staffordshire and Stoke-on-Trent in the future. The new roles to general practice will also support the primary care workforce to expand in the future.

In order to increase retention and recruitment to support a sustainable workforce the following actions have been undertaken:

- The six CCGs are maximising opportunities in terms of flexible / mobile working, interoperability and portfolio careers. These are all seen to be important areas to build on to ensure that the STP is seen as a vibrant and attractive place to work

- Workforce Planning and programmes undertaken with Health Education England
- All practices have been activated on the new National Workforce Reporting System to improve reporting and to allow the system to have a greater understanding of the local workforce needs
- The CCGs are committed to retaining GP workforce and this year have supported 12 GPs via the national GP retention scheme which is a package of financial and educational support to help doctors who might otherwise leave the profession, to remain in clinical practice.

Further recruitment and retention activities are underway supporting the GP and nursing workforce.

General Practice Nurse (GPN) ten-point plan

The CCG is committed to supporting the general practice nursing workforce through the roles of nurse facilitators. The nurse facilitators are pivotal in developing, educating and supporting the expansion of the general practice nursing workforce and acts as a link between the nurses and the CCG. A rolling training and education programme has been established, with input and suggestions from practices informing relevant topic areas.

In the last 12 months there has been a collaborative approach to the delivery of the GPN ten-point plan across Staffordshire and Stoke-on-Trent. The nurse facilitators have been supporting the development of General Practice Nurses and Health Care Support Workers (HCSWs).

Some of the actions undertaken have included:

- Nurse facilitators are working to a standardised approach across the six CCGs
- GPN 10 point plan actions are being communicated via a shared GPN/HCA newsletter
- HCSW education plan implemented
- GPN education plan implemented for delivery including long term condition management as well as evidence based annual updates
- Two bespoke leadership workshops were delivered in June and September 2019. One aimed at HCSWs and General Practice Nurses with no leadership experience focusing on finding your voice. The second aimed at equipping nurse leaders to create useful actions and put them into practice.
- A collaborative working plan was undertaken to place Trainee Nurse Associates in Primary Care in 2019/20
- The GPN Single Point - A portal for Primary Care Nursing staff has been introduced, the Nursing and Midwifery Council (NMC) also have a General Practice Nursing Forum
- Each of the STPs has been visiting Universities to advertise student nurse placements in primary care. The recent changes to the NMC standards for supervisors mean that all NMC registered nurses, midwives and nursing

associates can supervise students, making it easier for practices to engage with student nurse placements.

Developing practice managers

Practice managers are an integral role within GP practices and the CCG is committed to supporting their learning and development.

The CCG received practice manager development funding this year which supported two events relating to 'working at scale'. Across the six CCGs, these events were attended by 84 practice managers/ assistant practice managers.

Evaluations have reported that managers found it useful to learn new ways of working by collaborating with peers and linked well with the impending introduction of PCNs and how they could prepare for this.

Training and education

Protected learning time (PLT)

Protected learning time (PLTs) is supported in the CCG. This is an excellent opportunity for clinicians to participate in relevant clinical education linked to national and system priorities. These sessions are (on the whole) led by local GPs, consultants and teams and allow the time to network and build relationships between primary care secondary care colleagues.

Topics for this year (which are varied across each individual CCG) included child safeguarding, infection control, cancer and mental health.

Primary Care Workload

Ten high impact actions

As part of the GPFV, ten high impact actions were nationally identified to improve ways of working to help to manage the rising workload in general practice releasing time to care.

Active Signposting

Active signposting is continuing to be rolled out to practices and provides patients with a first point of contact, directing them to the most appropriate source of help. This can be within the practice, such as appointments with advanced nurse practitioners, or directing patients to for example pharmacy services where appropriate. Active signposting supports creating capacity within general practice to save GP time.

The majority of Stafford, Cannock and Burton localities have received training and implemented the signposting process into their practices with refresher training planned. Lichfield, Tamworth and Seisdon localities are planning training during 2020. The Primary Care Team within southern Staffordshire will provide practices with support following the training to implement active signposting and continue to

support those practices signposting already, to further develop the process which will provide a better service for patients.

Workflow Optimisation

GP practices are receiving ongoing training and support to undertake Workflow Optimisation Training.

Workflow optimisation looks at how to manage clinical correspondence differently through the utilisation of administration staff to safely redirect correspondence from GPs. This change of practice allows for a more effective same-day turnaround for clinical correspondence review, effective governance protocols and audits to support workflow optimisation to be embedded safely in to practice systems and processes have been developed - in turn freeing up clinical capacity for patient care. Some items of correspondence will still require GP review. However, many other items can be dealt with by administrators and other non-clinical members of the GP practice workforce.

Participating practices across Staffordshire and Stoke-on-Trent have embraced the new way of working. A survey undertaken by the CCGs this year reported that 91% of GPs would recommend workflow optimisation to other GPs and that the difference made in general practice is very positive. Feedback from practice managers is also positive, with 72% reporting that the impact made in practice is very good or good. Workflow optimisation is reported to save one to five hours per week in practice and one large practice in Staffordshire has reported that an impressive 25 hours per week is saved, freeing up clinical capacity. Feedback from one practice reported that:

> *"Whilst it has increased workload for the administration staff, it has allowed the GPs extra time to spend on their other tasks. Coding is now more consistent, and documents are always dealt with on the day they are received."*

The CCGs recognise the significant positive impact that workflow optimisation has made in Staffordshire for the majority of participating GP practices and work is taking place to build on the positive impact already made. In addition, the CCGs will be working closely with those practices identified as requiring additional support, who have not yet undertaken the training or have not fully embedded process, by arranging access to additional training and 'facilitating shared learning and best practice case studies.

Local improvement scheme outcomes

Over the last 12 months the CCG and its member practices have been working hard to improve a number of clinical outcomes through the various local improvement schemes in place. Examples include:

- **We continue to actively encourage participation in the flu campaign** to increase flu vaccination uptake - ensuring that our population is healthy and to prevent patients from attending hospital when this could have been prevented. We share good practice and monitor rates closely with our practices.

- We have improved the detection of patients with **Chronic Obstructive Pulmonary Disease (COPD)** - to ensure that these patients receive the management and treatment that they require and prevent exacerbation which accounts for unnecessary admissions to hospital
- **We have maintained optimum management of blood pressure for patients with diabetes** - which should have benefits for preventing vascular complications (such as strokes), which are more commonly experienced by people with diabetes
- **We have improved identification of patients for inclusion onto the Palliative Care register** - assessing their needs and preferences and proactively planning their care
- We have increased the number of **Learning Disability Annual Health Checks** ensuring that patients stay well by talking about health and finding problems early to enable those patients to access the right level of care that they need.

Quality monitoring, improvement and support

A primary care quality assurance schedule is in place across Staffordshire and Stoke-on-Trent which outlines the CCGs' approaches to quality and safety for primary care general practice including: an accountability structure, a robust process and consistent approach to the management, monitoring and improvement of quality.

A Primary Care Quality Groups is in place to provide assurance to the Primary Care Commissioning Committee of the quality of its membership practices and a dashboard of information is produced to support this process, which identifies where practices may require additional support or intervention.

The CQC inspection process is ongoing and practices have been rated accordingly. The majority of practices have been rated as good overall and as at the end of March, no practices are rated as inadequate. The CCGs, along with NHS England, work hard to support any practices who are rated less than good to develop action plans to improve their overall ratings.

The CCG continues to work with NHS England to share learning from inspections that have taken place locally to support future inspections.

The have been undertaking a quality visit programme with a supported data pack acting as a two-way conversation between the CCG and practices on areas where they are doing well and also areas for development.

Primary Care Infrastructure: Estates

The CCG is working with other public sector partners across Staffordshire under the One Public Estate Programme to ensure estates are optimised to help deliver a high-quality service to patients within the primary care setting. The CCG, as part of the pan-Staffordshire Local Estates Forum, aims to identify and progress all necessary schemes, ensuring that partners work together to maximise the use and efficiency of public sector estate. This includes working with local councils to identify the health

impacts of housing developments and ensuring adequate services are available for the increasing population.

GP improvement grants

The CCG received £600k from NHS England to support general practice making improvements to their current buildings.

The four southern and east CCGs approved 15 applications which have included:

- Upgrade to patients' toilets supporting compliance infection control standards
- Installation of lift to first floor to support Disability Discrimination Act (DDA) compliance improving patient accessibility within the building
- Upgrading consulting rooms to provide improved access and which will also support PCN additional roles so that they have rooms to work from.

Information Management and Technology (IM&T)

One Health and Care

One Health and Care is a confidential digital shared care record for people living in Staffordshire and Stoke-on-Trent and brings data together from the different organisations involved in health and social care. It allows doctors, nurses and other registered health and social care professionals directly involved in patient/client care to view relevant information in order to provide better and safer care.

The benefits to patients include:

- Reduce how often patients need to repeat their health and social care history to individuals involved in their care and support.
- Improve patient safety, the clinicians have up to date medications and allergy information direct from the GP system.
- Improve clinical decision making, the clinician can see recent visits and also any tests requested, and prescriptions issued.
- Improve clinical efficiency, by ensuring the clinical teams have appropriate and timely access to clinical information to inform patients' care.

The health and social care organisations within Staffordshire and Stoke-on-Trent have undertaken a fair processing campaign to inform the local population about the new One Health and Care confidential digital shared care record which will be going live early 2020.

The purpose of the fair processing campaign was:

- to make people aware of One Health and Care and what it does
- to help people understand how, why, where and when their data will be shared
- to inform people of how they can opt out if they do not want to be part of One Health and Care.

The campaign began in October 2019 with leaflets and posters distributed to over 350 organisations across Staffordshire and Stoke-on-Trent. A social media campaign ran throughout the period and where required face to face meetings took place. Local charity, voluntary and community organisations have supported throughout to help raise awareness of the One Health and Care confidential digital shared care record.

NHS app campaign

The NHS App will help our GP members to meet their targets for registering patients to GP online services as set out in the GP contract. The app is a new way for patients to access online services that are already available to them.

Benefits to patients include:

- 24-hour access from anywhere
- reduced time wasted trying to get through on the phone
- more control when booking appointments
- cancellations are easily carried out if needed
- repeat prescriptions can be easily ordered
- NHS login means in most cases patients don't have to come into the practice to get access
- when a patient chooses to call rather than using the app, phone lines and reception staff are more likely to be free
- access to information about their medications, conditions and treatments wherever no matter where.

All practices in Staffordshire and Stoke-on-Trent are now connected to the NHS App.

Commissioning the foundations from which to implement new models of care (Right care, Right place, Right time)

During 2019/20 a full review of enhanced services provided by primary care has been undertaken. A universal offer has been developed to ensure that patients have access to the same core services at their local GP practice, no matter where they live. This will be fully implemented during 2020/21 and will provide a solid foundation across general practice to support the development and transformation of the system to achieve better outcomes for patients, reduce reliance on hospital care and provide more services closer to home.

Following engagement with patients a new innovative model of care for patients with Severe Mental Illness (SMI) has been co-developed to ensure physical health checks are undertaken in a holistic environment with both a practice nurse and mental health nurse. This will ensure individuals living with SMI are offered appropriate or timely physical health assessments and ensure they are supported to use available health information and advice or to take up tests and interventions that reduce the risk of preventable health conditions, Roll out of this service started in January 2019 and will be fully implemented during 2020/21.

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 the achievement.

Member profiles

The Chair of Stafford and Surrounds CCG is Dr Paddy Hannigan.

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.

Member practices

Practice Name	Address	Post Code
Brewood Medical Practice	Kiddemore Green Road, Brewood, Stafford	ST19 9BQ
	Branch Surgeries: Coven Memorial Hall, Coven, Wolverhampton	WV9 5DL
	Leabank House, The Cobbles, Wheaton Aston, Stafford	ST19 9NB
Castlefields Surgery	Castle Way, Newport Road, Stafford	ST16 1BS
The Crown Surgery	23 High Street, Eccleshall, Stafford	ST21 6BW
Cumberland House Surgery	8 High Street, Stone	ST15 8AP
Gnosall Surgery	Gnosall Health Centre, Brookhouse Road, Gnosall, Stafford	ST20 0GP
Hazeldene House Surgery	Main Road, Great Haywood, Stafford	ST18 0SU
	Branch Surgery: Hixon Village Hall, Hixon, Staffordshire	ST18 0QF
Holmcroft Surgery	Holmcroft Road, Stafford	ST16 1JG

Mansion House Surgery	Abbey Street, Stone	ST15 8YE
Mill Bank Surgery	Water Street, Stafford	ST16 2AG
Penkridge Medical Practice	Pinfold Lane, Penkridge, Stafford	ST19 5AP
Rising Brook Surgery	Merrey Road, Rising Brook, Stafford	ST17 9LY
Stafford Health and Wellbeing Centre	Whitgreave Court, Stafford	ST16 3EB
Weeping Cross Health Centre	Bodmin Avenue, Weeping Cross, Stafford	ST17 0EG
	Branch Surgeries: Beaconside Health Centre, Weston Road, Stafford	ST18 0BF
	John Amery Drive Surgery, 14 John Amery Drive, Rising Brook, Stafford	ST17 9LZ
Wolverhampton Road Surgery	Wolverhampton Road, Stafford	ST17 4BS

Composition of the Governing Body

Voting	**Number**
Board Nurse/Secondary Care Consultant	2
GPs	3 plus 2 vacancies
Practice Manager	Vacancies x1
Officers	2
Lay Members – statutory	3
In attendance – non-voting	**Number**
LMC Representative	1
Officers	3

Title	**First name**	**Surname**	**Position**	**Date of joining the committee***	**Date of leaving the committee***
Dr	Paddy	Hannigan	Chair		

Mr	Marcus	Warnes	Accountable Officer		
Mr	Alistair	Mulvey	Chief Finance Officer		31 May 2019
Mr	Neil	Cook	Chief Finance Officer	1 June 2019	
Mrs	Heather	Johnstone	Director of Nursing and Quality		
Dr	Doug	Robertson	Secondary Care Consultant		
Dr	Kate	Millward	Clinical Leader		29 February 2020
Dr	Marianne	Holmes	Clinical Leader		29 February 2020
Dr	Manu	Agrawal	Clinical Leader		
Dr	Asif	Ahmed	Clinical Leader		
Vacancy			Practice Leader		
Mr	Neil	Chambers	Lay Member for Governance		
Mrs	Sue	Harper	Lay Member for PPI		31 December 2019
Mrs	Diana	Smith	Lay Member		

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

Governing body profiles can be viewed online:

https://www.staffordsurroundsccg.nhs.uk/about-us/our-governing-body/governing-body-members

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.)

Title	First name	Surname	Position	Date of joining the committee*	Date of leaving the committee*
CANNOCK CHASE CCG					
Mr	Neil	Chambers	Lay Member for Governance (Cannock Chase)		
Mr	Paul	Gallagher	Lay Member for PPI (CC) Lay Member for Quality (SESSP)		
Dr	Douglas	Robertson	Secondary Care Consultant		
EAST STAFFORDSHIRE CCG					
Mr	David	Harding	Lay Member for Governance (ES)		
Mr	Christopher	Ragg	Lay Member		28 February 2020
Mrs	Lynne	Smith	Lay Member		30 September 2019
Mrs	Anne	Heckels	Lay Member	1 February 2020	
NORTH STAFFORDSHIRE CCG					
Mr	Neil	McFadden	Lay Member for Governance		
Dr	Latif	Hussain	Non-Executive GP Board Member		
Dr	Douglas	Robertson	Secondary Care Member		
Mr	Mike	Edgley	Lay Member		9 June 2019
Mr	Tim	Bevington	Lay Member		
SOUTH EAST STAFFORDSHIRE AND SEISDON PENINSULA CCG					
Mrs	Anne	Heckels	Lay Member		
Mrs	Lynne	Smith	Lay Member		30 June 2019
Mr	Neil	Chambers	Lay Member	1 July 2019	
Mr	Paul	Gallagher	Lay Member for PPI and Quality		

Dr	Douglas	Robertson	Secondary Care Consultant
STAFFORD AND SURROUNDS CCG			
Mr	Neil	Chambers	Lay Member for Governance
Mrs	Diana	Smith	Lay Member
Dr	Douglas	Robertson	Secondary Care Consultant
STOKE-ON-TRENT CCG			
Mr	John	Howard	Lay Member for Governance
Mr	Tim	Bevington	Lay Member
Dr	Latif	Hussain	Non-Executive GP Board Member
Dr	Douglas	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 twice with the five other CCGs in Staffordshire and Stoke-on-Trent during 2019/20.

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 online:

https://www.staffordsurroundsccg.nhs.uk/about-us/our-ccg2/managing-conflicts-of-interest

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.staffordsurroundsccg.nhs.uk/news-events/publications/miscellaneous/our-ccg/502-modern-slavery-act-statement/file

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 Stafford and Surrounds 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 account
- prepare the accounts on a going concern basis.

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). Furthermore, as the CCG is in deficit, it has not complied with its financial duties under Section 223H to 223J 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 judgments required for determining that it is fair, balanced and understandable.

Marcus Warnes
Accountable Officer

18 September 2020

Governance Statement

Introduction and context

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

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

As at 1 April 2019, the CCG is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006. However, in July 2018 the CCG was placed in special measures for its financial 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, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my CCG Accountable Officer Appointment Letter.

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

Governance arrangements and effectiveness

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

This has been achieved by:

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.staffordsurroundsccg.nhs.uk/news-events/publications/miscellaneous/our-ccg/106-nhs-constitution-1

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.

The CCG Membership Board is made up from a clinician from each of the 14 practices in Stafford and Surrounds 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 (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
South West Divisional Committee

Joint arrangements with other CCGs

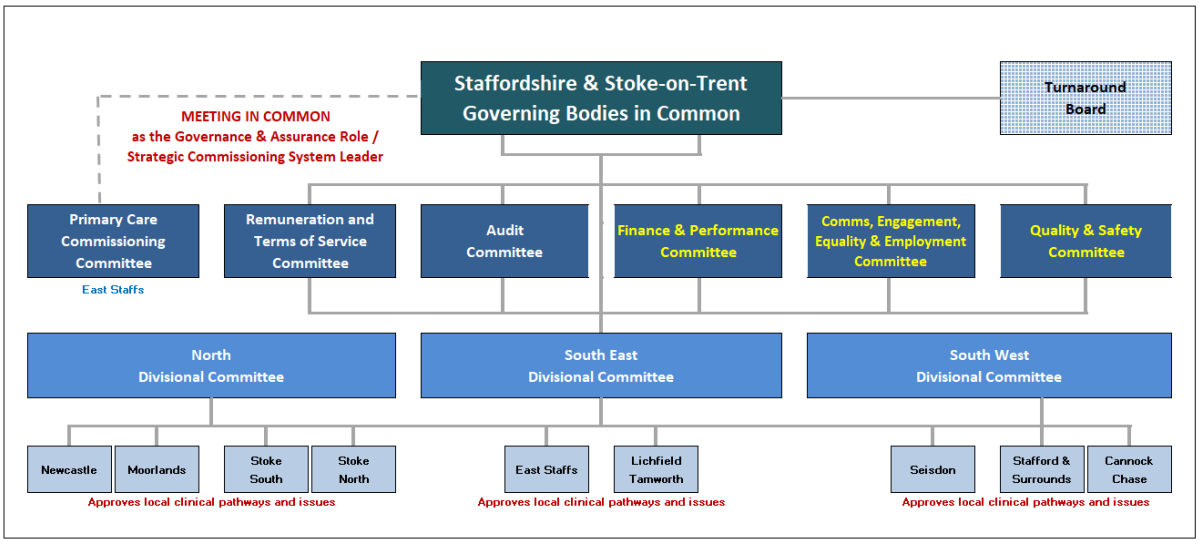
In December 2018, Stafford and Surrounds CCG indicated that they "wished to submit an expression of interest to explore the option of developing a single strategic commissioning organisation in April 2020."

However, following engagement events the CCG voted against becoming a single organisation with Stafford and Surrounds CCG out of the six CCGs supporting a single strategic commissioning organisation.

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

To reflect the closer working in the second half of the year there were changes in the governance arrangements.

As part of the development towards a strategic commissioning organisation, from September 2018 until March 2019 Stafford and Surrounds CCG held its Governing Body sub-committees in common or jointly with the other five CCGs in Staffordshire. The CCG will be making amendments to its Constitution to reflect this, as detailed in the chart below.



Meetings of the Governing Body

The CCG has a duty to demonstrate accountability to its key stakeholders. It achieved this by holding six Governing Body meetings in public which were all quorate, 12 in private and were all quorate and an Annual General Meeting held in public.

Two Extraordinary Governing Body Meetings took place, which were quorate.

Information about the committees

The Finance and Performance and the Quality and Safety Committee all have at least one clinician, executive and lay member as part of their membership. The Audit Committee, Remuneration and Terms of Service Committee, Communication,

Engagement, Equality and Employment Committee and the Primary Care Commissioning Committee membership consist 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 can be found on the CCG's website:

https://www.staffordsurroundsccg.nhs.uk/news-events/publications/our-ccg/106-nhs-constitution-1

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

Each committee meeting has a standing agenda item at the end of the meeting to review its effectiveness (against Terms of Reference, objectives for the meeting etc). A series of self-assessment questions are completed by all members present and noted within 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:

- Did we achieve what we set out to do linking back to the agenda?
- Was the information presented appropriate / easy to understand?
- Was the information received in a timely manner prior to the meeting?
- Do we need to inform any of our decisions / actions (sub-committees, staff, Regulator etc?)
- Do we need any more information / require a further progress report at a later date?
- Agreed actions captured in the minutes?
- Were there any risks raised in the meeting that should be captured in the risk register?

The CCG has now had seven years' experience of delivering its functions as a statutory organisation and a review of performance against key standards and domains designed by NHS England has been used 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:

- 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
- Delegation of powers to committees from the Governing Body to manage certain items: for example, policy approvals (Governing Body still formally ratifies these)
- Board observations have been carried out by our Internal Auditors
- Escalation and highlights report submitted for each subsequent Governing Body meeting, and the Chair raises any issues by exceptions.

An observation of the Governing Body's approach to managing risk was undertaken by our Internal Auditors PricewaterhouseCoopers (PwC). The risk observation formed part of the reports on the CCG's overall risk management arrangements and the recommendations were 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). Member practices have not called for a meeting of the Governing Body in 2019/20.

The names of all members present at Governing Body, the Membership Board and formally- constituted committee meetings in 2019/20 are routinely recorded in the minutes of these meetings. Attendance has been of a satisfactory level throughout 2019/20.

All papers for the meetings held in public can be found on the website:

https://www.staffordsurroundsccg.nhs.uk/about-us/our-governing-body/governing-body-papers

Where quoracy has not been maintained for meetings, the arrangements to mitigate this have been set out in the minutes.

All the meetings were quorate.

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:

The Stafford and Surrounds CCG **Membership Board** has met monthly throughout 2019/20 and were quorate.

The Membership Board focused on:

- Workforce
- Dementia Post Diagnostic Support Services
- Single Strategic Commissioning Organisation

- Together We're Better
- Enhanced care in Care Homes
- Quality, Innovation, Prevention and Productivity updates
- Integrated Urgent Care
- Area Prescribing
- IM&T
- Emotional Health and Wellbeing
- Finance report.

The **Audit Committee meetings in common** with East Staffordshire CCG, North Staffordshire CCG, South East Staffordshire and Seisdon Peninsula CCG, Cannock Chase CCG and Stoke-on-Trent CCG were held in April, May, September, December 2019 and the March 2020 planned meeting was cancelled due to COVID-19.

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 (including internal and external audit matters, compliance with the law, guidance and regulations pertinent to the NHS).

All meetings were quorate.

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 2019/20
- The ongoing review of fraud prevention including the summary reports from any investigations
- The Governance work programme
- 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
- The oversight of the Policy Group and the scrutiny of Governance Policies.
- Scrutiny of Single Tender Waivers.

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

Two **Remuneration Committee** meetings were held in common with Cannock Chase CCG, East Staffordshire CCG, North Staffordshire CCG, South East Staffordshire and Seisdon Peninsula CCG and Stoke-on-Trent CCG.

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, with the exception of the meeting held in June which was not quorate for North Staffordshire CCG and Stoke-on-Trent CCG.

The Committee dealt with:

- Accountable Officer Appraisal 2018/19 and 2019/20 Objectives
- Executive Directors' Appraisals 2018/19 and 2019/20 Objectives
- Deloitte Capacity and Capability Report
- Appointment of Interim Chief Finance Officer
- Voluntary Resignation and Termination of Contract for Chief Finance Officer.

The **Quality and Safety Committee** met ten times in 2019/20. The meetings were held in common with Cannock Chase CCG, East Staffordshire CCG, North Staffordshire CCG, South East Staffordshire and Seisdon Peninsula CCG, and Stoke-on-Trent CCG.

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 QIAs for QIPP schemes, research governance matters, the agreement of policies, receipt / management of clinical risk registers).

None of the meetings held were quorate and items requiring approval were circulated outside of the meeting.

The Committees focused on:

- Learning Disabilities
- Special Educational Needs and Disabilities
- Quality performance
- Identified quality risks.
- Maternity Transformation
- Safeguarding Children and Adults
- Domestic Abuse Policy

- Continuing Health Care.

The Committee also received reports on:

- Patient Safety
- Primary Care Quality
- Patient Engagement
- Complaints and Soft Intelligence
- Medicines Optimisation
- Serious Incidents
- QIA sub-group.

The **Finance and Performance Committee** have met 11 times.

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 Committees were reviewing their Terms of Reference in May and June and quoracy arrangements were not formally established then, so quoracy arrangements could not be ascertained without these being agreed. The meetings held in July and August 2019 and March 2020 were not quorate and items requiring approval were circulated outside of the meeting.

The discussion of meetings focused on:

- The financial performance of the CCG throughout the year
- Development of the Five-Year Plan
- The CCG progress against its Quality Innovation Productivity and Prevention targets
- Risk management
- 2019/20 Budget
- Performance Updates
- Financial Framework for a Single Strategic Commissioning organisation.

As noted in the Performance Report sub-sections on NHS Oversight Framework (NHSOF) and NHS Constitutional Standards, a number of system provider and commissioner failures occurred this year in the delivery of Key Performance Indicators 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 F&P Committee will continue to monitor these plans throughout 2020/21, and through the receipt of enhanced performance reports, will seek to be assured that the necessary improvements in performance are being made in each individual performance area.

The **Primary Care Commissioning Committee** met eight times.

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 held in July 2019 and January 2020 were not quorate items requiring approval were circulated after the meeting.

The meetings have focused on:

- 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 Board Assurance Framework.

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

The **Communications, Engagement, Equality and Employment Committee** has met nine times. The meeting in December 2019 was not quorate and the decisions were sent to the voting member for approval.

The Committee's role is to support strategic commissioning by feeding in local views. It also provides a vehicle for PPI Lay Members from the six CCGs from Staffordshire and Stoke-on-Trent 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 OD Plan to develop and empower Governing Bodies, 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 upon:

- Risk Register
- OD Plan

- Workforce
- Membership engagement
- Comms and engagement
- Together We're Better
- Staff engagement
- Health and safety
- Training
- Long Term Plan
- Organisational development, STP and network updates
- Monitoring the delivery of the HR/OD Plan
- Equalities.

The **South West Divisional Committee** met ten times during 2019/20 with the last meeting of the committee having been in March 2020. The committee has now been stood down.

The Committee operates with representation from CCGs and their memberships to jointly plan locally relevant, transactional implementation items aligned to the Commissioning Plans for their area. The Committee has responsibility for transacting agreed deliverables established by the Joint Strategic Commissioning Committee and taking local ownership of implementing these.

All meetings were quorate.

The Committee focused on:

- Finance Report and QIPP Board update
- Performance Reporting; Pan Staffs Performance, Performance Escalation and SW Division Escalation Report.
- 20/21 Contract Performance Update
- Quality Report update following on from QSCC
- Monthly CMET Reports and RTT Recovery Plans but these were taken off the agenda late last year.
- Planning and operational work plan items that vary monthly. Highlights included: Ophthalmology, Autism, Midlands Psychology, Frailty, Dermatology, Enhancing Health in Care Homes, PC Anticoagulation, Spirometry, Headache Services, Integrated MSK Procurement, Dementia, Stroke ESD, commissioning intentions, Carers Strategy, Richmond Fellowship, Health Harmonie.

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

Arrangements have been put in place by the CCG and developed with extensive expert external legal input, to ensure compliance with the all relevant legislation. That legal advice also informed the matters reserved for Membership Body and Governing Body decision and the scheme of delegation.

In light of recommendations of the 1983 Harris Review, the 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

Following on from the 2019/20 Internal Audit report into risk management and the Board Assurance Framework a considerable amount of work has been carried out to improve these documents, support by our internal auditors, PwC.

During 2019/20, the CCG has focused on training all staff on the use of the Datix reporting system for logging and monitoring all risks. Risks have now been aligned across the six Staffordshire and Stoke-on-Trent CCGs.

Directorate (operational) Risk Registers feed into the Corporate Risk Register where identified risks score over 15. All risks on the Risk Register were aligned within the review to support the BAF, aligned whilst retaining risks which are local to the area.

Key elements of the new, joint Risk Strategy define the way in which risk (or changes in risk) are identified, evaluated, and controlled across the CCGs to:

- Help staff to prevent or deter risk wherever possible by being aware of risks / issues associated with their role and in taking reasonable measures to minimise these. Where not, to initiate action to stop any practice considered to be unsafe (especially including fraud risk), regardless of seniority / profession of the person undertaking the practice. This enables them and their Directorate to manage operational activities and consider risks potentially arising from these that either directly or indirectly link to strategic objectives; thereby helping them to manage "day job" issues effectively to prevent those becoming formally identified risks.

- Where such issues cannot be mitigated as “business as usual”, the risk is recorded, and steps put in place by the nominated Risk Owner to manage all current risks identified.
- A series of control mechanisms work to support and analyse risk. Risk description (assessment), scoring, evaluation and treatment matters are determined by the Risk Owner – involving the Governance Team if required – and then formal risk monitoring and reporting undertaken through the Risk Group and CCG Committee process described later on in this section.
- Risk appetite is determined as part of the risk treatment process – a range of interventions are included within the Risk Strategy to determine whether any risk is Avoided (by not undertaking the activity introducing the risk); Reduced (by implementing the identified mitigating actions to minimise the risk to acceptable levels); Transferred (where feasible to do so); or Accepted then Closed (by making an informed decision that the risk rating is at an acceptable level or that the cost of the risk treatment outweighs the benefit).

In this way we actively support our “Risk Culture” to ensure that risk management is fully embedded in the CCG’s core business activity (including inter-linked 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. The BAF was updated in June 2019 to ensure the Governing Bodies are alerted to risks that 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 is now being embedded into the work of all of the Governing Body sub-committees.

The Internal Risk Audit Report carried out by PwC notes the work that is being undertaken to implementing a single risk management system across all six CCGs, including:

- A Risk Management Strategy, policy and procedures
- A Risk Register for all six CCGs, with risks for individual CCGs where relevant
- A BAF, tailored for individual CCGs where appropriate

Risk Management training has been delivered by our Internal Auditors to our Executive Management Team and Governing Bodies. The Risk Group meets monthly and reports into the Audit Committee as a sub-group. The membership of the Risk Group comprises of all Executive Directors, or their deputies. The Governance Manager supports the Risk Group and the management of the BAF and Risk Register and will support the Governing Body and its Committees in risk management. Directors are held to account for their risks through the Group. The Group’s purpose is to develop and embed the risk culture as proposed by the Risk Strategy for the CCGs in Staffordshire and Stoke-on-Trent, ensure that the Risk

Register is clear, up to date and there is a consistent application of the scoring matrix. The Risk Group also helps ensure consistency of approach and provides challenge to risk owners that they are taking sufficient and appropriate action.

All CCG staff are expected to risk assess their areas of work and to discuss these with their line managers and Executive Directors. These discussions will determine the actual risk and how this can be managed.

The CCG encourages involvement from public stakeholders in managing risk through the BAF and Risk Register as it is on the agenda for the Governing Bodies held in public and by publishing it on the CCG's website in the meeting papers. This document is discussed in Governing Body meetings, thereby presenting an opportunity for public stakeholders to engage in the CCG's risk management.

Assessment and review of the Directorate and Corporate Risk Registers is undertaken by the relevant lead committee, as indicated on the risk register. The relevant risks are assigned to the relevant committee – e.g. Quality and Safety Committee is responsible for clinical risk; the Divisional Committees are responsible for tactical clinical or non-clinical risks pertinent to their area. The Audit Committee and Governing Body receive regular updates of the Corporate Risk Register, covering all risks scoring over 15, in undertaking their strategic oversight roles.

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 PwC Audit reviews of the Corporate Governance and Risk Management processes and a more focused piece on Risk Management has resulting in the following findings:

Corporate Governance and Risk Management

PwC's report includes one medium risk finding which relate to all of the Staffordshire and Stoke-on-Trent CCGs:

- The BAF supporting worksheets identify 'Gaps in control' and 'Gaps in assurance' for each Strategic Objective. Other columns record the 'Action to address the gaps in control' and 'Action to address the gaps in assurance'
- For five Strategic Objectives recorded that there are no identified 'Gaps in control' or 'Gap in assurance'. However, the fields of 'Action to address the gaps in control' or 'Actions to address the gaps in control' were documented with actions
- This inconsistency suggests that there are gaps in control or gaps in assurance that need to be documented.

They also identified two low risk findings which relate to all the Staffordshire and Stoke-on-Trent CCGs:

- Meetings require considerable time commitment from members, in reading papers and in attendance at meetings, and this time needs to be focused on agreeing and progressing the strategy and making decisions. Papers need to be clear as to what is expected of members when they review papers

- Extracts of the BAF are being shared at Divisional Committee meetings to be noted and to frame discussion.

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 Board Assurance Framework and the encompassing Risk Register for risks scoring 15+. Executive Directors are responsible for risks within their designated remit of work.

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 Board Assurance Framework, 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 all risks are identified, managed and mitigated for their work streams and that the Risk Owner effectively carries out their duties. The attribution of risks will be aligned with the program portfolios, where possible and Executive Directors will attend the Risk Group to provide updates when required.

Risk Owners

The Risk Owners will ensure that their risks are continuously managed, and the Risk Register is updated on at least a monthly basis or as deemed appropriate for the risk and approval by their Executive Director.

The Directors are:

Executive Leads	Area of Work
Director of Finance	Finance, Governance and SIRO
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 consultation
Director of Strategic Commissioning and Operations	Commissioning and Operations, including the work of Integrated Care and Urgent Care

Risk Assessment

During 2019/20, work commenced on the strategic risks for the Board Assurance Framework across the six CCGs from Staffordshire and Stoke-on-Trent and is integral to the CCG's Risk Management Procedures. To ensure further scrutiny the formal committees of the Governing Body receive a copy of their Risk Register (scoring 15+) at their bi-monthly meetings held in public.

The CCG can declare that it is currently managing 13 strategic risks on the Risk Register scoring 15+ and which will be carried forward into 2020/21, which includes:

- Two risks scoring 25 (extreme)
- Five risks scoring 20 (extreme)
- Four risks scoring 16 (extreme)
- Two risks scoring 15 (extreme).

The Audit Committee and the Governing Body have oversight of these risks.

Details of the seven top extreme scoring risks are as follows:

	Risk Description	Actions to Mitigate
1.	**Insufficient Financial Resource**	1. The financial overspend for the 2019/20 financial year is forecasted in

	There is a risk the programme costs required to deliver the programme cannot be met by partner organisations within budget constraints, with the result that there is an insufficient budget to fully transform the outcomes for the service users and objectives of the programme are not achieved. It has now become apparent that the cost of community placement is exceeding the funding being received following the funding transfer arrangement. As a result, funding is not available to improve community services as previously planned. Consequently, risk of future admissions is not being reduced and as previously discussed, business as usual is rising and impact on team capacity.	the Month 10 position to be £4.6 million over budget. This is mitigated through the actions to review patients' care packages, the route to recovery finance paper and the financial management of all overspends. 2. The forecast outturn will be reviewed when setting the 2020/21 budget and the risk in 2020/21 will be limited to the transfer of new patients as such it is recommended that the risk is reduced to 15 and monitored against the revised 2019/20 forecast and 2020/21 budget.
2.	**Urgent Care Flow** Staffordshire Urgent Care system has been subject to extensive intervention in order to support the achievement of sustained flow and improved process which results in a zero tolerance to 12-hour trolley breaches and achievement of the 95% four hours wait target. Risk Community Service. OUTLINE RISK Non-achievement of the four-hour constitutional target. Potentially impact upon patient safety due to system pressure which results in extensive waits within ED.	1. Royal Stoke University Hospital (RSUH) and Burton acute site have been under increasing pressure which has resulted in both sites reporting 12-hour breaches during December. Winter escalation capacity has been opened within both acute sites. MPFT have also increased HF capacity to meet demand, additional beds within the community have also been introduced. 2. Weekly system leaders' calls in place with Burton, and daily calls for RSUH/County sites to agree next steps and actions.
3.	**DTOCS (Delayed Transfers of Care)** The CCGs are required to support the reduction of reportable delayed transfers of care across Staffordshire to 3.5% of the bed days spent within a hospital setting. This links with the BCF, High Impact Changes Model and the CCGs IAF Indicators. It is recognised that delays to discharge or transfers to the most appropriate setting for assessment and rehabilitation have an impact upon individual's	1. DTOCs remain above target for Staffordshire County Council footprint. Daily calls remain across all acute sites to support management of patient flow. Additional monies have been made available to increase Home First capacity which is expected to increase level of discharges particularly from the OOA hospital sites. 2. MPFT have increased capacity by 238 hours with plans to add a further 262 hours by the beginning of January.

	outcomes and the quality of their care experience. OUTLINE RISK The CCG will not be compliant with the national standard for DTOCS.	Additional Dementia care bed capacity has also been bought online within the South of Staffordshire. Weekly system leaders call in place for the OOAs to monitor and manage flow.
4.	**Failure to deliver the planned QIPP savings in 2019/20** If the £55.4 million of 2019/20 QIPP schemes are not delivered as planned, then the CCGs will not achieve their agreed planned deficit/breakeven positions resulting in loss of confidence from the regulators leading to greater scrutiny.	1. The Month 10 Finance Report was presented to the Finance and Performance Committee on 25 February 2020. This forecast a QIPP delivery total for 2019/20 of £34.2 million risk adjusted to £32.2 million therefore between 58% to 62% achievement of target. 2. The Month 8 Finance Report presented to the Finance and Performance Committee on 17 December 2019 had a forecast delivery total for QIPP for 2019/20 of £31.4 million risk adjusted to £29.7m therefore between 54% to 57% achievement of target.
5.	When clinical systems and network solutions are unavailable to practices it presents a risk to patient care and experience and to the wider system as patients' activity can move from GP practices to 111, out of hours, walk in services and A&E.	1. Interim solution has been gradually removed over two weeks during January with no impacts to primary care. No reports of issues outside of national service outages which are outside of Staffordshire and Stoke-on-Trent network. This removal was closely monitored by IM&T collaborative representatives. 2. There have been no local outages of our local infrastructure or HSCN connections. Now the interim solution is removed we are continuing to monitor stability and will do until 29 February 2020. It is suggested this score then be reduced to 9 in line with the target.
6.	**Delivery of PCBC timescales**	1. Following the period of Purdah the options appraisal process has recommenced. The Programme Board membership has been reviewed by the Programme SRO (Marcus Warnes) and now includes CEO representation from all partners across the system.

		2. The subgroups reporting to the Board meet on a regular basis, with representation from all partners.
7.	**Failure to identify and deliver QIPP savings in 2020/21** If the circa £60 million of in-year 2020/21 QIPP schemes are not identified and delivered as planned then the CCGs will not achieve their agreed planned deficit/breakeven positions resulting in loss of confidence from the regulators leading to greater scrutiny. Additional risk of double counts between QIPP schemes including systems risks referred to in risk 733 to be managed through the same mitigations and assurance process. NB: The £60 million QIPP is not sufficient to meet the Financial Improvement Trajectories required.	1. Controls and processes are in place that mitigates the risk of QIPP double counts between individual schemes and between CCG QIPP and System QIPP and will be assured through the CCG QIPP Board and at the STP System Governance Levels. During January and February, a number of QIPP workshops have been held for both the CCG QIPP and the system QIPP. 2. In terms of the CCG QIPP plans have been categorised as follows: • £1.0 million impact confirmed from the full year effects of 2019/20 schemes which were implemented part year • £11.3 million of fully assured QIPP schemes • £7.0 million of QIPP projects in development • £17.1 million of schemes at an initial scoping stage. This leaves an unidentified CCG QIPP total of £10.45 million.

The extreme risks listed above, and the high scoring risks can be found within the Governing Body papers on the CCG's website:

https://www.staffordsurroundsccg.nhs.uk/about-us/our-governing-body/governing-body-meetings

The CCG also holds an operational Risk Register and can declare there are currently 46 risks being monitored and will be carried forward into 2020/21. The current risks include:

- 14 risks scoring 15 (extreme) and above, requiring oversight of the Audit Committee and Governing Body
- 16 risks scoring 12 (high), requiring oversight of the Audit Committee
- 16 risks scoring between 10 and 2 (low to moderate), requiring oversight by the appropriate committee.

Whilst risks are managed by the Risk Owner and with oversight by their Executive Director and presented to Governing Body and the appropriate committee for assurance, there is further scrutiny by the Risk Group. The Risk Group, which has Director or Deputy Director level representation from all directorates, seeks to identify and share both positive and negative outcomes that have been achieved to ensure the organisation learns from these events.

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 Board Assurance Framework and review of the Risk Register are included within the Governing Body and Audit Committee Cycle of Business, as appropriate.

The Board Assurance Framework will be refreshed to develop the objectives in 2020/21. This will take place in May 2020.

Assessment of CCG effectiveness

As part of the Organisational Development (OD) plan, the CCG undertook an internal capacity and capability review for each of its directorates. This helped identify priority development needs on the journey to becoming strategic commissioners.

The Governing Body, along with the other five CCGs in Staffordshire and Stoke-on-Trent, hold their meetings as ‘meetings in common’ (and all sub committees), focusing on strategic, organisational development and other matters.

All members of the Governing Body are subject to a performance appraisal process with objectives being set for the year. The Remuneration and Terms of Service Committee has the oversight of the performance appraisal cycle with respect to senior staff – this being defined as those staff that 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 their Terms of Reference:

- All Governing Body and committee members abide by the Nolan Principles
- Quoracy and Conflicts of Interest recorded at/throughout each meeting
- Draft minutes of preceding meetings are approved at each subsequent meeting

- Committee Chair Reports presented to Governing Body on the business conducted by the committee, if not covered by another paper i.e. 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
- Governing Body self–assessment process, all committees are encouraged to undertake a self-assessment as part of their annual business cycle.

Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest for CCGs (revised publication 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

Stafford and Surrounds CCG has aligned the Conflicts of Interest Policy across the six CCGs in Staffordshire and Stoke-on-Trent. They have also reviewed and aligned the templates used to collate the declarations from its staff and membership. The CCG is required to submit quarterly returns to NHS England confirming its compliance with the statutory guidance. The CCG publishes its registers of interest on its website and requests conflict of interest returns on an annual basis as per the statutory guidance.

Our Internal Auditors, PwC, carried out their annual internal audit of conflicts of interest on behalf of the CCG in quarter four of 2019/20.

PwC's review focused on the revised changes 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 their prior year findings.

Two High risks were identified:

Conduct at meetings – Operating effectiveness:

- We observed three meetings of the Primary Care Commissioning Committees, one for each region, and behaviours and conduct in those meetings varied significantly. Whilst most of the time those present behaved as would be expected, there were several occasions when conduct was not what we would expect to see in a meeting. This included:
    - Attendees using the meeting as an opportunity to talk about their wider concerns, unrelated to the agenda
    - Individuals speaking over others, and not respecting the role of the chair of the meeting and
    - Attendees using emotive language, such as "probity and governance rubbish", "another finance fudge" in public meetings.

Inappropriate responses to conflicts identified:

- It is critically important that it is really clear in a meeting in which individuals may be conflicted, and why, and that potential conflicts are managed appropriately. NHS England guidance1 states:

  "The chair of the meeting has ultimate responsibility for agreeing how to manage any conflict of interest in the meeting. Possible actions may include (but are not limited to):

  - Asking conflicted individuals to leave the meeting when the relevant matter(s) are being discussed
  - Allowing conflicted individuals to participate in some of the discussion, but asking them to leave the meeting at the point of decision-making
  - Restricting access to papers in advance of the meeting."

Three Medium risks were identified:

Incomplete Registers of Interests published on CCG websites:

- Of the 65 clinicians who were on the Staffordshire CCGs' payroll at the time of our fieldwork, 12 were missing from the published Conflict of Interest Register.

  Of these 12:

  - three clinicians' annual declarations had been received, but it had not been included within a published register
  - one clinician's annual declaration had been received after the publication of the register
  - eight clinicians' annual declarations have not yet been received.

Attendees omitted from the Register of Interests:

- Of the three Primary Care Commissioning Committee meetings we observed, for one of them, all attendees (other than the minute taker) were included in the Register of Interests which was within the papers for the meeting. For the other two, there were individuals, both officers and GPs, in attendance or observing (and speaking at) the meetings who were not included on the Register of Interests but who did not declare this at the beginning of the meeting.

Incomplete mandatory training:

- Focused efforts by the governance team to encourage completion of the training have resulted in an increase in uptake of the training compared with previous years. In 2019/20 the CCGs did not reach their 100% target and achieved 85.55% – these figures are reflective of the single management team working across the six CCGs in Staffordshire and Stoke-on-Trent.

  The CCGs had identified the following individuals where Conflicts of Interest training was mandatory by 31 January 2020:

  - CCG Governing Body Members
  - Executive members of formal CCG committees and sub-committees

- Primary Care Commissioning Committee members
- Clinicians involved in commissioning or procurement decisions
- CCG governance leads
- Anyone involved or likely to be involved in taking a procurement decision(s) who is band 8a and above in the commissioning team.

One Low risk was identified:

Terms of reference for Primary Care Commissioning Committees:

- There is inconsistency across the six CCGs as to how the committees are run, which may lead to confusion. The terms of reference for each meeting sets out the membership of each committee. These are not consistent across each division. For example, representatives from NHS England are described as:
  - Non-voting member (North and Stoke)
  - Observer (East)
  - Non-voting attendee (South).

The response to these findings will be addressed through the Integrated Improvement Plan (see later section on page 119).

NHS England Conflicts of Interest Training:

- The CCG has taken a proactive approach to encourage staff to complete mandatory training on time, with regular monitoring and reporting throughout the year
- Further action is in place in instances where training has not been completed by the required date.

Data Quality

The Governing Body agrees the data, information and intelligence brought to its attention and the attention of the membership board and its committees is fully acceptable and fit for purpose.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by a Data Security and Protection Toolkit and the annual submission process provides assurances to the Clinical Commissioning Group, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

The CCG places high importance on ensuring there are robust information governance systems and processes in place 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 Data Security and Protection Toolkit. All staff undertake annual information governance training and the Staff Information Governance Handbook is regularly updated to ensure staff are aware of their information governance roles and responsibilities.

There are processes in place for reporting and investigating serious incidents. The CCG has information risk assessments and management procedures and a programme will be established to embed an information risk culture throughout the organisation against identified risks.

The Data Protection Act 2018 and General Data Protection Regulation (GDPR) was implemented on 25 May 2018. The legislation introduced greater rights for individuals and the implementation of the accountability principle for organisations to ensure greater assurances relating to data sharing practices and protocols.

The CCG adheres to the legislation and has implemented data protection by design.

- The CCG appointed the Deputy Director of Corporate Services, Governance and Communications as the Data Protection Officer
- All projects, processes or services carried out by or on behalf of the CCG, where personal data is or may be processed or access, have a Data Privacy Impact Assessment completed
- The CCG publishes Privacy Notices on all CCG websites explaining what data is collected, how data is collected/shared and processed with appropriate legal basis to support processing evidenced
- The CCG maintains an Information Asset Register to evidence all information assets held and associated data flows are mapped.

The Data Security and Protection Toolkit is an online self-assessment tool that enables organisations to evidence and publish their compliance against the ten data security and protection assertions.

In light of NHSX and NHS Digital instruction, the CCG did not complete a Data Security and Protection Toolkit declaration for the financial year 2019/20 – this is planned to take place by/on 30 September 2020.

To support staff a suite of documents was produced, incorporating the Information Governance 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. It is a mandatory requirement for all staff employed by or on behalf of CCGs to undertake and pass Annual Information Governance training.

Personal Data Related Incidents

There have been no Personal Data breaches during 1 April 2019 to 23 March 2020.

Freedom of Information (FOI) Requests

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

Stafford and Surrounds CCG has received 220 FOI requests and all but one was responded to within the statutory 20 working days.

Business critical models

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

Third party assurances

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

MLCSU's Internal Audit support is provided by Deloitte. The CCG is awaiting the outcome of the MLCSU's Services 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 NHS England. However the CCG is facing a new significant control issue relating to the COVID-19 pandemic. Whilst the direct costs relating to COVID-19 expenditure have been reimbursed for 2019/20 and are expected to be reimbursed during 2020/21, the crisis impacts on delivery of elective services performance, delivery of financial turnaround plans, reduces procurement abilities to ensure value for money and increases the risk of attempted fraud. Additional measures have been nationally mandated to mitigate these risks and further measures are expected to be announced during 2020/21.

Stafford and Surrounds CCG commenced 2019/20 with a planned deficit of £20.892 million. Despite a shortfall in the planned level of savings the CCG was able to improve on this planned position due to significant non recurrent benefits and is predicting a deficit of £17.608 million. 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 Accounting Officer are not deemed to be at risk. Furthermore the issue has not made it harder for the CCG to resist fraud or other misuse of resources, and has not diverted resources from another significant aspect of the business.

As a result of the 2019/20 financial position, Stafford and Surrounds CCG remains in special measures. To support the financial recovery the CCG appointed an Interim

Turnaround Director who provided additional capacity and capability until October 2019.

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

Ratings for the 'Quality of Leadership' indicator of the 2019/20 NHS Oversight Framework were awaited at the time of publication of the report. However, at the last data release in January 2020 the CCG was rated as Red, which equates to "inadequate" under the previous 2018/19 CCG Improvement and Assessment Framework. Final assessment is due in July 2020, but may be affected by COVID-19.

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

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

In 2018/19, the CCG asked Deloitte to review the capacity and capability of the Finance Team. Deloitte recommended the appointment of additional senior capacity to strengthen the core team. Posts have been recruited to and the appointments were taken up by May 2019.

The CCG's Governing Body in Common, the Joint Finance and Performance Committee, South West Divisional Committee, Joint Strategic Commissioning 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 reviewed and revised by the Interim Turnaround Director. In addition, business processes have been restructured to enable the Finance and Performance Committee and QIPP Board to scrutinise and lead the turnaround agenda within standard business processes.

As noted in the Highlights of the Work of Sub-Committees section, there are a number of control issues areas where the performance of the CCG is not up to required NHS Oversight Framework or NHS Constitution standards. Recovery work is already in train through discussion of Performance Improvement Plans at Finance & 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 Audit Reports are published twice a year, presented to Audit Committee and are reviewed by the CCG's 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 the CCG website:

https://www.staffordsurroundsccg.nhs.uk/news-events/publications/our-ccg/106-nhs-constitution-1

Counter fraud arrangements

The CCG has an accredited Counter-Fraud Specialist in place to undertake counter-fraud work proportionate to identified risks and this service is provided by PwC. The CCG Audit Committee receives a report against each of the standards for commissioners at least annually, 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 (established in 2016/17) continues to meet with representation from directorates in 2018/19. The CCGs adhere to the NHS Protect Standards for Commissioners 2017/18 – Fraud Bribery and Corruptions which outline the action for commissioners on the action they should take to prevent fraud, bribery and corruption and to deal with it should it 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 within these. The majority of areas were met by the CCG 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 Audit Committee.

The CCG has 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

We are satisfied that sufficient internal audit work has been undertaken to allow an opinion to be given as to the adequacy and effectiveness of governance, risk management and control for the year ended 31 March 2020. In giving this opinion it should be noted that assurance can never be absolute. The most that the internal audit service can provide is reasonable assurance that there are no major weaknesses in the system of internal control.

Following completion of the planned audit work for the financial year for the CCG, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of Stafford and Surrounds CCG's system of risk management, governance and internal control.

The Head of Internal Audit concluded that:

- There are significant weaknesses and non-compliance in the framework of governance, risk management and control which put the achievement of organisational objectives at risk
- Major improvements are required to improve the adequacy and effectiveness of governance, risk management and control.

Basis of opinion:

In summary, our opinion is based on the following:

- High risk rated weaknesses identified in individual assignments that are significant in aggregate but discrete parts of the system of internal control remain unaffected
- A minority of individual assignment reports have an overall report classification of high risk.

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

During the year, Internal Audit issued the following audit reports:

Area of Audit	Level of Assurance Given
Corporate Governance	High risk
Risk management – Board Assurance Framework (BAF)	Low risk
Payroll and HR	High risk
Purchase to pay	Medium risk
QIAs and EIAs	Medium risk
Contract management – contract <£5 million	Low risk
Primary Care Commissioning	Medium risk

Information Management and Technology (Phishing/hacking)	High risk
Commissioning, contracting and performance	High risk
Financial forecasting and planning	Medium risk
Use of Resource: Pre-Consultation Business Case (PCBC) Programme Board (in the origina plan as STP)	Not a formal audit no ri findings
Conflicts of Interest	High risk
Personal Health Budgets	Critical risk
DSP Toolkit	High risk
Risk – new risk management system	Medium risk
IFP Contract review	Not a formal audit no ri findings

Integrated Improvement Plan

A single Integrated Improvement Plan was developed to oversee and address the required by the audit findings (2018/2019) in relation to the Conflicts of Interest Audit, the Corporate Governance and Risk Management and the Risk Management Audit. The single Improvement Plan also addressed the IAF feedback and the findings of the Deloitte Capacity and Capability Review. The CCG has taking these findings very seriously, the Improvement Plan was initially managed by the Turnaround Board on behalf of the Governing Bodies and latterly by the Governing Bodies.

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

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

Our Assurance Framework, although completed late in the year, provides me with evidence that the effectiveness of controls that manage risks to the Clinical Commissioning Group achieving its principles objectives have been reviewed.

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

- the Board
- the Audit Committee
- if relevant, the Risk / Clinical Governance / Quality and Safety Committee

- Internal Audit (e.g. Audit Plan activities and ad hoc advisory work)
- other explicit review/assurance mechanisms:
    - Other sub-committees of the Governing Body including the Joint Strategic Commissioning Committee, the Communications, Engagement, Equality and Employment Committee and Remuneration and Terms of Service Committee
    - External Audit via their annual audit letter which provides a high-level summary of audit work carried out
    - Weekly executive management team meetings
    - Local Counter-Fraud Specialist reports to the Audit Committee
    - NHS Data Security and Protection Toolkit submission
    - Review of the Risk Register and Board Assurance Framework by the Governing Body, the committees and the Risk Group
    - Regular review meetings with NHS England
    - Regular clinical quality review meetings with all main provider organisations.

Conclusion

My review of the effectiveness of the governance, risk management and internal control has confirmed that:

Based on the work undertaken by a range of assurance providers, the CCG has identified the following control issues:

1. There were significant weaknesses in the system of internal control during 2019/20. These matters and/or issues are considered to be fundamental to the mitigation of material risk, maintenance of internal control or good corporate governance. Action is being taken immediately to strengthen internal control systems in line with internal and external audit recommendations and to ensure that these controls are being applied consistently.

2. The underlying NHSEI ratings of five of the six CCGs continues to be “inadequate”, largely as a consequence of financial performance, but also as a result of failures to meet a number of NHS Constitutional standards and areas within the NHS Oversight Framework.

However, this has been a challenging year for the six CCGs in Staffordshire and Stoke-on-Trent. The CCGs have continued to operate through a period of significant and ongoing change, working ever more collaboratively within a developing integrated care system whilst continuing to meet their statutory requirements as six separate statutory bodies. This has given the CCGs significant governance challenges, with new committee arrangements being established and meetings held in common.

3. At the same time, the CCGs have been operating with major financial pressures and working in a health economy where healthcare providers have significant financial and operational challenges.

4. Risks that the CCG will not deliver its control total submitted as part of the plan to NHS England, leading to non-compliance with its statutory duties as laid out in the NHS Constitution.

5. Comments from external audit in their use of resources review and review of the annual accounts/management letter regarding the adequacy of financial systems. Comments that were required to be reflected in this part of the annual reports for all six CCGs due to the significant number of errors made.

6. The CCGs receiving a "Critical" rating from internal audit for the management of personal health budgets, where four high risk and one medium risk findings relating to structures, inaccurate records and reviews, policies and procedures were identified. These were discussed in detail at Audit Committee, the failings recognised and accepted and a set of clear actions implemented to strengthen the management of personal health budgets.

The non-delivery of the CCG's control total is a significant concern as are the failings in systems of internal control and assurance. Following capacity and capability reviews of the finance function and then across the CCGs' remaining directorates carried out by Deloitte in late 2018/19 and early 2019/20, progress has been made in implementing the reviews' recommendations. Clearly, however, further work is required to manage and mitigate significant risks in respect of the sustainable deployment of resources, governance and informed decision making, and working with system partners.

Accepting the control issues identified above and the immediate actions being taken to address them in line with external and internal audit recommendations, I am confident that significant progress has been and will continue to be made to implement robust internal control systems and mechanisms to ensure good governance and financial control across all six CCGs.

Marcus Warnes

Accountable Officer

18 September 2020

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.

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 CCG)	
Dr	Paddy	Hannigan	Clinical Chair (Stafford and Surrounds CCG)	
Mrs	Sue	Harper	Lay Member for PPI (Stafford and Surrounds CCG)	31 December 2019
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)	
Dr	Mo	Huda	Clinical Chair (Cannock Chase CCG)	31 March 2019
Mrs	Lynne	Smith	Lay Member for Governance	30 June 2019 (SESSP) 30 September 2019 (East)
Mr	Neil	McFadden	Lay Member for Governance (North Staffordshire CCG)	
Mr	Chris	Ragg	Lay Member for PPI (East Staffordshire CCG)	28 February 2020
Mr	Doug	Robertson	Secondary Care consultant (Cannock Chase, North Staffs, SES&SP, 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 in this document.

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 2019/20.

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 3.49, we can confirm Marcus Warnes, Accountable Officer is paid more than £150,000 per annum.

A paper setting out the benchmarking of other Accountable Officers and proposals for the Accountable Officer's salary was presented to the Remuneration Committee meetings in common on the 13 September 2018. The proposal for the salary range was recommended as being £140,000 per annum up to £150,000 per annum and the salary set was agreed as £149,999. The Governing Body meetings held in October and December of the same year ratified these proposals

Senior manager remuneration (including salary and pension entitlements)

Name and Title	2019/20					
	(a)	(b)	(c)	(d)	(e)	(f)
	Salary	Expense payments (taxable)	Performance pay and bonuses	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits	TOTAL
	(bands of £5,000)	to nearest £100**	(bands of £5,000)		(bands of £2,500)	(a to e) (bands of £5,000)
	£000	£	£000	£000	£000	£000
Marcus Warnes - Accountable Officer	145 - 150	6400.00	0 - 0	0 - 0	0 - 0	155 - 160
Alistair Mulvey - Chief Financial Officer	95 - 100	0.00	0 - 0	0 - 0	0 - 0	95 - 100
Neil Cook - Interim Chief Finance Officer	100 - 105	0.00	0 - 0	0 - 0	127.5 - 130	225 - 230
Jane Moore - Director of Strategy, Planning and Performance	115 - 120	0.00	0 - 0	0 - 0	0 - 0	115 - 120
Heather Johnstone - Director of Quality and Safety	115 - 120	0.00	0 - 0	0 - 0	52.5 - 55	170 - 175
Lynn Millar - Director of Primary Care	115 - 120	0.00	0 - 0	0 - 0	25 - 27.5	140 - 145
Sally Young - Director of Corporate Services, Governance and Communications	110 - 115	0.00	0 - 0	0 - 0	0 - 0	110 - 115

Cheryl Hardisty - Director of Strategic Commissioning and Operations	115 - 120	0.00	0 - 0	0 - 0	0 - 0	115 - 120
Craig Porter - Locality Director South	105 - 110	0.00	0 - 0	0 - 0	25 - 27.5	130 - 135
John Hannigan - CCG Chair	75 - 80	0.00	0 - 0	0 - 0	0 - 0	75 - 80
Douglas Robertson - Lay Member	0 - 5	0.00	0 - 0	0 - 0	0 - 0	0 - 5
Katherine Millward - Clinical Leader	30 - 35	0.00	0 - 0	0 - 0	2.5 - 5	35 - 40
Asif Ahmed - Clinical Director	20 - 25	0.00	0 - 0	0 - 0	0 - 0	20 - 25
Marianne Holmes - Clinical Leader	25 - 30	0.00	0 - 0	0 - 0	0 - 0	25 - 30
Manu Agrawal - Clinical Leader	25 - 30	0.00	0 - 0	0 - 0	0 - 0	25 - 30
Susan Harper - Lay Member for PPI	5 - 10	0.00	0 - 0	0 - 0	0 - 0	5 - 10
Diana Smith - Lay Member	5 - 10	0.00	0 - 0	0 - 0	0 - 0	5 - 10
Janet Eames - Research Lead	10 - 15	0.00	0 - 0	0 - 0	0 - 0	10 - 15

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

Note 1 - "Unless stated otherwise, the costs of the individuals shown above are 100% attributable to NHS Stafford and Surrounds CCG"

Note 2 - "NHS Stafford and Surrounds CCG shares a single leadership team with the five other Staffordshire CCGs, with the remuneration of those senior officers being apportioned out on a capitated basis. Under this capitated basis NHS Stafford and Surrounds CCG pays 13.07% of the following individuals costs"

Total Remuneration split by CCG (Bands of £5,000)							
Name	**Job Title**	**NHS CC CCG**	**NHS ES CCG**	**NHS NS CCG**	**NHS SES&SP CCG**	**NHS SAS CCG**	**NHS SOT CCG**
Marcus Warnes	Accountable Officer	15 - 20	15 - 20	25 - 30	30 - 35	20 - 25	35 - 40
Alistair Mulvey	Chief Financial Officer	10 - 15	10 - 15	15 - 20	15 - 20	10 - 15	20 - 25
Neil Cook	Interim Chief Finance Officer	25 - 30	25 - 30	40 - 45	40 - 45	30 - 35	55 - 60
Jane Moore	Director of Strategy, Planning and Performance	10 - 15	10 - 15	20 - 25	20 - 25	15 - 20	25 - 30
Heather Johnstone	Director of Quality and Safety	20 - 25	20 - 25	30 - 35	30 - 35	20 - 25	40 - 45
Lynn Millar	Director of Primary Care	15 - 20	15 - 20	25 - 30	25 - 30	15 - 20	35 - 40
Sally Young	Director of Corporate Services, Governance and Communications	10 - 15	10 - 15	20 - 25	20 - 25	15 - 20	25 - 30
Cheryl Hardisty	Director of Strategic Commissioning and Operations	10 - 15	10 - 15	20 - 25	20 - 25	15 - 20	25 - 30

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 (1/4/2019-31/3/2020).

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.

Note 3 - "NHS Stafford and Surrounds CCG shares specific named senior managers with NHS Cannock Chase CCG and NHS South East Staffordshire and Seisdon Peninsula CCG, with the remuneration of those senior officers being apportioned out on an agreed basis. Under this agreed basis NHS Stafford and Surrounds CCG pays 29.50% of the following individuals costs"

Total Remuneration split by CCG (Bands of £5,000)							
Name	**Job Title**	**NHS CC CCG**	**NHS ES CCG**	**NHS NS CCG**	**NHS SES&SP CCG**	**NHS SAS CCG**	**NHS SOT CCG**
Craig Porter	Locality Director South	35 - 40	0 - 0	0 - 0	55 - 60	35 - 40	0 - 0
Douglas Robertson	Lay Member	0 - 5	0 - 0	0 - 0	0 - 5	0 - 5	0 - 0

All post holders were employed for the full duration of the financial year (1/4/2019-31/3/2020).

Name and Title	2018/19					
	(a)	(b)	(c)	(d)	(e)	(f)
	Salary	Expense payments (taxable)	Performance pay and bonuses	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits	TOTAL
	(bands of £5,000)	to nearest £100**	(bands of £5,000)		(bands of £2,500)	(a to e) (bands of £5,000)
	£000	£	£000	£000	£000	£000
Marcus Warnes - Accountable Officer	145 - 150	0 - 0	0 - 0	0 - 0	87.5 - 90	235 - 240
Alistair Mulvey - Chief Financial Officer	135 - 140	0 - 0	0 - 0	0 - 0	17.5 - 20	155 - 160
Zara Jones - Director of Strategy, Planning and Performance	40 - 45	0 - 0	0 - 0	0 - 0	52.5 - 55	95 - 100
Jane Moore - Director of Strategy, Planning and Performance	55 - 60	0 - 0	0 - 0	0 - 0	0 - 0	55 - 60
Heather Johnstone - Director of Quality and Safety	110 - 115	0 - 0	0 - 0	0 - 0	57.5 - 60	170 - 175
Lynn Millar - Director of Primary Care	110 - 115	0 - 0	0 - 0	0 - 0	110 - 112.5	225 - 230
Sally Young - Director of Corporate Services, Governance and Communications	110 - 115	0 - 0	0 - 0	0 - 0	202.5 - 205	315 - 320
Cheryl Hardisty - Director of Strategic Commissioning and Operations	115 - 120	0 - 0	0 - 0	0 - 0	0 - 0	115 - 120
Mark (Jonathan) Bletcher - Director of Planning and Strategy	95 - 100	0 - 0	0 - 0	0 - 0	0 - 0	95 - 100

Tracey Shewan - Director of Nursing and Quality	105 - 110	0 - 0	0 - 0	0 - 0	7.5 - 10	110 - 115
Ian Baines - Director of Organisational Development	185 - 190	0 - 0	0 - 0	0 - 0	0 - 0	185 - 190
Craig Porter - Locality Director South	100 - 105	0 - 0	0 - 0	0 - 0	0 - 0	100 - 105
Christopher Bird - Director of Contracting	85 - 90	0 - 0	0 - 0	0 - 0	0 - 0	85 - 90
Andrew Donald - Chief Officer	0 - 0	0 - 0	0 - 0	0 - 0	0 - 0	0 - 0
Paul Simpson - Chief Finance Officer/Interim Accountable Officer	0 - 0	0 - 0	0 - 0	0 - 0	0 - 0	0 - 0
Victoria Hilpert - Interim Chief Finance Officer	0 - 0	0 - 0	0 - 0	0 - 0	0 - 0	0 - 0
John Hannigan - CCG Chair	65 - 70	0 - 0	0 - 0	0 - 0	27.5 - 30	95 - 100
Douglas Robertson - Lay Member	15 - 20	0 - 0	0 - 0	0 - 0	0 - 0	15 - 20
Katherine Millward - Clinical Leader	35 - 40	0 - 0	0 - 0	0 - 0	2.5 - 5	40 - 45
Marianne Holmes - Clinical Leader	25 - 30	0 - 0	0 - 0	0 - 0	0 - 0	25 - 30
Manu Agrawal - Clinical Leader	25 - 30	0 - 0	0 - 0	0 - 0	0 - 0	25 - 30
Susan Harper - Lay Member for PPI	10 - 15	0 - 0	0 - 0	0 - 0	0 - 0	10 - 15
Harry Ireland - Lay Member for Governance	0 - 5	0 - 0	0 - 0	0 - 0	0 - 0	0 - 5
Diana Smith - Lay Member	5 - 10	0 - 0	0 - 0	0 - 0	0 - 0	5 - 10
Janet Eames - Research Lead	10 - 15	0 - 0	0 - 0	0 - 0	0 - 0	10 - 15

**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

***The figures in the table above for Ian Baines is inclusive of exit packages transacted in 2018/19. The amounts of those were; 100 – 105 relating to Ian Baines, 10 – 15.

****For those applicable, dates are included in the above table for those who commenced in role and/or terminated their period of employment within 2018/19.

Pension benefits as at 31 March 2020

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 March 2020 (bands of £5,000) £000	(d) Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000 £000	(e) Cash Equivalent Transfer Value at 1 April 2020 £000	(f) Real Increase in Cash Equivalent Transfer Value £000	(g) Cash Equivalent Transfer Value at 31 March 2020 £000	(h) Employers Contribution to partnership pension £000
Marcus Warnes - Accountable Officer	0 - 0	0 - 0	40 - 45	110 - 115	964	0	861	0
Alistair Mulvey - Chief Financial Officer	0 - 0	0 - 0	40 - 45	100 - 105	790	8	817	0
Neil Cook - Interim Chief Finance Officer	5 - 7.5	12.5 - 15	45 - 50	125 - 130	789	140	948	0
Jane Moore - Director of Strategy, Planning and Performance	0 - 0	0 - 0	55 - 60	0 - 0	964	0	894	0
Heather Johnstone - Director of Quality and Safety	2.5 - 5	2.5 - 5	35 - 40	75 - 80	594	65	673	0

Lynn Millar - Director of Primary Care	0 - 2.5	0 - 0	30 - 35	60 - 65	414	32	456	0
Sally Young - Director of Corporate Services, Governance and Communications	0 - 2.5	0 - 2.5	30 - 35	95 - 100	731	33	781	0
Craig Porter - Locality Director South	0 - 2.5	0 - 0	5 - 10	0 - 0	59	26	86	0
Katherine Millward - Clinical Leader	0 - 2.5	0 - 0	10 - 15	25 - 30	212	8	225	0
Asif Ahmed - Clinical Director	0 - 0	0 - 0	15 - 20	40 - 45	229	3	238	0
Marianne Holmes - Clinical Leader	0 - 2.5	0 - 0	10 - 15	35 - 40	258	6	271	0

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.

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 (1/4/2019-31/3/2020)

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

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 pensions 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 was 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 starting on page 144.

Payments to past members

Payments have been made in relation to exit packages detailed on page 144.

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 2019/20 was £155,000-160,000 (2018-19, £145,000-150,000). This was 3.44 times (2018-19, 3.43) the median remuneration of the workforce, which was £45,753 (2018-19, £43,041).

There has been a movement of 0.01 in the ratio of the highest paid to the median renumeration from 2018 19 to 2019 20. Salary movement for all pay scales reflects annual pay award and incremental movement only.

In 2019/20, 0 (2018/19, 0) employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £18,005 to £155,000-160,000 (2018-19 £17,460 to £145,000-150,000).

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 efficiencies were achieved by reducing 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.

The table below shows the number of staff across the six CCGs across all pay bands.

Pay Band	Headcount
Apprentice	0
Band 1	0
Band 2	4
Band 3	3
Band 4	24
Band 5	32
Band 6	30
Band 7	37
Band 8 - Range A	56
Band 8 - Range B	27
Band 8 - Range C	19
Band 8 - Range D	8
Band 9	6
Medical	36
VSM	27
Gov Body (off payroll)	0
Grand Total	**309**

Staff numbers and costs (subject to audit)

The table below shows average number of people employed in 2019/20 for Stafford and Surrounds CCG:

Average number of people employed 2019/20	Permanently employed	Other	Total
Administration and Estates	24.01	13.54	37.55
Medical and Dental	1.15	0.1	1.25
Nursing, Midwifery and Health Visiting Staff	2.41	4.45	6.86
Other	0.53	0.12	0.65
Scientific, Therapeutic and Technical Staff	4.34	0	4.34
Total	**32.44**	**18.21**	**50.65**

The table below shows the associated staff costs for Stafford and Surrounds CCG:

Staff Costs 2019/20	Permanently employed £000	Other £000	Total £000
Administration and Estates	2,184	972	3,156
Medical and Dental	281	10	291
Nursing, Midwifery and Health Visiting Staff	160	286	446
Other	6	15	21
Scientific, Therapeutic and Technical Staff	231	0	231
Total	**2,862**	**1,282**	**4,144**

Staff composition

The table below shows the percentage of employed staff across the six Staffordshire and Stoke-on-Trent CCGs by gender*:

Female	Male
40.9%	59.1%
57.7%	42.3%
86.4%	13.6%
75.08%	24.92%

*This information was based on staffing on 31 March 2020.

The following table shows the headcount of staff by gender and staff grouping*:

Headcount by Gender			
Staff Grouping	**Female**	**Male**	**Totals**
Governing Body	18	26	**44**
Other Senior Management (Band 8C+)	30	22	**52**
All Other Employees	184	29	**213**
Grand Total	**232**	**77**	**309**

*This information was based on staffing on 31 March 2020.

Sickness absence data

The table below shows the aggregate total of staff sickness absence and ill-health retirements across the six Staffordshire and Stoke-on-Trent CCGs in 2019/20.

Staff sickness absence and ill-health retirements	2019/20 number
Total Days Lost	1,570.48
Total Staff Years	260.38
Average Working Days Lost	6.03

Staff policies

The CCG is working with the Staff Engagement Group (SEG), Staff Side Representatives and the Communications, Engagement, Equalities and Employment (CEEE) Committee 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. 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. 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 two local representatives across the six CCGs in Staffordshire and Stoke-on-Trent. The percentage of facility time is not monitored.

Other employee matters

Following on from the appointment of the Single Leadership Team in December 2017, the six CCGs have worked closely together to maximise opportunities to improve experiences and health outcomes for the local population, to reduce unacceptable health inequalities and improve provider performance.

In order to deliver the collective strategic aims a joint structure has been implemented across the six CCGs to ensure that the right staff, have the right resources and skills and are in the right place. Each CCG has retained its own legal status and to ensure that any decisions would be locally led, but with an emphasis on reducing duplication.

Staff Development Days

The 'Vision for the Future' staff development day in March 2019 focussed on new ideas about how primary care will change in the future; moving to a Strategic Commissioning Organisation (SCO) coordinating with the divisions to work with providers and alliance boards to develop an Integrated Care Partnership (ICP), with emerging Primary Care Networks (PCNs).

This was then followed by another staff development day in June 2019. This focused on ‘shaping the future’ using the ideas and feedback collated at the event in March. Feedback from staff helped shape the next event and subsequent development days took place in October 2019 and February 2020. These events celebrated the work undertaken by each directorate and the organisational plans for 2020/21.

Masterclass

In 2018/19 directors and senior team members were part of a capability and capacity review programme led by Deloitte, funded by NHS England. The outputs from this piece of work were finalised and identified a number of training needs to deliver the emerging vision for the future. These were incorporated in the OD programme and one outcome of the review was the relaunch of ‘Masterclass’ sessions for CCG staff.

Masterclass topics have so far included:

- Intranet training
- Equality and Inclusion
- Recruitment
- Mental Health and Wellbeing.

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 six OD sessions focus on planned development sessions aligned to

the work with Deloitte to support the implementation of new ways of working. Examples of these sessions have included:

- Board roles and effectiveness, and holding meetings in common
- Meeting paper etiquette and meetings charter
- Agreeing the values for the organisations
- Agreeing the corporate objectives of the organisations
- Board Assurance Framework (BAF)
- Conflicts of Interest and guidance.

Staff Engagement Group

The six CCGs have successfully maintained a formal Staff Engagement Group (SEG), which includes core members and various volunteers from all directorates and reports directly to the Communications, Engagement, Equality and Employment Committees in common (CEEE). In its' first year the group have supported and facilitated staff events, supported charity and health awareness days, initiated investment in 25 Mental Health First Aiders and provide monthly feedback on key issues.

The group have supported the review of a significant number of aligned HR Policies, including:

- Attendance
- Bullying and Harassment
- Disciplinary
- Equality and Diversity
- Family Leave
- Organisational Change
- Pay Protection
- Performance Management
- Recruitment and Selection, and
- Secondment.

Staff survey

At the staff event in February 2019, all staff were involved in reviewing the key areas and outcomes of the staff survey. An action plan was formed following this feedback which was circulated to all staff in November 2019.

Actions are now being developed and a task and finish group including volunteers and SEG representatives will commence in April 2020.

Staff Temperature Check

In July/August 2019 SEG members encouraged all staff to share their feedback via the Staff Temperature Check. The feedback given was anonymised and collated by the Communications and Engagement team, to establish the most appropriate support and any developments are shared via the weekly Staff Message.

Following its launch in April 2019, **Achievement of the Month** nominations continue to be regularly submitted, and winners are announced on a monthly basis. This continues to be reviewed and is something that will continue throughout the new financial year across all six CCGs. It provides a platform for colleagues to nominate the good work achieved throughout the organisation on both an individual and team basis. The awards are announced at the regular staff events, providing recognition and sharing good practice.

The commitment to organisational development by the Governing Bodies remains strong and work will progress for 2020/21.

Expenditure on consultancy

The table below details expenditure on consultancy for the financial year 1 April 2019 to 31 March 2020.

Consultancy Provision	**£000**
Liaison VAT Consultancy Ltd	12
Louise Donovan	22
Provex Solutions Ltd	85
Orwin and Algeo Management Solutions	4
PA Consulting Service Ltd	186
Regina Shakespeare Consulting Ltd	16
Wiseup Healthcare Consulting Ltd	11
Keigh Communications	68
Executive Development Consultants UK LLP	2
Clarion Call Consulting and Coaching	2
Neil McKay Associates Ltd	61
PJB Associate (UK) Ltd	102
Hunter Healthcare Resourcing Ltd	5
RSM UK Tax and Accounting	1
Total	577

Off-payroll engagements

Table 1: Off-payroll engagements longer than 6 months

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

	Number
Number of existing engagements as of 31 March 2020	3
Of which, the number that have existed:	
for less than one year at the time of reporting	2
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	1
for 4 or more years at the time of reporting	0

Table 2: 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 2019 and 31 March 2020, for more than £245 per day and that last for longer than 6 months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	4
Of which:	
Number assessed as caught by IR35	0
Number assessed as not caught by IR35	4
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

Table 3: Off-payroll engagements / senior official engagements

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

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year (1)	**2**
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)	17

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 (subject to audit)

Table 1:

Exit package cost band (Inc. any special payment element	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000	1	4,848			1	4,848		
£10,000 - £25,000	1	15,246			1	15,246		
£25,001 - £50,000	1	27,260			1	27,260		
£50,001 - £100,000	1	73,333			1	73,333		
£100,001 - £150,000	1	104,612			1	104,612		
£150,001 – £200,000								
>£200,000								
TOTALS	5	225,300		Agrees to A below		225,300		

Redundancy and other departure cost 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 the group of six Staffordshire and Stoke-on-Trent CCGs. NHS Stafford and Surrounds CCG's share of costs relating to Exit Packages agreed in 2019/20 was £41,803 (2018/19 £147,411).

The Exit Package of £27,260 referred to in Table 1 was repaid in 2020/21 due to the postholder being successful in obtaining a new substantive position within the NHS.

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.

Table 2: 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	A – agrees to total in table 1

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 X (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

Stafford and Surrounds CCG is not required to produce a Parliamentary Accountability and Audit Report.

An audit certificate and report is also included in this Annual Report.

Marcus Warnes

Accountable Officer

18 September 2020

List of acronyms

5YFV	Five Year Forward View
ANP	Advanced Nurse Practitioner
A&E	Accident and Emergency
ARRS	Additional Roles Reimbursement Scheme
AO	Accountable Officer
ARP	Ambulance Response Programme
ASC	Autism Spectrum Condition
ASSET	Authority's Adult Specialist Safeguarding Enquiry Team
BAF	Board Assurance Framework
BAPM	British Association of Perinatal Medicine
CAS	Clinical Assessment Service
CATs	Critically Appraised Topics
CCG	Clinical Commissioning Group
CDiff / CDifficile	Clostridium Difficile
CEEE	Communication, Engagement, Equality and Employment Committee
CETV	Cash equivalent transfer value
CHC	Continuing Healthcare
CKD	Chronic Kidney Disease
COPD	Chronic Obstructive Pulmonary Disease
CPAG	Clinical Priorities Advisory Group
CQC	Care Quality Commission
CQRM	Clinical Quality Review Meetings
CQUIN	Commissioning for Quality and Innovation
D2A	Discharge to Assess

DCO	Designated Clinical Officer
DDA	Disability Discrimination Act
DHRs	Domestic Homicide Reviews
DHSC	Department of Health and Social Care
DCMB	Decision Making Business Case
DTOCs	Delayed Transfers of Care
DTT	Decision to treat
EBP	Evidence-Based Practice Group
ED	Emergency Department
EDS	Equality Delivery System
EHCP	Education and Health Care Plans
EIA	Equality Impact Assessment
EIP	Early Intervention Psychosis
EIRA	Equality Impact and Risk Assessment
ENT	Ear, nose and throat services
EOL	End of life
EPS	Electronic Prescribing Services
e-RS	e-Referral Service
ETTF	Estates and Technology Transformation Fund
FBC	Full Business Case
FDS	Faster Diagnosis Standard (FDS)
FIT	Faecal Immunochemistry Test
FOI	Freedom of Information
GB	Governing Body
GDPR	General Data Protection Regulations
GF	Gluten free
GNBSIs	Gram-negative blood stream infections

GP	General Practitioner
GPFV	General Practice Forward View
GPN	General Practice Nurse
GON EP	General Practice Nurse Evidence Based Practice
GRR	Glaucoma Referral Refinement Service
HCA	Health Care Assistant
HCAI	Healthcare Associated Infections
HCSW	Health Care Support Worker
HCTB	Healthcare Transformation Board
HMCI	Her Majesty's Chief Inspector
HR	Human Resources
HSCN	Health and Social Care Network
IAF	Improvement and Assessment Framework
IAPT	Increased Access to Psychological Therapies
ICP	Integrated Care Partnerships
ICS	Integrated Care System
IFPS	Intelligent Fixed Payment System
IFRS	International Financial Reporting Standards
IG	Information Governance
IM&T	Information Management and Technology
IUC	Integrated Urgent Care
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicator
LCAV	Leading Change, Adding Value
LEAF	Local Equality Advisory Forum
LeDeR	Learning Disabilities Mortality Review
LMS	Local Maternity System

LMNS	Local Maternity and Neonatal System
LTP	NHS Long Term Plan
MLCSU	Midlands and Lancashire Commissioning Support Unit
MHSIP	Mental Health Safety Improvement Programme
MPFT	Midlands Partnership NHS Foundation Trust
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-Resistant Staphylococcus Aureus
MTP	Maternity Transformation Programme
MVP	Maternity Voices Partnership
NDPP	National Diabetes Prevention Programme
NHQAIG	Nursing Home Quality Assurance and Improvement Group
NHSE	NHS England
NHSE/I	NHS England and Improvement
NHSI	NHS Improvement
NHSOF	NHS Oversight Framework
NICE	National Institute of Health and Care Excellence
NMC	Nursing and Midwifery Council
NQB	National Quality Board
NSCHT	North Staffordshire Combined HealthCare NHS Trust
OD	Organisational Development
OOA	Out of area
OOH	Out of hours
Ofsted	Office for Standards in Education, Children's Services and Skills
PALS	Patient Advice and Liaison Service
PCBC	Pre-Consultation Business Case
PCCC	Primary Care Commissioning Committee
PCN	Primary Care Network

PIRT	Provider Improvement and Response Team
PLACE	Patient Led Assessments of Care Environment
PLT	Protected Learning Time
PPGs	Patient Participation Groups
PPI	Patient and Public Involvement
PSIMS	Patient Safety Incident Management System
PwC	PricewaterhouseCoopers
QIA	Quality Impact Assessment
QIF	Quality Improvement Framework
QIPP	Quality Innovation Productivity and Prevention
QSCC	Quality and Safety Committees in Common
QSG	Quality Surveillance Group
PCCC	Primary Care Commissioning Committee
RAP	Remedial Action Plan
RCA	Root Cause Analysis
RSUH	Royal Stoke University Hospital
RTT	Referral to Treatment
RWT	The Royal Wolverhampton NHS Trust
SARs	Safeguarding Adult Reviews
SARs	Service Auditor Reports
SBL	Saving Babies Lives
SBLCB	Saving Babies Lives Care Bundles
SEG	Staff Engagement Group
SEND	Special Educational Needs and Disabilities
Sis	Serious incidents
SMI	Severe mental illness
SPA	Single Point of Access

SPACE	Safer Provision and Caring Excellence
RSO	Senior Responsible Owner
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
TEC	Technology-Enabled Care
TWB	Together We're Better
UCC	Urgent Care Centre
UEC	Urgent and Emergency Care
UHB	University Hospital of Birmingham NHS Foundation Trust
UHDB	University Hospital of Derby and Burton NHS Foundation Trust
UHNM	University Hospitals of North Midlands NHS Trust
UTIs	Urinary Tract Infections
VCSE	Voluntary, community and social enterprise
WMAS	West Midlands Ambulance Service NHS Trust
WMCA	West Midlands Cancer Alliance
WTE	Whole Time Equivalent

ANNUAL ACCOUNTS

CONTENTS **Page Number**

The Primary Statements:

Statement of Comprehensive Net Expenditure for the year ended 31st March 2020	1
Statement of Financial Position as at 31st March 2020	2
Statement of Changes in Taxpayers' Equity for the year ended 31st March 2020	3
Statement of Cash Flows for the year ended 31st March 2020	4

Notes to the Accounts

1	Accounting policies	5-10
2	Other operating revenue	11
3	Revenue	12
4	Employee benefits and staff numbers	13-15
5	Operating expenses	16
6	Better payment practice code	17
7	Operating leases	18
8	Property, plant and equipment	18
9	Trade and other receivables	19
10	Cash and cash equivalents	20
11	Trade and other payables	20
12	Provisions	21
13	Contingencies	22
14	Commitments	22
15	Financial instruments	23-24
16	Joint arrangements - interests in joint operations	25
17	Related party transactions	26
18	Losses and special payments	27
19	Financial performance targets	27
20	Events After The End of the Reporting Period	27
21	Prior Period Adjustment	27

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

	Note	2019-20 £'000	Restated 2018-19 £'000
Income from sale of goods and services	2	(4,085)	(4,796)
Total operating income		**(4,085)**	**(4,796)**
Staff costs	4	4,144	3,369
Purchase of goods and services	5	257,529	240,967
Depreciation and impairment charges	5	6	6
Provision expense	5	-	(44)
Other Operating Expenditure	5	152	109
Total operating expenditure		**261,831**	**244,407**
Net Operating Expenditure		**257,746**	**239,611**
Total Net Expenditure for the Financial Year		**257,746**	**239,611**
Comprehensive Expenditure for the year		**257,746**	**239,611**

A Prior Period adjustment was made to remove expenditure from 'Purchase of goods and services' of £0.999m in 2018-19

The notes on pages 5 to 27 form part of this statement

Statement of Financial Position as at 31 March 2020

	Note	2019-20 £'000	Restated 2018-19 £'000
Non-current assets:			
Property, plant and equipment	8	12	19
Total non-current assets		12	19
Current assets:			
Trade and other receivables	9	6,420	11,889
Cash and cash equivalents	10	53	104
Total current assets		**6,473**	11,993
Total assets		**6,485**	12,012
Current liabilities			
Trade and other payables	11	(45,098)	(34,432)
Provisions	12	(73)	(76)
Total current liabilities		**(45,171)**	(34,508)
Total Assets less Current Liabilities		**(38,686)**	(22,496)
Total Assets less Total Liabilities		**(38,686)**	(22,496)
Financed by Taxpayers' Equity			
General fund		(38,686)	(22,495)
Total taxpayers' equity		**(38,686)**	(22,495)

A Prior Period adjustment was made to reduce 'Trade and other payables' by £0.999m in 2018-19

The notes on pages 5 to 27 form part of this statement

The financial statements on pages 1 to 4 were approved by the Audit Committee in common on behalf of the Governing Body on 18th September 2020 and signed on its behalf by:

Marcus Warnes
Accountable Officer

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

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2019-20		
Balance at 01 April 2019	(22,495)	**(22,495)**
Transfer between reserves in respect of assets transferred from closed NHS bodies	0	**0**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2019	**(22,495)**	**(22,495)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2019-20		
Net operating expenditure for the financial year	(257,746)	**(257,746)**
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(257,746)**	**(257,746)**
Net funding	241,555	**241,555**
Balance at 31 March 2020	**(38,686)**	**(38,686)**

	Restated General fund £'000	Restated Total reserves £'000
Changes in taxpayers' equity for 2018-19		
Balance at 01 April 2018	(34,604)	**(34,604)**
Transfer of assets and liabilities from closed NHS bodies	0	**0**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2019	**(34,604)**	**(34,604)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2018-19		
Net operating costs for the financial year	(239,611)	(239,611)
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(239,611)**	**(239,611)**
Net funding	251,720	251,720
Balance at 31 March 2019	**(22,495)**	**(22,495)**

A Prior Period adjustment was made to reduce 'Net operating costs for the financial year' in 2018-2019 by £0.999m

The notes on pages 5 to 27 form part of this statement

Statement of Cash Flows for the year ended 31 March 2020

	Note	2019-20 £'000	Restated 2018-19 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(257,746)	(239,611)
Depreciation and amortisation	8	6	6
(Increase)/decrease in trade & other receivables	9	5,470	(2,094)
Increase/(decrease) in trade & other payables	11	9,519	(9,876)
Provisions utilised	12	(2)	(137)
Increase/(decrease) in provisions	12	0	(44)
Net Cash Inflow (Outflow) from Operating Activities		**(242,753)**	(251,756)
Cash Flows from Investing Activities			
(Payments) for property, plant and equipment		1,147	0
Net Cash Inflow (Outflow) from Investing Activities		**1,147**	0
Net Cash Inflow (Outflow) before Financing		**(241,606)**	(251,756)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		241,555	251,720
Net Cash Inflow (Outflow) from Financing Activities		**241,555**	251,720
Net Increase (Decrease) in Cash & Cash Equivalents	10	**(51)**	(36)
Cash & Cash Equivalents at the Beginning of the Financial Year		**104**	140
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**53**	104

A Prior Period adjustment was made to reduce 'Net Operating Expendiure for the financial year' by £0.999m in 2018-19

A Prior Period adjustment was made to reduce 'Trade and other payables' by £0.999m in 2018-19

The notes on pages 5 to 27 form part of this statement

Notes to the financial statements

1 Accounting Policies

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

1.1 Going Concern

These accounts have been prepared on a going concern basis, in accordance with the definition as set out in section 4 of the Department of Health and Social Care Group Accounting Manual 2019-20, which outlines the interpretation of IAS1 'Presentation of Financial Statements' as 'anticipated continuation of the provision of a service in the future, as evidenced by the inclusion of financial provision for that service in published documents'.

In carrying out its assessment, the Governing Body have taken into account the following key documents / considerations:

1.1.1 The statement published by NHS England and NHS Improvement on 27th May 2020
(https://improvement.nhs.uk/documents/6615/Statement_to_support_forecasting.pdf).

This states that “the financial statements of all NHS providers and CCGs will be prepared on a going concern basis unless there are exceptional circumstances where the entity is being or is likely to be wound up without the provision of its services transferring to another entity in the public sector.”

It also states that “We are not yet able to definitively announce the contracting arrangements that will be in place
for the rest of 2020/21 and beyond. It remains the case that the Government has issued a mandate to NHS England for the continued provision of services in England in 2020/21 and CCG allocations have been set for the remainder of 2020/21. While these allocations may be subject to minor revision as a result of the COVID-19 financial framework, the guidance has been clarified to inform CCGs that they will be provided with sufficient funding for the year.

Providers can therefore continue to expect NHS funding to flow at similar levels to that previously provided where services are reasonably still expected to be commissioned. While mechanisms for contracting and payment are not definitively in place, it is clear that NHS services will continue to be funded, and government funding is in place for this.

Further, in additional guidance on the cash and capital regime published by DHSC in April 2020 (https://www.england.nhs.uk/wp-content/uploads/2020/04/C0096-Cash- regime-guidance-1-April-2020.pdf).

Entities therefore should continue to prepare cash flow forecasts on a medium-term basis, using a combination of the different contracting and payment arrangements that have applied to them over the past year, and if necessary, on the basis on the contracts issued for the first four months of 2020/21.

In any year, where auditors request cash flow forecasts from providers for 18 months from the reporting date, that second subsequent year would usually not yet have formal contracts in place between a provider and its commissioners, but it is reasonable to assume funding will continue to flow. That principle is unaffected in the current environment.”

1.1.2 NHS contracting and payment guidance (March 2020)

In March 2020 NHSE&I announced revised arrangements for NHS contracting and payment to apply for the first four months of the 2020/21 year due to the Covid-19 pandemic. This has subsequently been extended to 31 October 2020. The contracting arrangements for the rest of 2020/21 and beyond have not yet been definitively announced but it remains the case that the Government has issued a mandate to NHS England for the continued provision of health services in England in 2020/21 and CCG allocations have been set for the remainder of 2020/21 and 2021/22. The CCG does therefore continue to expect NHS funding to flow at similar levels to that previously provided where services are reasonably still expected to be commissioned.

1.1.3 CCG 2019/20 Financial Position

In 2018/19 NHS England set the CCG a deficit control total of £16.671m, following a restatement of the 2018/19 accounts the CCG reported a surplus variance against control total of £1.16m after receipt of £16.67m non-recurrent Commissioner Support Funding.

In 2019/20 NHS England set a deficit control total for the CCG of £11.00m, the CCG reported an adverse variance against control total of £10.75m.

1.1.4 2020/21 to 2023/24 Indicative financial planning

The narrative in this section reflects the original framework that the CCG would have operated within prior to the outbreak of Covid 19. Although the operating framework has been revised for the first six months of the 2020/21 financial year, in the absence of any further national guidance, the CCG is still working on the assumption that the five year plan depicted in the table below will form the basis of its future financial environment.

The responsibilities of the CCG is set out by the Health and Social Care Act 2012 and currently there are no confirmed plans to change how the CCG operates within the next 12 months.

The Governing Body have considered whether there are any local or national policy decisions that are likely to affect the continued funding and commissioning of services by the CCG. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

The CCG has been notified formally of the level of allocations it will receive for the years 2020/21 to 2023/24. Using this information, the CCG has produced:

- A five-year financial plan, that was submitted to NHS England in January 2020 as part of the Staffordshire and Stoke on Trent System Financial Plan; and
- A more detailed one-year plan for 2020/21 that was submitted to NHS England in March 2020.

A financial plan update was provided to the Governing Body on 27th February 2020. This update informed the Governing Body that the STP had met with the national NHSE/I team to discuss the system financial position and had also responded to requests for additional information to support the current plan with the aim of reaching agreement on a system control total. Subsequently all financial planning relating to the STP five-year plan and the CCG 2020/21 plan was suspended by NHSE so that all organisations could focus on managing the COVID emergency.

Notes to the financial statements

The table below shows a summary of the CCG five-year plan.

		Plan	Plan	Plan	Plan	Plan
NHS Stafford & Surrounds CCG		2019/20	2020/21	2021/22	2022/23	2023/24
Commissioner Summary						
Commissioner Allocations	£000s	211,694	220,319	226,618	235,850	245,638
Commissioner Expenditure	£000s	(232,586)	(243,742)	(248,857)	(255,909)	(263,361)
Underspend / (Deficit) excluding CSF	**£000s**	(20,892)	(23,423)	(22,239)	(20,059)	(17,723)
Underspend / (Deficit) excluding CSF	**%**	(9.9%)	(10.6%)	(9.8%)	(8.5%)	(7.2%)

As can be seen, the CCG was permitted a 2019/20 deficit of 9.9% by NHSE. The CCG plan increases this deficit to 10.6% in 2020/21 and to 7.2% by the end of the planning period.

In the view of the Governing Body, if planning had not been suspended due to the COVID emergency the CCG would, by now, have:

• Agreed a 2020/21 operational plan with NHS England; and

• Agreed 2020/21 contracts with providers

As the above has not been progressed, the national guidance as set out in point 2 above has been followed.
The impact of the above guidance on the CCG planned spend for the first four months of the year was taken to the Governing Body on 04/06/2020.

1.1.5 NHSE/I ASSURANCE PROCESS

Once financial planning has been resumed, the “business as usual” assurance process will be reinstated by NHSE/I. This will include further detailed work reviewing the CCG and STP financial plans in order to agree the CCG 2020/21 plan and STP five-year plan. Once the CCG financial plan is agreed, performance against it will be reviewed monthly.

Taking into account these planning scenarios and the robust financial framework and governance structures in place both within the CCG and through the NHS E/I assurance process, the Governing Body have a reasonable expectation that the CCG will have adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

1.1.6 Historic Deficit

Under the current financial rules, where a CCG spends more than its allocation for a given financial year, the overspend is carried forward to future years in a similar way to provider loans and is required to be repaid.

However, in some cases the level of historic debt is such that the amount cannot be repaid in a reasonable timeframe, and this is becoming a barrier to system transformation. Therefore, from 2020/21 we will write-off historic CCG debt subject to the following:

• The level of the total overspend is such that repayment over 4 years is not feasible, i.e. the total cumulative debt is more than 4% of the CCG allocation.

• The CCG will agree a repayment profile with NHS England and NHS Improvement showing the element of the cumulative debt that will be repaid, which will take account of historic funding levels - typically this will be 50% of the cumulative debt but will be assessed case by case.

• The CCG must address the underlying issues that caused the overspends such that it delivers in-year financial balance, and the agreed repayment profile achieved.

This may be applied retrospectively where a CCG has already satisfied the conditions. If the CCG overspends its allocation during the two years following the point of write-off, the historic liability may be reinstated.

1.2 **Accounting Convention**

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

1.3 **Pooled Budgets**

Where the clinical commissioning group has entered into a pooled budget arrangement under Section 75 of the NHS Act 2006, the clinical commissioning group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

Following the Care Act 2014 that amended the NHS Act 2006 to provide the legislative basis for the delivery of the Better Care Fund (BCF), the Staffordshire and Stoke on Trent Clinical Commissioning Groups entered, for 2019/20, into a Section 75 and Section 256 Pooled Budget agreement with Staffordshire County Council (SCC).

The BCF is a key catalyst for Health and Social Care working with other partners, to establish a complementary approach to whole systems working that builds upon approaches and infrastructures that are already part of the Staffordshire and Stoke-on-Trent landscape. BCF affords the opportunity to develop shared positions, to adopt agreed objectives and to drive changes that are systems wide.

The accounting treatment for the pooled budget agreement varies from scheme to scheme. For some schemes SCC acts as the principal and, in these cases, the CCG reports transactions and balances with SCC and SCC accounts for expenditure and balances with the end providers. For some schemes the CCG has not transferred any resources to SCC as these relate to current CCG contractual commitments. Until the current CCG contractual commitments are decommissioned and then re-commissioned jointly through the BCF these transactions are excluded from pooled budget arrangements and, as before, accounted for in the CCG's accounts. The CCG has transferred some of its resources to SCC for it to be used to protect social care services and to implement the Care Act. These transfers are recorded as expenditure in the CCG's accounts. There are also some schemes for which SCC controls and expends all resources. None of the expenditure on such schemes is recorded in the CCG's accounts. Finally there are some schemes for which resources are transferred to other CCG's and the CCG reports transactions and balances with those CCG's and the other CCG's account for expenditure and balances with the end providers. To ensure comprehensive disclosure in respect of BCF, ‘Note 17' discloses the accounting treatment of all the schemes included in the Section 75 agreement between the Staffordshire and Stoke on Trent CCG's and SCC.

1.4 **Operating Segments**

The term 'Chief Operating Decision Maker', per IFRS8, identifies a function, not necessarily a manager with a specific title. That function is to allocate resources to and assess the performance of the operating segments of an entity. The CCG's chief operating decision maker is its group of executive and non-executive officers (the Governing Body). The CCG considers it has only one operating segment: commissioning of healthcare services. Finance and performance information is reported to the Governing Body as one segment and these financial statements have been prepared in accordance with this reporting.

Notes to the financial statements

1.5 **Revenue**

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows;

• As per paragraph 121 of the Standard the clinical commissioning group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,

• The clinical commissioning group is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the clinical commissioning group to reflect the aggregate effect of all contracts modified before the date of initial application.

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

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

1.6 **Employee Benefits**

1.6.1 **Short-term Employee Benefits**

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.6.2 **Retirement Benefit Costs**

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

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

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

1.7 **Other Expenses**

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

1.8 **Grants Payable**

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the clinical commissioning group recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.9 **Property, Plant & Equipment**

1.9.1 **Recognition**

Property, plant and equipment is capitalised if:

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

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

Notes to the financial statements

1.9.2 **Measurement**

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

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

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.9.3 **Subsequent Expenditure**

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.10 **Leases**

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.10.1 **The Clinical Commissioning Group as Lessee**

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the clinical commissioning group's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.11 **Cash & Cash Equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the clinical commissioning group's cash management.

1.12 **Provisions**

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

Early retirement provisions are discounted using HM Treasury's pension discount rate of positive 0.50% (2018-19: positive 0.29%) in real terms. All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

• A nominal short-term rate of 0.51% (2018-19: 0.76%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.

• A nominal medium-term rate of 0.55% (2018-19:1.14%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.

• A nominal long-term rate of 1.99% (2018-19: 1.99%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.

• A nominal very long-term rate of 1.99% (2018-19: 1.99%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

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

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

Notes to the financial statements

1.13 **Clinical Negligence Costs**

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

1.14 **Non-clinical Risk Pooling**

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

1.15 **Contingent liabilities and contingent assets**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.16 **Financial Assets**

Financial assets are recognised when the clinical commissioning group becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.16.1 **Financial Assets at Amortised cost**

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.16.2 **Financial assets at fair value through other comprehensive income**

Financial assets held at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

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

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

1.16.4 **Impairment**

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

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

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

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

1.17 **Financial Liabilities**

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

1.17.1 **Financial Guarantee Contract Liabilities**

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

- The premium received (or imputed) for entering into the guarantee less cumulative amortisation; and,

- The amount of the obligation under the contract, as determined in accordance with IAS 37: Provisions, Contingent Liabilities and Contingent Assets.

Notes to the financial statements

1.18 **Value Added Tax**

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

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

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

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

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

The six Staffordshire and Stoke on Trent CCGs spent a total of £134.1m on Continuing Healthcare and Funded Nursing Care in 2019-20. Of this, £71m related to the South four CCGs and was split on the following risk share:

- East Staffordshire 14.74%
- Cannock Chase 27.83%
- Stafford and Surrounds 28.12%
- South East Staffordshire 29.3%

1.19.2 **Sources of estimation uncertainty**

The following are the key estimations that management has made in the process of applying the clinical commissioning group’s accounting policies that have the most significant effect on the amounts recognised in the financial statements:

Management are not aware of any key estimations which are not already included which may result in a material impact on the amounts recognised in the financial statements.

There are four accounting estimates which are considered to be significant. These are Prescribing, Contract Outturn accruals, Partially Completed Spells and Non Contract Activity.

- Prescribing: The NHS Business Services Authority provides a report which forecasts final Prescribing expenditure for each GP Practice and is used as the basis for the accrual at financial year end. The value of the accrual entered into the Accounts for 2019-20 is £4.413m.

- Contract Outturn accruals: The CCG bases it's accruals following one of two methodologies. 1) Extrapolating a position based on the individual Providers activity reports amended for known issues where they exist. 2) Reconciling to the accrual made by the Individual provider identified through the Agreement of Balances exercise where applicable (NHS contracts only). The value of the accruals entered into the Accounts for 2019-20 is £0.911m.

- Partially Completed Spells: The CCG assures itself that the information received from the appropriate provider is accurate by performing a reasonableness test comparing the growth/reduction in Partially Completed Spells against the overall growth/reduction in the overall in year contract performance.

- Non Contract Activity: This accrual invariably relates to non elective treatments performed by healthcare providers outside of the West Midlands. The very nature of the time lag in reporting of this activity necessitates an accrual to be made at financial year end. This accrual is based upon a review of the invoices and date of activity within those invoices received at the point of preparing the draft accounts. This allows the CCG to make an accurate estimate of the period of time that they are yet to have billed for and by applying an average run rate cost the accrual value is derived. The value of the accrual entered into the Accounts for 2019-20 is £0.213m.

Due to the nature of the financial flows within the NHS, the four key areas of estimation are wholly determined by the demand for those services. Should demand significantly differ from our expected activity levels, then there is a risk of variance from plan.

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

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2019-20. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2020-21, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

● IFRS 16 Leases – The Standard is effective 1 April 2021 as adapted and interpreted by the FReM.

● IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

● IFRIC 23 Uncertainty over Income Tax Treatments - Application required for accounting periods beginning on or after 1 January 2019 - the expected impact of this standard is nil.

2 Other Operating Revenue

	2019-20 Total	2018-19 Total
	£'000	£'000
Income from sale of goods and services (contracts)		
Education, training and research	20	25
Non-patient care services to other bodies	2,039	3,530
Other Contract income	2,026	1,242
Total Income from sale of goods and services	**4,085**	**4,797**
Total Operating Income	**4,085**	**4,797**

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

	Education, training and research	Non-patient care services to other bodies	Other Contract income
	£'000	£'000	£'000
Source of Revenue			
NHS	20	1,995	545
Non NHS	-	44	1,481
Total	**20**	**2,039**	**2,026**

	Education, training and research	Non-patient care services to other bodies	Other Contract income
	£'000	£'000	£'000
Timing of Revenue			
Point in time	20	2,039	2,026
Over time	-	-	-
Total	**20**	**2,039**	**2,026**

4. Employee benefits and staff numbers

4.1 Employee benefits	Total		2019-20
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	2,132	1,282	**3,414**
Social security costs	242	-	**242**
Employer Contributions to NHS Pension scheme	412	-	**412**
Other pension costs	1	-	**1**
Apprenticeship Levy	36	-	**36**
Termination benefits	39	-	**39**
Gross employee benefits expenditure	2,862	1,282	4,144
Less recoveries in respect of employee benefits (note 4.1.2)	**-**	**-**	**-**
Total - Net admin employee benefits including capitalised costs	2,862	1,282	4,144
Less: Employee costs capitalised	**-**	**-**	**-**
Net employee benefits excluding capitalised costs	2,862	1,282	4,144

4.1 Employee benefits	Total		2018-19
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	1,684	1,282	2,966
Social security costs	166	-	166
Employer Contributions to NHS Pension scheme	201	-	201
Apprenticeship Levy	3	-	3
Termination benefits	33	-	33
Gross employee benefits expenditure	2,087	1,282	3,369
Less recoveries in respect of employee benefits (note 4.1.2)	**-**	**-**	**-**
Total - Net admin employee benefits including capitalised costs	2,087	1,282	3,369
Less: Employee costs capitalised	**-**	**-**	**-**
Net employee benefits excluding capitalised costs	2,087	1,282	3,369

4.2 Average number of people employed

	2019-20			2018-19		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**32.44**	**18.21**	**50.65**	**30.36**	**13.30**	**43.66**

4.3 Exit packages agreed in the financial year

	2019-20 Compulsory redundancies		2019-20 Total	
	Number	£	Number	£
Less than £10,000	1	4,848	1	4,848
£10,001 to £25,000	1	15,246	1	15,246
£25,001 to £50,000	1	27,260	1	27,260
£50,001 to £100,000	1	73,333	1	73,333
£100,001 to £150,000	1	104,612	1	104,612
£150,001 to £200,000	-	-	-	-
Over £200,001	-	-	-	-
Total	**5**	**225,299**	**5**	**225,299**

	2018-19 Compulsory redundancies		2018-19 Total	
	Number	£	Number	£
Less than £10,000	1	3,333	1	3,333
£10,001 to £25,000	1	18,888	1	18,888
£25,001 to £50,000	-	-	-	-
£50,001 to £100,000	6	503,730	6	503,730
£100,001 to £150,000	2	261,848	2	261,848
£150,001 to £200,000	-	-	-	-
Over £200,001	-	-	-	-
Total	**10**	**787,799**	**10**	**787,799**

The tables in this note show the aggregate total of Exit Packages agreed in year for the group of six Staffordshire CCGs. Stafford and Surrounds CCG's share of costs relating to Exit Packages agreed in 2019-20 was £41,803 (2018-19 £147,411).

The Exit Package of £27,260 referred to in the table above was repaid in 2020-21 due to the postholder being successful in obtaining a new substantive position within the NHS.

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.

4.4 Pension costs

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

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

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

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

The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% from 1st April 2019. For 2019/20, NHS CCGs continued to pay over contributions at the former rate with the additional amount being paid by NHS England on CCGs behalf. The full cost and related funding has been recognised in these accounts within Note 4.1 under Employers pension contributions.

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018 updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

4.4.2 Full actuarial (funding) valuation

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

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

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

5. Operating expenses

	2019-20 Total £'000	Restated 2018-19 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	2,427	3,201
Services from foundation trusts	36,149	33,991
Services from other NHS trusts	112,892	105,828
Purchase of healthcare from non-NHS bodies	49,386	42,968
Purchase of social care	3,387	3,427
Prescribing costs	25,942	25,030
General Ophthalmic services	225	156
GPMS/APMS and PCTMS	22,259	21,915
Supplies and services – clinical	33	71
Supplies and services – general	439	1,282
Consultancy services	577	382
Establishment	1,847	416
Transport	888	903
Premises	219	544
Audit fees	44	34
Other non statutory audit expenditure		
· Internal audit services	34	45
· Other services	7	12
Other professional fees	33	274.49
Legal fees	96	132
Education, training and conferences	645	356
Total Purchase of goods and services	**257,529**	**240,967**
Depreciation and impairment charges		
Depreciation	6	6
Total Depreciation and impairment charges	**6**	**6**
Provision expense		
Provisions	0	(44)
Total Provision expense	**0**	**(44)**
Other Operating Expenditure		
Chair and Non Executive Members	113	109
Research and development (excluding staff costs)	20	-
Expected credit loss on receivables	16	-
Other expenditure	3	-
Total Other Operating Expenditure	**152**	**109**
Total operating expenditure	**257,687**	**241,038**

A Prior Period adjustment was made to reduce 'Services from Foundation Trusts' by £0.261m in 2018-19

A Prior Period adjustment was made to reduce 'Services from other NHS Trusts' by £0.571m in 2018-19

A Prior Period adjustment was made to increase 'Purchase of Healthcare from Non-NHS Bodies' by £0.093m in 2018-19

A Prior Period adjustment was made to reduce 'Prescribing Costs' by £0.260m in 2018-19

6.1 Better Payment Practice Code

Measure of compliance	**2019-20 Number**	**2019-20 £'000**	2018-19 Number	2018-19 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	13,713	132,418	13,112	103,144
Total Non-NHS Trade Invoices paid within target	13,253	128,534	12,809	97,454
Percentage of Non-NHS Trade invoices paid within target	**97%**	**97%**	**98%**	**94%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,499	155,332	2,745	163,393
Total NHS Trade Invoices Paid within target	2,429	153,375	2,685	160,551
Percentage of NHS Trade Invoices paid within target	**97%**	**99%**	**98%**	**98%**

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

7. Operating Leases

7.1 As lessee

7.1.1 Payments recognised as an Expense	2019-20			2018-19		
	Buildings £'000	Other £'000	Total £'000	Buildings £'000	Other £'000	Total £'000
Payments recognised as an expense						
Minimum lease payments	103	-	**103**	101	1	**102**
Contingent rents	-	-	**-**	-	-	**-**
Sub-lease payments	-	-	**-**	-	-	**-**
Total	**103**	**-**	**103**	**101**	**1**	**102**

7.1.2 Future minimum lease payments	2019-20			2018-19		
	Buildings £'000	Other £'000	Total £'000	Buildings £'000	Other £'000	Total £'000
Payable:						
No later than one year	101	-	**101**	42	-	**42**
Between one and five years	216	-	**216**	162	-	**162**
After five years	51	-	**51**	72	-	**72**
Total	**368**	**-**	**368**	**276**	**-**	**276**

The six Staffordshire CCGs come under a single leadership arrangement. As a result, the Operating Lease costs of buildings across the six Staffordshire CCGs are shared on a capitation basis.

8 Property, plant and equipment

2019-20	Information technology £'000	Total £'000
Cost or valuation at 01 April 2019	31	31
Cost/Valuation at 31 March 2020	**31**	**31**
Depreciation 01 April 2019	12	12
Charged during the year	7	7
Depreciation at 31 March 2020	**19**	**19**
Net Book Value at 31 March 2020	**12**	**12**
Purchased	12	12
Total at 31 March 2020	**12**	**12**
Asset financing:		
Owned	12	12
Total at 31 March 2020	**12**	**12**

8.1 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Information technology	3	5

9.1 Trade and other receivables	Current 2019-20 £'000	Current 2018-19 £'000
NHS receivables: Revenue	1,464	1,851
NHS prepayments	581	568
NHS accrued income	3,735	8,181
Non-NHS and Other WGA receivables: Revenue	537	378
Non-NHS and Other WGA prepayments	3	-
Non-NHS and Other WGA accrued income	55	885
Expected credit loss allowance-receivables	(16)	-
VAT	61	26
Total Trade & other receivables	**6,420**	**11,889**

9.2 Receivables past their due date but not impaired

	2019-20 DHSC Group Bodies £'000	2019-20 Non DHSC Group Bodies £'000	2018-19 DHSC Group Bodies £'000	2018-19 Non DHSC Group Bodies £'000
By up to three months	1,024	308	1,561	62
By three to six months	-	85	118	54
By more than six months	-	8	-	25
Total	**1,024**	**401**	**1,679**	**141**

9.3 Loss allowance on asset classes	Trade and other receivables - Non DHSC Group Bodies £'000	Total £'000
Balance at 01 April 2019	-	**-**
Lifetime expected credit losses on trade and other receivables-Stage 2	(16)	**(16)**
Total	**(16)**	**(16)**

10 Cash and cash equivalents

	2019-20 £'000	2018-19 £'000
Balance at 01 April 2019	104	140
Net change in year	(51)	(36)
Balance at 31 March 2020	**53**	**104**
Made up of:		
Cash with the Government Banking Service	53	104
Cash in hand	0	0
Cash and cash equivalents as in statement of financial position	**53**	**104**
Balance at 31 March 2020	**53**	**104**

11 Trade and other payables	**Current 2019-20 £'000**	Restated Current 2018-19 £'000
NHS payables: Revenue	3,510	4,034
NHS accruals	4,597	2,796
Non-NHS and Other WGA payables: Revenue	8,316	6,495
Non-NHS and Other WGA payables: Capital	1,147	-
Non-NHS and Other WGA accruals	26,266	20,066
Non-NHS and Other WGA deferred income	-	44
Social security costs	199	61
Tax	179	52
Payments received on account	10	-
Other payables and accruals	873	884
Total Trade & Other Payables	**45,098**	**34,432**

A Prior Period adjustment was made to reduce 'NHS Accruals' by £0.833m in 2018-19

A Prior Period adjustment was made to reduce 'Non-NHS and Other WGA accruals' by £0.166m in 2018-19

From 1 July 2019 the payroll for the six Staffordshire CCG's has been run through NHS Stafford and Surrounds CCG and pension contributions are paid directly by this CCG on behalf of all six Staffordshire CCGs.

Other payables includes £0.238m outstanding pension contributions at 31 March 2020

12 Provisions

	Current 2019-20 £'000	Current 2018-19 £'000
Redundancy	73	76
Total	**73**	**76**

	Redundancy £'000	**Total £'000**
Balance at 01 April 2019	**76**	**76**
Utilised during the year	(3)	**(3)**
Balance at 31 March 2020	**73**	**73**
Expected timing of cash flows:		
Within one year	73	**73**
Balance at 31 March 2020	**73**	**73**

The redundancy provision has been calculated based upon the value of the liability due to specified individuals who, during the management of change programme, went out on secondment to other NHS organisations which will conclude during the financial year 2020-21. One of those individuals was recalled from their secondment and returned to work for the CCG in 2019-20 on a temporary basis. This specific arrangement will conclude in 2020-21.

13 Contingencies

	2019-20 £'000	2018-19 £'000
Contingent liabilities		
Equal Pay	-	-
NHS Resolution Legal Claims	-	-
Employment Tribunal	-	-
NHS Resolution employee liability claim	-	-
Redundancy	-	-
Continuing Healthcare	-	-
Amounts recoverable against contingent liabilities	-	-
Net value of contingent liabilities	**-**	**-**

14 Commitments

14.1 Other financial commitments

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

	2019-20 £'000	2018-19 £'000
In not more than one year	-	-
In more than one year but not more than five years	-	-
In more than five years	-	-
Total	**-**	**-**

15 Financial instruments

15.1 Financial risk management

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

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

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

15.1.1 Currency risk

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

15.1.2 Interest rate risk

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

15.1.3 Credit risk

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

15.1.4 Liquidity risk

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

15.1.5 Financial Instruments

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

15 Financial instruments cont'd

15.2 Financial assets

	Financial Assets measured at amortised cost 2019-20 £'000	Total 2018-19 £'000
Trade and other receivables with NHSE bodies	4,391	6,865
Trade and other receivables with other DHSC group bodies	863	3,974
Trade and other receivables with external bodies	537	456
Other financial assets	-	-
Cash and cash equivalents	53	104
Total at 31 March 2020	**5,844**	**11,399**

15.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2019-20 £'000	Restated Total 2018-19 £'000
Trade and other payables with NHSE bodies	2,917	1,646
Trade and other payables with other DHSC group bodies	9,609	9,075
Trade and other payables with external bodies	32,183	22,669
Other financial liabilities	-	884
Total at 31 March 2020	**44,710**	**34,274**

A Prior Period adjustment was made to reduce 'Trade and other payables with other DHSC group bodies' by £1.093m in 2018-19

A Prior Period adjustment was made to increase 'Trade and other payables with external bodies' by £0.094m in 2018-19

16 Joint arrangements - interests in joint operations

16.1 Interests in joint operations

Scheme	Area	Category	Accounting Treatment	CCG Contribution to each Scheme in 2019-20 £000	CCG Contribution to each Scheme in 2018-19 £000
Protection of Adult Social Care	Social Care	Section 256 Fund Transfer	Resources transferred by CCG to Staffordshire County Council who act as principal. CCG accounts for its transactions with Council.	3,211	3,027
Implementation of the Care Act	Social Care	Section 256 Fund Transfer	Resources transferred by CCG to Staffordshire County Council who act as principal. CCG accounts for its transactions with Council.	337	337
Carers Breaks	Mental Health	Carers	Resources transferred by CCG to Staffordshire County Council who act as principal. CCG accounts for its transactions with Council.	113	107
Community Equipment (ICES)	Social Care	Support to live at home	Staffordshire County Council acts as principal. CCG accounts for its transactions with Council.	563	611
				4,224	**4,082**
Dementia / Frailty / Complex Needs (MPFT Contract)	Mental Health	Frail Elderly	Resources controlled and expended by the CCG.	2,959	2,849
Hospices	Other	End of Life	Resources controlled and expended by the CCG.	1,283	1,170
Healthcare Tasks	Mental Health	Support to live at home	Resources controlled and expended by the CCG.	226	0
Intermediate Care / Step Down Beds / Reablement	Community Health	Frail Elderly	Resources controlled and expended by the CCG.	3,619	3,194
Continuing Health Care (dementia)	Community Health	Frail Elderly	Resources controlled and expended by the CCG.	1,422	2,254
				9,509	**9,467**
			Total	**13,733**	**13,549**

17 Related party transactions

Details of related party transactions with individuals are as follows:

	2019-20				2018-19			
	Payments to Related Party £'000	**Receipts from Related Party £'000**	**Amounts owed to Related Party £'000**	**Amounts due from Related Party £'000**	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Rising Brook Surgery	1,129	0	2	0	1,110	0	0	0
GP First	2,097	0	8	0	552	0	0	0
Cannock Chase Clinical Alliance	51	0	0	0	5	0	0	0
Holmcroft Surgery	1,262	0	3	0	1,294	0	0	5
Hazeldine House Surgery	1,738	0	1	0	1,735	0	0	0
Mansion House Surgery	1,820	0	0	0	1,704	0	2	0
Brewood Surgery	2,137	0	0	0	2,057	0	0	0

Dr Manu Agrawal, CCG Clinical Lead, Director of Rising Brook Surgery, practice is a member of Cannock Chase Clinical Alliance and GP First

Dr Paddy Hannigan, Chair of Governing Body, is a GP Partner at Holmcroft Surgery, practice is a member of GP First

Dr Marianne Holmes, CCG Clinical Lead, GP Partner at Hazeldine House Surgery, practice is a member of Cannock Chase Clinical Alliance and shareholder in GP First

Dr Kate Milward, CCG Clinical Lead, GP Partner at Mansion House Surgery, practice is a member of GP First

Dr Asif Ahmed, CCG Clinical Lead, GP Partner at Brewood Surgery, practice is a member of GP First

NHS Stafford and Surrounds CCG operates a Joint Management structure with five other Staffordshire CCGs included in the list below (*) from 1st April 2018. The Board posts as detailed in the Remuneration report are shared equally between each CCG.

The Department of Health is regarded as the parent department. During the year the clinical commissioning group has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. For example:

- NHS England
- NHS Foundation Trusts
- NHS Trusts
- NHS Litigation Authority
- NHS Business Services Authority
- NHS Clinical Commissioning Groups

Of those entities listed above, our main areas of expenditure has been with:

*NHS South East Staffordshire & Seisdon Peninsula CCG
*NHS Cannock Chase CCG
*NHS Stoke on Trent CCG
*NHS North Staffordshire CCG
*NHS East Staffordshire CCG
Midlands Partnership NHS Foundation Trust
Royal Wolverhampton NHS Trust
West Midlands Ambulance Service Foundation Trust
Universal Hospital of North Midlands NHS Trust
Rowley Hall Hospital

In addition, the clinical commissioning group has had a number of material transactions with other government departments and other central and local government bodies.

The principal partner within Local Government is Staffordshire County Council with whom payments/amounts owed by the CCG totalled £14,491,518 and receipts/amounts due to the CCG came to the sum of £1,155,334

18 Losses and Special Payments

The CCG recorded no losses or special payments in 2019-20 (nil 2018-19).

19 Financial performance targets

NHS Clinical Commissioning Groups have a number of financial duties under the NHS Act 2006 (as amended).

The NHS Clinical Commissioning Group performance against those duties was as follows:

		2019-20			Restated 2018-19		
NHS Act Section	**Duty**	**Target £000**	**Performance £000**	**Duty Achieved**	**Target £000**	**Performance £000**	**Duty Achieved**
223H (1)	Expenditure not to exceed income	240,085	261,831	No	245,568	244,407	Yes
223I (2)	Capital resource use does not exceed the amount specified in Directions	-	-	N/A	-	-	N/A
223I (3)	Revenue resource use does not exceed the amount specified in Directions	236,000	257,746	No	240,772	239,611	Yes
223J(1)	Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	N/A	-	-	N/A
223J(2)	Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	N/A	-	-	N/A
223J(3)	Revenue administration resource use does not exceed the amount specified in Directions	3,294	3,281	Yes	3,675	3,664	Yes

A Prior Period adjustment was made to reduce performance in Section 223H(1) 'Expenditure Not to exceed income' in 2018-2019 by £0.999m

A Prior Period adjustment was made to reduce performance in Section 223I(3) 'Revenue Resource use does not exceed the amount specified in Directions' in 2018-2019 by £0.999m

The clinical commissioning group has therefore failed its duty to operate within its identified revenue resource, resulting in an in-year deficit of £21,746k. As a result, the clinical commissioning group's external auditors sent a report on 28th May 2019 to the Secretary of State for Health under Section 30 of the Local Audit and Accountability Act 2014.

As per the Allocations Directions in 2019/20 the maximum resource target will be calculated as being the in year allocation.

The deficit position has arisen from overspends across some areas of the commissioning group's responsibility, ie Secondary Care and Prescribing.

The CCG received an additional allocation of £0.544m to support the Covid 19 response. This allocation is shown within 223H(1) and 223I(3) Target. The associated expenditure is within 223H(1) and 223I(3) Performance and is exactly equal to the allocation received and therefore has no impact to the bottom line financial performance of the CCG.

20 Events After The End of the Reporting Period

There are no post balance sheet events which will have a material effect on the financial statements of the clinical commissioning group.

21 Prior Period Adjustment (note to the accounts)

During the audit of the annual accounts there was identified a number of oversights/misinterpretations that had led to the incorrect accounting treatment in relation to the 2018/19 accounting period.

Where such oversights/misinterpretations have been adjusted for a disclosure has been made to each of the financial statements/note to the accounts disclosing the individual line item affected and the value of the adjustment made.

The nature of these adjustments come under two categories:

Firstly allocations were received by NHS Stafford and Surrounds CCG in respect of the Transforming Care Partnership programme and a proportion should have been allocated out to the other five Staffordshire and Stoke on Trent CCGs but weren't. The value of that adjustment was £1,601,785

Secondly accruals were included in the financial statements where the CCG had information that amended the position prior to accounts sign off that were inadvertantly omitted/excluded and the value of those adjustments was £2,600,684