NHS
Swindon
Clinical Commissioning Group

Swindon Clinical Commissioning Group
2014/15 Annual Report

Optimising the health of the people of Swindon and Shrivenham

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Forward

Welcome message from the Clinical Chair

Welcome to the second Annual Report for Swindon Clinical Commissioning Group.

Swindon Clinical Commissioning Group's (CCG) mission is to optimise the health the quarter of a million people registered with 26 GP practices in Swindon and Shrivenham. This task involves commissioning c£235m of local health services on behalf of its member practices.
This annual report outlines the strategy that the CCG is following and progress that the CCG is making towards achieving its mission, including the following aims:

- **To increase the life expectancy** of people living in Swindon and Shrivenham
- **To reduce health inequalities** within Swindon and Shrivenham
- **To increase self-reliance** and **support self-care**
- **To increase the support we offer to those with long term conditions**
- **To reduce emergency admissions and make the shift from unplanned to planned care**
- **To promote the use of new technology**
- **To improve the efficiency and productivity of local health services**
- **To improve the patient's experience of local health services**

We trust that you will find the following annual report helpful and informative. We will be presenting this report to our member GP practices and sharing its contents with partner organisations and at our Governing Body meetings which are held monthly throughout the year.

If having read the report, you feel that we have missed anything important, please feel free to contact our Communications and Engagement Team as we are keen to develop and grow our knowledge, experience and understanding. We believe that by working together we can best achieve our mission: To optimise the healthcare of the people of Swindon and Shrivenham.

Peter Crouch
Clinical Chair
Swindon Clinical Commissioning Group

Member practices' introduction

The CCG is led by an elected Clinical Chair, Dr Peter Crouch, GP Partner at Taw Hill Medical Practice and supported by the elected Clinical Vice-Chair, Dr Peter Mack, Senior Partner at Moredon Health Centre. Dr Mack along with two other elected GP Governing Body members, Dr Eric Holiday and Dr Philip Mayes represented the CCG's three localities during 2014/15. The Clinical Chair attends the weekly Executive Management Team meetings of the CCG.

All the GP and practice manager Governing Body members attend the Clinical Leadership Group (CLG) meetings which are held fortnightly. The Governing Body also includes an elected non-principal /salaried GP representative. During the year the CLG has provided a forum for active clinical debate, this has informed the decisions regarding priorities for the CCG. Throughout the year the CLG received and provided feedback to the CCG's member GP practices.

Our Clinical Chair had an external role during 2014/15 to work on a national group reviewing the formula for the allocation of NHS funding for CCGs. For a number of years this has been a significant issue for NHS commissioners in Swindon as the basis of the formula did not adequately take account of the financial pressures associated with rapidly growing populations like Swindon or for populations which show a significantly different demographic to many other parts of the country. There was also a relatively greater increase in the proportion of 0-5 year olds and those of working age in Swindon and the costs associated with these groups had not been adequately factored into the national calculations. The formula had also applied greater weighting to deprivation factors. Following considerable analysis and modelling a new model of financial allocation was developed which has resulted in a 'fairer' allocation for Swindon from 2014 - 2016. This can be partly attributed to the Clinical Chair's efforts.

The top priority for the CCG has been to improve the services for people needing emergency hospital care and reducing accident and emergency attendances at the Great Western Hospital NHS Foundation Trust (GWH). The CCG has been working closely with partner organisations (including SEQOL and Swindon Borough Council) to identify and implement schemes to reduce unnecessary attendances to the Emergency Department at GWH.

Prime Minister's Challenge Fund – Swindon CCG's application is successful

In 2014/15 the CCG commissioned a pilot scheme to improve access to primary care services.

At the end of March 2015 the CCG was very pleased to announce that our application to extend the Swindon Urgent Care Collaborative Emergencies Surgery Scheme (SUCCESS) using funding from the Prime Minister's Challenge Fund (Wave Two) was successful.

This application proposed to further develop and deliver an innovative model for delivering general practice that offers significant benefits for NHS patients. Additional funding has been secured for Swindon in order to support an initiative which will be undertaken in close collaboration with most local Swindon and Shrivenham GP practices.

Over recent months and years, the CCG has increasingly heard our patients telling us that it has been difficult to get a GP appointment, and patients needing urgent care need options, rather than visiting a busy emergency department. By working in partnership with our key partners in Swindon, the CCG developed this project to provide access to a range of supportive services e.g. local urgent care centres, a children's urgent care clinic, and an increase in the availability of GP home visits and routine appointments.

An objective for the CCG is to work with NHS England to improve the quality of primary care and in Swindon the approach to address this has been collecting, analysing and reviewing practice performance. During the year, member GP practices have received data on outpatient referral rates; emergency admissions and Emergency Department attendances and member GP practices depend upon the accurate and timely communication between acute hospital providers and primary care. In 2014/15, practices have engaged in audits of hospital letters from outpatients, inpatient stays and Emergency Department attendances to ensure that they were of a good quality. Information has been fed back to the relevant provider; where the audit has indicated insufficient information or suggested that the care could have been provided by primary care or that an attendance at the Emergency Department was inappropriate. The timeliness of discharge information provided to primary care is also a concern for member practices and this is being actively monitored by the CCG. The CCG is keen to continue to build on the work with GWH to reduce the delays in providing discharge and outpatient information to primary care.

Membership engagement

During 2014/15 the CCG increased its management capacity, to ensure effective and continuous engagement with the member GP practices. These plans have included the recruitment of an associate director for primary care development and engagement and a facilities manager. This has enabled the CCG to work collaboratively with, and support our member GP practices. The structure of the Clinical Leadership Group (CLG) has also been changed to allow clinical representatives more time to engage with their localities and practices.

The CCG is now sending a fortnightly newsletter as the main method of communication with practice managers and senior/managing partners with each article being highlighted as: for action, for information, for feedback, new service/project or service change. In times of system escalation a real-time information system, Sendwordnow®, has also been introduced and this system will ensure that all practices are aware of any issues in the system that may affect their patients and onward referral. The CCG has continued to host a quarterly Commissioning Forum to keep practices informed, and to allow them an opportunity to discuss key topics, the outcome and feedback from these sessions is discussed at the CLG and communicated via the newsletter.

Our plans for service developments

The CCG held a series of service redesign workshops during the year and member GP practices, partner organisations and patients have been well represented at these events. The workshops covered a wide range of topics and have resulted in changes to services.
Examples include:

Dementia

Work has continued on improving diagnosis rates within Swindon for people experiencing dementia. **We have had significant results with this work moving from 46% diagnosis rate in September 2014 to a projected diagnosis rate of 64% in April 2015. This has been the highest increase in the South West.**

We will continue to work with providers on improving diagnosis rates to above the national ambition of 66% in 2015/16 and have developed a refined referral pathway with our providers to support expedited treatment this year. We have also worked with our providers to improve care of dementia within acute phases of illness and look forward to reporting progress from this work next year.

A dementia steering group has been established with a range of stakeholders and a Dementia Strategy has been prepared with an action plan.

Diabetes

During 2014/15 the CCG and its member GP practices have continued to work towards the implementation of a number of new initiatives that will provide a wider range of services for patients at a 'local' level.

The CCG has worked collaboratively with its clinical partners to develop a robust primary care foot pathway based on National Institute for Health and Care Excellence (NICE) guidelines, which are expected to result in improvements to diabetic outcomes whilst reducing potential limb amputations.
Other achievements in 2014/15:

- Agreeing a new education programme, along with a practical approach to improving patient outcomes to the disease management of patients that will be rolled out to healthcare professionals, resulting in the increase of skills, training, and confidence while broadening their continuing professional development.
- Continued improvement to the diabetes website to enable patients, public and professionals to access good quality information to support knowledge on local services and events taking place in Swindon www.swindondiabetes.co.uk

Urgent care

We have actively supported a review of acute management and working with providers, we developed a number of innovative schemes this year to alleviate pressure within the GWH in several key ways:

- Improved understanding of patient need within the hospital to reduce length of stay.
- Increased portfolio of services to treat people at home when they become unwell.
- A review of access services to move towards a more joined up service, accelerating treatment within the Emergency Department for acute care.
- An extensive review of what improves care pathways within the hospital and improves discharge.
- Improved information to our GPs who work with patients after they come out of hospital.

This work links to the CCG's plans for implementing the NHS Five Year Forward View.

Cancer

During 2014/15, following on from the Cancer Workshops in 2013/14, a strong focus has remained upon cancer services. The CCG has continued to work with its partners to move forward plans to bring radiotherapy provision to Swindon. During 2014/15 a Cancer Services Working Group was established and has met regularly, successfully agreeing new pathways for follow-up which we expect to result in increased capacity to provide patients with comprehensive advice and guidance for self-management within survivorship. The Cancer Working Group has agreed a Cancer Commissioning Plan for 2015/16 that restates the role of the Local Implementation Group, with the continuation of partnership work with Cancer Research UK, Macmillan and NHS England remaining central to this plan.

Paediatrics

Key themes to emerge were the development of a new service for children with high temperatures (the Children and Younger People's out of hospital care model), together with a seven day urgent care model for minor ailments as part of our programme to support primary care. This was supported by evidence from 800 interviews completed by those attending the Emergency Department. These detailed the reasons why parents attend with their children and highlighted the opportunity to transfer them by offering immediate appointments at primary care based urgent care centres. The second workshop concentrated on detailed pathway design for the above services. Further work is now being undertaken to progress the actions arising from the paediatric workshops.

Chronic Obstructive Pulmonary Disease (COPD)

The workshops proposed the development of new support centre services to encourage greater numbers to receive influenza vaccination, and enter programmes of pulmonary rehabilitation such as the Health Lives COPD Community Group, inhaler training and refresher versions. Increasing community levels of rapid assessment, chest physiotherapy, nursing, oxygen and nebuliser services will be commissioned. The aim is to keep sufferers fit and well, avoid or minimise exacerbations, and help patients recover faster and in the long term avoid hospital.

End of Life

A high priority for the CCG involves helping to ensure that care at all stages of life embody the highest standards of care, compassion, dignity and respect.

Key recommendations from a workshop on End of Life care include:

- Continuing to move towards life-long health planning to include preparing for the final stages of life to see everyone receiving their preference for where they wish to be cared for in the last stages of their life.
- Commissioning end of life care services that deliver the priorities for care of the dying person as outlined in the *One Chance to get it Right* report.
- Strengthening the coordination function to support patients, families and staff supporting people who are in their last year of life.
- Whole healthcare community access to a Summary Care Record.
- Exploring technology, practice and approach to care in the home to enable more people to die in their preferred place of care.
- Extending both pain management to be more rapidly available in the home setting and the hospice at home concept.

Cardiology and Heart Failure

As a result of our workshop on this topic GP practices now have access to B-type natriuretic peptide (BNP) testing to aid the diagnosis of heart failure. This test allows patients likely to have the most severe disease to have fast track diagnosis and treatment. Further work is on-going to understand hospital activity data, and modelling of the cost effectiveness of a potential specialist heart failure nurse role.

Long Term Conditions

During 2014/15 a programme of work focusing specifically on diabetes, COPD, Parkinson's disease and Huntington's disease has led the CCG to support additional services and pathways of care in 2015/16. Enhancing patient education, increased therapy and psychological support in the community care setting. Alongside this the CCG has been addressing the five main healthy support areas that improve the health of all of those with life-long conditions (healthy eating, exercise, smoking cessation, reducing alcohol abuse and stress). Placing people at the centre and empowering them to have more control of their condition is critical and the key is to ensure that everyone with a life-long condition can access advice and support from a variety of sources, ranging from the media to others with the same condition to their own family, friends, colleagues and neighbours.

Community Navigators

The aim of the Community Navigators pilot was to test a new service model in which patients with long term conditions who are considered at high risk of hospital admission are allocated a community navigator (CN). The role of the CN was to explore the patient's needs, and work with them and an integrated health and social care team to develop a personal support plan to increase their control and management of their health and wellbeing, and have access to appropriate support from health and social care services and the local community.

The pilot has been in place in Swindon since January 2014, with the CN teams being commissioned from two providers, SEQOL and Jephson Pharmacy, until 31 March 2015. There were four whole time equivalent (WTE.) CNs in place and the team had a range of skills and experience, across pharmacy, social and nursing care. The CNs were allocated to specific GP practices and worked with them to identify patients who may benefit from participating in the services, and during 2014/15 they worked with eight GP practices.

The pilot was based on successful models of delivery elsewhere in the country where health and social care costs, including unplanned hospital admissions, were reduced. It was thought that the benefits should be transferable to Swindon, but the model was proposed as a pilot to test the assumptions locally and to limit financial risk should the scheme not deliver its intended benefits. It was expected that the CN themselves would carry out a number of roles in various settings and be able to build relationships, solve problems and locate resources, thereby promoting recovery, independence, health and well-being of service users.

A comprehensive evaluation of the service has been undertaken analysing the benefits to the patients who participated in the scheme over an 11 month period, from January to November 2014. This evaluation sought to analyse the operating model and determine both the quantitative and qualitative benefits to the health and social care system of the service. This evaluation took into account the views of service users, the CN themselves and other service stakeholders, including GP practices. Overall it appeared that the service provided by the CN team has provided qualitative benefits to patients. However, it focused on medical models of care and case management, rather than encouraging the development of self-care management plans for individuals or facilitating patient empowerment and independence that meant the qualitative benefits had not been as far reaching as anticipated. The report concluded that the initial aims had not been met fully, with the evaluation indicating increased use of established medical models and services, rather than an anticipated reduction. Therefore a change to the operating model was proposed for 2015/16 to support the delivery of the initial aims, and ensure that patients are able to enact longer-term changes through goal setting and the development of personal support plans.

The operating model and role descriptions for the service have been revised for 2015/16 and it is planned that this revised pilot will be rolled out to all 26 Swindon GP practices. The funding for this scheme will also be supported by a successful bid submitted by Swindon CCG and Swindon Borough Council (SBC) to the national Transformation Challenge Award (TCA). The impact of this revised pilot in 2015/16 will be monitored and reported on a monthly basis, with a full evaluation reported to the Governing Body in January 2016. This work is also linked to implementing the NHS Five Year Forward View.

CCG Developmental Feedback

During 2014/15 the CCG completed an internal governance review which resulted in a number of recommendations to strengthen its procedures and processes. Additional staff training has been provided both internally and by the Central Southern Commissioning Support Unit. There has been training on freedom of information requests; staff management; corporate governance and fraud prevention.

The implementation of the recommendations of the governance review have been monitored by the CCG's Audit Committee and scrutiny from Internal Audit.

The CCG has established an appraisal and objective setting process for all staff and a training needs analysis was completed during 2014/15. A staff survey was also conducted towards the end of March 2014/15.

The CCG has worked hard on the further development of its role as a membership organisation and has held a number of events for the member GP practices to engage them in the development of plans and specific services.

A development event was held for Governing Body members on the Assurance Framework and this was further developed to support the setting of Governing Body member's objectives and to inform their appraisal process.

Strategic report

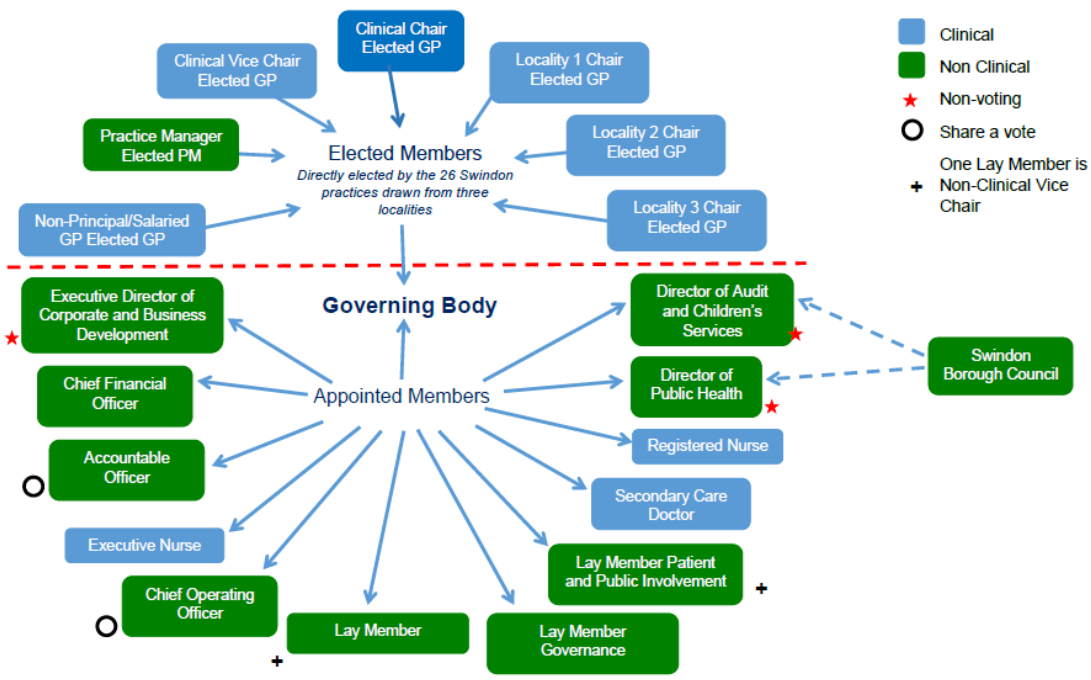
Swindon Clinical Commissioning Group (CCG) came into operation on 1 April 2013. The CCG covers a population of 230,473 (see page 26) and comprises of 26 member practices. The boundaries of the CCG are coterminous with Swindon Borough Council with the exception of the Elm Tree Surgery, Shrivenham.

Our population

Below are the changes in the outline of our population since the last Joint Strategic Needs Assessment (JSNA) in August 2012. In general our population size has increased in line with the forecasts made in the 2001 Census. The 2011 Census highlighted the following:

- Our overall population growth is faster than the average in England.
- The growth in the over 75 and over 85 age groups has continued at a faster rate than any other age group (4-5% per annum).
- The proportion of our population with a long term condition has remained static at 15%.
- The proportion of our population from minority groups has nearly doubled in 10 years.
- The gap in life expectancy between the most and least deprived has decreased.
- Life expectancy overall is better than the English average BUT the potential years of life lost for our female population is amongst the worst in England.

Our Governing Body



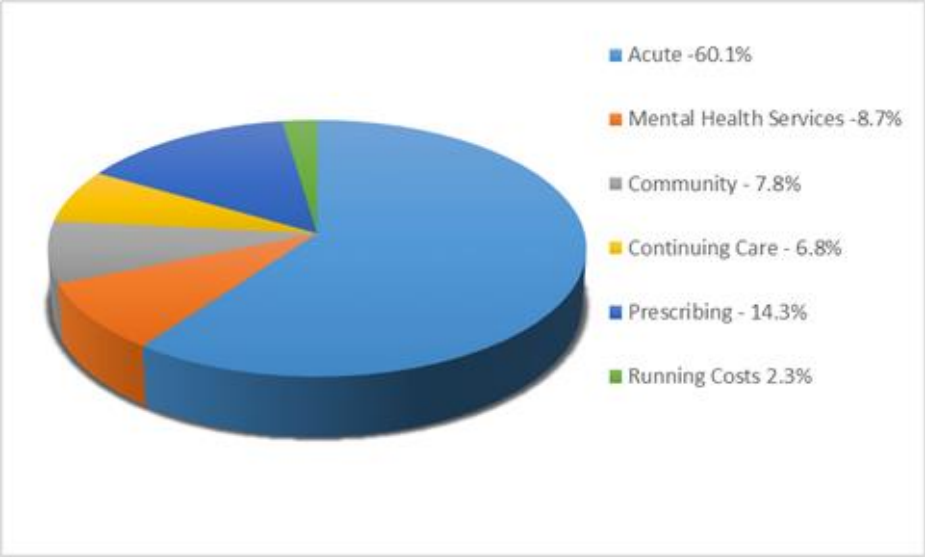
The CCG commissions a full range of health services and jointly commissions integrated health and social care services with Swindon Borough Council. Specialist commissioning, public health

and primary care services are not commissioned by the CCG. The major acute provider for Swindon CCG is Great Western Hospital NHS Foundation Trust in Swindon.

	£m
Great Western Hospital NHS Foundation Trust	£113.5m
Joint commissioning arrangements with Swindon Borough Council*	£37.9m
Oxford University Hospitals NHS Trust	£4.1m
South Western Ambulance Service NHS Foundation Trust	£6.4m
Gloucester Hospitals NHS Trust	£2.0m
Private Hospitals	£3.4m
Treatment Centres	£3.3m
Other Contracts <£1m	£26.9m
Total	£197.5m

(*Services commissioned by SBC includes the SEQOL and AWP contracts – as well as local sector organisations)

The pie chart below shows the percentage spend by area:



CCG performance benchmarking

The CCG reviews its position against National Outcome Measures using the latest available information. This is detailed in the charts below. The charts show the position of Swindon CCG against the outcome measures within five domains and compares us with the national and regional position.

The green and red dots indicate where our position has improved or deteriorated.

Our three biggest areas showing an improvement, (green dot) are in the following areas:

- Incidence of Healthcare Associated Infection (HCAI) – *C. difficile*
- Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

- Emergency admissions for alcohol related liver disease

Our three biggest areas showing decline in outcome, (red dot), are in the following areas:

- Incidence of Healthcare Associated Infection (MRSA)
- Patient experience of GP out-of-hours services
- Under 75 mortality from cardiovascular disease

Table 1. Domains 1 & 2

Indicator *	Value for Swindon CCG, Latest Data Available	Value for Swindon CCG Previous Year	% Change From Previous Year	England (National)	Region (BGSW Area Team)	England lowest value (by CCG)
Outcome Domain 1						
Potential years of life lost (PYLL) from causes considered amenable to healthcare - female	1,932	2,238	-13.7%	1,845	1,798	1,568
Potential years of life lost (PYLL) from causes considered amenable to healthcare - male	2,064	2,036	1.4%	2,215	1,986	1,266
Under 75 mortality from cardiovascular disease	68	61	10.3%	65	55	39
Under 75 Mortality from Respiratory Disease	27	33	-18.7%	28	22	10
Under 75 Mortality from Cancer	121	121	0.4%	122	113	85
Emergency Admissions for Alcohol Related Liver Disease	17	21	-19.2%	24	15	3
Outcome Domain 2						
People feeling supported to manage their condition	67	63	5.0%	65	68	52
Unplanned hospitalisation for chronic ambulatory care sensitive conditions	857	902	-5.0%	781	655	166
Unplanned Hospitalisation for Asthma, Diabetes and Epilepsy in under 19s	273	372	-26.7%	307	271	62

* Data source NHSE Data Catalogue

Table 2. Domains 3, 4 & 5

Indicator *	Value for Swindon CCG, Latest Data Available	Value for Swindon CCG Previous Year	% Change From Previous Year	England (National)	Region (BGSW Area Team)	England lowest value (by CCG)
Outcome Domain 3						
Emergency admissions for acute conditions that should not usually require hospital admission	1,161	1,220	-4.9%	1,165	990	263
Emergency readmissions within 30 days of discharge from hospital	12	12	1.5%			8
Patient-reported outcome measures for elective procedures: a) hip replacements	0	0	-3.5%			0.3
Patient-reported outcome measures for elective procedures: b) knee replacements;	0	0	-3.1%			0.2
Patient-reported outcome measures for elective procedures: c) groin hernia;	0	0	-36.8%			0.0
Emergency admissions for children with lower respiratory tract infections	269	282	-4.8%	369	354	78
Outcome Domain 4						
Patient experience of GP out-of-hours services	64	71	-9.3%	66	68	49
Outcome Domain 5						
Incidence of Healthcare Associated Infection (MRSA)	5	1	400.0%	380	17	
Incidence of Healthcare Associated Infection (HCAI) – C. difficile	43	61	-30.4%	14,131	349	

* Data source NHSE Data Catalogue except Outcome Domain 5 which was extracted from the Knowledge and Information Service (KIS)

Performance against the NHS Constitution Standards
There are two areas where our providers need to improve and we have rectification plans in place to address the following areas of performance:

- A maximum wait of 18 weeks from Referral to Treatment for those on planned care pathways
- Accident and Emergency maximum wait time of four hours from arrival to decision to discharge, transfer or admit.

The CCG's ambitions

The CCG's strategy has the following ambitions which were outlined in our Five Year Strategy for 2014/19 and aligned to the Health and Wellbeing Strategy.

Our ambitions by 2019 are to have achieved the following outcomes:

• Reducing the potential years of life lost in Swindon to 1,865 (13% improvement) thus increasing female life expectancy to above the English average;
• Reducing the gap in life expectancy between the most and least advantaged of our male population to below eight years;
• Meeting the specific health needs of our growing population from minority groups and also reducing the health inequalities experienced by those who provide informal care for others;
• Shift an average of 1.5% of emergency admissions each year into planned care or one stop shop style care (ambulatory care);
• Reducing our emergency hospitalisation or admission rates by 1.5% per annum;
• Providing greater support to those with long term conditions so that at least 80% of those for whom we care feel supported;
• Reducing the norm for medical length of stay by 10% by 2019;
• Reducing the percentage of patients by 60% who are ready to leave hospital but are delayed leaving;
• Increasing the number of patients who when surveyed say their experience of local healthcare was neutral to positive to 90%.

The CCG's business model

The CCG published its five year strategy document in April 2014, based on outputs from the Joint Strategic Needs Assessments, national benchmarking, performance information and public consultation. The CCG is a key member of the Health and Wellbeing Board and through this forum and the Joint Strategic Needs Assessments processes ensures its strategy is based on local population needs.

In 2014/15 a number of service redesign workshops were held to inform the design of new services.

The Clinical Leadership Group is the forum for clinical decision making which is linked to membership GP practices through locality meetings. Recommendations are taken to Governing Body for wider discussions.

Implementation is monitored and reported to the Governing Body through the Integrated Quality Performance Report, the Board Assurance Framework and the Risk Register.

Arrangements with Swindon Borough Council and One Swindon

In Swindon, a number of services have been commissioned jointly by the CCG with Swindon Borough Council (SBC), we hold a joint contract for SEQOL services and have joint commissioning posts for children's services, mental health and community services. Through the Better Care Fund the CCG and SBC are commissioning services to support patients to remain within community settings and be supported at home and to promote self-management. The CCG also works in partnership with One Swindon, a partnership of SBC, fire, police, probation, health services, voluntary sector and the business community. The CCG also works with neighbouring CCGs on the commissioning of some services, such as NHS 111, non-urgent patient transport, mental health services, and emergency ambulance transport.

Governance arrangements for joint commissioning and the Better Care Fund have been strengthened during 2014/15. Terms of reference for the Joint Commissioning Board have been changed and the role of the Health and Wellbeing Board strengthened to ensure effective working across the health economy. A joint commissioning plan, delivery plan and risk register have been developed during 2014/15 to manage the integration of health and social care.

Principal risks and uncertainties

The CCG has governance structures and processes in place to actively identify, manage and monitor risks. The CCG maintains a risk register and a Board Assurance Framework to capture the individual risks facing the CCG in delivering on its objectives. Both are regularly reviewed and updated.

The CCG has a statutory responsibility for ensuring that the organisations from which it commissions services provide safe systems, safeguarding both children and vulnerable adults. The CCG has representation on both the Adults and Children's Local Safeguarding Boards, promoting a partnership approach to the safeguarding agenda.

The Governing Body believes that the principal risks and uncertainties facing the CCG at the time of writing this report are as set out below, together with the actions taken to manage and mitigate them:

Area of Risk	Principal risk and uncertainty	Risk mitigation and management
People The CCG's performance and development depends on its staff	In order to remain compliant with regulations and to deliver against the CCG's strategic objectives the CCG needs to ensure that our people have the appropriate skills and are supported to allow them to perform.	Much of our major change activity within the CCG is organised via projects using a strong project management approach. Robust recruitment procedures apply to ensure new appointments are suitable for the role. Each person has regular meetings with their managers and annual appraisals to ensure that learning and development needs are met.
Key person dependency	The CCG is a lean organisation and is reliant on a	Executive directors have deputies to provide cover and

	small number of staff for its day to day activities.	weekly executive meetings are held to ensure that absences are managed.
Provider performance The performance of the providers from which the CCG commissions healthcare can affect the quality of care that patients receive, the CCG's financial strength and the ability of the CCG to achieve its strategic outcomes.	Demand for healthcare services exceed the levels expected within activity plans. This would lead to an increase in the CCG's costs. Quality of patient care delivered by a provider impacts on the ability of the CCG to achieve its strategic objectives.	In order to manage exposure to changes in demand the CCG has modelled a range of scenarios and identified management actions that could be taken to mitigate their impact if they should arise. We closely monitor the achievement of our annual plans through our governance structures so that any mitigating actions required can be taken in a timely way. We manage this risk by setting targets against which to benchmark and monitor each provider's performance. We closely monitor these through our governance structures so that any mitigating actions required can be taken in a timely way.
Counterparty failure Local health services are delivered by a small number of organisations. The CCG is also reliant on the Central Southern CSU for staffing support some of its back office processes.	The lack of diversification in the local economy means that the CCG is dependent on a small number of organisations to provide patient care. Failure of one organisation could have a significant impact on the CCG's financial strength, quality of patient care and the CCG's ability to deliver its strategic objectives.	The CCG has formal contracts with its main providers and actively manages and monitors their performance through our governance structures. The CCG has developed a market strategy to develop and encourage diversification where it would be beneficial to patient outcomes and offers value for money to do so.
Legislation and regulation A change in legislation may have a detrimental effect on the CCG's strategy and financial strength.	The CCG is dependent on the Department of Health for its funding. Changes in funding would impact on the CCG's ability to be able to deliver its strategic objectives.	The CCG closely monitors legislative developments. Commitments under standard NHS contracts are for one year only.

How we consult and engage with the public

The CCG demonstrates its accountability to its members, local people, stakeholders and NHS England in a number of ways, including:

- Publishing its constitution;
- Appointing independent lay members and other healthcare professionals to its Governing Body;
- Holding meetings of its Governing Body in public (except where the CCG considers that it would not be in the public interest in relation to all or part of a meeting);
- Meaningful engagement, communication and consultation with the population of Swindon;
- Publishing an annual commissioning plan;
- Complying with local authority health overview and scrutiny requirements;
- Meeting annually in public to publish and present its annual report;
- Producing annual accounts in respect of each financial year which must be externally audited;
- Having a published and clear complaints process;
- Complying with the Freedom of Information Act 2000;
- Providing information to NHS England as required.

In addition to these statutory requirements, Swindon CCG will demonstrate its accountability by:

- Holding public engagement events.
- Having a dedicated on-line presence. www.swindonccg.nhs.uk
- Making documents and the Governing Body agenda and papers available to the public (except where the CCG considers that it would not be in the public interest in relation to all or part of a meeting).
- Ensuring that the view and comments from patients and the public are evidenced in all service reviews and developments.
- Ensuring that the CCG complies with its statutory obligation with regard to public consultations.

During 2014/15, Swindon CCG delivered a number of key pieces of work to ensure the meaningful and continuous engagement of its public and patients. These included:

- Attendance at over 50 engagement events in 2014/15, these included Swindon Carer's Centre AGM, Community Coffee Mornings and Practice Participation Forums, all of which the CCG has been an active member of.
- Achieving engagement in a range of formats, including patient reference groups meeting directly with provider services, patient based evaluation of our pilot scheme and Patient telephone and video interviews.
- Development and regular review of the of the Patient and Public Involvement Forum and associated work programme, this forum assures the Governing Body that patients and public are meaningfully engaged in the work of the CCG and identifies opportunities for improvement.
- Establishing strong working relationships with key stakeholders including Healthwatch Swindon, Carer's Centre, Voluntary Action Swindon, public health and localities team at Swindon Borough Council.

As part of its engagement with a wide range of groups, Swindon CCG senior management team held a joint engagement event with Healthwatch Swindon to introduce its commissioning plans for 2015/16. The event took place on 11 February 2015 at the Pilgrim Centre in Swindon with 48 people attended including members of the public, representatives from voluntary organisations and provider organisation staff.

Following a presentation explaining about the CCG's plans attendees broke in to discussion groups to discuss: if the CCG's key priorities include everything they should, what is missing from the priorities, what good health care looks like, how the CCG can measure its success / failure and agencies working together. Feedback from the event included:

- More information is required about new pilot services
- It is important that voluntary organisation are involved in the planning of new services and feeding back on the success of new services
- It would be helpful to see how the CCG takes evidence based decisions about services
- More focus should be on preventative services, early diagnosis and awareness raising of specific health conditions
- It would be good to have a single, rather than multiple health assessments.

The Governing Body

Swindon CCG has a written constitution which outlines how the organisation will deliver its statutory duties and this was amended following the governance review and the need for it to be up dated to reflect changes in the commissioning of primary care services and the role of NHS England. The CCG constitution has been widely consulted upon and can be accessed via our website: www.swindonccg.nhs.uk/our-constitution or telephone 01793 683700 for a printed copy. The Governing Body is in place to ensure that the CCG has the appropriate arrangements in place to exercise its functions effectively, efficiently and economically.

The Governing Body of the CCG throughout the year has an ongoing role in reviewing the CCG's governance arrangements to ensure that the CCG continues to reflect the principles of good governance.

Membership of the Governing Body is in line with statute and in addition is representative of the member GP practices through the elected locality clinicians. The composition of the Governing Body can be seen in the diagram on page 10. Further information on the roles of individual members of the Governing Body are covered in detail in our published constitution.

In summary, each member of our Governing Body should share responsibility as part of a team to ensure that the CCG performs its duties in accordance with the terms of the constitution. Each brings a unique perspective, informed by their expertise and experience.

During 2014/15 the CCG reviewed the terms of reference and clarified the role of committees that are established as sub-committees of The Governing Body:
- Audit Committee;
- Remuneration Committee;
- Integrated Governance and Quality Assurance Committee;
- Clinical Leadership Group.
- Public and Patient Involvement Forum.

Information about these committees is available via our website:
www.swindonccg.nhs.uk/our-constitution or telephone 01793 683700 for a printed copy

We certify that NHS Swindon Clinical Commissioning Group has complied with the statuary duties laid down in the National Health Service Act 2006 (as amended).

Sustainability

Swindon CCG is required to report its progress in delivering against sustainable development indicators. The CCG has reviewed the Sustainable Development Management Plan that was developed by the Swindon Primary Care Trust and has started to work with its building landlord who provide services for the CCG at their headquarters. The CCG aims to strike the right balance between the three key areas of financial, social and environmental sustainability when making decisions. In doing so this enables the CCG to: save money, save resources and to benefit staff and patients.

Key achievements for the year include:

a) The CCG reviewed its ways of working to ensure that it can use technology to facilitate paperless meetings. As well as helping to reduce paper waste this has saved money on printing and disposal costs.
b) The CCG recycles both its general and confidential paper waste from its head office and no paper waste goes to landfill.
c) The facilities at the headquarters do include showers and bicycle storage is available to enable staff to cycle to work.
d) During 2014/15 the CCG started to use video conferencing facilities and technology to enable staff to work remotely from home and reduce the need to travel to off-site meetings.
e) The CCG has ensured that the provider organisations the CCG has contracts with, provide a sustainability statement as part of their contract.
f) The CCG has participated in the national benchmarking group on sustainability and attended the NHS Sustainable Development Roadshow in Gloucester.

The CCG will ensure it complies with its obligations under the Climate Change Act 2008, including Adaptation Reporting Power, and the Public Services (Social Value) Act 2012.

Equality and Diversity

Swindon CCG is committed to ensuring equality, diversity, inclusion, and human rights are central to the way we commission and deliver healthcare services and how we support our staff. Our aim is to reduce inequalities in health and health care for people in Swindon and Shrivenham.
As commissioners we must ensure that we:

- Eliminate unlawful discrimination,
- Advance equality of opportunity,
  and,
- Foster good relations between different people when carrying out a public function.

We have taken key areas of work to promote equality and meet the needs of different groups, including minority ethnic people, disabled people, transgender people, people of different ages, lesbian, gay and bisexual people, those with different religions and beliefs and those who are disadvantaged.

During the autumn of 2014 the CCG completed an in-depth review in regards to meeting its Equality and Diversity duties. As a result, the CCG has strengthened the documentation process undertaken to both provide evidence of due consideration in day to day business and to capture any resulting actions required. The CCG has also published an annual Equality Report with key objectives in regards to equality (as per the adopted NHS Equality Delivery 2) and will pursue further actions to champion equality and inclusion across the health system in Swindon.

The Equality and Diversity Strategy 2013/16, which outlines our overall approach to equality, diversity and human rights in our capacity as an employer and a health commissioner is under final review to reflect the above work and includes how the CCG:

- Maintains a governance structure aligned to equality and diversity;
- Ensures all staff have the necessary skills to commission services in line with the Equality Act 2010 and Public Sector Equality Duty under this act;
- Completes a systematic method of equality analyses/ equality impact assessments (EA/EIA) for people depending on their protected characteristic (e.g. age, disability, gender) to identify potential impacts on and outcomes for patients, equality analysis as an integral part of our intervention programme of work and redesign projects;
- Carries out EIAs in alignment with Quality Impact Assessments (QIAs) to ensure quality and equality are an integral part of our decision making and commissioning processes;
- Ensures that our communications and engagement activities are inclusive: reaching effectively people from all protected groups, including carers and seldom heard communities;
- Works with our statutory and voluntary sector partners to identify and tackle health inequalities;
- Ensures that our human resources policies are fair, transparent and in partnership with our staff and potential employees to improve working lives;
- Monitors complaints, comments and compliments by protected characteristic;
- Develops assurance mechanisms to satisfy ourselves that providers who are delivering services on our behalf (including Central Southern CSU) are complying with the Equality Act 2010 as per 2015/16 contract requirements.

Leadership and Governance

The CCG has continued to develop and improve its constitution, governance and accountability mechanisms to enable it to meet all its duties and responsibilities including the delivery of statutory functions.

What we have done this year:

- Reviewed our Constitution and revised it to reflect changes to GP practice members; the changes to joint and co-commissioning of services; and to clarify our governance arrangements;
- Reviewed and revised the terms of reference for the committees in the CCG.
- Formalised the terms of reference for the Clinical Leadership Group and the Public and Patient Involvement Forum;
- We have strengthened our policies and processes to ensure both good governance and to ensure value for money;
- Ensured that the Governing Body members and staff have completed mandatory training and held development events;
- Completed an internal review of governance arrangements and implemented the associated recommendations;
- Ensured that there was a governance framework to provide assurance to Governing Body members on the performance of the CCG.

Quality and Patient Safety

In May 2014 the Governing Body formally signed off the CCG Quality Matters Strategy. The CCG continues to recognise the importance of understanding this concept at a time of ever changing healthcare with the development of new technologies, greater capabilities and new challenges.

This last year, 2014/15 has been a period where the CCG has readily addressed and adopted the learning from a large number of key reports to monitor the impact of using the values and behaviours as set out in the National Nursing and Care Strategy, 'Compassion in Practice, 6Cs (the 6Cs – care, compassion, courage, communication, commitment and competence) and the NHS Constitution.

This continues to drive the CCG to ensure that continued embedding of the 6Cs as underpinning values of our business practice will support a values approach to realising positive outcomes for our commissioning objectives. Testing how systems, processes and actions detailed in the assurance framework deliver each of the 6Cs will continue to provide a transparent mechanism to sense check what is in place to achieve objectives, highlighting gaps, opportunities and challenging us to always focus on the person. An overarching theme from both the Mid Staffs Inquiry and the Berwick Report was the need for a ‘fundamental culture change to put people at the centre’, embedding the 6Cs within our business practice and using these to ‘test out’ the impact of systems, processes and actions will support us to ensure that the person **is** always at the centre.

Working closely with commissioned providers the CCG has ensured recommendations and learning have been actioned, shared and implemented.

The CCG has continued responsibility for quality assurance by holding providers to account for delivery of contractual obligations and quality standards. In addition we have worked closely with providers to ensure service delivery continually improves and they have in place processes to drive this continual improvement, including the adoption and sharing of innovation.

GP and practice managers are involved in the monthly quality contract review meetings with acute and community providers.

The CCG reports against the NHS Outcomes Framework which is closely linked to the national and local quality agenda and consists of three main areas:

1. Patient Safety:

- Safeguarding
- Infection prevention and control
- Serious incidents requiring investigation management
- Establishing and monitoring early warning systems
- Complaints

2. Clinical Effectiveness:

- Positive patient outcomes
- Evidence-based practice
- Research-based practice
- Experience and competency based practice

3. Patient Experience:

- Real time patient and carer experience, representing the diversity of the population

• National and local primary, community and secondary care patient and staff survey data

The CCG reports against each outcome monthly to both the Commission for Quality Group and Governing Body.

Commissioning for Quality and Innovation (CQUINs)

Commissioning for Quality and Innovation schemes (CQUINS) were developed in partnership with providers. The aim being to make a proportion of health care providers income conditional on demonstrating improvements in quality and innovation in specified areas of care.

National CQUINs were set for health care providers in 2014/15. The agreement of local CQUINs in particular for acute and community providers were driven from key patient safety concerns, patient feedback and complaints and the need to align CQUINs with Quality, Innovation, Productivity and Prevention (QIPP) schemes. These centred on:

• Cancer
• Diabetes
• Improving care and coordination for patients at the end of their life
• Utilising technology to improve multidisciplinary working

Patient Experience

The quality monitoring of patient experience is carried out regularly and forms part of the quality report presented to Commissioning for Quality and Integrated Governance Committee. During 2014/15 the ‘quality walk about’ visits and proactive face to face meetings with patients, families and service users who have shared their experience with the Patient Advice and Liaison Service (PALS) team have enabled the CCG to hear first-hand about the personal journey that gives greater insight into the event, the experience and emotional impact of the experience.

Quality Risk Profiles

A reporting procedure has been developed to review and highlight potential risk areas from the monthly Care Quality Commission (CQC) quality risk profiles. This information is reviewed at all provider Contract Quality Review meetings (CQRM) and shared with NHS England at regular quality and patient safety meetings.

Care Quality Commission (CQC) Inspections

During 2014/15 the CCG further strengthened its processes with Swindon Borough Council (SBC) for the review, monitoring and sharing of the CQC inspection reports for Swindon care homes and domiciliary care agencies. During the latter part of 2014/15 this also included primary care CQC inspections.

All inspection reports are available on the CQC website. SBC monitors those providers that have failed to meet all standards as part of the CQC inspection process, and therefore ensure issues are raised via the contract monitoring and quality review process. The CCG is in receipt of this information in order to triangulate data and patient safety data for the Swindon population.

Feedback of the outcomes of the quality review visits and compliance to CQC regulations within Swindon care homes is reported to the CCG's Commissioning for Quality meeting.

Moving forward, the CCG wishes to triangulate all health and social care inspection results to effectively monitor the local standards of care.

Infection and Prevention Control

The CCG breached both the national 'zero tolerance' target for Methicillin Resistant *Staphylococcus Aureus* (MRSA) bloodstream infections and *clostridium difficile* infections set for 2014/15, but did however demonstrate a reduction in the number of reported clostridium *difficile* infections on the previous year.

Healthcare associated infection (HCAI) surveillance data (including mandatory surveillance of MRSA blood stream infections and *clostridium difficile* infections) was monitored jointly by commissioners and providers, with monthly validated data published by Public Health England via the national HCAI data capture system.

Surveillance

HCAI surveillance reports, including MRSA; *clostridium difficile*, Methicillin Sensitive *Staphylococcus Aureus* (MSSA) and E Coli bloodstream infections are reported to the CCG Associate Director for Quality on a weekly basis. Risk factors for infection were gathered locally in order to better understand trends and outcomes.

A total of six MRSA bloodstream infections were reported within the CCG population against a zero tolerance target. One case was reported as acute acquired and five being acquired within the community setting.

Validated data for 2014/15 demonstrated a total of 45 *clostridium difficile* infections reported within the Swindon CCG population against an annual target of 55. The data from Public Health England's data capture system includes the total number of *clostridium difficile* infections reported within the Swindon population from all users of secondary and primary health care settings.

Learning from investigations

During 2014/15, post infection reviews for MRSA blood stream infections were completed for each reported case as per national guidance. Actions and lessons learned were discussed at the CCG's Commissioning for Quality meeting and the Swindon Infection Prevention and Control Committee.

Healthcare Acquired Infection Rectification Plan

Joint working with the Swindon Public Health team has established a Swindon wide Infection Prevention and Control (IP&C) Committee in order to have strategic oversight of infection prevention and control activity within the Swindon population. Membership includes representation from the CCG; Public Health England – including the Consultant for Communicable Disease Control; GWH Infection, Prevention and Control (IPandC) team; SEQOL IPandC team; Consultant Microbiologist; SBC Contracts Team for Care Homes and Domiciliary Care, Environmental Health

team and Healthwatch Swindon. Specialist IPandC input from both providers and commissioners has helped shape local IP&C Services in Swindon, which has resulted in the implementation and monitoring of key interventions.

A robust action plan, incorporating all identified work streams implemented jointly by providers and commissioners, aimed at reducing the incidence of healthcare associated infections across the whole health and social care economy in Swindon is in place. Progress against plan, together with horizon scanning and pooling of specialist resources, will continue throughout 2015/16 and beyond.

Complaints

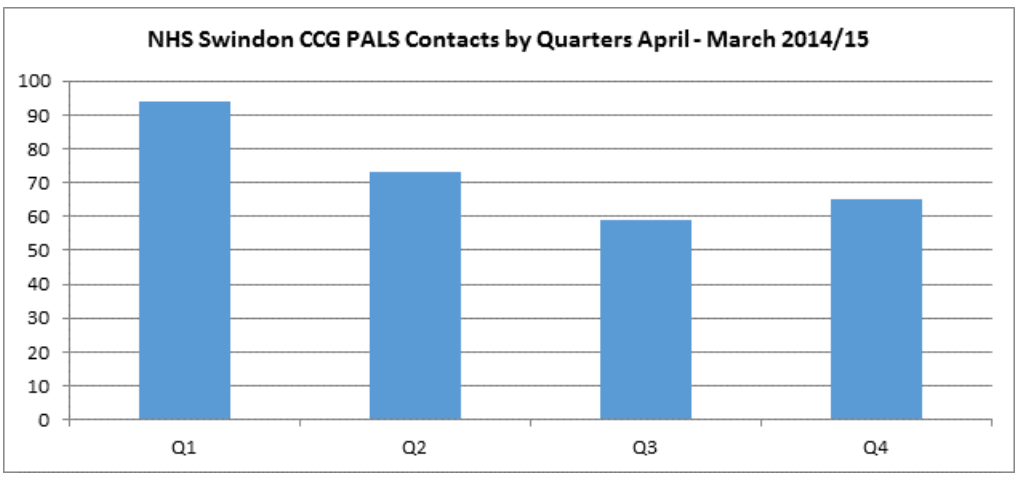
The CCG is committed to providing a culture of continuous improvement and innovation with respect to patient safety, clinical effectiveness and patient experience. This includes ensuring that challenges facing patients, raised as concerns or complaints, are captured and that, where appropriate, changes in commissioning strategies are recommended to improve patient experience.

The CCG has a statutory duty to respond to complaints from users of its services, and about the services it commissions and to record and report under the Local Authority Social Services and National Health Service Complaints {England} Regulations 2009: The full annual report which will meet the CCGs statutory function will be brought to Governing Body following analysis of the Quarter 4 data in May 2015.

The CCG recognises complaints to be a rich source of information about how services can improve and as a tool for risk management. Central Southern Commissioning Support Unit manages the service on behalf of the CCG but it remains the responsibility of the CCG to ensure that the response letter is appropriate and that any action required is appropriately implemented.

Monthly and quarterly reports are received which are reported both at the Serious Incident, Complaints and Safeguarding Committee and the Quality Committee.

For the financial year April – March 2014/15 there has been a total of **291** contacts. The chart below shows the breakdown of figures.



Serious Incidents Requiring Investigation

Healthcare organisations strive to be as safe as possible for patients, staff and the public. Unfortunately, incidents do occur that impact on safety and some are so significant a heightened level of response is justified, commonly known as serious incidents requiring investigation (SIRI). These include unexpected or avoidable death, or serious harm to patients, staff or the public.

As part of its role in safeguarding and improving the health of its population, the CCG requires the organisations it commissions services from to report details of all SIRIs.

As part of its role in safeguarding and improving the health of its population, the CCG is accountable for quality assuring the robustness of provider SIRI investigations, ensuring effective actions are developed and implemented to prevent reoccurrence of similar incidents.

Learning from Serious Incidents Requiring Investigation

All organisation investigation reports are reviewed by the CCG's Serious Incidents Requiring Investigation (SIRI) Review Panel to scrutinise the quality of investigation and appropriateness of actions. If the panel are not fully assured, further information is requested from the reporting organisation and the incident will remain open until this additional assurance is provided. Swindon CCG also reviews and monitors SIRI's through each organisation's Clinical Quality Review Meetings (CQRM) to ensure that recommendations and actions are implemented and completed.

Where there is learning that may be useful outside the reporting organisation, this is disseminated via the Quality Surveillance Groups and Clinical Quality team meetings with NHS England to ensure this is shared across the health economy.

Identified trends and themes from all serious incidents reported by provider organisations during 2014/15 have illustrated a need to maintain a continued focus on the prevention of avoidable harms, specifically the need to protect patients from incidents relating to avoidable falls and pressure ulcers. The CCG will therefore continue to support organisations to further develop and embed their patient safety and quality improvement initiatives, whilst ensuring a positive reporting culture is maintained in order for learning to be shared.

Safeguarding

The safety and welfare of children and adults at risk is of paramount importance to the CCG. We work diligently to ensure that all of the services we commission ensure high quality, safe and effective care for the Swindon population.

The following measures ensure that safeguarding and promoting the welfare of children and adults at risk is given priority and is discharged effectively across the whole local health community through commissioning arrangements:

• Executive level CCG membership of both the Safeguarding Children and Adult Boards which ensures that safeguarding is at the forefront of service planning. There is consistent CCG representation on both Adult and Children Safeguarding Board subgroups;

• Senior CCG membership on the Health and Wellbeing Board;

• Close collaboration with the local authority to assess and ensure the provision of coordinated, integrated services to meet the needs of the local population, including specialist services for vulnerable groups;

• Ensuring that safeguarding children and adult strategies and associated policies are in place and reflect national best practice guidance;

• The CCG is represented at both local and Serious Case Reviews to ensure outcomes are shared throughout the local heath economy;

• Ensuring that providers of services are held to account through regular reviews of safeguarding arrangements through quality scrutiny processes;

• Designated nurses and doctors are in post to offer professional expertise and advice regarding safeguarding matters. The designated nurse has implemented regular supervision to the Named Nurses.

Moving forward the CCG will continue to work with all partner organisations to strengthen policies and processes with a focus for ensuring training requirements are met.

Promoting Health and Wellbeing

The Swindon Health and Wellbeing Board brings together key organisations and representatives of the public to work together to improve the health and wellbeing of the people of Swindon. The focus of the Board is on improving health and wellbeing so that individuals and communities are able to live healthier lives, and to ensure that everyone in Swindon has a positive experience of the health and care system.

The CCG is a member of this Board together with Swindon Borough Council, Healthwatch Swindon and NHS England. The CCG also works with One Swindon – a collaborative bringing together both public, third sector and the private sector to work on the common aims of improving Swindon.

The Health and Wellbeing Board agreed priorities for collective action across health and social care. The six priorities detailed in the Joint Health and Wellbeing Strategy are:

1. Give every child the best start in life;

2. Enable all children, young people and adults to maximise their capabilities and have better control over their lives to enable our population to live independently and well;

3. Create fair employment and work for all;

4. Ensure a healthy standard of living for all improving physical and mental health and wellbeing preventing early death and increasing years of healthy life;

5. Create and develop healthy and sustainable places and communities;

6. Strengthen the role and impact of ill-health prevention and reduce inequalities.

The Joint Health and Wellbeing Strategy is a planned direct response arising from the assessed needs and issues relating to the population of Swindon and Shrivenham.

The CCG has been fully involved in the development and implementation of the assessment and the strategy with our Commissioning Plan directly linking to the strategy. The CCG is working with its partners to tackle health inequalities in Swindon and Shrivenham. In this way, we work closely with public health and as part of the Health and Wellbeing Board to plan and promote the health and wellbeing of our population.

Nicki Millin
Acting Accountable Officer
27 May 2015

Members' report

The CCG is led by a Governing Body which has a large representation of elected local general practice clinicians (GPs) and practice managers. All practices are in Swindon apart from Elm Tree Surgery in Shrivenham.

Practice	Population
Abbey Meads Medical Practice	19,269
Merchiston Surgery	14,093
North Swindon Practice	12,617
Taw Hill Medical Practice	12,211
Hawthorn Medical Practice	12,122
Carfax NHS Medical Centre	11,651
Ridgeway View Family Practice	11,616
Moredon Medical Centre	11,476
Ashington House Surgery	10,407
Ridge Green Medical Centre	10,296
Westrop Surgery	10,180
Whalebridge Practice	9,803
Kingswood Surgery	9,564
Priory Road Medical Centre	8,515
Old Town Surgery	8,406
Eldene Surgery	7,976
Elm Tree Surgery	7,305
Lawn Medical Centre	7,012
Victoria Cross Surgery	6,956
Great Western Surgery	5,596
Park Lane Practice	6,509
Phoenix Surgery	5,022
Hermitage Surgery	4,486
Sparcells Surgery	3,313
Eldene Health Centre	2,459
Cornerstone Practice	1,613
TOTAL	**230,473**

Governing Body members and the committees they chair

Title	Name	Committee Chair
Clinical Chair	Dr Peter Couch	Chair of Clinical Leadership Group
Clinical Vice-Chair	Dr Peter Mack	Chair of Commissioning for Quality
Accountable Officer (Until 30/4/2015)	Jan Stubbings	Chair of Executive Management Team
Chief Finance Officer	Caroline Gregory	
Chief Operating Officer & Acting Accountable Officer (with effect from 30/4/2015)	Nicki Millin	
Executive Director of Corporate and Business Development	Paul Bearman	
Executive Nurse	Gill May	
Locality GP Representative	Dr Peter Mack	
Locality GP Representative	Dr Eric Holliday	
Locality GP Representative	Dr Phillip Mayes	
Salaried GP Representative	Dr Liz Alden	
Secondary Care Doctor	Dr Tim Jobson	
Registered Nurse	Christine Perry	Chair of Integrated Governance Committee
Practice Manager	Angela Brunning	
Practice Manager	Sarah Francome	
Director of Public Health	Cherry Jones	
Director of Social Care	John Gilbert	
Lay Member (public and patient involvement) and Non-Clinical Vice-Chair of Governing Body	Michael Barnes	Chair of PPI Forum
Lay Member (governance)	Ian James	Chair of the Audit Committee
Lay Member	Bill Fishlock	

Profiles of members of the Governing Body

Clinical Chair - Dr Peter Crouch

Peter has been a Swindon GP for over 20 years. He is the Managing Partner of Taw Hill Medical Centre, a modern practice servicing 12,500 patients in North West Swindon. Peter was elected to the role of Clinical Chair for the shadow CCG in December 2010 (and re-elected in July 2012). Peter led and helped co-ordinate the Swindon practices' response to the NHS Reform Agenda.

Clinical Vice-Chair – Dr Peter Mack

Peter has been a GP in Swindon for over 20 years and is the senior partner of Moredon Medical Centre, a modern, 11,500 patient practice in North-West Swindon. Peter has been a member of the CCG and predecessor organisations, including Swindon PCT and Swindon Primary Care Group, and was the prescribing lead for the PCT. Peter is passionate about developing effective pathways and systems, which are fundamental to achieving good governance.

Accountable Officer – Tony Ranzetta (Outgoing from 30 November 2015)

Tony has been a senior executive or senior civil servant in healthcare for over 20 years. Tony's particular interests are working with all stakeholders in Swindon to address the inequalities in healthcare in Swindon; and supporting the innovative practice in Swindon led by and inspired by our clinicians. Tony retired on ill health grounds on 30 November 2014 after a period of sustained absence.

Accountable Officer – Jan Stubbings (June 2014 – 30 April 2015)

Jan was appointed as the interim accountable officer in June 2014 covering for Tony's long term sick leave. Jan has extensive experience as a senior manager in the health service and most recently as the former chief executive of NHS Gloucestershire and Swindon Primary Care Trust.

Chief Operating Officer – Nicki Millin (Acting Accountable Officer for 1 May 2015)

Nicki has worked in the NHS for 30 years; 15 years as an occupational therapist in a number of clinical settings before moving into commissioning. Nicki's experience covers performance management, service redesign, specialised commissioning, contracts management, procurement and planning working at a senior management and Board level. Nicki is responsible for commissioning services, developing and ensuring implementation of the commissioning strategy, ensuring the CCG works to achieve national and local objectives, ensuring delivery of improved health and clinical outcomes for patients.

Chief Finance Officer – Caroline Gregory

Caroline has over twenty years of experience of working in the NHS and spent over 80% of that period at senior management and board level. She has covered financial roles across both providers and commissioners in mental health, community services, learning disability, primary care groups and primary care trusts, working predominately within the Thames Valley area.

Executive Director of Corporate and Business Development – Paul Bearman

Paul is responsible for corporate and business development in the CCG. This includes taking an executive responsibility for corporate governance, emergency planning; business continuity and the commissioning of the commissioning support services. Paul previously managed the practice based commissioning consortium in Somerset working closely with GPs to commission and implement schemes to improve patient care.

Executive Nurse – Gill May

Gill has worked for over 25 years in the NHS, working in the acute sector within medicine and cardiology before moving into the community where during her time she trained at Southampton University to become a trained practice teacher for district nurses. Gill moved into management roles covering health and social care teams including children's services and in 2004 she moved into commissioning taking on the role as the Board Lead Nurse for the primary care trust. In April 2013 Gill became executive nurse for the CCG working in an area she is passionate about, quality of care, patient safety and patient experience.

Locality GP representative – Dr Philip Mayes

Philip has been a local GP for over 20 years. He continues to work in practice as a GP partner and a sessional hospital practitioner in haematology/oncology and still enjoys his role as a GP trainer.

Locality GP representative – Dr Eric Holliday (outgoing from 31 March 2015)

Eric is a partner at Eldene Surgery. He sees the importance of managing expectations in health care staff and patients to work efficiently with limited resources. Eric is keen to work closely with patients who have chronic conditions, to encourage them to take more control over their management.

Salaried GP representative – Dr Liz Alden

Dr Liz Alden has been a GP for five years after completing her training locally, and now works across a number of GP practices as a locum. She has a strong interest in medical education and through another of her posts is actively involved in GP training in the Swindon area. Her CCG responsibilities include working to promote research and education.

Secondary Care Doctor – Dr Tim Jobson

Tim has been a consultant physician and gastroenterologist at Taunton and Somerset Foundation Trust for nine years. He has played a leading role in a number of challenging change programmes including the local introduction of Choose and Book, implementation of various aspects of the National Programme for IT, and real-time discharge summaries.

Registered Nurse – Christine Perry

Christine spent 20 years as an infection control nurse in Bristol before moving to Weston Area Health NHS Trust in 2012 where she has been director of nursing. A former Chair of the Infection Control Nurses Association, she was part of the national team that drove the initial reductions in health care associated infection. Her particular interests are patient safety and quality of care.

Practice Manager – Angela Brunning (outgoing from 31 March 2015)

Angela has seven years' experience as a practice manager in a large GP practice in Swindon. Her background is in human resources, and she has worked for various public sector organisations including a local council and the probation service. Angela has also worked with a voluntary organisation that provides support for people with eating disorders, and appreciates the valuable role the voluntary sector plays in supporting patients and their families.

Practice Manager – Sarah Francome

Sarah has nine years' experience as the practice manager of a busy, town centre GP practice. Her previous career within Post Office Counters Ltd spanned 20 years, and included a wide variety of senior management roles, latterly as head of internal communications. Sarah is enthusiastic and

committed about representing the views of her colleagues and ensuring that two-way communication takes place between the CCG and its' practice members.

Director of Public Health – Cherry Jones

Cherry Jones has a background in nursing, business management and health improvement management. She joined the Public Health team at NHS Swindon in 2004 and was appointed as the director of public health at Swindon Borough Council in 2015 having been the acting director of Public Health since 2013. Cherry has been the lead for the development of the Swindon Health and Wellbeing Board, the JSNA process and the Swindon Joint Health and Wellbeing Strategy and works collaboratively with a range of partners focusing on reducing health inequalities and preventing early death.

Director of Children's and Adults Social Care – John Gilbert

John Gilbert is currently the Board Director – Commissioning (DCS/DASS) and has worked in local government for over 34 years, having managed the full range of community, adults and children services. John's role now covers the full spectrum of commissioning all services across the Council, as well as hold the statutory position of director of children and adult services. Swindon has become one of the first authorities in the country to agree a number of formal Section 75 agreements with the CCG to cover the range of children's and adults services. Swindon has a strong track record of Health integration over the years. John previously worked in Telford & Wrekin, Staffordshire, Suffolk and Kent before starting in Swindon in 2008.

Non Clinical Vice Chair and Lay Member, Public and Patient Involvement – Michael Barnes (retired 31 March 2015)

Michael is a retired solicitor who served as a Swindon Borough Councillor for twelve years and was Mayor of Swindon in 2007/08. Michael was the Vice-Chair of NHS Swindon and NHS Gloucestershire PCT cluster, having served on the Board of Swindon PCT since 2002.

Lay member, governance – Ian James

Ian is a chartered accountant and has spent many years at senior management and director level, and has a broad range of business experience in the financial services sector with Allied Dunbar, Eagle Star and Zurich Financial Services. In 2006 Ian became a non-executive director of Swindon Primary Care Trust and was the vice chairman of its Audit Committee. He is also a trustee of Swindon Citizen's Advice Bureau.

Lay member – Bill Fishlock

Bill is a chartered accountant who retired from a local firm in 1995. Since that time he has held various non-executive director positions including Wiltshire Probation Service, Wiltshire Police Authority, Green Square Housing Group, and Swindon PCT. Bill is currently a governor at Swindon University Technical College.

Audit Committee

The Audit Committee meets on a bi-monthly basis and is chaired by the lay member for governance. The Committee is attended by fellow lay members, the chief finance officer, head of corporate governance, security and counter fraud specialists and representatives from both internal and external audit.

Members of the Audit Committee during 2014/15 were:

- Ian James, Chair of the Audit Committee, lay member (governance)
- Michael Barnes, lay member (public and patient involvement)
- Bill Fishlock, lay member (co-opted during 2014/15)
- Dr Peter Swinyard, GP representative (co-opted during 2014/15)

£72,000 was paid during 2014/15 to Grant Thornton as the CCG's external auditors to audit the annual accounts.

Register of Governing Body members' interests and personal relationships with outside bodies

It is the policy of the CCG that all staff and Governing Body members should at all times work in the best interests of the CCG, its membership and patients. In performing their duties, Governing Body members should not be influenced by desire for personal gain. Accordingly, the CCG has adopted rules to guide disclosure of potential conflicts of interest and the CCG's response that shall apply to those who work for the organisation. Attendance, apologies for absence, and declarations of interests and/ or conflicts of interests are formally recorded in the minutes of meetings.

A list of members' interests and personal relationships with outside bodies is provided on the CCG's website: www.swindonccg.nhs.uk

Future developments

Future developments by the CCG include developing a number of programmes that will support the delivery of the ambitions of the CCG. These include:

• **Self-Management**: developing personalised coping strategies and implementing personal health budgets.

• **Urgent Care**: triage to appropriate care settings; managing timely and well planned discharge. Continued implementation of the SUCCESS centre model – the rapid assessment unit is in place. Seven day service means more timely care;

• **Planned Care**: ensuring planned care is provided in the right place at the right time – the reduction in referral programme goes live 2016/17. All other programmes are already being delivered;

• **Cancer**: promotion of screening/awareness; concentration of services at GWH and the provision of radiotherapy in Swindon. Better cancer care at GWH will be delivered in 2016/17, promotion of screening and awareness programmes are being run nationally;

• **Better Care Fund**: admission avoidance; discharge acceleration; reablement integrated services and befriending services are rolled out in 2015/16;

• **Life-Long Planning**: End of life choices for patients; hospice at home; pain management; and enhanced primary care services better choices for dying at home, single care summary record, 'Hospice at Home,' enhanced pain relief, reducing emergency admissions;

• **Long Term Conditions**: better access to advice and services and integrated care for those with multiple conditions - multi-disciplinary consultations and support to GPs for those with multiple conditions, out patients and home visiting as well as tele/video conferencing will be available;

• **Assistive Technology and Early Diagnosis**: technology support for living at home; easier access to screening support people remaining healthy and living independently, environmental control and alternative communication. Early diagnosis helped by SUCCESS interventions and community navigators;

• **Control of Infection**: reducing hospital acquired infections; reducing infection in the community - plans for reducing hospital infections relies on good patient flow and bed allocation. The main new development is a focus on control of infection in 'out of hospital' setting – six month pilot in conjunction with Public Health England and Wiltshire Council;

• **Medicines Optimisation**: promoting changes in medical practice where there is a qualitative and financial benefit;

• **Mental Health**: reducing hospitalisation rates; personalising support for those with learning disabilities - admissions per capita in Swindon is comparatively low, outcomes are relatively good. The number of people with mental health conditions is much lower than the national average;

• **One Swindon**: a joint CCG/ SBC programme with both health and social benefit. 12 business cases have been approved by HM Treasury and the national Transformation Network.

The CCG plans to continue the development of our urgent care programme and to develop our end of life and long term care strategy. This programme comprises three key developments:

1. the continued establishment of GP urgent care centres offering same day appointments for those requiring a one off consultation for a minor ailment or minor treatment and with no underlying long term condition;
2. the implementation of a dedicated GP home visiting service as an enhancement of our existing and successful GP at the scene scheme which sees GPs working with the ambulance service to avoid residents needing to be conveyed to hospital – will be implemented during 2015/16 with the help of the Prime Ministers Challenge Fund;
3. The expansion of the Children and Young Peoples service which was introduced in January 2014 at Carfax Health Centre and will be implemented during 2015/16 with the help of the Prime Minister's Challenge Fund.

Activities in the field of research and development

The CCG's research and innovation strategy developed in early 2014/15 has been implemented over the year demonstrating an improvement in the collaborative approach with providers, social care, higher education institutions and industry to make Swindon an even better place to efficiently and effectively undertake health research. During 2014/15 there has been a focus on information technology.

Accessible leadership and responding to staff

The CCG employed an average of 46 whole time equivalents (WTE) in 2014/15. As of 31 March 2015 the CCG had 68 employees (this includes Governing Body members). The workforce is made up of employees from a wide variety of professional groups.

In building effective and meaningful partnership working with staff and staff side representatives, the CCG has developed partnership arrangements that are sufficiently flexible to accommodate and reflect the workforce in terms of professional group and size.

The CCG recognises all of the trade unions outlined in the national Agenda for Change Terms and Conditions handbook who have members employed within the organisation.

Local arrangements are determined on an ad hoc basis where formal staff consultation is required, to ensure appropriate and effective consultation arrangements are in place. This approach has worked well in the first two years as a CCG, although arrangements for formal staff consultation may be reviewed in light of our organisation development plan to consider where our approach may be further strengthened going forward.

The CCG delegated negotiations over HR policy development to Central Southern Commissioning Support Unit (CSCSU) Staff Partnership Forum (SPF). The CSCSU SPF considers collated feedback from the CCG as part of this process and ensures staff and trade unions are equally engaged in the development process. Policies are formally reviewed by the Executive Management Team and by staff who have the opportunity to comment and feedback, before being ratified and adopted by the CCG's Integrated Governance Committee prior to publication and adoption.

The CCG has an organisational development plan which sets out how the organisation and individuals within it will progress to full capability.

The CCG has adopted a policy of visible and accessible leadership, with senior management engaging with staff. Examples include:

- Monthly staff briefing sessions – the accountable officer holds monthly briefing sessions for all staff, including Commissioning Support Unit staff. These briefings cover all aspects of the CCG's business including financial and performance positions, policies and procedures and developments. The monthly staff briefing is complemented by the issue of written notes.
- The establishment of a CCG intranet which holds information on all monthly staff briefings, policies, procedures and other information.
- The production of a monthly electronic newsletter for staff.
- The CCG executive team meet with senior managers regularly.

Managers hold regular one-to-one meetings with staff and a robust appraisal system ensures all staff work towards clearly defined personal objectives which are supported with learning, training and development opportunities.

Staff survey

In March 2015 the CCG undertook an annual Staff Engagement Survey and the resulting analysis and Survey Report will be considered by the Executive Management Team and the Integrated Governance Committee. The results of the survey will be used to develop an action plan with broad staff involvement in order to tackle any areas of improvement identified through the survey.

Disabled employees

The CCG has developed an integrated approach to delivering workforce equality so it does not have a separate policy for disabled employees or for any other protected characteristics but it has

incorporated equalities issues in policies covering all aspects of employee management ranging from recruitment to performance to discipline.
The CCG's aim is to operate in ways which do not discriminate our potential or current employees with any of protected characteristics specified in the Equality Act 2010 and to support our employees to maximise their performance including making any reasonable adjustments that may be required on a case by case basis.

The CCG publishes their employee profile by each of the nine protected characteristics, this helps the organisation to identify and address areas of under-representation in a systematic manner as and when opportunities arise.

Sickness absence data

Details of the level of sickness absence are given in note 3 in the Key Financials and note 4.3 in the spate published accounts. The organisation has an approved policy and associated procedure to help with the management of sickness absence.

Sickness absence is managed in a supportive and effective manner by CCG managers, with professional advice and support from human resources, occupational health and staff support services. The CCG's approach to managing sickness absence is governed by a clear HR policy and this is further reinforced by the provision of HR support and training sessions for all line managers on the effective management of sickness absence.

Managers ensure that the culture of sickness reporting is embedded within their teams and sickness absence is actively monitored and formally reported to the CCG's Integrated Governance Committee on a quarterly basis as part of the workforce reporting mechanism. This committee includes both lay members and executive directors of the CCG.

Staff sickness, absence and ill health retirements in 2014/15

January 2014 to December 2014	
Swindon CCG	
Total FTE Days Available (Full time equivalent)	8,138
Total FTE Days Sickness	218
Average sick days per FTE	6.0

Source of data: HSCIC – Sickness Absence and Workforce Publications – based on data from the ESR Data Warehouse.

Please note: Sickness absence is calculated by diving the sum total sickness absence days (including non-working days) by the sum total days available per month for each member of staff.

There was one ill-health retirement during 2014/15. The costs of this ill-health retirement were met by the NHS Pension Scheme.

	Number
Number of persons retired early on ill health grounds	1
Total additional Pensions liabilities accrued in the year	0

CCG Diversity breakdown – gender

	Male Headcount	Female Headcount
Governing Body members	10	9
All CCG employees	26	42

Emergency preparedness and resilience

Swindon CCG is a 'category two responder'. This means that during a major incident such as floods, outbreaks of disease or terrorist attacks, the CCG must respond to reasonable requests to assist and cooperate during an emergency.

Swindon CCG has plans in place to make sure health services will continue to function in a crisis, and to let you know what to do if you are affected.

The CCG works closely with SBC and other health and emergency services, and participates in emergency planning exercises to test our resilience, and response to major incidents. During 2014/15 the CCG invested in a new communication system to ensure that all staff could be advised and communicated with as appropriate at times of a significant incident.

We certify that the CCG has emergency plans in place, which are compliant with the NHS England Emergency Preparedness Framework 2013. The CCG regularly reviews and makes improvements to its major incident plan; operational resilience and capacity plan and business continuity plan and has a programme for regularly testing these plans, the results of which are reported to the Governing Body via the Integrated Governance and Quality Assurance Committee.

Statement as to disclosure to auditors

At the time the report is approved we can confirm that members of the Governing Body:

- In so far as they are aware there is no relevant audit information of which the CCG's auditor is unaware;
- Have taken all the steps that ought to have been taken as a Governing Body member in order to make them aware of any relevant audit information and to establish that the CCG's auditor is aware of that information.

Note: "Relevant audit information" means information needed by the CCG's auditor in connection with preparing this report.

Note: Companies Act 2006 s418 refers (note: s418 (5) and (6) are not applicable). The signing of the statement cannot be delegated to an audit committee.

Nicki Millin
Acting Accountable Officer
27 May 2015

CCG Governance Statement

The CCG was licenced from 1 April 2013 under provisions enacted in the Health and Social Care Act 2012, which amended the NHS Act 2006. As at 1 April 2014, the CCG was licenced without conditions.

Scope of Responsibility

As Acting Accountable Officer, I have responsibility for maintaining a sound system of governance and internal control that supports the achievement of the clinical commissioning group's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me in *Managing Public Money*.

I was appointed as Acting Accountable Officer to provide cover from the 1st May 2015, following the resignation on 30 April 2015 of the Interim Accountable Officer who was appointed by the Clinical Commissioning Group and by the Chief Executive of NHS England from 22 June 2014. The Interim Accountable Officer was employed as a result of the extended period of sick leave that the substantive Accountable Officer had to take from April 2014. For the period from April 2014 to July 2014, the Executive Director of Commissioning deputised for the Accountable Officer.

I am also responsible for ensuring that The Clinical Commissioning Group is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity.

Compliance with the UK Corporate Governance Code

"The CCG are not required to comply with the UK Corporate Governance Code. However, we have reported on our Corporate Governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the CCG and best practice."

Internal Control Framework

Swindon's system of internal control has been in place for the year ended 31 March 2015 and up to the date of approval of the Annual Report and Accounts.

In 2014/15 we received a Commissioning Support Unit (CSU) Service Audit Report (SAR) which was undertaken by Deloitte for the period April to September 2014. There were concerns over the adequacy of controls and in particular the inability to demonstrate the CSU had consistently followed the appropriate control objectives. The SAR report highlighted weaknesses in: contract management; payroll; financial ledger; and accounts receivable. Since the report was prepared the CCG has transferred a number of the services where issues were highlighted in-house, including finance and contract management from October 2014. The CCG concluded its year end position for 2014/15 with its main providers with no fundamental concerns and can conclude that none of the weaknesses raised had a material impact on the CCG's position during 2014/15. Payroll weaknesses concerned the lack of HR policies, limited access to the electronic staff record (ESR) and lack of evidence to support monthly reconciliations to payroll and changes to assignment details. Following the Governance Review the CCG has reviewed and approved a large number of HR policies. Also as a result of Governance Review, the CCG streamlined its authorised signatories for matters in relation to HR and Payroll, to its Executive Management

Team. Controls around the approval of journals and evidencing control account reconciliations were the main issues with the financial ledger, these services are now in-house and the recent internal audit review of Core Financial Systems did not identify any concerns with regard to reconciliations being conducted from October 2014. Accounts receivable problems arose in relation to individuals approving invoices outside of authorisation limits and evidencing bank account reconciliations. This is now taking place by the Finance Team who transferred in from the CSU and again the internal audit report, did not identify any concerns in this area. Deloitte's have undertaken a follow up audit for the period January to March 2015 for Payroll services; which is the only area (of those originally tested) which the CCG continue to subcontract from the CSU. Their report concluded that the control procedures are suitably designed and were operating with sufficient effectiveness to provide reasonable assurance that the related control objectives were achieved during the specified period.

Head of Internal Audit Opinion

The Head of Internal Audit provides the Audit Committee with an annual report detailing the audit activity for the year and an assessment of the adequacy of controls through the annual statement.

Internal Audit have reviewed the systems, controls, risk management and governance arrangements during 2014/15. The Head of Internal Audit Opinion has been provided by Internal Audit as 'Improvement Required'. This was based on the conclusion that there is improvement required in the framework of governance, risk management and control to enhance the adequacy and effectiveness of these.

The basis for forming this assessment was on the following:

- The number and priority of high and medium risk recommendations is the same as the previous year and there is one more low risk recommendation than in the prior year.

- The five high risk recommendations related to findings in the following reports: transfer of services, corporate governance, clinical governance and information governance.

- The findings identified in the year were evenly split between operating effectiveness of controls and control design. This is a shift from the previous year which shows an embedding of controls within the CCG.

Information Governance

Information Governance (IG) supports the provision of high quality care through the effective and appropriate use of information. It provides a set of rules with which the CCG must comply in order to maintain comprehensive and accurate records, including keeping those records confidential and secure.

The CCG is responsible for demonstrating compliance with the IG Toolkit and places high importance on ensuring that there are robust IG policies, processes and procedures in place.

All CCG staff are mandated to complete a suite of IG training modules both annually and at the start of their employment, thereby ensuring that they are aware of their IG responsibilities.

The CCG is committed to making any necessary cultural changes and to raising its IG standards through year-on-year improvements.

Through the annual self-assessment of compliance against the Information Governance Toolkit, the CCG improved its rating to an overall score of '2' from a score of '1' in 2013/14.

During 2014/15 the CCG had no incidents involving data loss or confidentiality breaches.

Cost allocation and setting of charges for information

We certify that the CCG has complied with HM Treasury's guidance on cost allocation and the setting of charges for information.

Principles for Remedy

Principles for Remedy guide how public bodies provide remedies for injustice or hardship resulting from their maladministration or poor service. It sets out for complainants and bodies within the Parliamentary and Health Service Ombudsman's jurisdiction how it thinks public bodies should put things right when they have gone wrong and our approach to recommending remedies.

Good practice with regard to remedies means:

1. Getting it right

• Quickly acknowledging and putting right cases of maladministration or poor service that have led to injustice or hardship.

• Considering all relevant factors when deciding the appropriate remedy, ensuring fairness for the complainant and, where appropriate, for others who have suffered injustice or hardship as a result of the same maladministration or poor service.

• Apologising for and explaining the maladministration or poor service.

• Understanding and managing people's expectations and needs.

• Dealing with people professionally and sensitively.

• Providing remedies that take account of people's individual circumstances.

2. Being customer focused

• Being open and clear about how public bodies decide remedies.

• Operating a proper system of accountability and delegation in providing remedies.

• Keeping a clear record of what remedies public bodies have decided on and why.

3. Being open and accountable

• Offering remedies that are fair and proportionate to the complainant's injustice or hardship.

• Providing remedies to others who have suffered injustice or hardship as a result of the same maladministration or poor service, where appropriate.

• Treating people without bias, unlawful discrimination or prejudice.

4. Acting fairly and proportionately

• If possible, returning the complainant and, where appropriate, others who have suffered similar injustice or hardship, to the position they would have been in if the maladministration or poor service had not occurred.

• If that is not possible, compensating the complainant and such others appropriately.

• Considering fully and seriously all forms of remedy (such as an apology, an explanation,

Remedial action, or financial compensation).

• Providing the appropriate remedy in each case.

5. Putting things right

• Using the lessons learned from complaints to ensure that maladministration or poor service is not repeated.

• Recording and using information on the outcome of complaints to improve services.

6. Seeking continuous improvement

These principles are not a checklist to be applied mechanically. Public bodies should use their judgment in applying the principles to produce reasonable, fair and proportionate remedies in the circumstances. The Ombudsman will adopt a similar approach in recommending remedies.

Governance framework of the CCG

Together with the Clinical Chair of the Governing Body, as Acting Accountable Officer, I ensure that proper constitutional, governance and development arrangements are in place to assure its members of the organisation's ongoing capability and capacity to meet its duties and responsibilities. The Interim Accountable Officer undertook a review of the governance arrangements in place during 2014/15 which identified a number of areas within which controls and processes could be strengthened. This report was taken to the Integrated Governance and Quality Assurance Committee (IGQAC) and Governing Body. The implementation of recommendations is being monitored by the Audit Committee.

The CCG's constitution sets out the principles of good governance which it adheres to and delegates authority to members or employees participating in those joint arrangements to make decisions on its behalf through the following committees:

• **Governing Body** to ensure that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically in accordance with the group's principles of good governance.

• **Audit Committee** which is accountable to the CCG's Governing Body and provides the Governing Body with an independent and objective view of the group's financial systems, financial information and regulations and directions in so far as they relate to finance.

• **Remuneration Committee** which is accountable to the CCG's Governing Body and makes recommendations to the governing body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the group.

• **Integrated Governance and Quality Assurance Committee (IGQAC)** which has established the following sub-committees and posts to help discharge its duties and powers: Equality and Diversity Group, Commissioning for Quality Group (C4Q) and Joint Adults and Childrens Safeguarding Board.

• **Strategic Resilience Group** to provide overall ownership of and strategic direction to the delivery of care for the Swindon and Shrivenham public including improvements in their health and wellbeing.

• **Clinical Leadership Group (CLG)** to develop vision and strategy for ratification by Governing Body; the annual commissioning plan to reflect CCG commissioning priorities; internal engagement with members and opportunities for practices to take on leadership roles in service redesign.

• **Swindon and Shrivenham Commissioning Forum** to provide member practice engagement with the CCG.

The Governing Body of the CCG meets in public and makes available its papers, agenda and minutes on its website. The Governing Body adheres to the "Nolan Principles" setting out the ways in which holders of public office behave in the discharge of their duties and as a guiding principle for decision making.

The effectiveness of the main CCG committees are reviewed by the Governing Body when receiving reports and minutes of the committees.

NHS England undertake as part of the CCG Assurance Framework quarterly reviews of the CCG. The quarter three assurance discussion concluded that NHS England's provisional headline assurance rating for Swindon CCG is assured with support. The areas of concern were the delivery of the NHS Constitution standards and the leadership within the CCG.

Risk assessment

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk and to apply sound governance arrangements. The Governing Body recognises the pervasive nature of risk and considers effective risk management to be an integral part of good management practice.

Risk management is the responsibility of everyone in the organisation. The review and maintenance of an effective risk management system involves all staff and, as appropriate, key stakeholders and is applied to all systems and processes, corporate and financial.

Leadership of risk management is provided by the Governing Body which is committed to ensuring that an effective risk management system is operating throughout the CCG.

The CCG's approach to managing risk is outlined in its Risk Management Strategy which explains how risks are identified, evaluated, scored and monitored within the organisation. The CCG has developed a risk matrix which is used for all risks, both clinical and non-clinical within the organisation.

Each risk includes:

- Description and cause of risk
- Current controls and assurances
- Proposed actions with target dates
- Latest and next review date
- Risk owner and responsible director
- Link to the appropriate strategic risk in the Governing Body Assurance Framework (GBAF)

The full Corporate Risk Register is reviewed monthly by the Executive Management Team and bi-monthly by the Integrated Governance Committee and Quality Assurance Committee. The highest scoring risks are reported monthly to the Governing Body along with the strategic risks contained within the GBAF.

The GBAF is a key source of evidence that links strategic objectives to risks and assurances and is one of the main tools the CCG uses in discharging its overall responsibility for internal control.

The GBAF also allows the CCG to determine where to make the most efficient use of its resources and to address identified issues in order to improve the quality and safety of care.

It is the role of the Governing Body to focus on those risks and events which may compromise the achievement of the CCG's strategic objectives and support an organisational culture which allows the organisation to anticipate and respond appropriately to adverse events.

The CCG actively deters risks through the adoption of robust counter-fraud methodology. All staff receive training on the identification of fraud within the CCG. In addition the CCG have a contract with TIAA to provide counter fraud management. The CCG has also participated in the National Fraud Initiative in 2014/15.

As part of the changes in Accountable Officer, the interim Accountable Officer completed a review of governance arrangements in September 2014. This highlighted a number of areas where improvements could be made in the CCG's governance arrangements including updating the CCG's constitution; revising the terms of reference for the CCG committees; improving the structures for agreeing strategies, policies, and procedures; tightening the scheme of delegation and for managing staff sickness and appointment processes.

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

External Audit are required to give a value for money conclusion on whether:

- the organisation has proper arrangements in place for securing financial resilience

- the organisation has proper arrangements for challenging how it secures economy, efficiency and effectiveness

They have provided the CCG with an unqualified audit opinion for 2014/15 as there are no significant issues to report in relation to these areas.

The CCG has developed its processes in year to ensure that it does consider and is delivering value for money across the services it commissions along with how it operates as an entity.

As part of the commissioning function there are processes to benchmark and performance manage the effective use of resources which are regularly reported to the Governing Body to demonstrate that the CCG is delivering value for money. The CCG ensures, in line with its Constitution, that competitive tenders are applied when procuring services over a specified financial threshold.

The CCG has well developed systems and processes for managing its resources.
The annual budget setting process for 2014/15 was approved by the Governing Body and is monitored closely throughout the year. The Chief Finance Officer has worked closely with key stakeholders to ensure resources are not over committed in year and financial targets are achieved. The annual plan clearly described the level of reserves available to fund ad-hoc pressures in year and the Governing Body were cited on financial risks which could impact on the organisation during the year.

The CCG set itself a challenging target with delivering £5.8m of efficiencies across a range of QIPP schemes and ensured that the Governing Body was kept updated on progress against these; where concerns were identified, the CCG responded and put in place mitigating actions. The CCG strengthened its Project Management Office (PMO) during 2014/15 to ensure more scrutiny and rigour was applied to developing QIPP schemes in 2015/16 and they could clearly demonstrate value for money before being approved.

The CCG has considered its running costs and has delivered value for money through reviewing and retendering its contract with the Commissioning Support Unit and considering how it uses discretionary spend by refining its service redesign programme and reducing the use of consultants.

Summary of Lapses in Data security

I can confirm that the CCG has not had any lapses in data security for the period April 2014 – March 2015.

Business Critical Models

The CCG has developed its business critical models as part of its business continuity planning. The CCG has processes to ensure that all internally developed models are resilient and plans are in place to mitigate any failures; these are proportionate to the risks of the organisation.

Review of the effectiveness of risk management and internal control

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. This review is informed by the work of the internal auditors, the executive managers and clinical leads within the clinical commissioning group who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Governing Body, the Audit Committee and IGQAC.

To that end I can report with the exception of the significant internal control issues I have disclosed within this Annual Governance Statement I can report that there are no other significant internal control issues for the financial year 2014/15 and for the period up to the date of consideration of this report by the Audit Committee.

Each individual who is a member of Swindon CCGs Governing Body at the time this report is approved confirms:

• So far as the member is aware, that there is no relevant audit information of which the CCGs external auditor is unaware; and,

• That the member has taken all the steps necessary as a member in order to make them self-aware of any relevant audit information and to establish that the CCG's auditor is aware of that information.

There has been a significant changes in governance arrangements since 31 March 2015.

The Interim Accountable Officer resigned on 30th April 2015 and from the 1 May 2015, I have to the best of my knowledge and belief properly discharged the responsibilities expected as the Acting Accountable Officer.

Nicki Millin
Acting Accountable Officer
27 May 2015

Remuneration report

The Remuneration Committee determines and approves the remuneration package for executive senior managers. Senior managers are those persons in senior positions having authority or responsibility for directing or controlling the major activities of the CCG. They influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments. The pay and terms and conditions of other managers and staff members' are covered by Agenda for Change. The Remuneration Committee is responsible for approving the Remuneration Policy of the CCG, which determines payment to GPs (as Governing Body members and clinical leads) and practice managers (as Governing Body members).

Membership of the Remuneration Committee during 2014/15 comprised the following members;

- Clinical Chair
- All lay members
- Accountable officer (attends when remuneration and terms of service of other directors is being discussed)

Remuneration is designed to consider and agree fair reward based on each individual's contribution to the organisation's success taking into account the need to recruit, retain and motivate skilled and experienced professionals. This is not withstanding the need to be mindful of paying more than is necessary in order to ensure value for money in the use of public resources and the CCG's running cost allowance.

Senior managers' remuneration is set through a process that is based on a consistent framework and independent decision-making based on accurate assessments of the weight of roles and individuals' performance in them. This ensures a fair and transparent process via bodies that are independent of the senior managers whose pay is being set. Pay relating to GPs and practice managers working for the CCG is set out in the CCG's Remuneration Policy. No individual is involved in deciding his or her own remuneration. The framework and processed followed for determining pay is in accordance with:

• Clinical Commissioning Groups: Remuneration Guidance for Accountable Officers and Chief Finance Officer
• CCG Remuneration Policy for Executive Senior Managers who are on permanent NHS contracts.

The length of contract and terms and conditions are set out in the Agenda for Change, NHS Terms and Conditions of Service Handbook. GPs and practice managers are appointed for a set period as detailed in the CCG's constitution which is approved by Member GP Practices and are as follows:

	Term of office	Notice period
Clinical Chair	4 years (No maximum term)	6 months
Clinical Vice Chair	4 years (No maximum term)	6 months
Lay Members	4 years (No maximum term)	3 months
Registered Nurse	4 years (No maximum term)	3 months
Secondary Care Doctor	4 years (No maximum term)	3 months
Locality Chairs	2 years initially and then 4 years (no maximum term)	3 months
Practice Manager representative	4 years (No maximum term)	3 months

Chief Operating Officer	Permanent	6 months
Accountable Officer	Permanent	6 months
Executive Nurse	Permanent	3 months
Chief Financial Officer	Permanent	3 months
Executive Director Business and Corporate development	Permanent	3 months

There was no early termination of contracts during the year, although Tony Ranzetta retired on ill health grounds during November 2014 following a sustained period of absence.

Salaries and allowances of senior managers and directors 2014/15

	Title	Total salary and fees (bands of £5,000)	Pension related benefits (bands of £2,500)	Total (bands of £5,000)
Directors emoluments & compensation				
Tony Ranzetta	Accountable Officer (to 30 November)❶	100-105	-	100-105
Jan Stubbings	Accountable Officer (from 1 June 2014) ❷	120-125	-	120-125
Caroline Gregory	Chief Financial Officer	100-105	(0-2.5)	100-105
Paul Bearman	Executive Director Business and Corporate development	95 -100	12.5-15.0	110-115
Nicki Millin	Chief Operating Officer (from 1 September 2014)	45-50	30-32.5	75-80
Salaries and allowances of senior officers				
Dr Peter Crouch	Clinical Chair❸	65-70	-	65-70
Dr Peter Mack	Clinical Vice Chair / Locality GP Chair	25-30	2.5-5.0	30-35
Gill May	Executive Nurse	85-90	27.5-30.0	120-125
Dr Liz Alden	Salaried GP Representative	15-20	0-2.5	20-25
Michael Barnes	Non Clinical Vice Chair and Lay member - PPI	10-15	-	10-15
Angela Brunning	Practice manager	5-10	-	5-10
Sarah Francome	Practice manager	5-10	5-7.5	10-15
Dr Eric Holliday	Locality GP Chair	10-15	0-2.5	10-15
Dr Ian James	Lay member - Governance	10-15	-	10-15
Dr Philip Mayes	Locality GP Chair	10-15	(2.5-5.0)	5-10
Dr Tim Jobson	Secondary Care Doctor	10-15	-	10-15
Christine Perry	Registered Nurse	10-15	-	10-15
Bill Fishlock	Lay member	5 -10		5-10

❶Following a period of sustained absence, Tony Ranzetta retired on ill health grounds on 30 November 2014. Any relating pension augmentation costs have been met centrally by the NHS Pensions scheme. Under the rules of the scheme an employee retiring on the grounds of ill health is entitled to be paid at their full rate of pay during their notice period. In accordance with his contract of employment Tony Ranzetta received a payment equivalent to six months full pay during December 2014 of £61k, this has been included within the amounts for total salary and fees disclosed above. See note 4.3 'Staff sickness, absence and ill health retirement' in the Financial Statements included in Appendix 2 for more details.

❷Jan Stubbings was appointed to the role of Accountable Officer during June 2014 on an interim basis to cover the role whilst Tony Ranzetta was absent. Following his retirement she continued in the role whilst a permanent replacement is being recruited - working on a part time basis. Total salary and fees include consultancy fees paid to carry out a governance review which was in addition to the interim accountable officer role.

❸ Dr Crouch has made a retrospective application to join the NHS Pension scheme from 1 March 2015.

Salaries and allowances of senior managers and directors 2013/14

	Title	Total salary and fees (bands of £5,000)	Employers Pension contributions (bands of £2,500)	Total (bands of £5,000)
Directors emoluments & compensation				
Tony Ranzetta	Accountable Officer	115- 120	15-17.5	135-140
Caroline Gregory	Chief Financial Officer	100-105	12.5-15.0	115-120
Paul Bearman	Executive Director Commissioning	95 -100	12.5-15.0	105-110
Salaries and allowances of senior officers				
Peter Crouch	Clinical Chair	65 -70	0-2.5	65-70
Dr Peter Mack	Clinical Vice Chair / Locality GP Chair	25-30	2.5-5.0	30-35
Gill May	Executive Nurse	80-85	10-12.5	90-95
Dr Liz Alden	Salaried GP Representative	15-20	2-2.5	15-20
Michael Barnes	Non Clinical Vice Chair and Lay member - PPI	10-15	-	10-15
Angela Brunning	Practice manager	5-10	-	5-10
Sarah Francome	Practice manager	5-10	-	5-10
Dr Eric Holliday	Locality GP Chair	10-15	-	10-15
Ian James	Lay member - Governance	10-15	-	10-15
Dr Philip Mayes	Locality GP Chair	10-15	-	10-15
Dr Tim Jobson	Secondary Care Doctor	5-10	-	5-10
Christine Perry	Registered Nurse	10-15	-	10-15

Directors, senior officers and other staff members of the CCG are entitled to a base salary, but the CCG does not operate any bonus schemes or other arrangements that would constitute a benefit in kind. Staff members are also entitled to join the NHS Pension Scheme (see note 3).

Amounts paid to a GP's practice are disclosed within the Related Parties note for GPs who served on the Governing Body during the year (See Note 9).

The amount included in respect of pension related benefits is calculated as the increase in pension entitlement after adjusting for employee contributions made to the scheme during the year.

Pension benefits for 2013/14 were included as being equivalent to the value of employer contributions due to information not being made available by NHS Pensions.

Amounts included as total salary and fees excludes employer national insurance contributions.

Off payroll engagements

NHS bodies are required to include disclosures about their off payroll engagements:

Off payroll engagements as of 31 March 2015, for more than £220 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2015	2
Of which, the number that have existed:	
For less than one year at the time of reporting	2

All existing off payroll engagements, outlined above, have at some point being subject to a risk based assessment as to whether assurance is required and the individual is paying the right amount of tax, and where necessary that assurance has been sought.

Number of new engagements, or those that reached six months duration between 1 April 2014 and 31 March 2015	2
Number of the above which include contractual clauses giving the CCG the right to request assurance in relation to income tax and National Insurance obligations	1
Number for whom assurance has been requested and received	1
Number of off payroll engagements of Governing Body members, and/or, senior officials with significant financial responsibility, during the financial year	1
Number of individuals that have been deemed "board members, and or senior officers with significant financial responsibility" during the financial year. This figure includes both off payroll and on payroll arrangements	20

Multiple pay

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

The banded remuneration of the highest paid director in the CCG in the financial year 2014/15 was £100,000-105,000 (2013/14: £115,000 -120,000). This was 2.7 times (2013/14: 4.3 times) the median remuneration of the workforce, which was £37,554 (2013/14: £27,901). The remuneration of the highest paid director is calculated on an annualised full time equivalent basis and so may be different to the amount actually paid if they work part time. Please refer to note 4 'Employee benefits and staff numbers' in the Financial Statements included in Appendix 2 for more details on staff movements and costs.

In 2014/15, nil employees (2013/14: nil) received remuneration in excess of the highest-paid director. Remuneration ranged from £15,000 to £100,000 (2013-2014: from £17,000 to £97,000).

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

Pension entitlements 2014/15

Name	Title	Real increase in pension at age 60 (bands of £2,500) £000s	Real increase in pension lump sum at age 60 (bands of £2,500) £000s	Total accrued pension at age 60 at 31 March 2015 (bands of £5,000) £000s	Lump sum at age 60 related to accrued pension at 31 March 2015 (bands of £5,000) £000s	Cash equivalent transfer value at 31 March 2015 £000s	Cash equivalent transfer value at 31 March 2014 £000s	Real increase in cash equivalent transfer value £000s
Tony Ranzetta❶	Accountable Officer (to 30 November)	-	-	-	-	-	531	-
Caroline Gregory	Chief Financial Officer	0-2.5	0-2.5	25-30	75-80	436	405	21
Paul Bearman	Executive Director Corporate	5.0-7.5	2.5-5.0	5-10	25-30	208	171	32
Nicki Millin	Chief Operating Officer (from 1 September)	2.5-5.0	7.5-10.0	30-35	95-100	578	504	61
Gill May	Executive Nurse	0-2.5	5.0-7.5	35-40	105-110	685	615	53
Dr Peter Crouch❷	Clinical Chair	0-2.5	0-2.5	0-5	0-5	-	-	-
Dr Peter Mack	Clinical Vice Chair/ Locality GP Chair	0-2.5	0-2.5	5-10	15-20	123	100	20
Dr Liz Alden	Salaried GP Representative	0-2.5	0-2.5	10-15	40-45	167	153	10
Dr Eric Holiday	Locality GP Chair	0-2.5	0-2.5	0-5	10-15	60	56	3
Dr Philip Mayes	Locality GP Chair	0-2.5	0-2.5	5-10	15-20	119	113	3
Sarah Francome	Practice Manager Representative	0-2.5	5-7.5	0-5	15-20	114	70	42

❶ Tony Ranzetta retired on ill health grounds during the year, as a result no information has been provided by NHS Pensions regarding any changes to his pension within year. See note 4.3 'Staff sickness, absence and ill health retirement' in the Financial Statements included in Appendix 2 for more details.

❷ Dr Crouch has made a retrospective application to join the NHS Pension scheme from 1 March 2015. CETV data is unavailable but has been estimated at £nil on the basis of one month's membership. Any accrued pension relating to one month's service has been estimated at less than £2,500 and any lump sum benefit as being less than £5,000.

Pension entitlements 2013/14

Name	Title	Real increase in pension at age 60 (bands of £2,500 £000s	Real increase in pension lump sum at age 60 (bands of £2,500 £000s	Total accrued pension at age 60 at 31 March 2014 (bands of £5,000) £000s	Lump sum at age 60 related to accrued pension at 31 March 2014 (bands of £5,000) £000s	Cash equivalent transfer value at 30 March 2014 £000s	Cash equivalent transfer value at 30 March 2013 £000s	Real increase in cash equivalent transfer value £000s
Tony Ranzetta	Accountable Officer	0-2.5	0-2.5	25-30	80-85	531	510	20-25
Caroline Gregory	Chief Financial Officer	(0-2.5)	(5-10)	25-30	70-75	405	412	(5-10)
Paul Bearman	Executive Director Commissioning	0-2.5	-	0-5	0-5	58	33	20-25
Gill May	Executive Nurse	0-2.5	7.5-10.0	30-35	100-105	615	546	65-70

As lay members do not receive pensionable remuneration, there are no entries in respect of pensions for lay members.

Pension entitlements have been calculated by NHS Pensions based on an individual's notional whole time pay. As not all members of the Governing Body work for the CCG on a full time basis the pension entitlements disclosed may not represent the benefits that the individual may ultimately receive.

Only GP members of the Governing Body directly employed by the CCG are included in the notes above. Any pension related to their role as a GP is excluded from the figures above. Information has only been disclosed where it has been provided by NHS Pensions.

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 members' accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefit accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their membership of the pension scheme. This may be for more than just their service in a senior capacity to which disclosure applies (in which case this fact will be noted at the foot of the table). The CETV figure 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.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of period. A figure of 2.7% has been used as an approximation of the inflation rate in year.

Key Financials

Statement of Comprehensive Net Expenditure for the year ended 31 March 2015

	Note	2014/15 £m	2013/14 £m
Administration Costs and Programme Expenditure			
Gross employee benefits	3	**3.0**	**1.8**
Other costs	4	**237.0**	**232.2**
Other operating revenue	2	**(1.6)**	**(3.6)**
Net operating costs before interest		**238.4**	**230.4**
Net operating costs for the financial year		**238.4**	**230.4**
Net (gain)/loss on transfers by absorption			
Net operating costs for the financial year including absorption transfers		**238.4**	**230.4**
Of which:			
Administration Costs			
Gross employee benefits	3	**2.5**	**1.6**
Other costs	4	**3.0**	**4.1**
Other operating revenue	2	**-**	**(0.2)**
Net administration costs before interest		**5.4**	**5.5**
Programme Expenditure			
Gross employee benefits	3	**0.5**	**0.2**
Other costs	4	**234.0**	**228.1**
Other operating revenue	2	**(1.6)**	**(3.4)**
Net programme expenditure before interest		**233.0**	**224.9**
Total comprehensive net expenditure for the year		**238.4**	**230.4**

NHS Swindon CCG has achieved a surplus of £1,727,000 (2013/14: £71,000) for the year.

Statement of Financial Position as at 31 March 2015

	Note	31 March 2015 £m	31 March 2014 £m
Non-current assets:			
Property, plant and equipment	5	**0.3**	**0.3**
Total non-current assets		**0.3**	**0.3**
Current assets:			
Trade and other receivables	6	**2.1**	**0.9**
Cash and cash equivalents		**-**	**0.2**
Total current assets		**2.1**	**1.1**
Total assets		**2.4**	**1.4**
Current liabilities			
Trade and other payables	7	**(15.3)**	**(13.8)**
Provisions	8	**(0.5)**	**(0.1)**
Total current liabilities		**(15.8)**	**(13.9)**
Total Assets less Current Liabilities		**(13.4)**	**(12.5)**
Total Assets Employed		**(13.4)**	**(12.5)**
Financed by Taxpayers' Equity			
General fund		**(13.4)**	**(12.5)**
Total taxpayers' equity:		**(13.4)**	**(12.5)**

Statement of Changes In Taxpayers Equity for the year ended 31 March 2015

	General fund	Total reserves
	£m	£m
Balance at 1 April 2014	**(12.5)**	**(12.5)**
Changes in CCG taxpayers' equity for 2014/15		
Net operating costs for the financial year	**(238.4)**	**(238.4)**
Net Recognised CCG Expenditure for the Financial Year	**(238.4)**	**(238.4)**
Net funding	**237.6**	**237.6**
Balance at 31 March 2015	**(13.4)**	**(13.4)**

Changes in taxpayers' equity for 2013/14

	General fund	Total reserves
	£m	£m
Transfer of assets and liabilities from closed NHS bodies as a result of the 1 April 2013	**0.1**	**0.1**
Changes in CCG taxpayers' equity for 2013/14		
Net operating costs for the financial year	**(230.4)**	**(230.4)**
Net Recognised CCG Expenditure for the Financial Year	**(230.3)**	**(230.3)**
Net funding	**217.7**	**217.7**
Balance at 31 March 2014	**(12.5)**	**(12.5)**

Statement of Cash Flows for the year ended 31 March 2015

	2014/15 £m	2013/14 £m
Cash Flows from Operating Activities		
Net operating costs for the financial year	(238.4)	(230.4)
Increase in trade & other receivables	(1.2)	(0.9)
Increase in trade & other payables	1.5	13.8
Increase in provisions	0.4	0.1
Net Cash Outflow from Operating Activities	(237.7)	(217.4)
Cash Flows from Investing Activities		
Payments for property, plant and equipment	-	(0.2)
Net Cash Outflow from Investing Activities	-	(0.2)
Net Cash Outflow before Financing	(237.7)	(217.4)
Cash Flows from Financing Activities		
Net funding received	237.6	217.7
Net Cash Inflow from Financing Activities	237.6	217.7
Net Increase in Cash & Cash Equivalents	(0.1)	0.1
Cash & Cash Equivalents (including bank overdrafts) at the end of the Financial Year	-	0.1

Financial performance targets

(a)Better Payment Practice Code

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.

2014/15

Measure of compliance	2014/15 Number	2014/15 £000s
Non-NHS Payables		
Total Non-NHS Trade invoices paid in the Year	5,971	28,347
Total Non-NHS Trade Invoices paid within target	5,704	27,498
Percentage of Non-NHS Trade invoices paid within target	95.5%	97.00%
NHS Payables		
Total NHS Trade Invoices Paid in the Year	2,291	134,592
Total NHS Trade Invoices Paid within target	2,264	134,332
Percentage of NHS Trade Invoices paid within target	98.8%	99.8%

2013/14

Measure of compliance	2013/14 Number	2013/14 £000s
Non-NHS Payables		
Total Non-NHS Trade invoices paid in the Year	4,136	28,345
Total Non-NHS Trade Invoices paid within target	4,016	28,017
Percentage of Non-NHS Trade invoices paid within target	97.1%	98.8%
NHS Payables		
Total NHS Trade Invoices Paid in the Year	1,689	102,584
Total NHS Trade Invoices Paid within target	1,619	101,079
Percentage of NHS Trade Invoices paid within target	95.9%	98.5%

The Late Payment of Commercial Debts (Interest) Act 1998

The CCG has made no payments under the provisions of this act.

(b) **Financial performance targets**

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

2014/15

	Target £m	Actual £m	Duty achieved
Expenditure not to exceed income	241.8	240.1	Yes
Revenue resource use does not exceed the amount specified in Directions	240.2	238.4	Yes
Revenue administration resource use does not exceed the amount specified in Directions	5.5	5.5	Yes

2013/14

	Target £m	Actual £m	Duty achieved
Expenditure not to exceed income	234.1	234.1	Yes
Capital resource use does not exceed the amount specified in Directions	0.3	0.2	Yes
Revenue resource use does not exceed the amount specified in Directions	230.5	230.4	Yes
Revenue administration resource use does not exceed the amount specified in Directions	5.5	5.5	Yes

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 *Manual for Accounts* issued by the Department of Health. Consequently, the following financial statements have been prepared in accordance with the *Manual for Accounts 2013/14* issued by the Department of Health. The accounting policies contained in the *Manual for Accounts* 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 *Manual for Accounts* 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.

These accounts have been prepared on the going concern basis.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents. Where a clinical commissioning group ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of Financial Statements. If services will continue to be provided the financial statements are prepared on the going concern basis.

The statements included within the Key Financials section have been rounded off to the nearest hundred thousand, unless otherwise indicated. As a result certain figures in this section may not tally exactly due to rounding. The full financial statements are included within Appendix 2

2. Other Operating Revenue

	2014/15 Total	2014/15 Admin	2014/15 Programme	2013/14 Total
	£m	£m	£m	£m
Non-patient care services to other bodies	**1.6**	-	1.6	3.4
Other revenue	**-**	-	-	0.2
Total other operating revenue	**1.6**	**-**	**1.6**	**3.6**

Admin revenue is revenue received that is not directly attributable to the provision of healthcare or healthcare services.

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

3. Employee benefits and staff numbers

	2014/15			2013/14		
	£m	Permanent employees £m	Temporary staff £m	£m	Permanent employees £m	Temporary staff £m
Salaries and wages	2.6	1.9	0.6	1.5	1.2	0.3
Social security costs	0.2	0.2	-	0.2	0.2	-
Employer contributions to NHS Pension schemes	0.3	0.3	-	0.1	0.1	-
	3.0	**2.4**	**0.6**	**1.8**	**1.5**	**0.3**
Administration	2.5	1.9	0.6	1.6	1.4	0.3
Programme	0.5	0.5	0.1	0.2	0.1	-
	3.0	**2.4**	**0.6**	**1.8**	**1.5**	**0.3**

Staff numbers

	2014/15	2013/14
Average number of people permanently employed	**46**	**31**

Staff sickness absence and ill health retirement

	2014/15	2013/14
Total days lost	**218**	**130**
Total staff years	**36**	**31**
Average working days lost	**6.1**	**4.2**

During 2014/15 Tony Ranzetta retired on ill health grounds. (2013/14: no ill health retirements)

Pension schemes

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

The Scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The Scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. The Scheme is accounted for as if it were a defined contribution scheme: the cost to the clinical commissioning group of participating in the Scheme is taken as equal to the contributions payable to the Scheme for the accounting period.

4. Operating expenses

			2014/15			2013/14
	Total	**Admin**	**Programme**	**Total**	**Admin**	**Programme**
	£m	**£m**	**£m**	**£m**	**£m**	**£m**
Gross employee benefits	**3.0**	2.5	0.5	**1.8**	1.6	0.2
Services from other CCGs and NHS England	**2.5**	1.6	0.8	**2.5**	2.5	-
Purchase of healthcare services	**197.5**	**-**	197.5	**193.0**	-	193.0
Prescribing costs	**31.6**	**-**	31.6	**32.4**	-	32.4
Other costs	**5.5**	1.2	4.1	**3.5**	1.3	2.2
Consultancy and subcontractor costs	**-**	**-**	**-**	**0.8**	0.3	0.5
Total operating expenses	**240.1**	**5.5**	**234.5**	**234.0**	**5.7**	**228.3**
Analysed as:						
Other costs	**237.1**	**3.0**	**234.1**	**232.2**	4.1	228.1
Gross employee benefits	**3.0**	**2.5**	**0.5**	**1.8**	1.6	0.2
	240.1	**5.5**	**234.6**	**234.0**	**5.7**	**228.3**

Administration costs are those costs which are not directly attributable to the provision of healthcare or healthcare services.

5. Property, plant and equipment

	Information technology
	£m
Cost or valuation at 1 April 2014	0.4
Additions purchased	-
At 31 March 2015	0.4
Depreciation 1 April 2013	-
Charged during the year	0.1
At 31 March 2015	0.1
Net Book Value at 31 March 2015	0.3
Purchased	0.3
Total at 31 March 2015	0.03
Asset financing:	
Owned	0.3
Total at 31 March 2015	0.3
Economic lives	
Information technology	3 - 5 years

6 Trade and other receivables

	2014/15 £m	2013/14 £m
Trade receivables	**2.1**	**0.9**
Other receivables	**-**	**-**
	2.1	**0.9**

The great majority of trade is with NHS England. As NHS England is funded by Government to provide funding to clinical commissioning groups to commission services, no credit scoring of them is considered necessary. Included in the above are £nil (2013/14: £247,000) of receivables that were past due but not impaired.

7 Trade and other payables

	2014/15 £m	2013/14 £m
Trade payables	**14.8**	**13.7**
Other payables	**0.5**	**0.1**
	15.3	**13.8**

The great majority of trade is with NHS England.

8 Provisions

	Continuing Care	Other	Total
	£m	£m	£m
Balance at 1 April 2014	-	0.1	0.1
Arising during the year	0.5	-	0.5
Reversed unused		(0.1)	(0.1)
Balance at 31 March 2015	0.5	-	0.5
Expected timing of cash flows:			
Within one year	0.5	-	0.5
Balance at 31 March 2015	0.5	-	0.5

All provisions are current.

9 Related party transactions

Details of related party transactions with individuals are as follows:

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000s	£'000s	£'000s	£'000s
Dr Peter Crouch, Governing Body, CCG Remuneration Committee, CCG Clinical Chair, Chair Clinical Leadership Group, Principal GP Practice at Taw Hill. Member of Local Medical Committee, Vice Chair SBC Health and Wellbeing Board. Spouse employee for South, Central and West Commissioning Support Unit. Transactions disclosed for Taw Hill Medical Practice.	271	0	0	0
Dr Peter Mack, Governing Body, Clinical leadership Group, Locality 2 GP chair, Commissioning for Quality Committee Chair, GP senior partner at Moredon. Transactions for Moredon Medical Centre.	102	0	0	0
Dr Eric Holliday, Governing Body, Clinical Leadership Group, Locality 3 GP Chair, Integrated Governance and Quality Assurance Committee. GP partner at Eldene. Transactions for Eldene Surgery.	141	0	0	0
Dr Phillip Mayes, Governing Body, Clinical Leadership Group, Locality 1 GP Chair, Integrated Governance and Quality Assurance Committee. GP partner at Kingswood. Spouse employee of SBC. Transactions for Kingswood Surgery.	130	0	0	0
Angela Brunning, Governing Body, Clinical Leadership Group, practice manager partner at Hawthorn Surgery. Transactions for Hawthorn Surgery.	123	0	0	0
Dr Elizabeth Alden, Governing Body, Clinical Leadership Group, Locum GP in various GP practices in Swindon. Chair of Swindon GP Education Trust, Training Programme Director at School of Primary Care, Health Education South West and Education Lead, Severn Faculty RCGP,	0	0	0	0
Dr Tim Jobson, Governing Body, Secondary Care Doctor, CCG Remuneration Committee, Founding partner of Medical Professional Southwest LLP. Consultant and deputy Medical Director in Taunton. Transactions for Taunton and Somerset NHS Foundation Trust.	15	0	0	0
Christine Perry, Governing Body, Registered Nurse, Chair of the Integrated Governance and Quality Assurance Committee. Director of Nursing in Weston-Super-Mare. Transactions for Weston Area Health Trust. Weston Area Health NHS Trust	35	0	0	0
Cherry Jones, Governing Body, Director of Public Health at Swindon Borough Council and member of Health and Wellbeing Board. Transactions for SBC.	37,865	0	0	0
John Gilbert, Governing Body, Director of Adult Social Care at Swindon Borough Council and member of Health and Wellbeing Board. Transactions for SBC.	37,865	0	0	0

The CCG has made payments for local enhanced service SLAs with GP practices for which members of the Governing Body are partners of-these payments are to an organisation and not individuals. The CCG has also reimbursed practices for Locum and related costs. The disclosure of interests from Anthony Ranzetta have been reviewed and the view taken that there were no related party tranactions. The related payment transactions with Swindon Borough Council (SBC) total £37.865 m.

The Department of Health is regarded as a related party. During the year the clinical commissioning group has had a significant number of material transactions with entities for which the Department is regarded as the parent Department.

Great Western Hospitals NHSFT

South Western Ambulance NHSFT

Oxford University Hospitals NHSFT

NHS England

In addition, the CCG has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Swindon Borough Council.

The CCG considered all employees involved in the award of contracts, however, under the Scheme of Delegation, only Executive Directors are able to award contracts, within Delegated limits.

The CCG has therefore only included Related Party Notes for Governing Body Members and Directors.

The Clinical Commissioning Group has detailed in this note all declarations of interest for Governing Body Members, however, only related party transactions have been disclosed where they meet the criteria of having (i) control or joint control over the reporting entity, (ii)have significant influence over the reporting entity or (iii) are a member of the key management personnel.

Further advice

Stop Smoking
For information and advice:
Call: Freephone 0800 389 2229 or 01793 465513
Text: 07881 281 797,
Email: besmokefree@segol.org

Age UK Wiltshire
Visit www.ageuk.org.uk/wiltshire, or Call: 01380 727 767

Healthy Start vouchers
Some parents on benefits may be able to get free vouchers every week. You can swap these for milk, fruit, vegetables, special milk for babies and vitamins.
To find out if you qualify: Call: 0845 607 6823, or Visit: www.healthystart.nhs.uk

NHS Choices
The online 'front door' to the NHS with information on conditions, treatments, local services and healthy living. Find out what's on the website and how you can get the most out of it at www.nhs.uk

I need to know which GP surgeries or pharmacies are open, which is the closest to where I live and their phone number Visit NHS Choices at www.nhs.uk

Change4life
Would you like loads of ideas and help to make the many small changes that add up to a happier, healthier future for you or your family? Then you already know why you should join Change4Life. As part of Change4Life, you will receive tons of helpful information, recipes, tools, tips, and games for the kids. Once you register you'll also receive a free welcome pack – one for the whole family, or one just for you.
www.nhs.uk/Change4Life/Pages/change-for-life.aspx

Healthwatch Swindon
Healthwatch is the consumer champion for health and social care in England. One of our main tasks is to understand the needs, experiences and concerns of people who use health and social care services and to ensure their voices are heard and responded to. We give people a powerful voice locally and nationally: the Healthwatch network is made of up of local Healthwatch in each of the 152 local authority areas like here in Swindon; and Healthwatch England, the national body.

Office Address: Healthwatch Swindon, Swindon Advice and Support Centre, Sanford House, Swindon, SN1 1QH
Telephone: 01793 497777
Email: info@healthwatchswindon.org.uk

Swindon Advice and Support Centre, in Sanford Street
Sanford House, Sanford Street
Swindon SN1 1QH

For more information about how to access the centre and the information point, please email SAASC@swindon.cabinet.org.uk or call reception on: (01793) 466633.

My Care My Support

This website is designed to provide comprehensive information and a directory of services for people with adult health and wellbeing needs. www.mycaremysupport.co.uk

Phone: 0800 085 6666 from 9am to 5pm, Monday to Thursday and 9am to 4.30pm Friday (except on public holidays).

Find out more about Swindon CCG by visiting our website:
www.swindonccg.nhs.uk

Make sure you choose the right NHS service

Here are the services available to you, your family and your friends, in Swindon.

Self-care

Look after yourself; most minor ailments can be treated at home.

Visit **www.nhs.uk** for expert advice on a range of illnesses and complaints or to find your nearest NHS services.

Pharmacist (Chemist)

For expert advice on a range of illnesses and minor injuries as well as the best medicines to treat them.

Children and Young People's Clinic

The Children's Clinic is for people aged from 3 months to 18 years old, who are unwell and can't get an urgent GP appointment. The clinic is open from 8am until 8pm, Monday to Friday, please telephone for an appointment on the day.

Call 01793 646 466

Urgent Care Centre on the GWH Site

If you need to be seen by a nurse or doctor, the Urgent Care Centre can see you any time of day.

You can walk in without making an appointment.

Great Western Hospital site, follow the blue signs to 'Nurse/GP Led Urgent Care Centre.' Swindon, SN3 6BW.

Call 01793 646 466

NHS 111

Call 111 if:

- You need medical help fast but it's not a 999 emergency
- You think you may need to go to A&E or need another NHS urgent care service
- You don't know who to call or you don't have a GP to call
- You need health information or reassurance about what to do next

NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobiles – **dial 111**.

Swindon Walk-in Centre

7am – 8pm Monday – Friday
8am – 8pm Weekends and public holidays

No appointment is necessary. Open to patients of any GP practice or those not registered with a GP.

This service is based at Swindon Health Centre, Carfax Street, SN1 1ED.

Out of Hours GP Service

This service is available from 6:30pm to 8am each day and 24 hours on weekends and bank holidays. The service provides advice and treatment from GPs outside of normal surgery opening hours.

Call 01793 646 466

A&E / 999

This is only for serious illness and life-threatening conditions.

April 2015, Swindon CCG Communications and Engagement Team

Great Western Hospitals NHS NHS Foundation Trust · CHE Carfax Health Enterprise · SEQOL care · health · support · NHS Swindon Clinical Commissioning Group

For general enquiries please contact: **Swindon Clinical Commissioning Group** The Pierre Simonet Building North Swindon Gateway North Latham Road Swindon Wiltshire SN25 4DL	This annual report can also be found on our website at **www.swindonccg.nhs.uk** If you would like the information from this annual report in a different language or format, including large print or audio tape, please contact 01793 683 700

May 2015