NHS
Swindon
Clinical Commissioning Group

Swindon Clinical Commissioning Group 2017/18 Annual Report and Accounts

Feedback to this document

We would very much like to hear your views on our annual report. To comment on it, get a copy in an alternative format, or get involved with helping NHS Swindon Clinical Commissioning Group (CCG) shape health services for the people of Swindon and Shrivenham, please visit our website www.swindonccg.nhs.uk or call us on 01793 683700 or email enquiries@swindonccg.nhs.uk

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Nicki Millin
Accountable Officer

24 May 2018

Performance Report

Overview

This section provides an overview of how the CCG works, what it does, the risks it is exposed to, and how it has performed over the course of 2017/18.

Statement from the Accountable Officer

Welcome to the fifth Annual Report and Accounts for NHS Swindon Clinical Commissioning Group (CCG). This Annual Report tells you what we have been doing during the year; how we have fulfilled our statutory duties in commissioning healthcare for our local population, our achievements and our challenges.

Health professionals across our system continue to face numerous challenges. Over the years, we have focused on supporting our hospital colleagues and we continue to do so. We have seen our community services strengthened and quality significantly improved in this last year under the management of Great Western Hospitals NHS Foundation Trust, which who took responsibility for the services when it was awarded the contract in late 2016.

Last year we progressed our work with primary care, taking on fully delegated commissioning from NHS England. We recognise the local and national challenges that primary care is facing with ever-increasing demand and a shortage of general practitioners and other primary care workforce. Supporting primary care is a key focus for us. The primary care commissioning team has worked alongside GP practices in this last year looking at the GP Forward View and new ways of working and we are now seeing changes in the GP landscape with the formation of the Super Partnership: Wyvern Health Partnership, the Swindon Voice Federation and the IMH Group. Developing the new models of primary care will continue as a key piece of work for us in this next year.

We are working closely with our main mental health service provider Avon and Wiltshire Partnership NHS Foundation Trust (AWP) to ensure delivery of high quality services for patients within Swindon and Shrivenham. This has not been without challenge and in this last year we have supported the temporary closure of the S136 suite in Swindon (see page 38 for further information). At the same time, we have seen an improvement in the services provided by AWP to support those with a mental health problem who attend A&E at hospital and we are already seeing the benefits for our population, with less people being admitted on a regular basis as a result of self harm.

Both nationally and locally the NHS continues to face significant challenges in terms of meeting the health needs of the population, while ensuring clinical and financial sustainability. For the last two years Swindon has been part of the Sustainability and Transformation Partnership (STP) which covers health and social care organisations across Bath and North East Somerset (B&NES), Swindon and Wiltshire. As an STP we are working together in a number of areas and have already started reviewing our clinical policies to ensure they are in line with partners and that our populations have equal access to services.

During this last year, Maggie Arnold joined the CCG's Governing Body as our Registered Nurse and Dr Christine Vize as the Secondary Care Doctor. They both bring significant experience of working in the NHS and we are really pleased to have their experience and expertise as part of our team.

Performance

The CCG made good progress in delivering against key NHS priorities in 2017/18. Excellent progress was made with Great Western NHS Foundation Trust and Swindon Borough Council in improving delivery against the A&E 4-hour target, reducing the numbers of Delayed Transfers of Care in an acute hospital bed and the length of stay for those patients who are medically fit has reduced over the winter period. This is in the context of busy and challenging winter both locally and nationally.

Cancer targets were not consistently met in 2017/18, but performance has stabilised at the end of the year, leaving us in a good position for delivery in 2018/19.

Challenging areas for the last year have been Referral to Treatment targets (RTT), diagnostic wait times and the dementia diagnosis target. These continue to be below constitution targets and will be a challenge during 2018/19.

A more detailed analysis of the CCG's performance in 2017/18 can be found on pages 19 to 31.

Financial Review

The financial year 2017/18 has been a challenging one for us. We achieved financial balance, which has been possible through stringent financial management and effective control of expenditure.

CCGs have several financial duties under the NHS Act 2006 (as amended) and these duties were met by Swindon CCG.

As with all aspects of the NHS, the CCG's financial resilience will continue to be tested which means we must make difficult decisions going forward, ensuring funding is prioritised to the delivery of essential services.

Highlights of our year

The new Swindon Health Centre was officially opened by the Mayor of the town, Councillor Maureen Penny in September 2017.

We also launched a new Prescription Ordering Direct service. This service provides support to GP surgeries in managing patient repeat prescriptions and simplifies processes for patients and pharmacies. During the next year, this service will be expanded to serve all our population.

In March 2018, Swindon CCG became the first employer in Swindon to achieve the Swindon Carers Employers Award, highlighting our commitment to supporting our staff.

NHS England's annual rating of the performance of the CCG against the national Improvement and Assessment Framework moved from a rating of Requires Improvement to Good which is a significant achievement with all of the challenges the

system faces and recognises the hard work of staff to continue to seek improvements in services for all of our population.

Looking ahead

While acknowledging some of the successes of the past year, the CCG is also minded to look ahead and consider the challenges and opportunities in the year to come. The CCG has an operational plan which sets out the organisation's plans for the coming year to improve health outcomes and the quality of health care services for the people of Swindon and Shrivenham.

In order to move forward with the transformation programme, Swindon CCG and the wider health and social care economy have agreed a number of priorities to be delivered within this next year to support the delivery of integrated care and changes to system demand. Key areas will include designing chronic disease management and frailty services to move the emphasis to supporting people to remain within their own communities/homes; procuring a new out of hours and extended access GP service as the current contract is only in place until March 2019 and a review of mental health service provision determining future requirements for our population. There will also be a significant piece of worked linked to the future form of this commissioning organisation and how to work more closely with social care and Swindon Borough Council.

Further information about the CCG's future plans can be read on page 10.

As with everything the CCG does, the public's voice is vital and I actively encourage you to get involved with the work of the organisation. If you are interested, please email the Communications and Engagement Team at communications@swindonccg.nhs.uk

Finally, I would like to personally thank everyone who works for our health service during these difficult and challenging times. I continue to be impressed at the dedication, passion and commitment displayed by health professionals across our local system, particularly with the ongoing demands they face on a daily basis. I am confident that by continuing to work together as a system, we will be able to rise to these challenges so that all our public, patients, family and friends can receive the best possible care.

Thank you for reading our report – I hope you find it informative and interesting.

Purpose and activities of the CCG

NHS Swindon Clinical Commissioning Group (CCG) is responsible for purchasing healthcare for Swindon and Shrivenham residents and is a clinically led organisation which has 24 GP member practices (23 from 1 April 2018).

We are keen to make sure we are truly acting on behalf of everyone living in the community. To do this successfully we are working with local people, GPs in Swindon and Shrivenham, hospital and community clinicians and other partners (including local government and the voluntary sector) to improve health services for our population.

Our mission is to optimise the health for the 237,102 people registered with our 24 GP practices in Swindon and Shrivenham. In 2017/18 we spent £301.7m, from which we have commissioned local health services including acute, community, primary GP care and mental healthcare.

Our objectives are:

- To increase the life expectancy of people living in 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
- To work with NHS England to improve the quality of primary care
- To reduce inequalities in health and healthcare for people in Swindon and Shrivenham

Our vision is ***to ensure that everyone in Swindon and Shrivenham lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities***.

The CCG does not commission primary care services such as dental care, pharmacy or optometry (opticians). This is undertaken by NHS England through its local team, referred to as NHS England (NHSE) South West (North). NHSE also has the responsibility for commissioning specialised services such as organ transplant and specialist cardiac services. Our partners in Swindon Borough Council (SBC) have responsibility for commissioning public health services including health visiting and drug and alcohol services.

From 1 April 2017 NHSE formally handed over full responsibility for commissioning General Practice services to Swindon Clinical Commissioning Group (CCG). By having this responsibility transferred locally, it meant the CCG could ensure a local discussion on the provision of services that are suited to address local needs and priorities.

The Population We Serve

Below is the outline of the CCG's population as identified in the Joint Strategic Needs Assessment (JSNA) 2017/18.

The full JSNA along with a number of detailed needs assessments can be found on the Swindon JSNA website and are used to inform commissioning and for developing strategies.

Some of the key facts highlighted in the 2017/18 JSNA summary that provide context for some of the decision making in relation to the 2018/19 CCG Operational Plan include:

- SBC projections estimate that Swindon's population could increase by 14% between 2011 and 2021, and a further 10% between 2021 and 2031. Population increases are driven by people living longer and more people coming to live in Swindon than are leaving.
- Projections indicate the 65 plus age group will grow by 25,900 people between 2011 and 2031; almost half of the total (all age) projected growth of 55,700.
- Figures from mid-2016 for Swindon show that there were 49,462 under 18s (22.7%); 134,710 aged between 18 and 64 (61.8%) and 33,733 aged 65 or older (15.5%).
- Males in Swindon will spend 80.7% of their lives in good health, whereas women will only spend 75.8% in good health
- Causes of premature death in Swindon are changing. In 2001-03, 36% of deaths under 75 were from cancer and 30% from cardiovascular disease (CVD) but by 2014-16, 44% were from cancer and 21% from CVD.
- There are about 4,000 adults with learning disabilities (LD) in Swindon ranging from mild to severe disability. Only those with moderate or severe LD (860) are likely to be in receipt of support from social care services.

CCG expenditure

The CCG directly commissions (buys) a full range of health services and jointly commissions services with Swindon Borough Council. The major acute provider (and since 1 October 2016 also community services) for Swindon CCG is Great Western Hospitals NHS Foundation Trust (GWH) and this contract represents approximately 50% of our annual spend.

	2017/18 £'m	2016/17 £'m
Great Western Hospitals NHS Foundation Trust	149.3	136.6
Avon and Wiltshire Mental Health Partnership Trust	17.5	16.1
Oxford Health NHS Foundation Trust	2.8	2.4
Joint Commissioning with Swindon Borough Council	14.2	23.1
Oxford University Hospital Foundation Trust	4.1	4.5
South West Ambulance Service Foundation Trust	7.0	6.8
Gloucestershire Hospitals NHS Foundation Trust	1.7	1.4
Private Hospital Providers	3.5	4.0
Hospices	1.2	1.2
Other Acute providers <£1m	4.7	5.0
Private transport providers	1.8	1.6
Prescribing costs	32.2	32.8
Continuing Healthcare	15.2	14.0
Mental Health Placements	2.8	2.3
Delegated primary care	27.0	0
Other programme spend	11.5	8.2
Running costs	4.9	4.9
	301.7	264.9
Spend per head	£1,272.45	£1,096.52

Due to rounding the numbers above may not add up to the total provided.

Future Plans

Looking to the future and considering the risks and challenges we face during 2018/19, we are working with our member practices and partners to plan for services which will benefit local patients and continue to meet our priorities.

The CCG's 2018/2019 Operational Plan sets out our plans to improve health outcomes and the quality of healthcare services for the people of Swindon and Shrivenham. This plan is driven by the needs of the local population and continues work started as part of the CCG's Five Year Strategy 2014-2019 and more recently detailed in the Five Year Forward View and is set in the context of the previously published two-year (2017-2019) plan.

Our view is that the most significant issues facing the local health and care economy are as follows:

- Delivery of the Five Year Forward View aspirations
- Securing sustainable finances and actively pursuing efficiencies while maintaining high quality, safe and effective services for people in Swindon
- Closing the health and wellbeing gap by focusing on inequalities within our community, reducing variation and shifting the balance in favour of prevention and self-care
- Delivery of all core access and quality standards for our patients

- Stabilising primary care, providing an increased range of services and new models of care and operate at scale.

Details of our priorities for 2018-2019 can be seen in our Operational Plan, which can be found on our website.

Sustainability and Transformation Partnership (STP)

Swindon CCG is part of the Bath and North East (B&NES), Swindon and Wiltshire (BSW) STP which consists of health and social care organisations from across this wider geographical footprint. The BSW STP has supported joint working across the system and there has been a focus on how to improve our local population's health and wellbeing, to improve service quality, to support workforce development and to deliver a sustainable financial plan for the system.

In 2017/18 we made progress on a number of different areas:

- Through the planned care workstream, we have aligned clinical polices across the commissioning organisations.

- We have procured a new single Integrated urgent care service (which incorporates NHS 111) and this went live on 7 May 2018.

- The prevention and proactive care workstream has been successful in a joint bid for the National Diabetes Prevention Programme and this is being successfully rolled out across the STP.

- There has been joint work within the BSW STP Urgent Care workstream to develop a joint Urgent and Emergency Care Delivery Plan for 1 July 2017 – March 2019 which sets out milestones and implementation activities to deliver eight domains identified by NHS England to meet the national guidance. As part of managing winter the system received national monies to pilot a frailty model on each of the acute trust hospital sites based within their A&E Departments.

- There has been work under way on Acute Hospital Collaboration: reviewing joint approaches and sharing best practice in clinical services, radiology and procurement.

- There has been communications and engagement work with STP staff bulletins, joint approaches to plans for smoke-free NHS sites, a joint flu campaign and other social media campaigns have included World Cancer Day and Time to Talk Day (mental health).

As we go forward into 2018/19 we have agreed the following priorities:

- Implement an integrated transformation programme to improve mental health and well-being services

- Implement an integrated transformation programme to improve the health and well-being of older people
- Implement a programme of transformation to improve maternity services (led by Local Maternity System)

In addition, we will establish an STP three-year financial strategy in support of individual organisations' financial plans to achieve the most appropriate use of resources and financial balance – including 2018/19 Financial Recovery Plan.

We have agreed that, across the geographical patch we will develop and implement a programme of change that will result in three integrated placed-based commissioning systems (Local Authority and CCG), three integrated provision systems called Integrated Care Alliances (B&NES, Swindon and Wiltshire) and a commissioning and strategic planning function for the wider STP footprint called Integrated Care System where this makes sense for patients and the taxpayer.

Key issues and risks

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 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 that safeguard both children and vulnerable adults. The CCG has representation on both the Adults' and Children's Local Safeguarding Boards, which promotes 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**	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

Key person dependency	The CCG is a lean organisation and is reliant on a small number of staff for its day-to-day activities.	learning and development needs are met. Executive directors have deputies to provide cover and 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. The CCG closely monitors the achievement of its annual plans through its governance structures so that any mitigating actions can be taken in a timely way. The CCG manages this risk by setting targets against which to benchmark and monitor each provider's performance. The CCG closely monitors these through its 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 lack of diversification in the local economy means 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 has formal contracts with its main providers and actively manages and monitors their performance through its governance structures. A review of provider stability has been undertaken. Where risks are identified alternative

	the CCG's ability to deliver its strategic objectives.	provider capacity will be sought.
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 deliver its strategic objectives.	The CCG closely monitors legislative developments. CCG allocations are now notified for a three year period.

Going Concern

Going concern is a fundamental principle in the preparation of the financial statements of any audited body. Under the going concern assumption, a CCG is viewed as being in a viable position to continue to operate for the foreseeable future with no necessary financial support or significant deviation from its planning assumptions.

The CCG again faced a very challenging financial position at the start of 2017/18 with the need to achieve a cash releasing QIPP target of £8.6m to ensure financial balance. The CCG focused its efforts on a few key schemes, setting sizeable efficiency targets for Prescribing, Continuing Health Care, Mental Health placements and alignment of Clinical Policies. Those four schemes totalled £7m and accounted for 82% of the total target.

During the year, the CCG saw slippage in the level of efficiencies from these main programmes:

- **Prescribing**- the CCG incurred additional costs of circa £1.3m due to NSCO (national impact of lack of available cheaper generic drugs) and a further £0.3m from NHSE savings from the nationally negotiated reduction in costs of Category M drugs. This was despite the CCG experiencing a reduction in the overall level of growth in prescribing expenditure (-1.6% in Nov 17) against the national average.

- **Continuing Health Care (CHC)** - costs of CHC have risen by circa £0.5m for several reasons: there has been an increase in caseload since the start of the year; there were 130 packages in April 2017 and the number stood at 148 in January 2018. The costs of the packages of care have also risen: 82 people in 2017/18 had packages costing more than £2,000 a week compared to only 52 in 2016/17. Invoices were also received from SBC to cover retrospective periods for clients assessed as requiring CHC from the review which concluded at the beginning of 2017/18.

- **Mental Health Placements**- minimal progress has been achieved against a QIPP target of £0.75m, which was partly due to the fact the CCG had seen an

increase in the complexity and acuity of clients which were costing more and partly because of lack of sufficient dedicated resource in the CCG to focus on this work. This latter issue has now been addressed.

Schemes, for which the CCG has achieved against, are those focused on acute care, where there has been a reduction in costs related to streaming GP referrals directly into Ambulatory Care. The CCG is no longer charged for A&E attendances. There has been a reduction in costs of elective care, which has been mostly driven by a national decision to cancel non-urgent operations during the winter and also because of the changes made to thresholds to clinical treatment through the review of clinical policies to align standards across BaNES, Swindon and Wiltshire.

Overall, the CCG has achieved £7.9m which is 91.9% of the overall target of £8.6m.

Building on the changes highlighted in this report last year (such as strengthening the Executive Team through the appointment of a Chief Operating Officer to focus on the delivery of day to day priorities and a Company Secretary to manage the business processes), further progress has been made on implementing the CCGs Organisational Development Strategy. This included developing a training and development plan to ensure staff have the skills and expertise to respond to changes in the external environment.

During 2017/18 focus has been on understanding the size of the financial challenge facing the BSW STP over the medium term and how CCGs can share commissioning capability and best practice to drive through savings. This is alongside closer working with social care which will help reduce duplication and cost shifting through the application of pooled budgets.

The CCG has continued to strengthen its governance structure through:

- **Improvements on internal control processes**:
    - The CCG revisited the self- assessment it conducted in 2015/16 against the NHSE Financial Control Environment Toolkit and demonstrated improvements in financial planning, board reporting, systems and processes and risk management (which were reported through to the Audit Committee)
    - The CCG undertook an annual review of the effectiveness of each of the main committees and adherence to their terms of reference
    - Reviewed systems and controls operating for CHC by internal audit with resultant actions being overseen by the Audit Committee
    - Carried out a due diligence exercise on non-NHS providers and contractors to assess financial viability and continuity arrangements
- **Changes in risk management**:
    - Financial risk assessments are now reviewed regularly in year by the Finance Committee

- Extended Executive Management Team meeting, including Associate Directors reviewing the risk register each month

The CCG has revisited its medium term financial strategy for 2017-19 to meet the NHS business rules and new planning guidance to ensure sustainability and to identify sufficient reserves and contingencies to cover unforeseen events. The updated financial plan for 2018/19 was taken to the March Governing Body for approval.

The CCG has used internal audit to undertake an independent scrutiny of its financial systems and processes and again received a clean internal audit report on its core finance systems.

Internal Audit has considered the performance of certain services such as HR, provided by the South Central and West Commissioning Support Unit (SCWCSU), and recommendations have been fed back through monthly meetings between their client manager and the CCGs Chief Finance Officer. Proposals have been considered for the future of services provided by the SCWCSU as the contract comes to an end in March 2018 to ensure future services demonstrate value-for-money and are in line with the strategic direction of the CCG.

The CCG took on the delegated commissioning of primary GP care services at the start of 2017/18 and focused on strengthening:

- Reporting arrangements through the development of a comprehensive Primary Care Finance Report

- Governance arrangements through establishment of the Primary Care Committee.

Overall, the CCG delivered a small underspend against its ringfenced primary care delegated budget and a small underspend against the funds which the CCG invested from its main revenue allocation to further support primary care. Both will roll forwards into 2018 as part of the CCG's retained surplus.

During 2017/18 the Audit Committee continued to have oversight on the follow up of recommendations of the Governance Review. All of which were actioned in year.

The CCG's Project Management Office function has been subject to two formal reviews in year by NHS England considering governance and assurance arrangements. The results have been fed back to ensure the team are being as effective as they can be.

In 2016/17, in line with the five-year settlement, NHS England determined firm allocations for 2016/17 and 2017/18 and indicative allocations for the following three years. Since announcing these, NHS England has published revised CCG core allocations only for 2017/18 and 2018/19, which suggests the CCG will be over its fair shares target by 0.97% in 2018/19.

The CCG has revisited its financial plan for 2018/19, taking account of the additional funding which has been made available to the NHS (announced in the Autumn Budget) to support growth in activity, risks in year and transformational change.

It has identified a total £7.8m of QIPP schemes: £5.5m are cash releasing and £2.3m are demand management.

Of the £5.5m cash releasing:

- £3.4m is prescribing linked to zero growth and assuming no impact from Cat M top slice and NSCO
- £1.15m relates to reviewing placements for continuing healthcare, mental healthcare, learning disabilities and specialist and impact from funded nursing care reviews
- £0.5m is focused on benefits derived from re-procurement of urgent care and end of life
- £0.5m is linked to transactional schemes linked to CSU (back office), community services reduction in non-recurrent costs and CCG running costs

Further work is required to firm up on savings targets for cardiovascular (RightCare), Consult Connect, the frail elderly interventionist model, appropriate clinical testing and early intervention in psychosis investment in mental health.

Across the BSW STP there is an acknowledgement that once provider and commissioner financial positions have been consolidated, there is a financial gap of circa. £30m which must be addressed in the medium term to secure financial balance.

The CCG is mindful that nationally there is an expectation that systems align through the STP to drive through further reconfigurations to generate greater efficiencies to address this overall financial gap across BSW. A key aspect of this will be the development of the Finance Strategy. The new STP Finance Director will be revisiting and validating the overall financial pressure and working closely with both providers and commissioners to seek opportunities on developing a financial savings plan.

Performance Report

Performance Analysis

2017/18 Year End Performance Summary

There are two main frameworks against which CCG performance is assessed. These are:

Improvement and Assessment Framework (IAF) – The framework draws together the NHS Constitution, performance and finance metrics and transformational challenges and plays an important part in the delivery of the Five Year Forward View. It was introduced in 2016/17.

NHS Constitution – The constitution sets out rights for patients, public and staff. It outlines NHS commitments to patients and staff and the responsibilities that the public, patients and staff owe to one another to ensure the NHS operates fairly and effectively. CCGs are assessed against several performance measures to ensure they are delivering against the constitution. More information can be found on the NHS England website.

The overarching framework for CCGs is the IAF, with some metrics from both the NHS Constitution and the Outcomes Framework feeding into the IAF. As a result, this report first summarises the CCG's performance against the IAF.

Improvement and Assessment Framework

The CCG receives an annual rating from NHS England based on its performance against the IAF metrics on a four-point scale:

- Outstanding
- Good
- Requires Improvement
- Inadequate

For 2017/18, the CCG's overall rating is GOOD, which indicates, while it has areas of good performance, there are issues which could be improved upon.

Swindon CCG 2017/18 IAF Assessment : GOOD

NHS Swindon Clinical Commissioning Group

- Anti-microbial resistance
- Personal health budgets
- Health inequalities
- Child obesity
- Diabetes
- Smoking
- Carers
- Falls

- Urgent and emergency care
- NHS continuing healthcare
- Learning Disabilities
- Elective access
- 7-day service
- Primary Care
- Mental health
- Care ratings
- Maternity
- Sepsis
- Cancer

- Leadership
- Staff engagement
- Workforce race equality
- Working relationships
- Probity and corporate governance
- Statutory Public Patient participation

- NHS e-referrals
- In Year Financial Performance

Our Mission: To Optimise the Health of the People of Swindon and Shrivenham

The CCG's overall score is derived from assessing the CCG against the four domains of the framework:

Domain	Swindon CCG 2017/18 Rating
Better Health: *this section looks at how the CCG is contributing towards improving the health and wellbeing of its population, and bending the demand curve;*	**GOOD**
Better Care: *this principally focuses on care redesign, performance of constitutional standards, and outcomes, including in important clinical areas*	**REQUIRES IMPROVEMENT**
Sustainability: *this section looks at how the CCG is remaining in financial balance, and is securing good value for patients and the public from the money it spends*	**GOOD**
Leadership: *this domain assesses the quality of the CCG's leadership, the quality of its plans, how the CCG works with its partners, and the governance arrangements the CCG has in place to ensure it acts with probity. For example, in managing conflicts of interest*	**GOOD**

The full list of IAF metrics showing performance against all indicators within the framework can be found at the My NHS website.

Clinical Reviews

The framework is also sub-divided into six clinical priority areas. These are:

- Cancer
- Maternity
- Dementia
- Diabetes
- Mental Health
- Learning Difficulties

The CCG is provided with a rating against each of these clinical priority areas. The Clinical Priority Rating Scale remains a four-point scale, however the levels are: Top Performing, Performing Well, Requires Improvement, Greatest Need for Improvement. A review of latest performance is included below.

There are a number of areas in which the CCG does not perform well nationally and these are contained in the following section.

Diabetes: Current IAF rating: **INADEQUATE**

The CCG's rating is driven by poor performance in both of the Better Health Diabetes metrics on the IAF.

Measure	Clinical Priority Area	Reported Period	CCG	England
Diabetes patients that have achieved all three of the NICE recommended treatment targets	Diabetes	2016-17	35.4%	39.7%
People with diabetes diagnosed less than a year who attend a structured education course	Diabetes	2016-17	3.5%	7.3%

The Diabetes Service has had difficulties with workforce during 2017/18, which has had an impact on the hospital and community diabetes appointments and waiting times. The NHS England IAF targets have also shown a deteriorating position, with the SCCG being rated inadequate. This means a high number of people are not meeting their blood sugar, cholesterol and blood pressure targets. We also have insufficient people attending their diabetes structured education programmes, despite this being available via people to self-refer or by GP referral.

The CCG has provided additional support to GP practices through investment in the Diabetes Eclipse IT system to identify patients not meeting their blood sugar, blood pressure and cholesterol targets. This has made it easier to identify the patients and review their care. To support more patients the CCG provided access to the diabetes structured education and behaviour change programme, which included face-to-face support over 12 weeks and through a digital app including materials and podcasts to enable learning.

The CCG was successful in securing additional funding through the NHSE Diabetes Bid National Diabetes Treatment and Care Programme. This has funded additional diabetes community dietician and pharmacist sessions, as well as a weekly multi-disciplinary diabetes service. The My Diabetes Book was also funded which allows people to monitor their treatment targets and have an individual care plan. We have adopted an electronic system called Diabetes Eclipse Manager to identify people who are not meeting their diabetes treatment targets and not attending their structured education.

Diabetes UK has highlighted Swindon as a priority area and together with the CCG, has delivered a foot event for patients. The CCG has undertaken wider publicity and events to promote structured education with press releases, local radio interviews and engagement with the local Diabetes UK group. Diabetes UK funded diabetes information packs to GP practices, which included literature on local diabetes structured education for patients. There have been diabetes posters to promote access to local structured education sent to all GP practices and pharmacies.

The CCG has promoted primary care training through the Swindon Community Diabetes Service and education modules from the Primary Care Diabetes Society, including the Cambridge Diabetes Education Programme and FRAME for diabetes foot screening. The Diabetes Management Guidelines have been developed, consulted on with clinicians and will be launched April 2018. This will inform GP practice annual prescribing visits and training programme.

The Swindon Diabetes website has continued to ensure patients have access to accurate information, while advising people with diabetes and healthcare professionals of the structured education programmes.

Maternity Current IAF rating: **REQUIRES IMPROVEMENT**

The CCG's maternity rating is driven by poor performance related to Women Offered Choices in Maternity Services, in which Swindon falls within the national bottom quartile. Great Western Hospital is the main provider of maternity services for Swindon. This has equated to a perceived lack of choice for local women in terms of where they would prefer to give birth and has resulted in the CCG scoring low for choice overall. However, feedback for GWH is good. The CCG is actively participating in the Maternity Strategy and Liaison Committee (MSLC), South West Clinical Network and Local Maternity System Group and has shared information and data to help drive improvements in quality. This has included scoping options for choice of birth. MSLC undertook a place of birth survey in 2017 with more than 800 responses, including 90 from Swindon women. This feedback was used during the development of the plan and formed the basis of an engagement strategy.

However, the CCG is in the best quartile nationally for neonatal mortality and maternal smoking and experience of maternity services are in the interquartile range.

Measure	Clinical Priority Area	Reported Period	CCG	England
Maternal Smoking at Delivery	Maternity	17-18 Q2	11.6%	11.0%
Neonatal mortality and stillbirths	Maternity	2015	3.4	No Data
Experience of maternity services	Maternity	2015	79.5	No Data
Choices in maternity services	Maternity	2015	59.7	65.4

Dementia: Current IAF rating: **REQUIRES IMPROVEMENT**

The first seven months of 2017/18 showed month on month improvement in the dementia diagnosis rate for the CCG, which were driven by improvements in data collection and led to the identification of additional dementia patients through prescribing data. However, performance has been deteriorating since November 2017 partly due to the 2% increase in estimated prevalence since the beginning of the year.

Measure	Clinical Priority Area	Reported Period	CCG	England
Dementia Diagnosis Rate	Dementia	Feb-18	62.7%	67.7%
Dementia Post Diagnostic Support	Dementia	2016-17	77.3%	No Data

To improve this rating:

- The CCG Head of Pharmacy is further searching the GP *Eclipse systems to identify patients prescribed dementia-specific medications without a diagnosis
- The Mental Health Commissioner is meeting with the AWP Memory Clinic Team to review the current reduced activity at the clinic and how the activity can increase
- Providing additional support to primary care for uploading data about people with a dementia diagnosis to their systems

The CCG does perform well nationally in a number of areas and these are contained in the following section.

Cancer Current IAF rating: **GOOD**

Swindon performs well for cancer, based on an improvement in cancer diagnosed at an early stage and one-year survival from all cancers. Local data shows improvement in the 62 day GP referral measure to 81.6% for Q3 2017/18.

Measure	Clinical Priority Area	Reported Period	CCG	England
Cancer diagnosed at an early stage	Cancer	2015	52.5%	52.4%
Cancer 62 days of referral to treatment	Cancer	17-18 Q2	72.0%	82.2%
One-year survival from all cancers	Cancer	2015	69.7%	72.3%
Cancer patient experience	Cancer	2016	8.5	No Data

Mental Health Current IAF rating: **GOOD**

Swindon performs well for mental health, based on above target performance for patients accessing Improving Access to Psychological Therapies (IAPT), and waiting times for patients with psychosis starting treatment. Local data shows improvement in the IAPT recovery rate to above national standard at 51.0% (December 17 Rolling Quarter).

Measure	Clinical Priority Area	Reported Period	CCG	England
IAPT Recovery Rate	Mental Health	2017 09	49.1%	50.8%
IAPT Access Rate	Mental Health	2017 09	7.4%	4.0%
EIP 2 Week Referral	Mental Health	2017 11	66.7%	75.8%

Learning Difficulties Current IAF rating: **GOOD**

The CCG is also rated as performing well for Learning Difficulties (LD). Although annual health checks are below the national average, the proportion of people with LD receiving specialist inpatient care is the lowest nationally, ranking Swindon CCG first amongst all England CCGs.

Measure	Clinical Priority Area	Reported Period	CCG	England
LD - reliance on specialist IP care	Learning Difficulties	17-18 Q2	22	1/207
LD - annual health check	Learning Difficulties	2016-17	30.5%	48.8%
Completeness of the GP learning disability register	Learning Difficulties	2016-17	0.49%	0.47%

Sustainability: GOOD

The CCG is rated good for sustainability, which has been largely driven by its financial position during 2017/18. The CCG has met its targets.

	Target	Actual	
	£'000	£'000	
Total expenditure doesn't exceed total income (Total allocation + income +Capital - Total spend - Capital spend)	305,374	303,650	
Capital resource use does not exceed the amount specified in Directions	405	404	
Programme resource use does not exceed the amount specified in Directions (Programme allocation in year - total programme spend)	298,403	296,767	
Revenue resource use does not exceed the amount specified in Directions (Total in year allocation - Total spend)	303,424	301,700	
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	
Revenue administration resource use does not exceed the amount specified in Directions	5,021	4,934	
Better Payment Practice code: % of NHS invoices paid within target (£value)	95%	100%	
Better Payment Practice code: % of NHS invoices paid within target (number)	95%	99%	
Better Payment Practice code: % of Non NHS invoices paid within target (£value)	95%	100%	
Better Payment Practice code: % of Non NHS invoices paid within target (number)	95%	99%	
Net risk – (risks net of mitigations)	0	0	
QIPP (% achieved)	100%	91.90%	
Delivery of cumulative financial surplus	1,724	1,724	
Delivery of surplus requirement in year	39	1,724	

As set out in the 2017/18 NHS Planning Guidance, CCGs were required to hold a 0.5% reserve uncommitted from the start of the year, created by setting aside the money that CCGs were otherwise required to spend non-recurrently. This was intended to be released for investment in the Five Year Forward View transformation priorities to the extent that evidence emerged of risks not arising or being effectively mitigated through other means.

The national position across the provider sector has been such that NHS England has been unable to allow CCGs to spend these funds. Therefore, to comply with this requirement, Swindon CCG has released its 0.5% reserve to the bottom line, resulting in an additional surplus for the year of £1.3m. These additional surpluses will be carried forward for drawdown in future years. In addition to this, during 2017/18, NHS England imposed an additional prescribing drug charge on the CCG of £0.3m. This was collected during the year but was returned to the CCG in December. This was unavailable to spend and has generated a further additional surplus of £0.3m which will be carried forward.

Leadership: GOOD

The CCG is rated **GOOD** for leadership. This is an improvement on last year's position, when the CCG was identified as required improvement.

The leadership domain is broken down into four cross-cutting sub-categories. Below is a summary of key CCG developments against each during 2017/18:

Robust Culture and Leadership Sustainability
The CCG has worked with its partner CCGs to develop the Sustainability and Transformation Partnership (STP) plan, (submitted in the autumn) and now works towards agreeing how staff are mandated to lead workstreams across the wider footprint.

The CCG moves towards implementing new care models, has held a board to board session with GWH, explored integrated pathways during clinical workshop and piloted new models with primary care.

Organisational Development Strategy

The CCG **Organisational Development Strategy** was agreed by the Governing Body in September 2016, with the Implementation Plan approved in January 2017. The Implementation Plan is subject to a six-monthly review, which has been reported to the Governing Body in July 2017 and January 2018. Positive progress continues to be made, notably the introduction and completion of Governing Body member appraisals, the identification of a system operating model to support the development of integrated care, commencement of GP practice visits by Executive and Governing Body members and the appointment of a workforce lead to support future workforce delivery models.

Our overall Organisational Development Strategy is drawing on five strands of work, all of which have work under way and will continue over the coming year. These strands are:

1. Staff Survey action plan which works towards setting the conditions for positive staff engagement and performance
2. Staff wellbeing agenda to ensure we are following best practice in working environments and promoting good health for our colleagues
3. Previous organisational development plan to ensure follow through and return on completed leadership development activities
4. Workforce agenda which looks at future recruitment, robust best practice HR, productivity, appraisals and potential for future performance via developing roles and competency expansion
5. A workplace culture which is developing the behaviours to lead us into the future with courage and flexibility, while enabling us to maximise the use of our talent

Our Organisational Development Strategy embraces our continued work within a local integrated care alliance, where we are developing more robust partnerships

with health and social care providers and stakeholders and driving change. It also works in close alliance with wider health, social care and education colleagues as we work towards achieving a strong and sustainable workforce aligned to meet changing and challenging service needs.

Engagement and Involvement

CCG's assessment against the new Patient and Community Engagement indicator: In the summer months, NHS England undertook a desktop review of the CCG's work to engage with the people and communities we are responsible for commissioning services. Building a positive relationship with patients and communities is a key commitment of the Five Year Forward View and we know that better partnership with people and communities is a priority for transforming and sustaining the NHS. The CCG was pleased to receive a score of 13/15 and a green (Good) rating. The Communications and Engagement Team is reviewing the areas where the score can be increased for 2018/19.

Governance

Following a **review of its governance structures** in 2016**,** the resultant plan continues to be monitored by Audit Committee and the Integrated Governance Committee. Improvements to governance structures have been recognised by NHS England as part of the 2017/18 Improvement Assurance Framework (IAF) process.

During the year the CCG has revised its Standards of Business Conduct and Managing Conflicts of Interest Policy, taking account of the revised statutory guidance published by NHS England in June 2017.

Quality

During 2017/18, the priorities for the quality leadership team focused on the monitoring of all commissioned services for adults and children, with regard to safety, clinical effectiveness, and patient experience. There has also been a commitment to support quality improvement workstreams which have been reported to the CCG's Quality and Performance Assurance Committee (QPAC) and Integrated Governance Committee (IGC).

The implementation of an STP wide Commissioning for Quality and Innovation (CQUIN) panel (which includes quality lead representation from Swindon CCG, Bath and North East Somerset CCG and Wiltshire CCG) has enabled a more collaborative review of the provider commissioning for quality and innovation schemes (CQUINs) for 2017/18. This has supported an improved understanding of workstreams and outcomes across the wider health community.

A key priority for the CCG quality team for 2018/19 will be the strengthening of engagement with service users and health and social care stakeholders across primary, secondary and mental health services. This will support the CCG's integration agenda. Focusing on the sharing of data and people's experiences of local healthcare

across the health and social care economy is an essential driver for change, with a key aim of improving health outcomes for the population of Swindon.

NHS Constitution

The CCG performance against these standards, and other key local priorities is shown below for 2017/18. Many of these measures also form part of the Improvement and Assessment Framework.

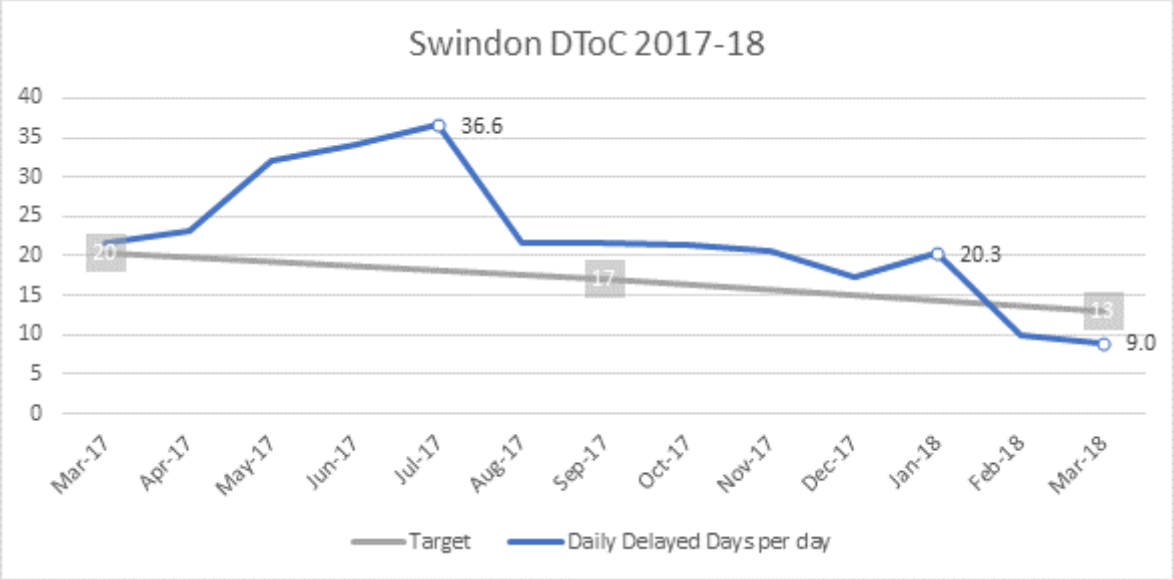
The CCG has consistently fallen below the 92% standard for patients on an NHS waiting list to have been waiting less than 18 weeks. Performance was around 90% in the first half of 2017/18, deteriorating to 86.3% in February 2018 due to cancellations to free up capacity for emergencies during the winter period. The CCG continues to work with providers to meet the standard, considering alternative providers or pathways to ensure patients can be treated within 18 weeks. We are unable to give a deadline by which the standard will be met as much depends on pressures on the system. In accordance with national guidance for 2018/19, waiting lists should not increase.

CCG performance against the nine waiting time standards for cancer saw some challenges around capacity in the first half of 2017/18 particularly around the 2 Week Wait – Breast Symptomatic standard and the 62 Day GP Referral to Treatment standard. These standards improved in the second half of 17/18 but January 2018 performance was still under target at 87.8% for 2-week weight - breast symptomatic (target 93%) and 84.2% for 62 Day GP Referral (target 85%). Continued growth in demand for cancer services means these targets will remain challenging to achieve.

Pressure on imaging services (CT scans, MRI scans and non-obstetric ultra-sound) at Great Western Hospitals NHS Foundation Trust (GWH), driven by increasing demand from A&E, acute medicine and nine staff vacancies, meant the CCG failed its Diagnostic Waiting Times target for the majority of 2017/18.

Urgent care demand across the health economy, mirroring the national picture, has meant that the A&E 4-hour target has not been met for the whole of 2017/18 by GWH, however the trust has performed better than it did within the previous financial year. Significant work has resulted in improvements to delayed transfers of care (DToC) performance since the summer, with similar gains for patients who are Medically Fit for Discharge through intense management focus. Provisional February performance suggests the CCG will meet its DToC target for the end of 2017/18**. The CCG and GWH continue to work to improve urgent care performance through the local A&E Delivery Board, alongside partners from across the health economy, underpinned by the A&E Improvement Plan.

**The DToC measure for 2017/18 was ‘daily delayed days per day’ – the total bed days delayed in a month divided by the number of days in the month. The targets for Swindon were 17 by September 2017 and 13 by March 2018. The CCG achieved this in February and March 2018 with daily delayed days of 9.8 and 9.0. At its peak in July 2017, the CCG was on 34.1 daily delayed days.



The CCG also reported breaches against the following standards which all have a zero tolerance in 2017/18 (to Feb):

- Five cancelled operations (not rebooked within 28 days)
- 96 Mixed Sex Accommodation breaches
- Three cases of MRSA (Methicillin-resistant Staphylococcus aureus)

The table below provides a summary of the CCG performance against all of the key metrics.

	NHS Swindon CCG Delivery Dashboard			2017-18										
	Performance Standard	Standard	Local Plan	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	YTD 1718
Planned Care	RTT Incomplete	92.0%	91.5%	90.0%	90.5%	91.5%	90.8%	90.3%	89.4%	89.6%	89.1%	87.7%	86.9%	86.3%	86.3%
	RTT Incomplete 52+ wks	0	-	1	4	3	1	0	1	0	1	4	5	7	7
	Cancer - 2 week wait	93.0%	93.0%	84.9%	91.6%	91.2%	95.6%	92.9%	94.5%	96.1%	94.9%	97.3%	93.5%	Due 10/04	93.4%
	Cancer - Breast Symptomatic 2ww	93.0%	93.0%	33.1%	37.9%	69.6%	94.6%	97.3%	97.6%	96.8%	91.8%	88.2%	87.8%	Due 10/04	77.2%
	Cancer - 31 Day 1st Treatment	96.0%	96.0%	96.9%	98.8%	95.2%	96.9%	97.5%	94.6%	97.6%	97.5%	98.7%	95.8%	Due 10/04	97.0%
	Cancer - 31 Day Subsequent Surgery	94.0%	94.0%	81.8%	92.9%	93.3%	93.8%	100.0%	100.0%	95.2%	100.0%	100.0%	100.0%	Due 10/04	95.6%
	Cancer - 31 Day Subsequent Drug	98.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	Due 10/04	100.0%
	Cancer - 31 Day Subsequent Radiotherapy	94.0%	94.0%	100.0%	100.0%	93.8%	97.3%	96.0%	80.0%	100.0%	96.7%	100.0%	94.1%	Due 10/04	96.2%
	Cancer - 62 Day GP Referral	85.0%	85.0%	80.0%	69.2%	85.4%	77.4%	69.4%	68.6%	81.1%	78.3%	85.7%	84.2%	Due 10/04	78.4%
	Cancer - 62 Day Screening	90.0%	90.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	Due 10/04	96.8%
	Cancer - 62 Day Upgrade	Not Set	100.0%	100.0%	-	100.0%	100.0%	100.0%	100.0%	-	50.0%	100.0%	75.0%	Due 10/04	86.7%
	Cancer - 62 Day 104+ Days wait	0	0	0	0	2	3	1	1	1	8	2	1	Due 10/04	19
	Diagnostics % waiting >6 wks	1.0%	1.0%	0.92%	1.73%	1.12%	1.04%	2.42%	1.62%	2.76%	3.17%	5.86%	6.67%	6.24%	3.15%
	Cancelled Ops Not Rebooked Within 28 days (GWH)	0		-	-	0	-	-	0	-	-	5	-	-	5
Urgent Care	A&E % within 4 hrs (GWH All Types)	95.0%	82.0%	86.7%	91.9%	87.9%	87.9%	90.9%	87.3%	88.1%	86.1%	81.5%	84.8%	88.4%	87.4%
	A&E 12+ hour waits (NHSI Guidance)	0		10	3	6	5	0	0	0	0	6	15	0	45
	Ambulance Cat 1 responses within 8 mins (until Nov 17)	75.0%	-	83.5%	78.7%	78.8%	73.8%	75.8%	65.9%	76.2%	59.7%	-	-	-	74.1%
	Ambulance Cat 1 responses: 7 mins mean response time (From Nov 17)	7 mins	-	-	-	-	-	-	-	-	9.5	7.8	7.7	7.5	7.8
Quality	Mixed Sex Accommodation Breaches	0		14	7	10	25	9	16	3	3	2	7	0	96
	MRSA (Acute and Community)	0		0	0	0	2	0	1	0	0	0	0	0	3
	Cdiff (Acute and Community)	-	44 Total for Year	1	4	4	8	5	6	4	1	3	1	5	42
	Ecoli (Acute and Community)	-	136 Total for Year	13	11	14	11	12	13	10	11	13	12	10	130
Mental Health	Mental Health CPA	95.0%		-	-	100.0%	-	-	100.0%	-	-	97.9%	-	-	99.3%
	Dementia Diagnosis Rate	66.7%	66.7%	62.8%	63.1%	63.3%	64.3%	64.6%	64.8%	65.6%	64.4%	64.1%	63.2%	62.7%	62.7%
	EIP - Psychosis treated within 2 wks of referral	50.0%	100.0%	50.0%	66.7%	50.0%	75.0%	75.0%	50.0%	-	100.0%	66.7%	66.7%	No Data	70.0%
	IAPT Access Rate (Rolling Quarter)	4.20%	7.8%	7.5%	7.6%	7.2%	7.4%	7.2%	7.4%	7.6%	7.9%	7.20%	No Data	No Data	7.4%
	IAPT Recovery Rate (Rolling Quarter)	50.0%	51.1%	50.0%	50.0%	51.1%	49.0%	50.0%	49.1%	49.6%	49.5%	51.0%	No Data	No Data	49.9%
	IAPT <6 wks Referral to Treatment (Completed)	75.0%	99.1%	98.0%	99.0%	99.0%	99.0%	100.0%	98.0%	98.0%	100.0%	No Data	No Data	No Data	98.9%
	IAPT <18 wks Referral to Treatment (Completed)	95.0%	99.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%	No Data	No Data	No Data	99.9%
	CYP Eating Disorder - % of urgent pts started treatment within 1 wk	95.0%	100.0%	-	-	100.0%	-	-	100.0%	-	-	Data Suppressed	-	-	100.0%
	CYP Eating Disorder - % of routine pts started treatment within 4 wks	95.0%	100.0%	-	-	91.3%	-	-	95.7%	-	-	Data Suppressed	-	-	95.7%
Other Standards	GP Survey - Experience of GP Surgery	90.0%		-	-	-	81.0%	-	-	-	-	-	-	-	81.0%
	GP Survey - Experience Making an Appt	-	85% or 3 % improvement	-	-	-	68.6%	-	-	-	-	-	-	-	68.6%
	GP Referrals made by e-referrals	80.0%	80.0%	68.5%	61.4%	61.5%	58.1%	60.2%	61.2%	62.7%	61.6%	74.1%	75.9%	No Data	64.5%
	Children Waiting >18 weeks for a Wheelchair	92.0%	100.0%	-	-	81.8%	-	-	80.0%	-	-	50.0%	-	-	70.9%
	Personal Health Budgets (Rate of PHBs per 100k reg GP population)	-	8.88 (Q2)	-	-	3.9	-	-	5.6	-	-	No Data	-	-	5.6

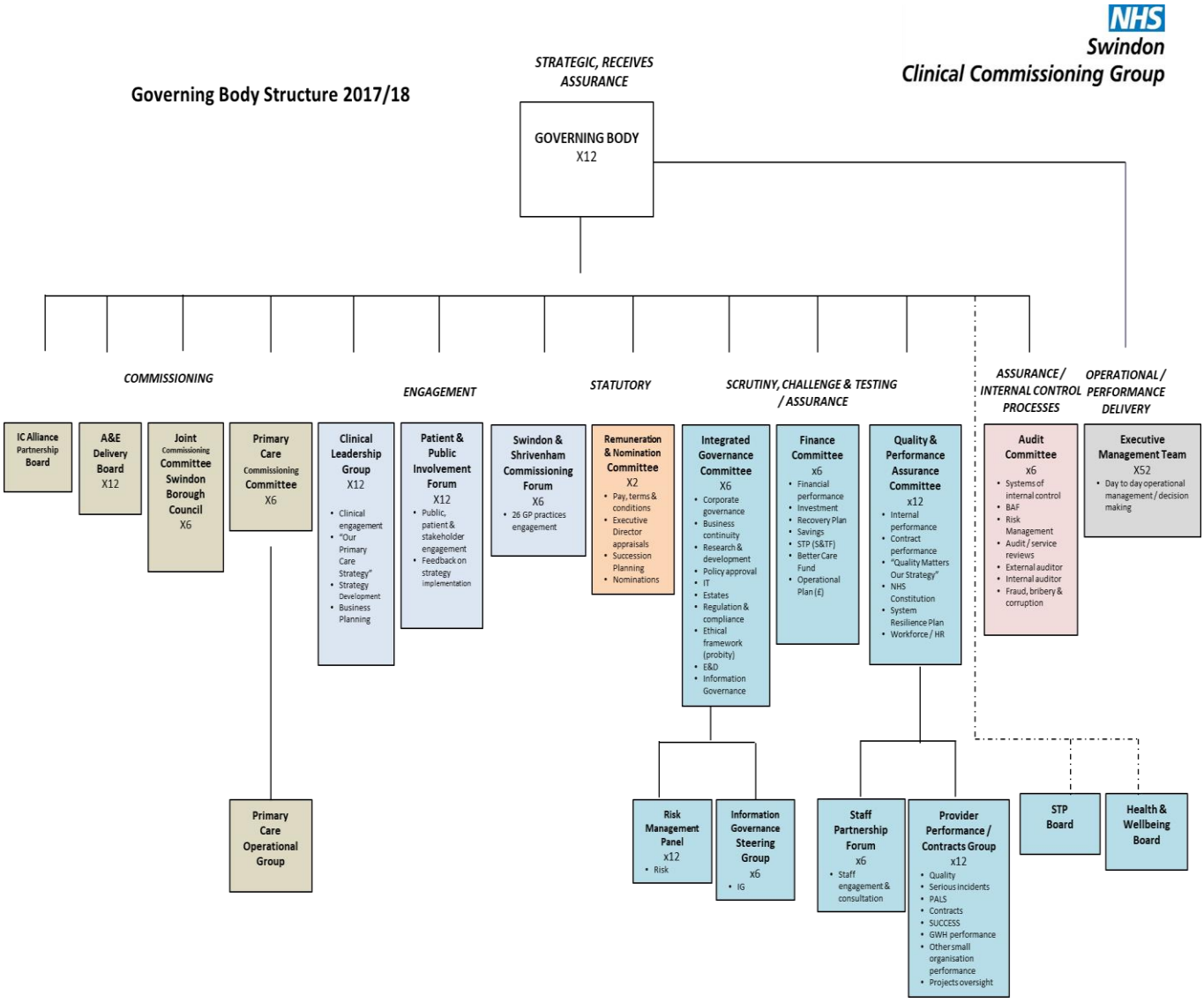
Provider and system performance

Contract monitoring and achievement of constitutional standards are an integral part of the core business of the CCG. The CCG formalises its relationships through contracts with its providers using the NHS Standard Contract, setting service key performance indicators (KPIs) and establishing performance obligations. These are monitored via regular reporting and contract meetings.

The Quality Performance Assurance Committee (QPAC) provides oversight of all aspects of contract management, including quality, performance measures, activity and finance, as well as providing the opportunity to discuss the implementation of key strategic objectives and goals of both the CCG and provider organisations.

Operational performance

The CCG produces an annual Operational Plan which is approved by the Governing Body. The Governing Body receives a monthly Integrated Finance and Performance Report which monitors and reports on performance against this Operational Plan. More detailed reports are reviewed by the Finance Committee (on financial performance against operational plan) and QPAC (on quality and activity).



Performance on other matters

Operational Performance

The following section of the report provides a review of our achievements against our 2017/18 Operational Plan.

Primary Care

GP Five Year Forward View

The GP Five Year Forward View (GPFV), published in April 2016, commits additional funding to support general practice services by 2020/21. Through funding from NHS England and Swindon CCG, new ways of providing primary care, as well as improving patient care and access are beginning to take place. The funding is being used to support practices to build capacity and capabilities, including support to adopt new ways of working (at individual, practice and network or federation level) and to develop different ways of managing clinical demand. In addition to increasing self-care, this includes the use of different triage methods and development of the broader workforce, or alternative services.

Locally, the Swindon GPFV Delivery Plan has been developed in collaboration with practices and sets out an ambitious plan for the transformation of general practice services for 2017/18 and 2018/19. Overall, the GPFV programme is being received enthusiastically by primary care in Swindon with successful GPFV launch and sharing events taking place and a follow-up event planned for autumn 2018.

GPFV funding is being used to further the development of the Swindon Voice Federation and the Wyvern Health Partnership, two groups of GPs' who have come together to look at working at-scale, sharing back office functions and streamlining practice processes. To grow and develop the workforce, Swindon has its first physician assistant post currently in one practice, and after successful bids to NHS England, 16 Swindon practices will have a clinical pharmacist as part of their practice teams. Blended job plans (this is a split role between a GP practice and an educational role) in conjunction with Health Education England will also be made available for two GP posts to support the training of GPs in Swindon.

In streamlining the workload, training is being made available for reception and administration staff to undertake care navigation and clinical coding, while a directory of health, social care and voluntary services is being developed to support both GPs and administrative staff. The IT infrastructure of practice clinical systems is being upgraded to enable auto-population of referral forms and electronic referral as well as being a central repository of current forms, policies and guidance for practices. Online GP consultations will be piloted in one practice during 2018/19 with a roll-out of online consultations to other practices taking place later in 2018/19 and 2019/20.

The CCG is providing support to practices to review their processes and services and a quality improvement project led by one practice is enabling others to share best practice within primary care.

Medicines Optimisation

The CCG wants to make sure patients make the best use of the medicines prescribed to them, reducing waste and working with prescribers to choose clinically approved cost-effective treatments. Here are some examples of what has been achieved over the past year:

1. Further expansion of the Prescription Ordering Direct (POD) repeat prescription telephone service 16 of 24 practices are now utilising the service and care home ordering is being rolled out through the POD. Patients can telephone a service dedicated to managing repeat prescriptions with the time to answer medicines queries and make sure patients receive only the medicines they need
2. Continued good engagement from practices in performing detailed medication reviews for over 75s on more than 15 repeat medicines. Inappropriate polypharmacy (taking unnecessary medicines) has reduced. This has been a priority for the CCG as many hospital admissions result from problems with medicines
3. Continuing to promote shared decision making and provide prescribers with the available information to enable patients to make informed choices about their medicines
4. Continuing to work with GWH to jointly agree formulary decisions on medicines and prescribing guidelines
5. Having a dietician working with pharmacists in the medicines optimisation team, ensuring the CCG is making best use of nutritional supplements. There has been an increased focus on supporting patients in a care home setting
6. Introduction of a specialist respiratory nurse to support primary care clinicians in managing COPD and asthma effectively
7. Introduction of a specialist pain nurse to support primary care clinicians in managing complex pain conditions
8. Pharmacists working alongside the community diabetes team to improve the quality of prescribing
9. Practices working effectively with the CCG team to promote cost effective prescribing alongside agreed audits to improve the quality of prescribing
10. There continues to be a steady decline in the amounts of antibiotics prescribed overall (less inappropriate prescribing for viral infections) and a reduction in those antibiotics most associated with causing adverse effects such as clostridium difficile infection
11. Continuing to use and develop IT initiatives to support prescribers to make safe, evidence based and cost effective prescribing decisions.

Acute Care

Urgent Care

In 2017/18, acute services cared for a record number of admissions and ambulance attendances in Swindon. The acute care services have worked very hard this year to support people at home and reduce time in hospital. We have developed community

services and rapid intervention in the hospital and community to support this demand for our population.

Planned Care (elective care)

During 2017/18 the key focus for planned care had been to continue working to support referrals to the right service first time, with patients being seen within constitutional targets. This has been supported through work to replace all paper referrals with 100% use of the national referral system (ERS). Alongside this local work has continued to support the development of advice and guidance services and alternatives to traditional face to face outpatient follow-ups including patient initiated follow-ups.
Other pieces of work to note:

- The pilot service to support heart failure patients through specialist outreach nurse support has been evaluated and will be substantially commissioned from April 18.
- STP working during 2017/18 has continued to review and align clinical commissioning policies. In total, 40 policies have been aligned.
- Further development of our musculoskeletal (MSK) single point of access through improved referral forms and guidance developed through cross-organisational multi-disciplinary group.
- Expansion of the Referral Management Service to include two triage nurses to support referrals being sent to the right service first time.
- Planning for local approach to health optimisation to be taken forward for MSK patients during 2018/19.

Cancer

During 2017/18, the CCG engaged with the Thames Valley Cancer Alliance and has commenced early work in relation to the TVA funded transformation projects. The CCG acted as financial host for the alliance, receiving funding from NHS England and distributing to providers and partners. We have also developed an STP Cancer Plan to combine the requirements of both the South West and Thames Valley Alliances alongside local priorities. Other progress includes:

- Recovered achievement of the national cancer 62-day standard
- Continuation of a project looking to increase bowel cancer screening uptake locally, with a developing focus on groups of patients with low uptake
- Implementation of new pathways for direct access testing to support primary care patient management and reduce gastroenterology referrals
- Successful bid for Cancer Research UK to facilitate a ‘Talk Cancer’ session – aimed at supporting practice staff to support patients, while improving early diagnosis and patient experience after cancer treatment
- Successful business case to enable recruitment of a Macmillan GP for Swindon

Children and Maternity

Children's Services

The CCG, in close partnership with Swindon Borough Council, concluded part one of a strategic review of children's services. The outcomes of the review are informing investments into services and service redesign.

In response to the review, a strategy group to reduce waiting times on the Autistic Spectrum Disorder (ASD) diagnostic pathway has been established. Regular performance data reporting is enabling the monitoring of waiting times for some services on the pathway, with other areas still in development, including a paediatric performance dashboard. Evidencing improved outcomes for children and families accessing this service remains an ongoing priority for the CCG.

Children's Mental Health Services

2017/18 has seen additional investment into children's mental health services. The commissioning of Kooth, an online counselling service, is providing additional support to children and young people and is available 365 days a year until 10pm.

The establishment of a permanent and fixed-term mental health liaison work post within Great Western Hospitals NHS Foundation Trust is enabling access to the right care and support for children and young people who present to the acute hospital setting in a mental health crisis.

Oxford Health Foundation Trust has been recommissioned across the STP footprint to provide children and young people's mental health services. As in Swindon, the tier 2 provision is delivered by Swindon Borough Council, alongside a number of other stakeholders. A multi- disciplinary group is now re-shaping Swindon's current provision with the view to reducing waiting times.

The governance arrangements for mental health have been revised, resulting in the establishment of a wider group that monitors all aspects of children and young people's mental health and emotional wellbeing. The group engages stakeholders from schools, early help services, specialist service providers, and those working with looked after children and monitors the effectiveness of local mental health transformation.

The CCG's priorities for children's services for 2018/19 will be focused on further achieving all the recommendations set out within the strategic review.

Maternity

The CCG participates in the Local Maternity Services (LMS) forum (previously Wiltshire Maternity Forum) in collaboration with service providers and commissioners form Wiltshire, Bath and North East Somerset and Salisbury, with the group reporting to the STP. The CCG is also an active partner at the Wiltshire MSLC (Maternity

Services Liaison Committee) which continues to create opportunities to work across the county, identify priorities and implement associated service improvements in consultation with service users and key stakeholders. The structure for both these meetings is the delivery of Better Births - A Five Year Forward View for Maternity Care (2015) through the LMS Local Maternity Transformation Plan which was agreed in 2017. This plan seeks to ensure that every woman in the region will have an equally positive experience - regardless of her personal circumstances and noting the rising number of women with complex care needs - to improve the outcomes for women and their babies.

We supported the delivery of a Whose Shoes? consultation event with women, their families and professionals about the maternity pathway and care received at GWH in June 2017 using a nationally recommended tool. The feedback from this event is embedded in action plans for improving services at GWH. This work has been shared across the LMS and will be used with the outcome from other events to contribute to the delivery of the MTP. Our commissioning lead for maternity has built a good relationship with the local NCT (National Childbirth Trust) and the CCG regularly receives feedback for maternity services from the birth reunion group which is shared with GWH.

Locally, the CCG leads a Maternity Clinical Development Forum with GWH, meeting quarterly and working closely with department and clinical leads to review and improve performance and quality measures of maternity care. We are working closely with Swindon Borough Council to reduce rates of smoking at delivery and developing strategies to achieve this. We have worked with Bath University Health Psychology department to establish an MSc placement in Swindon to deliver research into understanding the factors that motivate women to smoke in pregnancy.

We continue collaborative working with GWH, aiming to reduce caesarean section rates in Swindon and the challenges it presents set against the element of choice for women.

In 2017, we led and facilitated a research placement for Bath University Health Psychology department to explore attitudes and influences on caesarean sections from professionals and pregnant women. This work has been shared across the region and will be published. We have achieved funding to develop a locally made film to support vaginal birth, working in collaboration with women and clinicians and this will be shared across the LMS.

GWH has again been awarded full accreditation from the UNICEF Baby Friendly Initiative (level 3). The UNICEF Baby Friendly Initiative supports breastfeeding and parent and child relationships by working with public services to improve care standards. Accreditation is awarded every 18 months.

Long Term Conditions

Respiratory/Chronic Obstructive Pulmonary Disease (COPD)

The Community Service supports patients with a specific diagnosis of COPD and patients on oxygen (including organising the provision of oxygen and monitoring and advising patients use of oxygen).

Patients with COPD referred to the service will be supported with patient held self-management plans. Patients are then empowered to manage their own condition to decrease the frequency and severity of exacerbations, while helping avoid unnecessary hospital admissions.

Increased knowledge of clinicians involved with patients requiring oxygen, or living with COPD, expert advice, education and support to other healthcare professionals in the community regarding oxygen and COPD.

To decrease the rate of admissions, re-admission for primary diagnosis of COPD and a reduction in avoidable hospital admissions, the community service has supported patients more intensely during exacerbation, and by routinely reviewing patients following discharge from hospital.

We have continued to provide clinical support and education to the local pulmonary rehabilitation group, which allows the safe delivery of exercise and education of patients and carers regarding how to live with COPD.

Community Navigator Project

Following a third successful evaluation of the Community Navigator Project in January 2017, the CCG has agreed to substantively fund the service and is now providing a commissioned service through Swindon Borough Council. In addition, Swindon Borough Council agreed to substantively fund its Swindon Circles service, providing a bespoke befriending service to those individuals requiring support due to loneliness and isolation. During 2017/18 to date, the eight community navigators have worked with more than 480 individuals and the Swindon Circles team have supported 95 individuals. Development of personal plans with individual driven and agreed goals has increased patient confidence in the management of their long-term conditions, reducing their reliance on primary and secondary healthcare for help and support.

End of Life Care

During 2017/18 the CCG and key stakeholders worked closely to review the end of life (EOL) care pathway for people in their last year of life. The intention was to offer more choice to people living their last year of life, particularly when they are in their last few weeks or days, about where they wish to be cared for and where they would like to die.

An integrated care pathway that focuses on the individual and their families wishes in terms of advanced care planning, EOL care wishes, preferred place of care and death has been agreed.

The CCG continued to contribute towards the local Hospice at Home service this year which generated local improvements in terms of speed of access, choice and quality for those reaching the end of their life.

During 2017/18, the CCG reviewed the support and processes in place to enable timely discharge from hospital for patients at end of life. The intention of the review was to reduce the numbers of patients having their discharge delayed due to not being able to access appropriate community services, such as equipment. Work continues on implementing a range of initiatives to bring the average delay of six days down to discharge within 24 hours from the point of being declared fit for transfer or discharge home.

Mental Health and Learning Disabilities

Mental Health

Collaborative and integrated working between the CCG and providers has sustained mental health access, treatment and recovery times:

- Crisis-based access services achieved 100% compliance against the standard of Referral to Assessment (RTA) of 95%, with service users receiving an assessment by the Crisis Response Team within four hours of referral.
- Control Room Triage, a tripartite funded initiative between the CCG, Wiltshire CCG and Wiltshire Police is now a recurrently-funded 24/7 service that continues to sustain the reduction in use of Section 136 and Place of Safety (PoS).
- Delayed Transfers of Care (DTOC) have now reduced to 1.5%, sustained by a collaborative and robust process.
- Increased investment in Early Intervention in Psychosis services will enable At Risk Mental State (ARMS) work with people at risk of developing a psychotic illness
- Investment in Improving Access to Psychological Therapies (IAPT) Early Implementers integrated work with long term conditions has enabled this work to continue into 2018/19.

Place of Safety

Due to quality issues identified by the Care Quality Commission (CQC) following an inspection of AWP in 2016 and 2017, NHS England authorised the temporary consolidation of two of three Health Based Places of Safety (HBPoS) Suites in Swindon and Salisbury to a third site in Devizes in Wiltshire for 12 months. This will provide an opportunity to address the CQC improvement requirements, particularly around assessment times. A key element of this will be to support the delivery of the

Policing and Crime Act 2017 that amended the Mental Health Act to reduce the maximum period someone can be detained on a Section 135/6 from 72 to 24 hours.

The temporary closure of the Swindon Place of Safety Suite started on 26 March 2018.

During the period of temporary relocation, engagement will be undertaken with the populations of Swindon and Wiltshire and individuals using the service. This will then lead to recommendations to NHS England and NHS Improvement.

Longer term arrangements in relation to these HSPoS suites will be subject to an NHS England assurance process.

Learning Disabilities

The CCG is now into the third year of working with health and social care partners in B&NES, Wiltshire and Swindon on the local Transformation Plan written in response to NHS England's report Building the Right Support October 2015.

The Transforming Care Programme aims to:

- Improve the quality of life of children, young people and adults with a learning disability and/or autism who also display behaviour that challenges
- Make sure as many people as possible can live in their local community with the right level of support
- Reduce the number of people going into specialist learning disability and mental health hospitals, and for them to only stay for as long as they need treatment

The key to transformation is working with people who have a learning disability and/or autism to co-produce improvements. In the last 12 months, work on making annual health checks more accessible has taken place. In 2017/18 the position improved and 33% of patients on the Learning Disability register with GPs received an annual health check - our target for 18/19 is 69%. The CCG is now working with Healthwatch Swindon to support several people with LD and/or autism, to train as quality checkers. Once trained, they will be supported to carry out quality visits to Swindon GPs, dentists and local community health services and then feedback on improvements to be made.

Work continues to develop and embed the community-based model of care which concentrates on prevention, early intervention and maintaining people in their community. This is demonstrated by the Blue Light process being used more frequently to take a multi-disciplinary, multi-agency approach to devising innovative support to keep people in their local community and prevent admissions to specialist inpatient beds unnecessarily.

Working with partners and integration

Effective collaboration is critical to support the achievement of our goals and deliver system-wide transformation. The CCG is committed to developing strong long-term partnerships with a range of stakeholders and actively participates in the work of several partners to deliver the best possible outcomes for local communities.

The partners we work with include: GP member practices, other CCGs, NHS England South Central Team, NHS providers (e.g. GWH and AWP), SBC, Public Health (SBC), the Health and Wellbeing Board, community and voluntary sector organisations, Healthwatch Swindon, patients and the public.

Integrated Care System Development

The Accountable Care Programme (now Integrated Care Programme) has been taken forward over 2017/18 with the establishment of an Alliance Board with all system leaders involved and a robust governance process in place.

There was a successful clinical leaders event in May 2017 to get the engagement of more than 100 health and social care clinicians from across Swindon. There were some key themes from the event which included:

- Clear expectation from health and social care for a need for shared trust to reduce avoidable delays
- Support for a single point of access/contact ensuring access to the right person at the right time
- Advice and guidance system for patients and clinicians – available online and by telephone
- It was recognised that it is important to value the role of the voluntary sector, which has a skilled workforce with dedicated volunteers from other skilled backgrounds
- The importance of public engagement is recognised, as well as opportunities to influence and change behaviours.

There were many clinical workstreams developed to take forward the Accountable Care Programme:

- Prevention and wellbeing/primary care/same day urgent care/chronic disease management

There were enabling workstreams established to progress Accountable Care:

- IT/estates/informatics/finance and analytics/governance/workforce and communications and engagement.

There were further engagement workshops across the Swindon system with the support of external consultants to provide independent challenge to the clinical programmes and the enabling workstreams. This enabled the development of a Swindon system operating model to then engage with stakeholders. System leaders recognise that culture change is needed in implementing new integrated models of care.

A further clinical leaders event in November 2017 was held to engage clinicians in the Swindon system operating model and test out assumptions within it. The system leaders identified four priority areas during winter:

- An end of life care model was developed with Prospect Hospice, working with the Swindon system to pilot a pathway that would provide patients in the last year of life to have the choice to die at home. An electronic summary care record is being tested to support communications with professionals and includes a care plan. It was agreed that this pilot would be progressed as an example of how accountable (now integrated) care might work in the future.
- Chronic disease management has used the Kaiser Permanente Model to identify complex patients with long term conditions and those requiring self-management or self-care.
- The contact centre has been scoped out with engagement of clinicians and providers across the system. It will be important for the contact centre to work effectively alongside NHS 111, the Integrated Urgent Care hub and the Directory of Services for Swindon. The added value will be for planned services supporting patients and staff in signposting, booking functions and supporting self-care.
- Communications and engagement work has involved presentations with a range of stakeholders from across Swindon, including Healthwatch, primary care, voluntary sector and professional groups.

The Swindon system operating model

Following NHS England guidance set out in Refreshing NHS Plans for 2018/19, accountable care is now being taken forward as an Integrated Care Alliance within Swindon. This enables work to continue integrating services across health and social care. There is a commitment to work with the BSW STP alongside integrated care in Swindon.

Health and Wellbeing Strategy

The CCG's Clinical Chair is the vice chair of the Swindon Health and Wellbeing Board and, in 2017 the board refreshed its Health and Wellbeing Strategy. The strategy was informed by the Swindon Joint Strategic Needs Assessment (JSNA) with five identified priority outcomes; Every child and young person in Swindon has a healthy start in life, adults and older people in Swindon are living healthier and more independent lives, improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities , physical disabilities or mental health problems and offenders), improved mental health, wellbeing and resilience for all and creation of sustainable environments in which communities can flourish.

The Swindon JSNA and the Health and Wellbeing Strategy can be found on the Swindon Borough Council website.

The strategy sets out a local framework for commissioning health, wellbeing and social care services providing the overarching plan through which the Health and Wellbeing Board can improve the health and wellbeing of local residents and reduce health inequalities. During the last year, the CCG has continued to work closely with the Board to develop these priorities and its supporting action plans. The CCG takes regular reports to the Board. Key areas of discussion in the last year have been the development of Integrated Care, the Better Care Fund, urgent and emergency care, Swindon's Transformation Plan for Children and Young People's Mental Health and Wellbeing and the Prevention Concordat for Better Mental Health. There is a joint commissioning group in place to review progress against the delivery of the plans and the minutes of this group are received and reviewed by both the Health and Wellbeing Board and the CCG Governing Body.

Emergency Preparedness Resilience and Response (EPRR) and Business Continuity

Emergency Planning and Resilience and Response (EPRR), is a statutory function under the Civil Contingencies Act (CCA) 2004. All NHS organisations and healthcare providers are required to have plans and processes in place for responding effectively to a major incident. Swindon CCG is a Category Two responder as defined by the CCA 2004. This means the CCG is part of the response to any emergency affecting the population, in partnership with its commissioned services, NHS England, the local authority, Public Health England, the emergency services and other health bodies.

In August 2017, we provided evidence to NHS England of our compliance with the EPRR agenda by returning the annual self-assessment against EPRR core standards. We also provided assurance to the Governing Body and Integrated Governance Committee in November 2017. As part of this process, we gave assurance that any gaps identified in the process would be reviewed and addressed.

Swindon CCG also gave assurance to internal auditors that any gaps identified in the internal Business Continuity audit carried out in August 2017 would be addressed.

Swindon CCG remains a member of the Swindon and Wiltshire Local Health Resilience Partnership (LHRP) and has actively been involved in testing resilience plans with partner organisations.

Sustainable Development

As an NHS organisation, and as a spender of public funds, we have an obligation to work in a way that has a positive effect on the communities for which we commission and procure healthcare services. Sustainability means spending public money well, smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of rising cost of natural resources. Spending money well and considering the social and environmental impacts is enshrined in the Public Services (Social Value) Act (2012).

We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our carbon footprint.

As part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set out in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline).

The CCG is required to report its progress in delivering against sustainable development indicators. The CCG continues to work with its building landlord who provides services for the CCG at its headquarters. The CCG continues to aim 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 benefit staff and patients.

Reducing our energy use

The CCG is a tenant in a serviced building. Information on the landlord is available on the Vygon UK website.

Sustainability and commissioning

Most environmental and social impacts are through the services we commission. The CCG therefore promotes sustainability in the way it commissions and procures services and goods.

The NHS Standard Contract asks providers to take all reasonable steps to minimise adverse environmental impact. In line with the NHS Carbon Reduction Strategy, each provider must demonstrate its progress on climate change, mitigation and sustainable development (including performance against carbon reduction management plans) and must provide a summary of that progress in its annual report.

Governance

The Sustainability Lead for the CCG is Nicki Millin, Accountable Officer.

Improving quality

Quality is central to everything the CCG does. This focus has played an essential role in helping us to ensure we commission high quality services that are safe, effective and provide our patients with the best possible experience of the NHS.

We work with providers to improve quality through a consistent focus on continuous improvement and learning to embed change and improve patient outcomes. holding them to account for the implementation of these plans. This involves a range of formal and informal reviews, as well as discussions with providers use of contractual levers, and through the implementation of quality improvement methodologies. All provider contracts have a robust local quality schedule and agreed Commissioning for Quality and Innovations schemes (CQUINs) to ensure a robust process for quality assurance, aligned to the NHS Constitution and NHS Outcomes Framework which cover the three main areas of quality:

1. Patient Safety

- Safeguarding adults and children
- Infection prevention and control
- Clinical incidents, including serious incidents
- Duty of Candour
- Medicines management
- Sign up to Safety and quality improvement plans
- Responding to Care Quality Commission inspections

2. Clinical Effectiveness

- Commissioning for Quality and Innovations schemes (CQUINS)
- Evidence-based practice, including research and audit

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
- Patient stories
- Monitoring of compliments, concerns and complaints
- Engagement with local Healthwatch

Compassionate care is as important as the quality of treatment. The CCG works with its providers of care to ensure patients, their families and carers are treated with compassion, respect and dignity in a safe environment and protected from harm.

Patient Safety

Reporting and Learning from Clinical Incidents, including Serious Incidents

It is essential that all healthcare organisations ensure systems and processes are implemented to keep patients safe while preventing avoidable harm from occurring. Unfortunately, we know such systems and processes can have unintended weaknesses that can lead to errors occurring, which can sometimes have serious consequences for our patients and staff. It is therefore essential that all our providers, and we as a CCG, continually strive to reduce the occurrence of avoidable harm.

Responding appropriately when things go wrong is a key part of the way that the NHS continually improves the safety of the services provided to our patients. The CCG requires all commissioned provider organisations to report and escalate any incidents that meet that serious incident (SI) criteria as defined within the *NHSE Serious Incident Framework.* An organisation is deemed to have a strong, open learning culture if incidents are reported and investigated. This ensures learning and the implementation of associated actions are embedded to reduce the likelihood of reoccurrence.

Providers are required to complete a robust root cause analysis (RCA) investigation and associated action plan for any reported SIs, which are then monitored through Clinical Quality Review Meetings (CQRM) and the Swindon CCG Serious Incident Panel to ensure improvements are implemented to prevent reoccurrence. The panel's aim is to scrutinise the quality of investigations, appropriateness of actions and to work with providers to support learning outcomes. This includes ensuring that providers are open and honest with patients and their families when things go wrong by applying the principles of duty of candour. SIs are only closed when the panel is satisfied with the level of investigation completed and the robustness of the provider's action plan to reduce the likelihood of reoccurrence.

Serious Incident Reporting - trends and themes

During 2017/18, 45 serious incidents were reported to the CCG for patients of Swindon and Shrivenham, compared to 46 in 2016/17.

The highest number were in relation to diagnostic or treatment delays, with 13 reported. This has increased from nine reported during 2016/17. The CCG continues to work with healthcare providers via a nationally recognised Sign Up to Safety workstream, focusing on recognising and escalating deteriorating patients. This includes workstreams focusing on sepsis management (supported by a CQUIN), acute kidney injury and continued rollout of the National Early Warning Score (NEWS).

There have been seven serious incidents relating to self-inflicted harm and/or unexpected death. This has reduced from nine reported during 206/17. The CCG has worked with mental health services to understand and implement the learning from the local investigations. In addition, the CCG has ensured all relevant SI investigations are aligned to the recommendations and learning from the national Mazar's Report, an independent review of deaths of people with a learning disability or mental health problem. The CCG also participates in the Swindon Suicide Prevention Group led by

Public Health at SBC, to share learning across the wider health and social care system.

Safeguarding Declaration

During 2016/17, the CCG carried out a review of the designated professional roles, which resulted in additional investment to increase the capacity for designated professionals for safeguarding children and Looked After Children (LAC) and named professionals for LAC. Future investment will include support to the designated professional and named GP roles.

The CCG safeguarding children and adult's priorities include:

1. Ensuring the CCG is (i) compliant with its safeguarding duties and effective in the discharge of these duties through all its activities (ii) is proactive in ensuring the boards and partnerships it attends to understand the health aspects of safeguarding practice (iii) has effective arrangements in place to hold all providers to account for their safeguarding.

2. Conducting a review of all GP practices safeguarding children and adult's arrangements including support in place to continuously demonstrate that quality of safeguarding complies with national standards. This review will focus on (i) knowledge and skills (ii) policies and procedures (iii) roles and responsibilities.

3. Connecting all the safeguarding leads via a health sub-group of the Local Safeguarding Children Board (LSCB) to improve the health safeguarding arrangements across all providers and their interface with other agencies and partnerships to improve outcomes for children and young people.

Swindon CCG safeguarding declaration

Swindon CCG is a safeguarding organisation that ensures patient safety is of paramount importance. Safeguarding (children and adults) runs through all that we do as an organisation to ensure our compliance with statutory obligations under the Children Acts or its amendments (1989, 2004), the Care Act 2014 and supporting guidance, the NHS Constitution and the NHSE Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework 2015.

Through our commissioning processes and endeavours, we ensure all providers we commission have in place appropriate safeguarding arrangements and can evidence their compliance with statutory safeguarding duties.

As a CCG, we are committed to achieving better outcomes for Swindon and particularly so for those suffering or at risk of suffering abuse or neglect. Swindon CCG takes this commitment very seriously, from the Accountable Officer through to the executive team, the designated named professionals and all of its staff. Each member of staff knows they have an individual responsibility related to safeguarding.

Statutory roles and leadership

Swindon CCG has in place all its required statutory posts with the designated and named professionals, who are clear about their role and have sufficient time to undertake it. Collectively, the resource amounts to:

- Executive Nurse, Safeguarding Lead
- Designated Nurse, Safeguarding Children & Adults (1.0 WTE)
- Designated Doctor, Safeguarding Children; 3 Sessions Programmed Activity (PAs)
- Designated Doctor, Looked After Children (1.5 PAs)
- Designated Nurse, Looked After Children (0.8 WTE)
- Designated Paediatrician for Child Deaths (1.5 PAs)
- Named GP, safeguarding (children & adults) (3 PAs)

These posts represent the CCG's safeguarding team and strategic leadership for the whole health economy across Swindon, working with all the provider safeguarding named professionals including those who operate county wide e.g. South Western Ambulance NHS Foundation Trust. These designated and named professionals give one-to-one supervision to all the named professionals within providers in line with the respective intercollegiate documents. In addition, the CCG's designated and named professionals receive external and independent supervision to support them in role.

Through this team, the CCG drives safeguarding improvements across the health footprint of Swindon through the partnership boards it attends, the assurances it seeks from providers and through direct work with other safeguarding or service leads.

CCG Staff

All new staff are required to meet with a member of the CCG safeguarding team within three months of joining the organisation as part of their induction. All staff are required to complete mandatory safeguarding training including PREVENT. The current compliance with safeguarding training commensurate to their role is:

Module	Complete	Not Complete
Safe Children	96%	4%
Safe Adults	98%	2%
PREVENT	98%	2%

The CCG complies with LSCB sect 11 audit requirements and completed the most recent Section 11 audit in March, the CCG also completed the Local Safeguarding Adult Board (LSAB) equivalent self-assessment under the Care Act 2014 for safeguarding adults in October last year.

The CCG has a robust safer recruitment policy and has a cohort of safer-recruitment trained staff who sit on recruitment panels.

The CCG has clear safeguarding policies accessible via its website It also has recently developed a domestic violence and abuse policy for its own staff in recognition that employees may be victims or perpetrators of domestic violence and abuse.

Governance and performance

The CCG has clear lines of accountability and responsibility for safeguarding:

- Accountable Officer: Nicki Millin
- Executive Lead Nurse for Safeguarding Children and Adults: Gill May
- Designated Doctor Safeguarding Children: Dr Raman Sharma
- Designated Nurse Safeguarding Children and Adults: Rob Mills

The CCG ensures safeguarding governance through its sub-committees, ensuring the CCG Governing Body receives quarterly updates, an annual safeguarding report, including a separate report for Looked After Children (November 2017), and annual training (June 2017).

Partnerships and Boards

The CCG is represented appropriately at multi-agency partnerships and attends the following boards: Local Safeguarding Children Board, Local Safeguarding Adults Board, Multi-Agency Public Protection Arrangements Senior Management Board, Youth Offending Team Board, PREVENT Board and Channel Panel. The CCG also attend the majority of the LSCB and LSAB subgroups, while chairing two of them.

Involvement with Statutory Reviews: (Serious Case Reviews (SCR), Safeguarding Adult Review (SAR), Domestic Homicide Reviews (DHR), Child Death Reviews

The CCG, through its designated professionals and named GP, is responsible for coordinating the health aspects of all statutory reviews and for conducting the elements that relate to primary care and GP involvement in such reviews. The designated nurse safeguarding is a core member of the review panel and when convened for any of these reviews, the designated doctor also sits on the SCR panel. On completion the designated professionals are responsible for ensuring any learning, findings, recommendations are disseminated to ensure any required improvements in safeguarding practice are achieved.

All commissioned provider services

The CCG will hold to account all provider organisations contracting with the CCG regarding their safeguarding responsibilities and processes. The CCG has ensured safeguarding is a core component of the procurement process to scrutinise potential providers so they have the expected safeguarding arrangements in place, reviewed the safeguarding children policies and schedules as part of the commissioning contract process of existing providers, developed a safeguarding dashboard for providers to populate (this includes metrics made available to the LSCB performance subgroup).

The CCG has a rolling schedule for conducting safeguarding children quality assurance visits specific to services within providers. The CCG has conducted five such visits within this report year (Paediatric Emergency Department, Maternity, Paediatric Assessment Unit, Sexual Health Services and Child and Adolescent Mental Health Services).

Primary Care

As a fully delegated CCG for primary care the CCG recognise its responsibility to both support GPs in their safeguarding practice, along with ensuring they know what safeguarding arrangements they are required to have in place.

The CCG has put in place several measures to ensure primary care and GPs are compliant with the expected safeguarding arrangements in line with the Royal College of General Practice safeguarding toolkit. All GP practices have a named safeguarding lead and are required to have a deputy.

The CCG designated professionals have visited most of the GP practices to review their respective safeguarding arrangements and ensure they are up-to-date with local policies and pathways and to ensure they have face-to-face contact with CCG safeguarding professionals.

The CCG has provided development sessions for all practice safeguarding leads to ensure they are clear on the expectations of safeguarding lead roles and how the CCG will support them. Additionally, the CCG provided safeguarding development sessions for its practice mangers.

The CCG has ensured each practice has a generic secure email for sending and receiving safeguarding information. This has been shared with children's social care and the Health Looked After Children service to ensure GPs are fully aware of the children registered with them are either on child protection plans or a Looked After Child.

The CCG has also done the following to support GPs and safeguarding:

- Developed a safeguarding webpage for GPs to facilitate access to up-to-date local advice and information and to link to other useful sites and documents.
- Put in place KPIs for GPs related to the CP processes and holding safeguarding meetings with other professionals:

  Metric 1: Number of case conferences requested to attend / submit information to

  Metric 2: Attendance by a GP at the case conferences in metric 1

  Metric 3: Number of child case conference reports requested from the practice

  Metric 4: Number of child case conference reports submitted in advance of the conference following requests

  Metric 5: Number of multidisciplinary health care meetings held at the practice

- Working with primary care and SBC to formulate a standard for health professionals safeguarding meetings held by each practice involving health visitors, school nurses and midwives.
- Developing a standard for 'flagging vulnerable children/adults (parents or carers) in relation to police and other notifications regarding domestic violence and abuse.
- Using NHSE safeguarding money to develop primary cares support to victims or perpetrators of domestic violence and abuse by improving the link practices have with independent domestic violence advisors (IDVA).
- Liaising with the Swindon Educational Trust (SET) to ensure the GP teaching programme includes training and information about the areas of CSE, FGM, honour based violence and domestic abuse, as well as other relevant local training.
- Running annual training session for GP registrars.

Infection and Prevention Control (IP&C)

The CCG continues to be an active joint member of the Swindon-wide Infection Prevention and Control Committee. The committee has ensured oversight and scrutiny of the national infection prevention and control agenda, ensuring commissioner and provider organisations can evidence compliance to the standards set out in the Health and Social Care Act 2008, *Code of Practice for the prevention and control of infections and related guidance* (updated 2015). A key focus within the IP&C agenda for 2017/18 was continued oversight of mandatory surveillance for reported healthcare associated infections within Swindon.

Mandatory Surveillance of Health Care Associated Infections (HCAI)

Healthcare associated infection (HCAI) surveillance data is monitored by the CCG in line with commissioner responsibilities, as set out within the Code of Practice. HCAI data includes monitoring organisms such as clostridium difficile (C Diff) and meticillin resistant staphylococcus aureus (MRSA). During 2017/18 there has been an additional national requirement for organisations to report the number and rate of gram negative blood stream infections (GNBSI). This includes the reporting and monitoring of organisms called e-coli, klebsiella species and pseudomonas aeruginosa. Individual CCG trajectories were set for ecoli related bloodstream infections for 2017/18, aimed at achieving year-on-year reductions.

Monthly validated data is published by Public Health England via the national HCAI data capture system and reports cases of HCAI across all commissioned services within secondary and primary health care settings. This data has been monitored jointly with commissioned provider services via the Swindon-wide IP&C committee and local provider quality review meetings. Risk factors for infection were also gathered locally to better understand trends and outcomes. During 2017/18 the health care associated infections (HCAI) data evidenced:

- Four MRSA bloodstream infections reported within the CCG population. All cases were reported in the community.

- 46 clostridium difficile infections reported within the CCG population against an annual trajectory of 44. No outbreaks of clostridium difficile infection were reported within this number. As in previous years, most infections were reported in the community setting
- 141 cases of e coli bloodstream infections were reported. This is less than the 152 cases reported in 2016/17, but nine more than the 10% reduction trajectory set by the CCG (132 trajectory for 2017/18). The number and rate are in line with national trends, with most cases reported in the community.

In line with national guidance, prudent antibiotic prescribing was monitored by the CCG throughout 2017/18 within both secondary and primary care settings. There was a continued reported reduction of the total usage of high-risk antibiotics within primary care.

Learning from HCAI investigations

During 2017/18, post infection reviews for MRSA blood stream infections and C Diff were completed for each reported case as per national guidance. Actions and lessons learned were discussed at the Infection Prevention and Control Committee, the CCG's Quality Performance and Assurance Committee and the Integrated Governance Committee.

Collaborative workstreams and workshops were rolled out across Swindon, Wiltshire and BaNES to establish joint plans for the reduction of gram negative bloodstream infections (GNBSI). Most cases reported in Swindon were from the community and reiterated the need to focus on the prevention and management of urinary tract infections and catheter associated urinary tract infections. The CCG is committed to achieving the national and local requirement to reduce the number of GNBSI by 50% by 2021.

Care Quality Commission (CQC) Inspections

During 2017/18 the CCG continued to review all health provider organisation's compliance with CQC quality standards. This included oversight of inspections carried out in primary care, including supporting practices with mock visits when requested. Any providers placed in special measures, or where enforcement notices are issued by the CQC, have been monitored closely via quality assurance processes.

In addition, the CCG worked collaboratively with Swindon Borough Council to support the review of CQC reports for care homes and domiciliary care agencies in Swindon, ensuring regulatory quality standards are monitored across the whole health and social care economy. Locally, joint CCG and CQC meetings have been established alongside local authority partners to come together to ensure any trends, themes and concerns are shared and measures taken to address all issues. Action plans have been submitted by the relevant organisations where required, with progress monitored in line with CQC recommendations and commissioner requirements. All inspection reports are publicly available on the CQC website.

Clinical Effectiveness

Research and Innovation

Swindon CCG has a statutory responsibility for promoting research, although this is not solely a CCG activity and involves working with partner organisations and the wider healthcare community across Swindon and the region. As a CCG, we actively engage with the research networks and are involved in helping to promote research along with partner organisations.

We engage with and have memberships with many organisations to help us fulfil our statutory requirements including:

1. Bath Research and Development (BRD) consortium
2. West of England Academic Health Science Network (WEAHSN)
3. National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care West (NIHR CLAHRC West)
4. The Primary Care Research Network (PCRN)

As part of our membership, Swindon CCG is represented at regular meetings of these organisations.

BRD is our partnership between the local CCGs and social enterprises and the Department of Health within the University of Bath. BRD provides research governance services and support for researchers including queries regarding regulatory approval.

Quality improvement is a key area in which the CCG has been working with the WEAHSN during the last two years. Examples of this has been the Swindon Wound Improvement project (SWIPE) and the Primary Care Collaborative. Swindon practice engagement is slowly improving, as the quality team drive the focus onto quality improvement, safety and CQC compliance.

Swindon CCG has representation on the board of NIHR CLARC West which meets twice a year, along with partner organisations including NHS, local authorities and universities.

The Primary Care Research Network (PCRN) includes GPs who are prepared to undertake research studies with patients. The numbers of GPs joining the PCRN has increased considerably in recent years.

Commissioning for Quality and Innovation (CQUINs)

National Commissioning for Quality and Innovation schemes (CQUINS) were set by NHS England for health care providers in 2017/18. The aim being to identify a proportion of healthcare provider's income conditional on demonstrating improvements in quality and innovation in specified areas of care. These focused on:

- NHS staff health and wellbeing
- Identification and early treatment of sepsis

- Antimicrobial resistance
- Improving the physical health for patients with severe mental illness (PSMI)
- Improving services for people with mental health needs who present to A&E
- Transitions out of Children and Young People's Mental Health Services
- Advice and guidance
- NHS e-Referrals
- Supporting safe and proactive discharge
- Preventing ill health by risky behaviours
- Improving the assessment of wounds
- Personalised care and support planning
- Ambulance conveyance
- NHS 111 referrals

Outcomes and achievements from CQUINs are monitored by the Swindon CCG CQUIN panel and the STP CQUIN panel to ensure required improvements and patient outcomes are achieved. Compliance against key milestone requirement has evidenced improved screening and treatment for sepsis, a reduction in the number of attendances at A&E for patients with a mental health concern, an increase in patients given brief advice in relation to tobacco and alcohol use and improved collaborative working between the children and adult mental health services to support the transition of young people between services.

Patient Experience

The CCG wants to ensure it commissions the highest quality of care. The integrated Patient Advice and Complaints Team (PACT) to help you. The CCG has commissioned NHS South, Central and West Commissioning Support Unit to provide an independent PALS and NHS Complaints Service on its behalf. There are processes in place to capture concerns, comments, compliments and complaints about any of the NHS services which the CCG commissions for Swindon and Shrivenham.

The CCG puts patients at the heart of everything it does, so the Patient Advice and Complaints Team are there to listen, help and offer advice to patients, families and carers and to help resolve any issues. When someone makes a formal complaint, the team will support the person through the complaints process while their complaint is being investigated. If someone feels their complaint has not been satisfactorily resolved it can be referred to the Parliamentary and Health Service Ombudsman for independent review.

This year, the CCG received a total 204 PALS concerns, comments, compliments and 35 formal complaints.

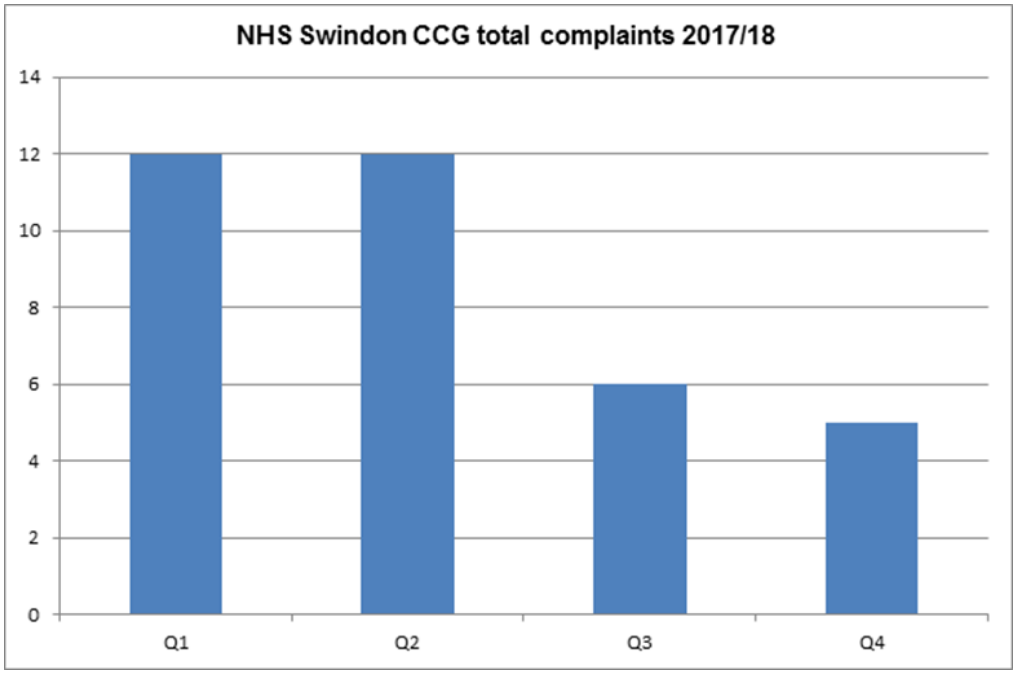
In 2017/18, 13 complaints were upheld and nine were upheld in part. This demonstrates that 63% of all complaints received were well founded and received a positive outcome. As of 31 March 2018, two complaints remain open and awaiting investigation, pending CCG final response. All complaints received were acknowledged within three working days. There were no complaints referred to the

Parliamentary and Health Service Ombudsman for independent review during 2017/18.

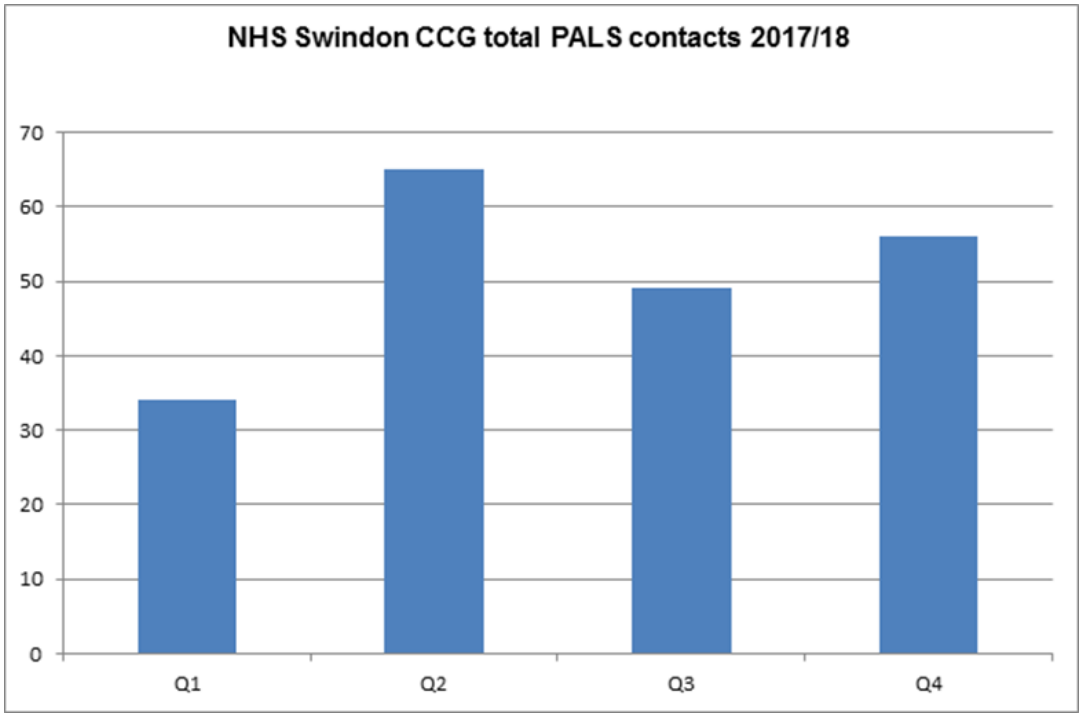
The top five themes are:

- Communication (37%)
- CCG financial issues/policy (23%)
- Access and waiting (20%)
- Clinical care (14%)
- Behaviour and attitude of staff (6%)

The graph below shows the total number of complaints received per quarter for the financial year 2017/18.



The graph below shows the total number of PALS concerns, comments, compliments received per quarter for the financial year 2017/18.



Compliments

It is very rare for compliments about provider services to be made directly to the CCG. However, a total of 11 compliments were received during the year 2017/18. Here are some examples of the compliments received which made a difference to patients' care.

PACT received two compliments:

- For the PACT Complaints Manager: "Thank you. You have as always been quick, informative and helpful in your responses, for which I'm very grateful. You are a credit to the NHS."
- Enquirer thanked the PACT Officer for their help in contacting the podiatry service. Enquirer received a call this morning from podiatry offering an appointment: "Your service has always been very good and I feel supported by your team. I am at a meeting at the CCG offices next week and will be singing your praises."

SCCG Communications Team has received one compliment:

- Patient had issues with patient transport to Oxford and the CCG organised for alternative transport: "In times when we see and hear the NHS frequently being criticized, not just by political figures or the media or the public alike, for all its failings it is very nice to come across a group of people (working within the NHS) who so obviously enjoy their work and it is only right that praise is given where praise is due."

CHC Healthcare (Continuing Health Care) has received one compliment:

- CHC team have received a thank you card from a family member thanking the CHC team for their "time and effort" which has "taken considerable worry off my mind."

Great Western Hospital NHS Foundation Trust received three compliments across three services:

- **Eye clinic:** “prompt service, very nice staff, very considerate.”
- **Audiology:** “I would like it to be put on record how appreciative I have been for the excellent, professional and caring service received on two occasions from the Audiology Department. Both times the member of staff went the extra mile and thanks to their assistance it made the experience and outcome of the visit better all round.”
- **District Nursing:** "Just the best … the team will be sadly missed when my treatment comes to an end during the next couple of days. I hope this positive email of support helps you understand what a great job you are doing, even during these times of cutbacks and change.”

Ridgegreen Surgery received one compliment:

- Large number of patients needed flu jab on one day. Enquirer reports “no waiting, and excellent service from the nurses and receptionists.”

Oxford University Hospitals NHS Foundation Trust received one compliment:

- Enquirer states: “On my recent visit to the Tebbit Centre everyone, from reception staff to management, was brilliant. I cannot fault any of them.”

Arriva Transport received one compliment:

- Enquirer made several previous complaints about Arriva so wanted to ensure this compliment was recorded: "Excellent trip this time, all on time, very little waiting."

Prescription Ordering Direct has received one compliment. Enquirer states:

- Staff are helpful
- Best part is the convenience of being able to have medication ordered to any pharmacy. Patient had selected the pharmacy near where they work and the medication had always arrived without any issues
- Patient also likes the convenience of ordering over the phone and now only ever uses POD for ordering.

Engaging People and Communities

We are committed to ensuring we involve patients, carers and the public in everything we do to improve healthcare in Swindon and Shrivenham.

Under the terms of the Health and Social Care Act 2012 (Section 14Z2 of the Act), all NHS organisations must make arrangements to involve users, whether directly or through representatives (whether by being consulted or provided with information, or in other ways) in:

a) Planning of provision of services
b) The development and consideration of proposals for changes in the way services are provided, and
c) Decisions to be made affecting the operation of services.

During 2017/18, the Communications and Engagement team undertook several pieces of work which resulted in direct and indirect improvements to work programmes within the CCG, such improvements included changes to commissioning plans, increased support to new care interventions, and increased public engagement in partner and community events. These included:

- **Improvements for visibly impaired patients:** Over the last 12 months, the CCG has worked to offer additional help and support to people with impaired vision when they access healthcare. New measures that have been introduced include a redesign of the letters sent to patients regarding their treatment and new easy-to-see signs being displayed in the eye clinic at Eldene Health Centre.

- **Creating an Integrated Care Alliance in Swindon:** One of the CCG's biggest priorities for the last year has been the development of an Integrated Care Alliance for Swindon, which will see all local health and social care providers working closer together to help patients stay well out of hospital while offering them the support they need to access healthcare in a timely fashion. Engagement with the public on this exciting new model of healthcare has already begun and a special PPI Forum on the initiative took place in August, with members giving their feedback on the best and most effective ways to engage with the public.

- **CCG praised in Ipsos Mori survey:** More than 40 of the CCG's main stakeholders took part in a survey by research company Ipsos Mori to discover the thoughts and feelings people have of the CCG in their local area. The response from those who took part was largely positive, with one person commenting: "The CCG has faced a challenging time over the last 12 months and they have communicated fully and kept us up-to-date with what is going on and sought our opinions."

- **Wi-Fi now live in all GP surgeries:** Members of the PPI Forum were pleased to hear that the CCG's project to install free Wi-Fi at all GP surgeries in Swindon and Shrivenham was completed in time for Christmas 2017.

- **Flu campaign:** Along with colleagues at GWH and SBC, the CCG has continued to encourage local people to get the flu vaccine ahead of the 2017 winter season. One key moment of the campaign was when South Swindon MP Robert Buckland was given the flu jab at a pharmacy in Wroughton. Arranged by the CCG, it was the first time the MP had received the flu jab and generated significant interest on social media and in the local press.

- **Supporting Swindon's homeless community:** After receiving feedback from forum members, the CCG has pledged to do more to support Swindon's growing homeless community. Through ongoing meeting with local homelessness charity Threshold, the CCG is looking at where it can engage with people living on the streets.

- **Stay Well This Winter messaging:** Winter always proves to be a challenging time for the NHS and, as such, the CCG asked its PPI Forum members to share their ideas for the kinds of messages that would have the most impact when trying to encourage local people to look after their health during the colder months. It was agreed that one of the key messages for the campaign was to seek help for a winter illness early on and before it develops into something serious.

- **Engagement on non-emergency patient transport:** Over the last year, the CCG has proactively engaged with people across Swindon about their thoughts and feelings towards the types of patient transport being used across the town. Feedback was gathered through an online survey, which was promoted on social media and on physical posters that were displayed at GWH and at many GP surgeries. The data gathered during the consultation will be used to influence any changes, with these decisions being fed back at a later meeting of the PPI Forum.

- **Social media:** During the year the CCG has made good use of its social media messages via Twitter and Facebook. Social media has been used to promote health campaign messages, how and where to access health services, what to do during the adverse weather conditions and reminders about getting repeat prescriptions and self-care for the bank holiday periods.

  CCG's assessment against the new Patient and Community Engagement indicator: In the summer months NHS England undertook a desktop review of the CCG's work to engage with the people and communities it is responsible for commissioning services on behalf of. Building a positive relationship with patients and communities is a key commitment of the Five Year Forward View and the CCG knows that better partnership with people and communities is a priority for transforming and sustaining the NHS. The CCG was pleased to receive a score of 13/15 and Green (Good) rating. The Communications and Engagement Team is reviewing the areas where the score can be increased for 2018/19.

As part of the winter campaign the Communications and Engagement team, worked with local partners to develop targeted approaches to influence behaviour with segmented audiences to encourage the appropriate use of services in Swindon and Shrivenham. The objectives of the campaign were:

- Increasing awareness of people choosing the right health service and to only attend A&E for emergencies
- Reduced attendances at A&E for minor illness
- Reduced use of 999 phone calls and ambulance demand
- Increased uptake of self-care and alternative sources to A&E e.g. pharmacies, Walk-in-Centre, Urgent Care Centre (GWH site), Children's and Young Peoples Clinics, NHS 111 and out of hours GP services.

Information about pharmacies open over the bank holiday periods was shared widely. The CCG and partner organisations promoted winter messages via social media channels and websites.

Working with partners, public, patients, carers and Healthwatch as well a range of other stakeholders, has been a consistent thread throughout the work the CCG does to engage and involve them in our service development and changes. Examples include:

- Standing items on the PPI Forum agenda include the opportunity for members to ask questions at the beginning of the meeting and AOB at the end, providing opportunities for optimal engagement.
- The CCG providing bi-monthly assurance to the PPI Forum on the organisation's Risk Register and Performance Dashboard which members ask questions about.
- A special PPI Forum engagement event took place in August giving them the opportunity to directly feedback on the best and most effective ways to engage with the public on the development of accountable care (now integrated care) in Swindon. Because of the workshop changes were made to the presentation.
- Presentations on the development of accountable care (now integrated care) in Swindon and Shrivenham were made to the voluntary sector forum and patient participation groups
- The CCG produces a monthly electronic PPI newsletter and via this channel the CCG can share news about campaigns, health news and service developments. This provides a route for people to feedback to the organisation.
- The CCG uses social media as another route for communicating and engaging with the public. During the year people have directly commented via Facebook and Twitter and the CCG has been able to respond and provide further information when needed.
- During the year the CCG held an engagement event for people with a learning disability. The event was well attended and it provided an opportunity for people to say what was working well for them with their health service provision and where changes could be made. A presentation following the event was used on the TV screen in the CCG's main reception area for staff and visitors to review and to see where changes are being made. Feedback form the meeting was very positive and those attending said it was good to be genuinely listened to.
- The public question and answer session at the start of Governing Body meetings continued to provide members of the public attending the meetings with the opportunity to question Governing Body members on a range of issues.
- Each month a patient experience / story is shared with members of the Governing Body. This provides an opportunity for members to hear about a person / families'

experiences of health services in Swindon and Shrivenham and where lessons have been learnt for improvements to services.

Reducing Health Inequalities

Throughout 2017/18 the CCG continued its commitment to ensuring equality, diversity, inclusion, and human rights are central to the way the organisation commissions and delivers healthcare services and how it supports its staff. The CCG's aim is to reduce inequalities in health and health care access for people in Swindon and Shrivenham.

As commissioners, the CCG must ensure it eliminates unlawful discrimination, advances the equality of opportunity and fosters good relations between different people when carrying out a public function.

During 2017/18, the CCG has taken key areas of work to promote equality and meet the needs of diverse groups, including further gap analysis to review communication and contact with minority ethnic people, disabled people, transgender people, people of different ages, lesbian, gay and bisexual people (LGBT), those with different religions and beliefs and those who are disadvantaged. Great Western Hospital NHS Foundation Trust, the largest local provider, has CCG representation at the Trust's Equality and Diversity Group to further explore and assure the CCG that the needs and health inequalities of the local population have been identified and are being addressed. Additionally, the CCG is currently liaising with Public Health Swindon to further investigate local population Joint Strategic Needs Assessments (JSNA) to ensure that identified gaps are explored strategically in areas such as diabetes care for BME people. Currently a review with CCG membership is under way for the Swindon LGBT JSNA.

The CCG has discharged its duty to reduce inequalities acting in consultation and continues to strengthen 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 also publishes an in-depth annual Equality Report with key objectives regarding equality (as per the NHS Equality Delivery System 2) and will continue to pursue further actions to champion equality and inclusion across the health system in Swindon. The NHS Equality Delivery System 2 action plan has been reviewed and demonstrates improvements progressed for assurance.

There are plans to refresh the CCG's equality objectives to align with the Integrated Care Alliance (Team Swindon) and promote an aligned system wide equality focus. These objectives will be agreed by engagement with the CCG's Patient Participation and Involvement Group.

The CCG's Equality and Diversity Strategy outlines its overall approach to equality, diversity and human rights in its capacity as an employer and a health commissioner and has been published to reflect the above work and includes how the CCG:

- Maintains a governance structure aligned to equality and diversity

- Works to improve equality data collection across the health and social care system to identify the numbers and needs of people with protected characteristics
- 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 and 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 the 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 decision making and commissioning processes
- Ensures that its communications and engagement activities are inclusive: reaching people from all protected groups, including carers and seldom heard communities
- Works with its statutory and voluntary sector partners to identify and tackle health inequalities
- Ensures that its human resources policies are fair, transparent and in partnership with our staff and potential employees to improve working lives
- Monitors incidents, complaints, comments and compliments by protected characteristics
- Develops assurance mechanisms to satisfy ourselves that providers who are delivering services on its behalf (including South, Central and West CSU) are complying with the Equality Act 2010 as per national contract requirements

Topics and issues addressed by the Forum during 2017/18 included the CCG's equality gap analysis and the Accessible Standards requirements. The forum facilitates regular and effective liaison with representatives from organisations such as SBC public health team and localities team, Healthwatch Swindon, Voluntary Action Swindon (which is the umbrella organisation for all voluntary groups in Swindon), the Swindon Carers Centre, GP Practice Participation Groups and a number of health-related voluntary bodies such as RNIB, British Lung Foundation, and Diabetes UK. The new addition of culturally diverse representation and new members from the Swindon Equality and Access Group is warmly welcomed to improve inclusion.

The CCG's Equality and Diversity Statement and the Equality Annual Reports are available to read on the CCG's website.

Part 2 – Accountability Report

Nicki Millin
Accountable Officer

24 May 2018

Accountability Report

Corporate Governance Report

This section explains the composition and organisation of the CCG's governance structures and how they support the achievement of the CCG's objectives.

Members Report

A formal document, called a constitution, sets out the arrangements the CCG has made to ensure it meets its responsibilities for commissioning high quality services for the people of Swindon and Shrivenham.

It describes the governing principles, rules and procedures which will ensure integrity, honesty and accountability. Also, it commits the CCG to taking decisions in an open and transparent way and places the interests of patients and public at its heart.

The constitution can be downloaded from the CCG's website.

Member profiles

The CCG is led by an elected Clinical Chair, Dr Peter Mack, a GP Partner at Moredon Health Centre. The Clinical Chair attends the weekly Executive Management Team meetings of the CCG.

Dr Sarah Bruen, Dr Philip Mayes and Dr Febin Basheer represent the CCG's three localities and Dr Steve Sewell is an elected GP member.

All GP and practice manager Governing Body members attend the Clinical Leadership Group (CLG) meetings, which are held monthly. The Governing Body also includes an elected non-principal /salaried GP representative, Dr Liz Alden. During the year, the CLG has provided a forum for active clinical debate, which 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.

Profiles of Governing Body Members can be viewed on the CCG's website.

Member practices

The CCG comprises 24-member practices (23 from 1 April 2018) with three localities in the geographical area of Swindon and Shrivenham, with a registered population of 237,102 (as at 31 March 2018).

Abbey Meads Medical Practice	16,998
Ashington House Surgery	10,526
Carfax NHS Medical Centre	14,973
Eldene Health Centre*	2,325
Eldene Surgery	7,902
Elm Tree Surgery	7,180
Great Western Surgery	5,382
Hawthorn Medical Practice	12,279
Kingswood Surgery	10,086
Lawn Medical Centre	7,432

Merchiston Surgery	14,051
Moredon Medical Centre	11,667
North Swindon Practice	14,803
Old Town Surgery	8,502
Park Lane Practice	6,645
Phoenix Surgery	4,604
Priory Road Medical Centre	8,616
Ridge Green Medical Centre	10,750
Ridgeway View Family Practice, Wroughton Health Centre	13,550
Sparcells Surgery	4,164
Taw Hill Medical Practice	12,710
Victoria Cross Surgery*	7,538
Westrop Surgery	14,153
Whalebridge Practice	10,266
TOTAL	**237,102**

(*Practices merged from 1 April 2018)

Composition of the Governing Body

The CCG has a constitution which outlines how the organisation will deliver its statutory duties. This was amended following the governance review in 2016 and the need for it to be updated to reflect changes in the commissioning of primary care services and the role of NHS England. The constitution has been widely consulted upon and can be accessed via the CCG's website or telephone 01793 683700 for a printed copy.

The Governing Body is in place to ensure the CCG has the appropriate arrangements to exercise its functions effectively, efficiently and economically.

The Governing Body has an ongoing role in reviewing the CCG's governance arrangements to ensure 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. Further information on the roles of individual members of the Governing Body is covered in detail in the CCG's published constitution.

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

Information about these committees is available via the CCG's website or a physical copy can be requested by calling 01793 683700.

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

Governing Body members and the committees they chair:

Title	Name	Committee Chair
Clinical Chair	Dr Peter Mack	Chair of Clinical Leadership Group
Accountable Officer	Nicki Millin	
Chief Finance Officer	Caroline Gregory	
Executive Nurse	Gill May	
Locality GP Representative	Dr Febin Basheer	
Locality GP Representative	Dr Sarah Bruen	
Locality GP Representative	Dr Phillip Mayes	Chair of the Quality and Performance Assurance Committee
	Dr Steve Sewell	
Salaried GP Representative	Dr Liz Alden	
Secondary Care Doctor	Dr Christine Vize (from 25/5/17)	
Registered Nurse	Maggie Arnold (from 16/10/17)	Chair of Integrated Governance Committee
Practice Manager	Sarah Francome	
Director of Public Health	Cherry Jones	
Director of Adult Social Care	Sue Wald	
Lay Member (public and patient involvement) and Operational Chair of Governing Body	Paul Byrnes	Chair of PPI Forum Chair of Primary Care Commissioning Committee
Lay Member (governance)	Ian James	Chair of the Audit Committee
Lay Member	Bill Fishlock	Chair of Remuneration and Nomination Committee Chair of Finance Committee

Committee(s), including 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, a GP member, the Registered Nurse, the Chief Finance Officer, Head of Corporate Governance, security and counter fraud specialists and representatives from both internal and external audit.

The experience that Ian James and Bill Fishlock bring to the Audit Committee can be read on the CCG's website.

Register of Interests

It is the policy of the CCG that all staff and Governing Body members should always 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.

Personal data related incidents

None occurred during the year.

Statement as to disclosure to auditors

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

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

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

Modern Slavery Act

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

Statement of Accountable Officer's responsibilities

The National Health Service Act 2006 (as amended) states that each Clinical Commissioning Group shall have an accountable officer and that officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed Nicki Millin to be the Accountable Officer of NHS Swindon CCG.

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

- The propriety and regularity of the public finances for which the accountable officer is answerable,
- Keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction)
- Safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities)
- The relevant responsibilities of accounting officers under Managing Public Money
- Ensuring the CCG exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended)) and with a view to securing continuous improvement in the quality of services (in accordance with Section14R of the National Health Service Act 2006 (as amended))
- Ensuring that the CCG complies with its financial duties under Sections 223H to 223J of the National Health Service Act 2006 (as amended)

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

In preparing the financial statements, the accountable officer is required to comply with the requirements of the Group Accounting Manual issued by the Department of Health and to:

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

To the best of my knowledge and belief, I have properly discharged the responsibilities set out under the National Health Service Act 2006 (as amended), Managing Public Money and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

I also confirm that:

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

- that the annual report and accounts as a whole is fair, balanced and understandable and that I take personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable

Governance Statement

Introduction and context

Swindon Clinical Commissioning Group is a corporate body established by NHS England on 1 April 2013 under the National Health Service Act 2006 (as amended).

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

As at 1 April 2017, the Clinical Commissioning Group is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

Scope of responsibility

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

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

Governance arrangements and effectiveness

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

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** ensures 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. Reporting to the CCG Governing Body

are ten subgroups that enable it to discharge its responsibilities and manage its performance, quality and risk effectively:

- Audit Committee
- Remuneration and Nomination Committee
- Integrated Governance Committee
- Clinical Leadership Group
- Public and Patient Involvement Forum
- Quality and Performance Assurance Committee
- Swindon and Shrivenham Commissioning Forum
- A&E Delivery Board
- Finance Committee
- Primary Care Commissioning Committee

The Governing Body has worked diligently to carry out its responsibilities as a statutory body. All meetings have been held in public. The agenda and papers are placed on the CCG's website in advance of the meetings and act as a public record of the decisions taken and performance to date.

From 1 April 2017, a new Governing Body Committee Structure was implemented which creates a Quality and Performance Assurance Committee, reporting directly into the Governing Body. A joint Remuneration and Nomination Committee was also been established, together with a Swindon Accountable (now Integrated) Care Alliance Board to develop an Accountable (now Integrated) Care model for Swindon. In recognition of the CCG having taken full delegated commissioning for primary medical services from 1 April 2017, the Joint Primary Care Commissioning Committee became the Primary Care Commissioning Committee.

While the CCG does not have shareholders as a public-sector organisation the Governing Body holds a successful Annual General Meeting (AGM) to engage with its major stakeholders i.e. the public, providers and patients.

The Governing Body/CCG understands its responsibility to listen to and engage with its stakeholders, and actively seek their opinion.

Supporting these are the Joint Commissioning Managers Group and the Health and Wellbeing Board, which covers the health and social care integration.

Governing Body attendances 2017/18				
Name	**Title**	**Total Meetings**	**Attended**	**%**
Present				
Paul Byrnes	Lay Member PPI (Chair)	11	10	91%
Ian James	Lay Member Governance	11	10	91%
William Fishlock	Lay Member	11	11	100%
Dr Peter Mack	Clinical Chair	11	11	100%
Dr Philip Mayes	Locality Three Clinical Chair	11	11	100%
Dr Liz Alden (maternity leave from 31 December 2017)	Non Principal GP Representative	8	5	63%
Dr Sarah Bruen	Locality One Clinical Chair	11	8	73%
Dr Christine Vize (in post from May 2017)	Secondary Care Doctor	9	7	78%
Maggie Arnold (in post from September 2017)	Registered Nurse	6	6	100%
Sarah Francome	Practice Manager Representative	11	9	82%
Nicki Millin	Accountable Officer	11	11	100%
Caroline Gregory	Chief Financial Officer	11	11	100%
Paul Vater (in post form 6 June 2017)	Chief Operating Officer	8	7	88%
Cherry Jones	Director of Public Health (SBC)	11	9	82%
Sue Wald	Director of Adult Services (SBC)	11	9	82%
Gill May	Executive Nurse	11	10	91%
Dr Steve Sewell	GP Representative	11	9	82%
Dr Febin Basheer	GP Representative	11	10	91%
In Attendance				
Jason Lindsey	Interim Company Secretary	11	11	100%
Ruth Atkins	Head of Communications and Engagement	4	4	100%
Yvonne Knight	Head of Corporate Governance	8	6	75%

Full attendance details are available on the CCG's website.

- **Audit Committee** which is accountable to the CCG's Governing Body and provides the Governing Body with an independent and objective view of the CCG's financial systems, financial information and regulations and directions in so far as they relate to finance. The committee will seek to provide assurance to the Governing Body that an appropriate system of internal control is in place to ensure that:

    - business is conducted in accordance with the law and proper standards;
    - public money is safeguarded and properly accounted for
    - financial statements are prepared in a timely fashion, and give a true and fair view of the financial position of the CCG for the period in question
    - affairs are managed to secure economic, efficient and effective use of resources
    - reasonable steps are taken to prevent and detect fraud and other irregularities

The Audit Committee now has delegated authority from the Governing Body to approve the CCG's annual accounts.

Highlights of work to date have included governance of CCG finances and resources, planning and monitoring of internal audit, external audit and NHS Protect reviews,

oversight of governance review and conflicts of interest review, overseeing management of risk and development of the CCG's Assurance Framework. It also considered the CCG's financial policies to changes to the CCG's executive management structure, the retendering of the internal audit function, the CCG's exposure to risks with non-NHS IT providers ceasing trading and the annual effectiveness review of its performance during the year.

Audit Committee attendances 2017/18				
Name	Title	**Total Meetings**	**Attended**	**%**
Present				
Ian James	Lay Member Governance (Chair)	7	7	100%
William Fishlock	Lay Member	7	6	86%
Dr Febin Basheer	GP/Locality Chair	7	7	100%
Maggie Arnold	Registered Nurse (Appointed from September 2017)	3	3	100%
Dr Peter Swinyard	GP Representative	7	5	71%
Liz Cave	Grant Thornton (External Audit)	3	1	33%
Alex Walling	Grant Thornton (External Audit)	2	2	100%
Chris Hackett	Grant Thornton (External Audit)	5	5	100%
Lynne Barber	Price Waterhouse Coopers (Internal Audit)	5	3	60%
Natalie Tarr	Price Waterhouse Coopers (Internal Audit)	2	2	100%
Rosie Fisher	Price Waterhouse Coopers (Internal Audit) (From Nonember 2017)	3	3	100%
Robert Street	Security Management Service (TIAA)	1	1	100%
Lorraine Bennett	Counter Fraud Service	3	3	100%
Nicki Millin	Accountable Officer	7	5	71%
Caroline Gregory	Chief Financial Officer	7	7	100%
Matthew Hawkins	Deputy Finance Officer	2	2	100%
Yvonne Knight	Head of Corporate Governance	5	3	60%
Julia Dobson	Personnel Assistant to Chief Finance Officer (Secretary)	7	5	71%

Full attendance details are available on the CCG's website.

- **Remuneration and Nomination 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 senior management and for people who provide services to the group. The committee oversees and provides assurance on senior management and Governing Body terms and conditions outside NHS Agenda for Change.

Remuneration Committee attendances 2017/18				
Name	Title	Total Meetings	Attended	%
Present				
William Fishlock	Lay Member (Chair)	3	2	67%
Ian James	Lay Member Governance	3	2	67%
Paul Byrnes	Lay Member PPI	3	2	67%
Dr Peter Mack	Clinical Chair	3	2	67%
Dr Christine Vize	Secondary Care Doctor (From May 2017)	2	2	100%
Maggie Arnold	Registered Nurse (From September 2017)	0	0	N/A
In Attendance				
Nicki Millin	Accountable Officer	3	3	100%
Heather Muldoon	Consult HR Representative	3	2	67%

Full attendance details are available on the CCG's website.

The committee met three times during the year. The main topics of discussion were very senior managers and lay member remuneration and the appointment and remuneration of the Secondary Care Doctor and Registered Nurse.

- **Integrated Governance Committee (IGC)** ensures that controls are in place and are operating efficiently and effectively to deliver the principal objectives of the Governing Body and to set in place processes to manage identified risks, minimising the exposure of the CCG to corporate, financial and clinical risks. The committee has the following sub-committees:

    - Risk Management Panel
    - Information Governance Steering Group.

  Both committees have reported as required and no concerns have been raised in respect of their functioning. The IGC also receives assurance from the Joint Safeguarding Adults and Children's Boards.

  Key achievements during the year included overseeing and seeking assurance on the CCG's arrangement for safeguarding, compliance, research governance, health and safety, business continuity, healthcare associated infections, QIPP performance and workforce planning. It also monitored progress on the delegated commissioning of primary medical services from NHSE to the CCG.

  Specific areas of review included: Continuing Health Care commissioning, vascular surgery services, Eldene Surgery investigation and findings; Learning disabilities mortality review, cancer services and mental health services for children and young adults.

Integrated Governance Committee (IGC) attendances 2017/18				
Name	Title	**Total Meetings**	**Attended**	**%**
Present				
Dr Peter Mack	Clinical Chair (Chair until 07/09/17 inclusive)	6	5	83%
Maggie Arnold	Registered Nurse (Chair from 02/11/17)	4	4	100%
Paul Byrnes	Lay Member PPI	6	3	50%
Ian James	Lay Member Governance	6	6	100%
Dr Steve Sewell	GP Representative on the Governing Body	6	4	67%
Gill May	Executive Nurse	6	5	83%
Paul Vater	Chief Operating Officer (commenced in post 05/06/17)	5	5	100%
In Attendance				
Yvonne Knight	Head of Governance	6	5	83%
Rachel Cooke	Corporate and Information Governance Co-ordinator (minute taker)	6	6	100%

Full attendance details are available on the CCG's website.

- **Quality and Performance Assurance Committee:** The committee shall provide assurance to the CCG's Governing Body of the quality of services commissioned and promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience. It will oversee the development and monitoring of the overall strategy for quality improvement, in partnership with patients, carers and the wider community and monitor performance against service delivery indicators.

Quality and Performance Assurance Committee attendances 2017/18				
Name	Title	Total Meetings	Attended	%
Present				
Dr Philip Mayes	GP Locality 3 Clinical Chair	10	9	90%
Dr Liz Alden (Maternity leave from 31 December 2017)	Non-Principal GP Representative	7	5	71%
Dr Christine Vize (From May 2017)	Secondary Care Doctor	9	7	78%
Maggie Arnold (from September 2017)	Registered Nurse	6	6	100%
Paul Byrnes	Lay Member PPI	10	9	90%
Gill May	Executive Nurse	10	9	90%
Caroline Gregory	Chief Financial Officer	10	2	20%
Paul Vater (in post from June 2017)	Chief Operating Officer	8	6	75%
Dr Sarah Bruen	GP Locality 1 Clinical Chair	1	1	100%
Anna Field	Associate Director Planned Care	10	7	70%
Thomas Kearney	Associate Director Urgent Care	10	7	70%
Sharren Pells	Associate Director Quality and Patient Care	10	7	70%
Paul Clarke	Associate Director Medicines Optimisation	10	8	80%
Sheila Baxter	Mental Health Commissioner	10	3	30%
Kristina Clay	Quality Lead	10	9	90%
Lisa Samak	Assistant Director Contracts and Performance Assurance	10	5	50%
Sam Wheeler	Assistant Director Analytics and Informatics	10	5	50%
Sarah Corkery Lloyd	Finance Manager	10	3	30%
Sue Carvell	Primary Care Manager	10	1	10%
Ayo Oyinloye	Public Health (SBC)	2	2	100%
In Attendance				
Kevin Cardis	Principal Information Analysts	5	4	80%
Lynnette Glass	Quality Lead for Projects	2	2	100%
Esther Schmidt	Children's Services Commissioner	3	2	67%
Carolyn Bell	Quality Lead	1	1	100%
Sarah Carolan	Deputy Mental Health Commissioner	1	1	100%
Fiona Newton	Senior Information and Performance Analyst	4	3	75%
Glyn Davies	Senior Contracts Manager	4	4	100%
Yvonne Knight	Head of Corporate Governance	5	4	80%
Ruth Atkins	Head of Communications & Engagement	2	2	100%
Graeme O'Malley	Community Contract Lead	4	3	75%
Rob Mills	Designated Nurse Safeguarding	1	1	100%
Anne Gray	Designated Nurse Children Looked After	1	1	100%

Full attendance details are available on the CCG's website.

- **Clinical Leadership Group (CLG):** the role of this group is to develop the vision and strategy of the CCG 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. Highlights of the CLG have included discussions around the alignment of commissioning policies across the STP, development of a Primary Care Communications Plan, progress on the GP Forward View, care home model, Referral Support Centre, homelessness and housing and the Older Persons Pathway.

Clinical Leadership Group attendances 2017/18				
Name	Title	Total Meetings	Attended	%
Present				
Paul Byrnes	Lay Member PPI	9	8	89%
Ian James	Lay Member Governance & Conflict of Interest Champion	9	9	100%
Dr Peter Mack	Clinical Chair	9	6	67%
Dr Philip Mayes	Locality Three Clinical Chair	9	9	100%
Dr Sarah Bruen	Locality One Clinical Chair	9	8	89%
Dr Francis Campbell	GP Clinical Evidence Fellow	9	6	67%
Dr Caroline Ward	GP Clinical Evidence Fellow	9	7	78%
Dr Liz Alden	Non Principal GP Representative	6	6	100%
Sarah Francome	Practice Manager Representative	9	6	67%
Nicki Millin	Accountable Officer	9	8	89%
Caroline Gregory	Chief Financial Officer	9	6	67%
Gill May	Executive Nurse	9	8	89%
Anna Field	Associate Director – Planned Care and Cancer Commissioning	9	7	78%
Tess Green	Associate Director Transformation	9	7	78%
Thomas Kearney	Associate Director- Urgent Care	9	3	33%
Kate Liddington	Associate Director Primary Care	9	8	89%
Dr Febin Basheer	GP Representative	9	8	89%
Dr Steve Sewell	Governing Body GP Representative	9	9	100%

Full attendance details are available on the CCG's website.

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

  The Swindon and Shrivenham Commissioning Forum meet on a quarterly basis. The meeting is attended by the Membership of the Clinical Commissioning Group (GPs & Practice Managers) as well as other Clinical Commissioning Group personnel as appropriate.

  During 2017/2018 some of the key areas covered and discussed at the meetings included progress on the CCG becoming a fully delegated commissioning organisation, integrated care, the future configuration of the extended GP access service and the GP out of hours service. The forum has also discussed progress with the Primary Care Working at Scale models of care developments.

- **The Public and Patient Involvement Forum**: During 2017/18, the Patient and Public Involvement Forum held ten meetings and followed a Forward Work Plan for the year, which included presentations on the work of the Sustainability and Transformation Partnership, equality compliance, Great Western Hospital performance, screening programmes, child and adolescent mental health, the Accessible Information Standard, winter planning, social care, NHS 111 care options and the Place of Safety consultation.

Patient and Public Involvement Forum attendances 2016/17				
Name	Title	Total Meetings	Attended	%
Present				
Paul Byrnes	Lay Member PPI (Chair)	10	9	90%
Ian James	Lay Member Governance	10	9	90%
Mike Bowen	Member of the public	10	9	90%
Tony Kendall	Member of the public	10	8	80%
Nazma Ramruttun	Member of the public	10	4	40%
Anne Mooney	Member of the Public	3	2	67%
Pam Forde	Member of the Public, Volunteer with Healthwatch	10	7	70%
Mike Keenan	Theshold	10	4	40%
Samantha Wathen	Chair of Keep Our NHS Public	3	3	100%
Harry Dale	Homeground PPG	10	6	60%
Monique Watkins	Lawn PPG	10	6	60%
Joe Backshell	Vice Chair, Equality and Access Group, Member of the Public, Volunteer with Healthwatch	10	8	80%
Sarah Francome	Practice Manager Representative	10	7	70%
Rosemarie Phillips	RNIB Representative, Let's Hear in Swindon, Chair of Priory Road PPG, GWH Governor	10	9	90%
Chris Woodward	Public Health Programme Manager, SBC	10	8	80%
Susannah Jones	Deputy CEO, Swindon Carers Centre	10	7	70%
Gill May	Executive Nurse	10	9	90%
Ruth Atkins	Head of Communications and Engagement	10	9	90%
Sally Smith	Communications and Engagement Manager	7	6	86%

Full attendance details are available on the CCG's website.

- The **A&E Delivery Board** (A&EDB) brings together partner organisations with a common aim: of improving the health and healthcare experience of the people of Swindon and Shrivenham, and from the catchment area of North Wiltshire within the resources made available. The A&EDB meets monthly with the aim of providing a strategic delivery and monitoring forum for health and social care partners to ensure operational resilience, cancer standards and referral to treatment requirements are achieved for local health and social care systems.

- **The Primary Care Commissioning Committee** (PCCC) meet quarterly and is made up of key staff from the CCG, NHS England, Wessex Local Medical Committee, Public Health and Swindon Borough Council along with both practice manager and GP representation. There are lay members (Chair) on the PCCC and Healthwatch Swindon also have a place on the Committee. Members of the public are invited to attend the "open" part of the meeting. Topics discussed at the meetings include quality and finance reporting. The operational part of the meeting discusses matters concerning member practices. This includes list closures and practice mergers, progress with the GP Forward View Delivery Plan, Estate Strategy principles and the development of a Primary Care Commissioning Strategy.

Primary Care Commissioning Committee 2017/18				
Name	Title	Total Meetings	Attended	%
Present				
Paul Byrnes	Lay Member PPI	4	4	100%
Ian James	Lay Member Governance	4	3	75%
Dr Peter Mack	Clinical Chair	4	3	75%
Dr Gareth Bryant	Wiltshire & Swindon LMC Executive Representative	4	2	50%
Dr Sarah Bruen	Locality One Clinical Chair	4	3	75%
Sarah Francome	Practice Manager Representative	4	4	100%
Debra Elliott	Director of Commissioning, NHS England	4	2	50%
Nicki Millin	Accountable Officer	4	2	50%
Nikki Holmes	Head of Primary Care, NHS England	4	4	100%
Caroline Gregory	Chief Finance Officer	4	3	75%
Gill May	Executive Nurse	4	3	75%
Paul Vater (From June 2017)	Chief Operating Officer	3	2	67%
Cherry Jones	Director of Public Health, SBC	4	3	75%
Kate Liddington	Associate Director for Primary Care Engagement & Development	4	4	100%
Jo Osorio	Outreach and Volunteer Support Officer, Healthwatch Swindon	4	2	50%
Ruth Atkins	Head of Communications and Engagement	4	4	100%
Fiona Davenport	Primary Care Contracts Manager, NHS England	1	1	100%
Dean Walton	Primary Care Finance Manager, NHS England	1	1	100%
Sharon Greaves	Assistant Contracts Manager, NHS England	1	1	100%
Michael Walker	Finance Assistant	1	1	100%
Matthew Hawkins	Deputy Financial Officer	1	1	100%
Carole Cusack	Wiltshire & Swindon LMC Executive Representative	1	1	100%
Sharren Pells	Asssociate Director Quality & Patient Safety	1	1	100%
Tori Jones	Team Manager Healthwatch	1	1	100%
Sue Carvell	Primary Care Manager	4	2	50%

Full attendance details are available on the CCG's website.

- **Finance Committee**: to provide advice and support to the Governing Body, and to the Accountable Officer in scrutinising and monitoring the delivery of key financial targets and priorities as outlined in the CCG's strategic and operational plans. It also ensured that any risks associated with achieving these priorities and targets were reported properly to the Governing Body and tested the robustness of any mitigating actions. Highlights of the work during 2017/18 included reviewing and recommending approval to the Governing Body of primary care applications for transformation funding.

Finance Committee attendances 2017/18				
Name	Title	Total Meetings	Attended	%
Present				
William Fishlock	Lay Member (Chair)	5	5	100%
Ian James	Lay Member Governance	5	5	100%
Dr Febin Basheer	GP Representative (From February 2018)	1	1	100%
Caroline Gregory	Chief Financial Officer	5	5	100%
Nicki Millin	Accountable Officer	5	5	100%
Matthew Hawkins	Deputy Financial Officer	2	2	100%
Kate Liddington	Associate Director Primary Care	2	2	100%
Louise Tapper	Primary Care Transformation Lead	2	2	100%
Claire Bentley	Finance Manager	3	1	33%
In Attendance				
Julia Dobson	Personnel Assistant to Chief Financial Officer	5	4	80%

Full attendance details are available on the CCG's website.

- **Audit Panel**: this panel provides advice and support to the Governing Body on the appointment of the CCG's external auditor. It ensures that any risks associated with achieving this are reported promptly to the Governing Body and will test the robustness of any mitigating actions. The panel did not meet during 2017/18.

Relation with Shareholders

While the CCG does not have shareholders as a public-sector organisation, the Governing Body held a successful Annual General Meeting (AGM) to engage with its major stakeholders i.e. the public, providers and patients.

The Governing Body/CCG understands its responsibility to listen and engage with its stakeholders and actively seeks their opinion.

UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance.

Discharge of Statutory Functions

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

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

Arrangements put in place by the CCG and explained within the corporate governance framework, have been developed with extensive expert input, to ensure compliance with the all relevant legislation. That advice also informs the matters reserved for the Governing Body's decisions and adherence to the scheme of delegation as outlined in the NHS Constitution.

Risk management arrangements and effectiveness

The CCG recognises that risk management is an intrinsic part of the organisation's operation. The CCG is committed to active management of risk within the commissioning process and the services it commissions. The CCG's policy is to minimise or remove risks wherever possible to service users, staff, and members of the public and other stakeholders. This embraces all types of risk – clinical, financial, corporate, operational and reputational.

This is enabled and supported by a comprehensive system of internal controls aligned to management systems, corporate planning, clinician-led commissioning and strategy development. The Governing Body recognises the pervasive nature of risk and considers effective risk management to be an integral part of good management practice. 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 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 reviewed and updated this strategy during 2016/17 to reflect internal changes that have come about from the creation of a Risk Management Panel which provides more oversight and scrutiny of risks. The next review is due in March 2019.

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.

Capacity to Handle Risk

The Governing Body is responsible for the performance of the CCG and needs to be simultaneously entrepreneurial in driving the organisation forward while keeping it under prudent control. It needs to strike a balance between controls, assurance and strategy, risk-taking and delivery. A risk management audit was undertaken in November 2017 with an overall assurance rating of low risk.

The Audit Committee is responsible for commissioning internal audits to provide assurance to the Governing Body on the robustness and effectiveness of risk management within the CCG.

The accountable officer is accountable to the Governing Body for the safe management of risk within the organisation. This responsibility is delegated to the Chief Financial Officer on a day to day basis.

The Chief Financial Officer has overall responsibility for the operational management of risk within the CCG.

Senior managers and project managers are empowered to manage the risks within their areas and to escalate risks appropriately. All staff members and contractors working for the CCG have a responsibility for following the approved risk management strategy and are required to report risks to their managers for assessment and subsequent risk scoring, using the approved risk matrix.

The CCG is committed to maintaining a sound system of internal control, including risk management. By doing this, the CCG aims to ensure it can maintain a safe environment for patients, through the services it commissions, staff and visitors, minimise financial loss to the organisation and demonstrate to the public that it is a safe, effective and efficient organisation.

Risk assessment

Risk assessment and management are an intrinsic part of the CCG's operation. The CCG's risk register is a live document that is subject to regular reviews by several committees including:

- Governing Body
- Integrated Governance Committee (IGC)
- Audit Committee
- Executive Management Team
- Risk Management Panel

The Governing Body and Audit Committee regularly consider whether the sources of assurance that it has for managing and mitigating risks remain effective and sufficiently robust. The CCG has developed a risk matrix which is used for all risks within the organisation. IGC considers its current controls and processes are sound and sufficient to manage identified risks.

Each risk includes:

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

The CCG has a Quality and Equality Impact Assessment (QEIA) process in place which provides the framework to ensure compliance with its statutory obligations and to identify any risks to the organisation. Impacts are also assessed through the cover sheets for all reports that are presented to the Governing Body and other committees of the CCG to ensure it is integral to planning and implementation. The CCG has an

active framework for patient and public engagement and actively attends the Health and Wellbeing Board. A network of patient participation groups and regular events seek the views of patients and the public.

The CCG proactively links its priorities to the NHS Assurance Framework. This is clearly documented in the CCG's Governing Body Assurance Framework (GBAF) where all risks assigned to patient quality are measured.

The GBAF allows the CCG to determine where to make the most efficient use of its resources and to address identified issues 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 that allows the organisation to anticipate and respond appropriately to adverse events.

All identified risks are recorded on the CCG's Risk Register. Where risks cannot be managed within the specific area of responsibility, these are escalated to the next level of governance to be managed appropriately.

The full Risk Register is reviewed monthly by the Risk Management Panel, bi-monthly by the Integrated Governance Committee and quarterly by the Audit Committee. The highest scoring risks are reported regularly 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 CCG actively deters risks through the adoption of robust counter fraud and security management methodology. The CCG has a contract with TIAA to provide counter fraud management. The CCG rated itself as green against the national standards for counter fraud and security management in 2017/18.

The CCG's Audit Committee critically reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the CCG's activities which supports the achievement of the organisation's objectives. It reviewed its terms of reference during the year and undertook a self-assessment against areas of best practice and is now compliant in all areas that it must and should do.

The top three strategic risks identified during 2017/18 were:

1. Diabetes - The non-delivery of the Diabetes Transformation Programme 2017/2018 could potentially result in poor outcomes for patients and non-delivery of the CCG Improvement Assurance Framework (IAF). Workforce challenges, including high level of vacancies, are preventing implementation of the Diabetes Transformation Programme.

2. Vascular - Lack of clarity which also impacts on potential clinical incidents around revised pathways for Swindon patients including amputees.

3. Breaching national cancer waiting times - potential breaching of cancer waiting times national target, which could lead to reduced outcomes for cancer patients and CCG non-performance of national targets.

The Governing Body was kept informed at each meeting on progress against mitigating actions to ensure these risks did not materialise or the impact of these were minimised in year. The first risk had increased during the year with the diabetes service being rated inadequate for elements of care across the total care pathway. An action plan has been put in place to improve performance. The second risk relating to the Vascular Surgery Service has shown an improved position during the year and the risk score was decreased in December 2017 due to confirmation that there was an additional clinic at GWH that had helped address some of the original quality concerns. The final risk in respect of cancer waiting times had also shown an improved position during the year and the risk score was decreased in December 2017 at the request of the risk owner given the consistent achievement of the two week wait (2WW) standard during the period September – November. Achievement of the 31-day target has also been consistent.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the CCG to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The CCG's system of internal control has been in place for the year ended 31 March 2018, and up to the date of approval of the Annual Report and Accounts.

The CCG recognises the importance of a robust governance framework and has continued to strengthen this by formalising arrangements for the adoption of policies by building on the Policy on the 'Development, Approval and Management of Policies' which was approved by the Governing Body in 2015/16 and establishing a database of policies which are shared sixth monthly with the Governing Body; updating them of any new policies or changes to policies which have taken place.

The CCG reviewed its performance against the NHSE Financial Control Environment, which it had previously assessed itself against in 2015/16 and noted the following areas of improvement:

- Financial Performance:
    - Financial Planning: credibility and degree of stretch: score improved to 'good'- CCG has performed well against a stretching QIPP target in

2017/18 and set plans in line with NHSE planning assumptions for 2018/19

- Sufficiency of board reporting: score improved to 'good' as have developed Performance Report to Governing Body to align to NHSE Assurance Framework with more detailed reporting now going through to the Finance Committee

- Financial Controls & Processes:
  - Systems & processes: score improved to 'good' as have strengthened controls relating to raising and approving journals. The area of financial control was scored as 'low risk' by internal audit
  - Risk management: identification and monitoring process: score improved to 'good' as have a risk management panel who scrutinises and holds managers to account. The Finance Committee also reviews financial risks which are now quantified in their report
  - Audit and other finance committees: score improved to 'good' as Company Secretary is reviewing terms of reference for all sub committees of governing body to ensure their responsibilities are clearly defined and they have adhered to their terms in year
  - Audit Committee performance: score improved to 'excellent' as lay members now hold separate meetings with the auditors and they do meet all the best practice requirements as outlined in the 'Audit Committee's Self-Assessment'

The CCG's Audit Committee continued to provide oversight and scrutiny on the internal control environment which was derived through reviews undertaken against areas deemed high risk by internal audit, counter fraud and security management.

Annual audit of conflicts of interest management

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

The CCGs internal auditors carried out an audit on managing conflicts of interest which was presented to the March 2017 Audit Committee meeting.

Overall conclusions were that the CCG has a culture within the organisation that appreciates the importance of managing conflict of interests and this is evident through senior management support and involvement and the 100% declarations return rate. All staff surveyed were also aware of their responsibilities regarding conflict of interest, the CCG's arrangements in place to manage conflict of interest, and how to make declarations and seek help or support. Areas of improvement identified had been

actioned. A further audit on managing conflicts of interest was undertaken in February 2018, the outcome of which is awaited.

During the year the CCG has revised its Standards of Business Conduct and Managing Conflicts of Interest Policy, taking account of revised statutory guidance published by NHS England in June 2017. A small number of changes have been made including:

- **Registers of interest:** The CCG guidance has been updated to require that a system is put in place to satisfy itself as a minimum on an annual basis that its registers of interest are accurate and up-to-date, and to require that only decision-making staff are included on the published register.
- **Gifts from suppliers or contractors:** In line with the NHS-wide guidance, gifts of low value (up to £6), such as promotional items, can now be accepted.
- **Gifts from other sources:** The thresholds have been amended so that gifts of under £50 (rather than £10) can be accepted from non-suppliers and non-contractors, and do not need to be declared. Gifts with a value of over £50 can now be accepted on behalf of an organisation, but not in a personal capacity.
- **Hospitality – meals and refreshments:** The thresholds have been amended so that hospitality under £25 does not need to be declared. Hospitality between £25 and £75 can be accepted, but must be declared, and hospitality over £75 should be refused unless senior approval is given.
- **New care models:** A new annex has been included to provide further advice on identifying, declaring and managing conflicts of interest in the commissioning of new care models.

Data Quality

Regular reports are presented to the Governing Body to provide assurance on all CCG activities and include, but are not limited to; strategic planning, patient safety and quality of clinical care, organisation development, performance management and the achievement of national and local NHS targets, financial management reports, patient engagement, stakeholder engagement, emergency planning, compliance with the NHS Constitution and identified risks and actions.

Substantial improvements have been made in relation to the quality of the information and data analysis provided to the Governing Body, its committees and Programme Boards following the decision to repatriate services from the CSU and develop the skills internally to review and report on data.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the clinical commissioning group, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively. Through the annual self-assessment of compliance against this toolkit, the CCG has maintained an overall score of ‘satisfactory’.

The CCG places high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. It has established an Information Governance (IG) Management Framework and is developing information governance processes and procedures in line with the Information Governance Toolkit.

Progress against these are monitored through the Information Governance Steering Group, chaired by the Senior Information Risk Owner (SIRO). All CCG staff are mandated to complete a suite of IG training modules annually and SCCG has developed a staff Information Governance Handbook, thereby ensuring that staff are aware of their IG responsibilities. There are processes in place for incident reporting and investigation of serious incidents.

The CCG continues to develop information risk assessment and management procedures to ensure a fully embedded information risk culture throughout the organisation. During 2017/18 the CCG had no incidents involving data loss or confidentiality breaches. It focused on the need to ensure robust data sharing agreements were in place between its partner organisations and privacy impact assessments are being undertaken for any service changes.

Business Critical Models

The CCG has identified all its business-critical models and information about quality assurance processes for those models has been provided to the Analytical Oversight Committee, chaired by the Chief Analyst in the Department of Health.

Third party assurances

As a commissioning organisation, the CCG routinely contracts with third party providers to deliver healthcare services. These services are contracted using NHS standard contracts using national terms and conditions. The CCG places reliance on these contracts to make sure that services remain effective as well as regular performance monitoring reports and meetings with providers.

The CCG also uses third party providers to deliver some of its back-office processes:

- It is nationally mandated for the CCG to use NHS Shared Business Services for the provision of back office financial services. These services are provided to the CCG under a contract between NHS England and NHS Shared Business services. The CCG places reliance on NHS England to manage this contract and report back on any control issues identified.
- The CCG has sub-contracted the management of continuing health care claims to Care Home Selection. These services are provided under contract and are subject to regular performance management. The CCG reviews the performance of this service level agreement monthly.
- The CCG sub-contracts the provision of several its corporate services to the South Central and West Commissioning Support Unit (SCW). The CCG reviews the performance of this service level agreement monthly and in addition, the Audit Committee reviews the findings from the Service Audit Report (SAR)

which the CSU commissions from Deloitte to assess the reasonableness of the controls it has in place. The SAR report for the period 1 March to 31 August 2016, highlighted nine exceptions leading to the qualification of five control objectives. Of these, six related to HR matters; a service which the CCG commissions from SCW. These included HR staff having inappropriate access to Electronic Staff Record (ESR), new starter and pay change forms not being correctly authorised or processed promptly. The CCG has reported similar issues previously despite assurances from SCW that its processes had been strengthened. The CCG has independently sought assurance from SCW HR Manager who has advised that its internal HR process has been improved and has a process built in for regular checks to ensure forms are authorised correctly and dealt with in a timely manner

- The CCG has a pooled budget arrangement with SBC for the provision of community, mental health, and children's services. Specific services within this arrangement predominantly relating to the management of out of hospital care are managed through the Better Care Fund. This is formalised through a Section 75 agreement and performance is reviewed in year through the Joint Commissioning Governing Body who report up to the CCG's Governing Body. The CCG made the decision at the beginning of the year to move the mental health services it commissions from AWP out of the S75 agreement in line with its decision to independently contract for those services rather than having a joint contract with other CCG's.

Control Issues

During 201718, the CCG has formally reported one control issue to NHSE:

1. The CCG's performance monitoring processes have identified and continue to report NHS constitution targets not met by providers for A&E and RTT. Reporting and monitoring processes are in place to track performance of providers against constitutional targets, this is an ongoing process and regular meetings with providers have taken place and continue to take place to ensure that action plans are being implemented to improve performance.

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

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

> *In all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for tax payers and local people.*

External Audit have provided the CCG with an unmodified audit opinion for the year.

The CCG continues to benchmark services to ensure it is delivering value for money. And to build on the work it embarked on in 2016/17 in response to the Five Year Forward View. The integration of acute and community services continues with Great

Western Hospitals NHS Foundation Trust (GWH) now taking responsibility as the provider for delivering both. This took place from May 2018, when the care taking period officially ceased.

The CCG commenced negotiations with SCW CSU pending the service level agreement coming to an end on 31 March 2018 and has been working closely with this organisation to ensure any services it continues to provide are offering value for money.

The CCG has well developed systems and processes for managing its resources. The annual operational financial plan was approved by the Governing Body and monitored closely throughout the year.

The CCG was faced with a very challenging financial position again at the start of 2017/18 and it needed to deliver a QIPP programme of £8.6m to secure financial balance and deliver its target surplus.

The CCG focused its efforts on a few key schemes setting sizeable efficiency targets for Prescribing, Continuing Health Care, Mental Health placements and alignment of Clinical Policies.

During the previous financial year, the CCG consistently saw a month on month reduction in spend on prescribing until April 2017 when costs started to rise; this has been partly driven by the impact of lack of available cheaper generic drugs and the national top slice; both of which have been estimated to have cost the CCG £1.6m. In M12 the CCG was instructed by NHS England to release the £0.3m returned from the national take to its bottom line. Despite this when comparing Swindon against other CCG's, who have all shown a similar trend, Swindon is still reporting one of the lowest levels of growth.

The CCG has also experienced an increase in the spend on CHC driven largely by a more expensive caseload and the numbers of clients being eligible. There have also been more transitions from children to adult services with complex packages of care which require higher proportion of health funding.

Community services overspent due to the caretaker period at the beginning of the year ending May rather than April as initially planned and higher costs connected with the out of hours service.

Due to the position on CHC and Prescribing and the delay in reviewing mental health placements, QIPP did not deliver all its original target. Overall the CCG achieved £7.9m which is 91.9% of the overall target of £8.6m.

The CCG did report an underspend across its provider contracts which offset overspends both on Prescribing and CHC. Besides GWH the largest variances related to OUH and BMI. OUH had staffing issues which has meant that there have been bed closures which in turn has impacted on activity, BMI experienced staffing shortages and the impact of HRG4+ has reduced the tariffs they receive for T&O activity. The reduction in activity and hence costs at GWH was in part the result of the national decision to cancel elective operations over the winter and in part due to a change in

clinical pathway which resulted in GP referrals bypassing ED and going straight into Ambulatory Care.

In 2017/18 the CCG consistently reported delivery against its target position in year. It set aside a proportion of its allocation as an uncommitted reserve (0.5%) which means that at the end of the year this will be added to the 1% uncommitted from 2016/17, to give a total of £6.8m reserved by the CCG, to enable financial balance once the position has been consolidated by NHSE across all CCGs at the end of the year.

The CCG took on responsibility for commissioning of primary care in 2017/18. It developed and strengthened its financial reporting arrangements to the newly convened Primary Care Commissioning Committee and undertook specific reviews in year for GP members benchmarking primary care spend and the profile of its workforce with its neighbouring CCG's. It completed the year by reporting a small underspend against its delegated primary care budgets of £27m and a slight underspend against the £8m of directly commissioned primary care budgets.

The CCG was also allocated £0.4m of capital funding which it used to fund:

- Single Domain which is part of an STP wide programme and being procured via Salisbury. This will move all primary care practices to a common network to support e-referrals.
- development costs for the referrals management software
- reconfiguration of space for POD and the necessary adjustments to accommodate the CHC team in a separate room.
- an initial tranche of laptops to start replacing some of the oldest CCG machines.

The CCG has continued to review its running costs to ensure it delivers value for money and has achieved a further reduction on these costs which has contributed to the overall QIPP target. A significant proportion of this has been achieved through ceasing discretionary spend; a decision endorsed by the Governing Body in May 2016.

Counter fraud arrangements

The CCG has a contract in place for the provision of Counter Fraud Services and Security Management Services. The arrangements include:

- An Accredited Counter Fraud Specialist and Security Management Specialist are contracted to undertake counter fraud work and security management work proportionate to identified risks.
- The CCG Audit Committee receives a report against each of the Standards for Commissioners at least annually. There is executive support and direction for a proportionate proactive work plan to address identified risks.
- A member of the executive board is proactively and demonstrably responsible for tackling fraud, bribery and corruption.
- Appropriate action is taken regarding any NHS Protect quality assurance recommendations and progress is overseen by the Audit Committee.

- The CCG undertakes an annual assessment against its compliance with national standards for Counter Fraud. For 2017/18, it has scored itself as 'green' which means in most of areas it is compliant.

Head of Internal Audit Opinion

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

Internal Audit are satisfied that sufficient internal audit work has been undertaken to allow an opinion to be given as to the adequacy and effectiveness of governance, risk management and control. Their overall opinion is generally satisfactory with some improvements required. Governance, risk management and control for business-critical areas is generally satisfactory. However, there are some areas of weakness and non-compliance in the framework of governance, risk management and control which potentially put the achievement of objectives at risk

The key factors that contributed to their opinion included:

- Completion of 8 internal audit reviews in year
- Identifying 1 high risk, 7 medium and 9 low rated findings;
- The HR review was rated as high risk overall with 1 high rated finding, relating to the lack of evidence to support the scores being applied to the monitoring of the KPIs in place between the CSU and the CCG. they also found that the SLA between the CSU and the CCG needed reviewing to increase clarity and the CSU should be more visible. The actions from this review are now closed.
- The 17 risk rated findings issued in year were split between 7 relating to control design and 10 relating to operating effectiveness
- There is one recommendation outstanding from the prior year which relates to obtaining missing consent forms for CHC and FNC patients. Management expect this action to be closed by the start of the new financial year.

There were a number of areas of good practice where few weaknesses were identified and/or areas of good practice which were noted in all the reports issued. The following reviews were assessed as low risk overall: finance, risk management and primary care commissioning.

In giving this opinion, it should be noted that assurance can never be absolute. The most that the internal audit service can provide is reasonable assurance that there are no major weaknesses in the system of internal control.

This assessment was based on the following:

- the number and priority of high recommendations is lower compared to the previous year. There are slightly more medium recommendations and fewer low risk recommendations than in the prior year;

- they did issue one high risk rated report and there was one high risk rating;
- in addition to the high risk rated report, they issued one medium risk rated report, Operational IT Resilience, which identified areas for improvement.
- they reviewed progress on the 24 recommendations raised during the year and all but one recommendation was implemented.

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

Area of Audit	Report classification
Stakeholder Engagement	N/A not risk rated
Outcomes Based Commissioning	N/A not risk rated
HR	High risk
Operational IT Resilience	Medium risk
Risk Management	Low risk
Conflicts of Interest	Low risk
Primary Care Commissioning	Low risk
Core Finance	Low risk

Review of the effectiveness of Governance, Risk Management & Internal Control

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

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the clinical commissioning group achieving its principles objectives have been reviewed.

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

- The governing body
- The audit committee
- Internal audit
- Other explicit review/assurance mechanisms.

Conclusion

There was one significant control issue identified in-year and this was raised with NHS England which related to the non-delivery of the CCG's constitutional targets. See the Performance Report from page 18.

Accountability Report

Remuneration and Staff Report

This section sets out the CCG's remuneration policy for directors and senior managers and how it has been implemented.

Remuneration Report

Remuneration and Nominations Committee

The Remuneration and Nominations Committee determines and approves the remuneration package for very senior managers (VSM).

Membership of the Committee can be read on page 75.

Policy on the remuneration of senior managers

The Accountable Officer has determined that senior managers are those persons in senior positions having authority or responsibility for directing or controlling the major activities of the CCG. These positions include only those roles on the Governing Body. Members of the Governing Body can influence the decisions of the entity, 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).

Remuneration is designed to consider and agree fair reward based on everyone's contribution to the organisation's success considering 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 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 processes followed for determining pay is in accordance with:

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

The length of contract and terms and conditions for staff 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 (maximum 8 years)	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
Accountable Officer	Permanent	6 months
Executive Nurse	Permanent	3 months
Chief Financial Officer	Permanent	3 months
Chief Operating Officer*	Permanent	3 months

* In June 2017, Paul Vater joined as Chief Operating Officer.

Senior manager remuneration (including salary and pension entitlements) 2017/18 (Audited)

	Job Title	Total Salary and fees (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)
Directors emoluments & compensation				
Nicki Millin	Accountable Officer	120 - 125	27.5 - 30	145 - 150
Caroline Gregory	Chief Financial Officer	100 - 105	40 - 42.5	140 - 145
Paul Vater	Chief Operating Officer❶	80 - 85	7.5 – 10.0	90 - 95
Gill May	Executive Nurse	100 - 105	60 – 62.5	160 - 165
Salaries and allowances of senior officers				
Dr Peter Mack	Clinical Chair	40 - 45	72.5 - 75	115 - 120
Dr Elizabeth Alden	Salaried GP Representative	15 - 20	10 – 12.5	25 - 30
Dr Sarah Bruen	Locality GP Chair	15 - 20	12.5 - 15	30 - 35
Dr Philip Mayes	Locality GP Chair ❹	15 - 20	5 – 7.5	20 - 25
Sarah Francome	Practice Manager Representative	10 - 15	27.5 – 30	35 - 40
Ian James	Lay Member	15 - 20	0	15 - 20
Christine Vize	Secondary Care Doctor ❷	10 - 15	0	10 - 15
Maggie Arnold	Registered Nurse ❸	5 - 10	0	5 - 10
Paul Byrnes	Lay Member	15 - 20	0	15 - 20
William Fishlock	Lay Member	5 - 10	0	5 - 10
Dr Stephen Sewell	Locality GP Representative	15 - 20	2.5 - 5	20 - 25
Dr Febin Basheer	GP Representative	15 - 20	52.5 - 55	70 - 75

❶ Paul Vater was appointed on 05/06/2017

❷ Dr Christine Vize was appointed on 25 May 2017

❸ Maggie Arnold was appointed on 16 October 2017. Maggie Arnold has joined the CCG's alternative pension scheme which was introduced during 2017/18 connected with the CCG's auto enrolment obligations under the Pensions Act 2008. As a member of this defined contribution scheme she has received less than £100 in employer contributions during the year.

❹ Dr Philip Mayes opted out of the NHS Pension Scheme in July 2017.

Sue Wald, The Director of Adult Services for Swindon Borough Council has been identified as a senior manager as she attends the CCG's Executive Management Team meetings and the Governing Body. She is not remunerated by the CCG but paid by Swindon Borough Council and so has been excluded from the table above.

Senior manager remuneration (including salary and pension entitlements) 2016/17 (Audited)

	Job Title	Total Salary and fees (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)
Directors emoluments & compensation				
Nicki Millin	Accountable Officer	120 - 125	35 – 37.5	155 - 160
Caroline Gregory	Chief Financial Officer	100 - 105	22.5 - 25	125 - 130
Paul Bearman	Executive Director of Corporate and Business Development❶	90 - 95	12.5 - 15	100 - 105
Gill May	Executive Nurse	90 - 95	62.5 - 65	155 - 160
Salaries and allowances of senior officers				
Dr Peter Crouch	Clinical Chair (to September 2016) ❷	25 - 30	5 – 7.5	35 - 40
Dr Peter Mack	Clinical Chair (from October 2016) ❸, Clinical Vice Chair / Locality GP Chair	30 - 35	12.5 - 15	45 - 50
Dr Elizabeth Alden	Salaried GP Representative	15 - 20	10 – 12.5	25 - 30
Dr Sarah Bruen	Locality GP Chair	10 - 15	2.5 - 5	15 - 20
Dr Philip Mayes	Locality GP Chair	10 - 15	0 – 2.5	10 - 15
Sarah Francome	Practice Manager Representative	10 - 15	5 – 7.5	15 - 20
Ian James	Lay Member	15 - 20	0	15 - 20
Dr Timothy Jobson	Secondary Care Doctor (to September 2016) ❹	5 - 10	0	5 - 10
Christine Perry	Registered Nurse (to March 2017) ❺	0 - 5	0	0 - 5
Paul Byrnes	Lay Member	15 - 20	0	15 - 20
William Fishlock	Lay Member	5 - 10	0	5 - 10
Dr Stephen Sewell	Locality GP Representative❻	0 - 5	0 – 2.5	0 - 5
Dr Febin Basheer	GP Representative❻	0 - 5	0 – 2.5	0 - 5

❶After a period of sustained absence, Paul Bearman left the organisation under the CCG's sickness and absence policy in December 2016. In accordance with his contract of employment he received a payment equivalent to three months full pay during December 2016 of £25k, 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 for more details.

❷ Dr Peter Crouch sadly passed away in September 2016. Remuneration and pension figures reflect the benefit accrued up to the date of death. Any death in service benefits were paid by NHS Pensions.

❸ Dr Peter Mack was appointed Clinical Chair in December 2016 but performed the role on an interim capacity from October 2016.

❹ Dr Timothy Jobson resigned from the governing body at the end of September 2016.

❺ Christine Perry resigned from the post of Registered Nurse in March 2017.

❻ During January 2017, Dr Stephen Sewell and Dr Febin Basheer joined the governing body. Both members joined the NHS Pension scheme from this date. Pension benefits because of this employment have been estimated at nil for this period.

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. Although the CCG does not operate any such arrangements it has taken on a legacy car lease relating to one staff member. The staff member is not a director or senior officer.

Staff members are also entitled to join the NHS Pension Scheme. 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.

The amount included in respect of pension related benefits is calculated as the value of increase in pension entitlement over the year in excess of inflation; plus, the change in the value of lump sum over the year in excess of inflation; less the employee's contributions.

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

Pension benefits as at 31 March 2018 (Audited)

Name	Title	Real increase in pension at retirement age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at retirement age at 31 March 2018 (bands of £5,000)	Lump sum at retirement age related to accrued pension at 31 March 2018 (bands of £5,000)	Cash equivalent transfer value at 1 April 2017	Cash equivalent transfer value at 31 March 2018	Real increase in cash equivalent transfer value
		£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Caroline Gregory	Chief Financial Officer	2.5 - 5	0 - 2.5	30 - 35	80 - 85	492	560	63
Paul Vater ❶	Chief Operating Officer	0 - 2.5	2.5 - 5	30 - 35	100 - 105	634	700	49
Nicki Millin	Accountable Officer	0 – 2.5	0 - 2.5	45 - 50	125 - 130	803	884	73
Gill May	Executive Nurse	2.5 - 5	10 - 12.5	45 - 50	130 - 135	802	921	111
Dr Peter Mack	Clinical Chair	2.5 - 5	10 - 12.5	10 - 15	30 - 35	151	229	76
Dr Liz Alden	Salaried GP Representative	0 - 2.5	0 - 2.5	15 - 20	35 - 40	173	185	10
Dr Philip Mayes ❷	Locality GP Chair	0 - 2.5	0 - 2.5	5 - 10	20 - 25	132	160	9
Sarah Francome	Practice Manager Representative	0 - 2.5	0 - 2.5	5 - 10	20 - 25	129	156	25
Dr Sarah Bruen	Locality GP Chair	0 - 2.5	0 - 2.5	0 - 5	10 - 15	47	61	13
Dr Stephen Sewell ❸	Locality GP Representative	0 - 2.5	0 - 2.5	0 - 5	10 - 15	80	81	1
Dr Febin Basheer	GP Representative	2.5 - 5	5 – 7.5	5 - 10	10 - 15	70	35	35

❶ Paul Vater was appointed on 05/06/2017.

❷ Dr Philip Mayes opted out of the NHS Pension scheme during July 2017.

❸ Comparative figures for Dr Sewell relating to 2016/17 were not provided by NHS Pensions.

Pension benefits as at 31 March 2017 (Audited)

Name	Title	Real increase in pension at retirement age (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at retirement age at 31 March 2017 (bands of £5,000)	Lump sum at retirement age related to accrued pension at 31 March 2017 (bands of £5,000)	Cash equivalent transfer value at 31 March 2017	Cash equivalent transfer value at 31 March 2016	Real increase in cash equivalent transfer value
		£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Caroline Gregory	Chief Financial Officer	0 - 2.5	0 - 2.5	25 - 30	75 - 80	492	459	33
Paul Bearman ❶	Executive Director Corporate	0 - 2.5	2.5 - 5	10 - 15	30 - 35	0	238	0
Nicki Millin	Accountable Officer	2.5 - 5	0 - 2.5	45 - 50	125 - 130	803	750	52
Gill May	Executive Nurse	2.5 - 5	10 - 12.5	40 - 45	120 - 125	802	714	88
Dr Peter Crouch ❷	Clinical Chair	0 - 2.5	0 - 2.5	0 - 5	0	0	12	0
Dr Peter Mack ❸	Clinical Vice Chair / Locality GP Chair and Clinical Chair	0 - 2.5	0 - 2.5	5 - 10	20 - 25	151	128	24
Dr Liz Alden	Salaried GP Representative	0 - 2.5	0 - 2.5	10 - 15	35 - 40	173	164	10
Dr Philip Mayes	Locality GP Chair	0 - 2.5	0 - 2.5	5 - 10	15 - 20	132	122	9
Sarah Francome	Practice Manager Representative	0 - 2.5	0 - 2.5	5 - 10	20 - 25	129	117	12
Dr Sarah Bruen	Locality GP Chair	0 - 2.5	0 - 2.5	0 - 5	5 - 10	47	45	2
Dr Stephen Sewell ❹	Locality GP Representative	0 - 2.5	0 - 2.5	0 - 5	0	0	0	0
Dr Febin Basheer ❹	GP Representative	0 - 2.5	0 - 2.5	0 - 5	0	0	0	0

❶ Paul Bearman left the organisation under the CCGs sickness and absence policy during the year. 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 for more details.

❷ Dr Peter Crouch sadly passed away during September 2016. Pension figures reflect the benefit accrued up to the date of death.

❸ Dr Peter Mack was appointed Clinical Chair in December 2016.

❹ During January 2016, Dr Stephen Sewell and Dr Febin Basheer joined the Governing Body. Both members joined the NHS Pension scheme from this date. Pension benefits as a result of this employment have been estimated at nil for this period.

Senior managers who do not receive pensionable remuneration have not been included within the table above. This includes Ian James, Christine Vize, Paul Byrnes and William Fishlock.

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.

During 2017/18 the CCG introduced a defined contribution scheme as an alternative pension scheme to comply with the auto enrolment obligations under the Pensions Act 2008. Employees who are not eligible to join the NHS Pension Scheme may be eligible to join the alternative scheme. Individuals currently receive an employer contribution of 1%, but this will increase to 2% from April. Maggie Arnold on the governing body has chosen to join this scheme.

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 because of their membership of the pension scheme. This may be for more than just their service in a senior capacity to which disclosure applies.

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 because 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 does not include 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.

Pay multiples

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 2017/18 was £120,000 - £125,000 (2016/17: £120,000 - £125,000). This was 3.3 times (2016/17: 3.2 times) the median remuneration of the workforce, which was £36,773 (2016/17: £37,990). The remuneration of the highest paid director is calculated on an annualised full time equivalent basis and so may be different to the amount paid if they work part time. Please refer to note 4 'Employee benefits and staff numbers' in the Financial Statements for more details on staff movements and costs.

In 2017/18, nil employees (2016/17: nil) received remuneration more than the highest-paid director. Remuneration ranged from £15,000 to £121,000 (2016/17: from £15,000 to £120,000).

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.

Staff Report

Number of senior managers

The CCG has categorised members of the Governing Body as being senior managers and their salaries are included on page 97.

Staff numbers and costs

As of 31 March 2018, the CCG had 95 employees, excluding Governing Body members. The workforce is made up of employees from a wide range of professional groups. Of the 95 employees, 89 are permanently employed. 6 staff were employed on short term or agency contracts.

Recruitment activity has been low, particularly in the last half of the year.

Staff costs	**2017-18**		**Total**
	Total	**Permanent Employees**	**Other**
	£'000	**£'000**	**£'000**
Employee Benefits			
Salaries and wages	3,732	3,353	379
Social security costs	362	362	0
Employer Contributions to NHS Pension scheme	442	442	0
Other pension costs	0	0	0
Apprenticeship Levy	3	3	0
Other post-employment benefits	0	0	0
Other employment benefits	0	0	0
Termination benefits	0	0	0
Gross employee benefits expenditure	**4,539**	**4,160**	**379**

Staff composition

The table below shows the gender breakdown as at 31 March 2018.

	Female Headcount	Male Headcount	**Total**
Governing Body Members	9	8	17
All other CCG staff	74	21	95
Total	83	29	112

❶ The headcount for Governing Body Members includes four executive directors who are both employees and Governing Body members.

Sickness absence data

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 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 2017/18

This shows the rolling 12-month absence rate from 1 April 2017 to 31 March 2018.

	Figures Converted by DHSC to Best Estimates of Required Data Items			Statistics Published by NHS Digital from ESR Data Warehouse	
	Average FTE 2017 (a)	Adjusted FTE days lost to Cabinet Office definitions (b)	Average Sick Day per FTE (c)	FTE-Days Available (d)	FTE-Days Lost to Sickness Absense (e)
NHS Swindon CCG	77.9	1,079	13.9	28,422	1,751

Source: Source: NHS Digital - Sickness Absence Publication - based on data from the ESR Data Warehouse

ESR does not hold details of normal number of days worked by each employee. Data on days available and days recorded sick are based on a 365-day year. Average Annual Sick Days per FTE has been estimated by dividing the estimated number of FTE-days sick by the average FTE, and multiplying by 225 (the typical number of working days per year).

There may be inconsistencies between this data and the statutory basis for accounts, in terms of the organisation against which staff are reported for a particular month.

There were no ill-health retirements during 2017/18 (2016/17: nil).

Staff turnover averaged at 17%, but varied slightly on a monthly basis.

Absence levels have varied significantly throughout the year, and are heavily influenced by cases of long term sickness. Absence is currently running at an average of 5%, which is a small increase on the previous year.

Policies continue to be reviewed and updated in line with the review cycle. All staff policies are discussed at the Staff Partnership Forum (SPF) prior to, and after adoption of, to ensure they are embedded in the organisation.

Staff Partnership Forum

Each area of the CCG is represented at the Staff Partnership Forum and members play an active role in engaging staff and encouraging wellbeing. A review of the Staff Partnership Forum and the representatives has taken place this year. A behaviours tool has been adopted and there is ongoing work to ensure that this forum is utilised to its potential in representing all staff in the organisation in a positive, constructive and challenging way.

Employee consultation

In April 2017, the CCG undertook an annual staff engagement survey and the resulting analysis and survey report has been considered by the Executive Management Team. The results of the survey were used to develop an action plan with broad staff involvement to address any areas of improvement identified through the survey.

Clinical Education Provider Network (CEPN)

Swindon CEPN continue to work with colleagues from Wiltshire and Bath & North East Somerset to share best practice in Primary Care Education.

Practices nurses have been supported in their continuing professional development through management of Health Education England (HEE) funds. This has enabled primary care nurses to increase their skills in physical assessment and clinical reasoning and to work towards more advanced levels in managing long term conditions. More training has taken place in nursing care for children, and there has been a steady increase in the number of non-medical prescribers trained, which is an important step in supporting flexible options for patients.

This year, the CCG has signed up to an International GP recruitment programme, working with Health Education England at a national level. We hope to welcome up to 10 international overseas GPs to live and work in Swindon in the near future.

The CEPN has received funding for additional support to work with GP practices to establish more placements for a variety of students. Primary care offers an alternative career pathway for nurses, therapists, pharmacists and paramedics. The programme of work supports all these staffing groups to gain the best possible student experience.

Staff Wellbeing

The CCG has had a focus on staff wellbeing during 2017/18. It has signed up to Mindful Employer and Mindful Employer Plus to offer all staff a 24/7 support service. The CCG has trained key leads in mental health first aid, and all people managers have undertaken mental health awareness training. We have issued information in relation to back care and have a wealth of resources in managing stress and improving resilience. We have an active lunch time walking group, and support all promotions in relation to healthy lifestyles such as One You. We are actively working towards wellbeing standards and have zero tolerance for bullying and harassment. We have also established a mediation service and several staff have attending courageous conversations training to assist with creating a culture of constructive challenge.

In March 2018, Swindon CCG became the first employer in Swindon to achieve the Swindon Carers Employers Award, highlighting our commitment to supporting our staff.

Trade Union Facility Time

The Department of Health and Social Care (DHSC) has asked national bodies to share information on a new reporting requirement for the financial year 2017/18 relating to Trade Union Facility Time. The Trade Union (Facility Time Publication Requirements) regulations 2017 requires relevant public sector organisations to report on trade union facility time in their organisations. Facility time is paid time-off for union representatives to carry out trade union activities. The reporting requirements apply to all departments and a defined list of arm's length bodies within Statutory Instrument 328.

The reporting requirement will apply to any CCG which has a full time equivalent employee number of more than 49 through the entirety of any seven-month period in the financial year concerned.

Relevant union officials
What was the total number of your employees who were relevant union officials during the relevant period?

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

Percentage of time spent on facility time
How many of your employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?

Percentage of time	*Number of employees*
0%	0
1-50%	0
51%-99%	0
100%	0

Percentage of pay bill spent on facility time
Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

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

Paid trade union activities
As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

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

Expenditure on consultancy

The CCG has spent £115k on consultancy during the year (2016/17: £25k). Consultants were engaged to support analysis and benchmarking activities.

Off payroll engagements

NHS bodies are required to include disclosures about their off-payroll engagements. Off-payroll engagements as of 31 March, for more than £245 per day and that last longer than six months:

For all off-payroll engagements as at 31 March 2018, for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2018	1
Of which, the number that have existed:	
for less than one year at the time of reporting	-
for between one and two years at the time of reporting	1
for between 2 and 3 years at the time of reporting	-
for between 3 and 4 years at the time of reporting	-

for 4 or more years at the time of reporting	

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

Table 2: New off-payroll engagements

For all new off-payroll engagements between 01 April 2017 and 31 March 2018, for more than £245 per day and that last longer than six months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	1
Of which:	
Number assessed as caught by IR35	-
Number assessed as not caught by IR35	1
Number engaged directly (via PSC contracted to department) and are on the departmental payroll	-
Number of engagements reassessed for consistency / assurance purposes during the year	1
Number of engagements that saw a change to IR35 status following the consistency review	-

Table 3: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 01 April 2017 and 31 March 2018.

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	-
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure should include both on payroll and off-payroll engagements.	-

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.

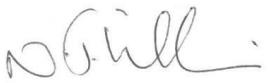
The CCG's aim is to operate in ways that do not discriminate its potential or current employees with any of the protected characteristics specified in the Equality Act 2010 and to support employees to maximise their performance including making any reasonable adjustments that may be required on a case by case basis.

The CCG publishes its 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. On a quarterly basis, the Executive Management team receive a report on the workforce profile.

Parliamentary Accountability and Audit Report

Swindon CCG is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements at the end of this report. An audit certificate and report is also included in this Annual Report from page 114.

Part 3 – Financial Statements



Nicki Millin
Accountable Officer

24 May 2018

Part 3 – Audit Opinion

Independent auditor's report to the members of the Governing Body of NHS Swindon CCG

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of NHS Swindon CCG (the 'CCG') for the year ended 31 March 2018 which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and the Department of Health and Social Care Group Accounting Manual 2017-18 and the requirements of the Health and Social Care Act 2012.

In our opinion the financial statements:

- give a true and fair view of the financial position of the CCG as at 31 March 2018 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2017-18; and
- have been prepared in accordance with the requirements of the Health and Social Care Act 2012.

Basis for opinion

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

Who we are reporting to

This report is made solely to the members of the Governing Body of the CCG, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the members of the Governing Body of the CCG those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the CCG and the members of the Governing Body of the CCG, as a body, for our audit work, for this report, or for the opinions we have formed.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accountable Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the CCG's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The Accountable Officer is responsible for the other information. The other information comprises the information included in the Annual Report set out on pages 3 to 111, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of our work including that gained through work in relation to the CCG's arrangements for securing value for money through economy, efficiency and effectiveness in the use of its resource or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

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

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Governance Statement does not comply with the guidance issued by the NHS Commissioning Board or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration Report and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2017-18 and the requirements of the Health and Social Care Act 2012; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the CCG gained through our work in relation to the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Opinion on regularity required by the Code of Audit Practice

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

Matters on which we are required to report by exception

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

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

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

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

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

In preparing the financial statements, the Accountable Officer is responsible for assessing the CCG's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the CCG lacks funding for its continued existence or when policy decisions have been made that affect the services provided by the CCG.

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

The Audit Committee is Those Charged with Governance.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.
A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

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

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

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

Under the Code of Audit Practice we are required to report to you if, in our opinion we have not been able to satisfy ourselves that the CCG has made proper

arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018.

We have nothing to report in respect of the above matter**.**

Responsibilities of the Accountable Officer

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

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

We are required under Section 21(3)(c) and Schedule 13 paragraph 10(a) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether in all significant respects, the CCG had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the CCG put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018, and to report by exception where we are not satisfied.
We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the CCG has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of the financial statements of NHS Swindon CCG in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Alex Walling

Alex Walling
Associate Director
for and on behalf of Grant Thornton UK LLP
2 Glass Wharf
Bristol
BS2 0EL
24 May 2018

Part 3 – Primary Statements and notes to the Accounts

Data entered below will be used throughout the workbook:

Entity name:	NHS Swindon CCG
This year	2017-18
Last year	2016-17
This year ended	31-March-2018
Last year ended	31-March-2017
This year commencing:	01-April-2017
Last year commencing:	01-April-2016

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The Primary Statements:

Notes to the Accounts

Statement of Comprehensive Net Expenditure for the year ended 31 March 2018

	Note	2017-18 £'000	2016-17 £'000
Income from sale of goods and services	2	(1,296)	(2,399)
Other operating income	2	(249)	(4)
Total operating income		**(1,545)**	**(2,403)**
Staff costs	4	4,538	3,990
Purchase of goods and services	5	298,210	261,410
Depreciation and impairment charges	5	211	198
Provision expense	5	(49)	291
Other Operating Expenditure	5	335	1,454
Total operating expenditure		**303,245**	**267,343**
Net Operating Expenditure		**301,700**	**264,941**
Finance income			
Finance expense	10	0	0
Net expenditure for the year		**301,700**	**264,941**
Net Gain/(Loss) on Transfer by Absorption		0	0
Total Net Expenditure for the year		**301,700**	**264,941**
Other Comprehensive Expenditure			
Items which will not be reclassified to net operating costs			
Net (gain)/loss on revaluation of PPE		0	0
Net (gain)/loss on revaluation of Intangibles		0	0
Net (gain)/loss on revaluation of Financial Assets		0	0
Actuarial (gain)/loss in pension schemes		0	0
Impairments and reversals taken to Revaluation Reserve		0	0
Items that may be reclassified to Net Operating Costs		0	0
Net gain/loss on revaluation of available for sale financial assets		0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0
Sub total		0	0
Comprehensive Expenditure for the year ended 31 March 2018		**301,700**	**264,941**

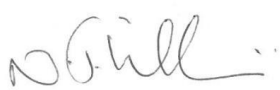
The CCG made a surplus of £1.724m during 2017-18 (see Note 40 for further information).

Statement of Financial Position as at 31 March 2018

	Note	2017-18 £'000	2016-17 £'000
Non-current assets:			
Property, plant and equipment	13	635	758
Intangible assets	14	361	44
Investment property	15	0	0
Trade and other receivables	17	0	0
Other financial assets	18	0	0
Total non-current assets		**996**	802
Current assets:			
Inventories	16	798	471
Trade and other receivables	17	4,386	2,166
Other financial assets	18	0	0
Other current assets	19	0	0
Cash and cash equivalents	20	54	9
Total current assets		**5,238**	2,646
Non-current assets held for sale	21	0	0
Total current assets		**5,238**	2,646
Total assets		**6,234**	3,448
Current liabilities			
Trade and other payables	23	(21,420)	(15,376)
Other financial liabilities	24	0	0
Other liabilities	25	0	0
Borrowings	26	0	0
Provisions	30	(439)	(633)
Total current liabilities		**(21,859)**	(16,009)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(15,625)**	(12,561)
Non-current liabilities			
Trade and other payables	23	0	0
Other financial liabilities	24	0	0
Other liabilities	25	0	0
Borrowings	26	0	0
Provisions	30	0	0
Total non-current liabilities		**0**	0
Assets less Liabilities		**(15,625)**	(12,561)
Financed by Taxpayers' Equity			
General fund		(15,625)	(12,561)
Revaluation reserve		0	0
Other reserves		0	0
Charitable Reserves		0	0
Total taxpayers' equity:		**(15,625)**	(12,561)

The notes on pages 5 to 37 form part of this statement

The financial statements on pages 1 to 37 were approved by the Governing Body on 24/05/2018 and signed on its behalf by:



Accountable Officer
Nicola Millin

Chief Financial Officer
Caroline Gregory

Statement of Changes In Taxpayers Equity for the year ended 31 March 2018

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2017-18				
Balance at 01 April 2017	(12,561)	0	0	**(12,561)**
Transfer between reserves in respect of assets transferred from closed NHS bodies	0	0	0	**0**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2018	**(12,561)**	**0**	**0**	**(12,561)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2017-18				
Net operating expenditure for the financial year	(301,700)			(301,700)
Net gain/(loss) on revaluation of property, plant and equipment		0		0
Net gain/(loss) on revaluation of intangible assets		0		0
Net gain/(loss) on revaluation of financial assets		0		0
Total revaluations against revaluation reserve	**0**	**0**	**0**	**0**
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain (loss) on revaluation of assets held for sale	0	0	0	0
Impairments and reversals	0	0	0	0
Net actuarial gain (loss) on pensions	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves	0	0	0	0
Release of reserves to the Statement of Comprehensive Net Expenditure	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Transfers by absorption to (from) other bodies	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(301,700)**	**0**	**0**	**(301,700)**
Net funding	298,636	0	0	298,636
Balance at 31 March 2018	**(15,625)**	**0**	**0**	**(15,625)**

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2016-17				
Balance at 01 April 2016	**(12,216)**	**0**	**0**	**(12,216)**
Transfer of assets and liabilities from closed NHS bodies as a result of the 1 April 2013 transition	0	0	0	0
Adjusted NHS Clinical Commissioning Group balance at 31 March 2017	**(12,216)**	**0**	**0**	**(12,216)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2016-17				
Net operating costs for the financial year	(264,941)			(264,941)
Net gain/(loss) on revaluation of property, plant and equipment		0		0
Net gain/(loss) on revaluation of intangible assets		0		0
Net gain/(loss) on revaluation of financial assets		0		0
Total revaluations against revaluation reserve	**0**	**0**	**0**	**0**
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain (loss) on revaluation of assets held for sale	0	0	0	0
Impairments and reversals	0	0	0	0
Net actuarial gain (loss) on pensions	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves	0	0	0	0
Release of reserves to the Statement of Comprehensive Net Expenditure	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Transfers by absorption to (from) other bodies	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(264,941)**	**0**	**0**	**(264,941)**
Net funding	264,596	0	0	264,596
Balance at 31 March 2017	**(12,561)**	**0**	**0**	**(12,561)**

The notes on pages 5 to 37 form part of this statement

Statement of Cash Flows for the year ended
31 March 2018

	Note	**2017-18 £'000**	2016-17 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(301,700)	(264,941)
Depreciation and amortisation	5	211	198
Impairments and reversals	5	0	0
Movement due to transfer by Modified Absorption		0	0
Other gains (losses) on foreign exchange		0	0
Donated assets received credited to revenue but non-cash		0	0
Government granted assets received credited to revenue but non-cash		0	0
Interest paid		0	0
Release of PFI deferred credit		0	0
Other Gains & Losses		0	0
Finance Costs		0	0
Unwinding of Discounts		0	0
(Increase)/decrease in inventories		(327)	(471)
(Increase)/decrease in trade & other receivables	17	(2,220)	202
(Increase)/decrease in other current assets		0	0
Increase/(decrease) in trade & other payables	23	6,044	524
Increase/(decrease) in other current liabilities		0	0
Provisions utilised	30	(145)	(378)
Increase/(decrease) in provisions	30	(49)	291
Net Cash Inflow (Outflow) from Operating Activities		**(298,186)**	(264,575)
Cash Flows from Investing Activities			
Interest received		0	0
(Payments) for property, plant and equipment		(64)	(61)
(Payments) for intangible assets		(340)	(13)
(Payments) for investments with the Department of Health		0	0
(Payments) for other financial assets		0	0
(Payments) for financial assets (LIFT)		0	0
Proceeds from disposal of assets held for sale: property, plant and equipment		0	0
Proceeds from disposal of assets held for sale: intangible assets		0	0
Proceeds from disposal of investments with the Department of Health		0	0
Proceeds from disposal of other financial assets		0	0
Proceeds from disposal of financial assets (LIFT)		0	0
Loans made in respect of LIFT		0	0
Loans repaid in respect of LIFT		0	0
Rental revenue		0	0
Net Cash Inflow (Outflow) from Investing Activities		**(404)**	(74)
Net Cash Inflow (Outflow) before Financing		**(298,590)**	(264,649)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		298,636	264,596
Other loans received		0	0
Other loans repaid		0	0
Capital element of payments in respect of finance leases and on Statement of Financial Position PFI and LIFT		0	0
Capital grants and other capital receipts		0	0
Capital receipts surrendered		0	0
Net Cash Inflow (Outflow) from Financing Activities		**298,636**	264,596
Net Increase (Decrease) in Cash & Cash Equivalents	20	**46**	(53)
Cash & Cash Equivalents at the Beginning of the Financial Year		**9**	62
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		0	0
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**55**	9

The notes on pages 5 to 37 form part of this statement

Notes to the financial statements

1 **Accounting Policies**

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2017-18 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 **Going Concern**

These accounts have been prepared on 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.

1.2 **Accounting Convention**

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

1.3 **Acquisitions & Discontinued Operations** [Not Applicable]

1.4 **Movement of Assets within the Department of Health and Social Care Group** [Not Applicable]

1.5 **Charitable Funds**

[Not Applicable]

1.6 **Pooled Budgets**

Where the clinical commissioning group has entered into a pooled budget arrangement under Section 75 of the National Health Service Act 2006 the clinical commissioning group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

If the clinical commissioning group is in a "jointly controlled operation", the clinical commissioning group recognises:

- The assets the clinical commissioning group controls;
- The liabilities the clinical commissioning group incurs;
- The expenses the clinical commissioning group incurs; and,
- The clinical commissioning group's share of the income from the pooled budget activities.

If the clinical commissioning group is involved in a "jointly controlled assets" arrangement, in addition to the above, the clinical commissioning group recognises:

- The clinical commissioning group's share of the jointly controlled assets (classified according to the nature of the assets);
- The clinical commissioning group's share of any liabilities incurred jointly; and,
- The clinical commissioning group's share of the expenses jointly incurred.

1.7 **Critical Accounting Judgements & Key Sources of Estimation Uncertainty**

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

1.7.1 ***Critical Judgements in Applying Accounting Policies***

The following are the critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the clinical commissioning group's accounting policies that have the most significant effect on the amounts recognised in the financial statements:

- The Better Care Fund has been accounted for as an Aligned Budget in line with the other Joint Commissioning arrangements with Swindon Borough Council (see Note 35)

1.7.2 **Key Sources of Estimation Uncertainty**

The following are the key estimations that management has made in the process of applying the clinical commissioning group's accounting policies that have the most significant effect on the amounts recognised in the financial statements:

-The provision for continuing healthcare was based on assumptions detailed in note 30.

1.8 **Revenue**

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

1.9 **Employee Benefits Short-**

1.9.1 **term Employee Benefits**

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.9.2 **Retirement Benefit Costs**

Notes to the financial statements

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General 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. Therefore, 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.

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

Some employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the clinical commissioning group's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs. Actuarial gains and losses during the year are recognised in the General Reserve and reported as an item of other comprehensive net expenditure.

Some employees are members of the CCG's alternative NEST pension scheme, a defined contribution scheme introduced to comply with auto-enrolment requirements under the Pension Act (2008).

1.10 **Other Expenses**

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

Expenses and liabilities in respect of grants are recognised when the clinical commissioning group has a present legal or constructive obligation, which occurs when all of the conditions attached to the payment have been met.

Property, Plant & Equipment

1.11 **Recognition**

1.11.1 Property, plant and equipment is capitalised if:

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

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

Valuation

1.11.2 All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at valuation.

Land and buildings used for the clinical commissioning group's services or for administrative purposes are stated in the statement of financial position at their re-valued amounts, being the fair value at the date of revaluation less any impairment.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

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

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.

Fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

Subsequent Expenditure

1.11.3 Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

Notes to the financial statements

1.12 **Intangible Assets**

1.12.1 **Recognition**

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the clinical commissioning group's business or which arise from contractual or other legal rights. They are recognised only:

- When it is probable that future economic benefits will flow to, or service potential be provided to, the clinical commissioning group;
- Where the cost of the asset can be measured reliably; and,
- Where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised but is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use;
- The intention to complete the intangible asset and use it;
- The ability to sell or use the intangible asset;
- How the intangible asset will generate probable future economic benefits or service potential;
- The availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and,
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

1.12.2 **Measurement**

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of depreciated replacement cost or the value in use where the asset is income generating. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.13 **Depreciation, Amortisation & Impairments**

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the clinical commissioning group expects to obtain economic benefits or service potential from the asset. This is specific to the clinical commissioning group and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives.

At each reporting period end, the clinical commissioning group checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.14 **Donated Assets**

[Not Applicable]

1.15 **Government Grants**

[Not Applicable]

1.16 **Non-current Assets Held For Sale**

[Not Applicable]

1.17 **Leases**

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Clinical Commissioning Group as Lessee

1.17.1 Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the clinical commissioning group's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

The Clinical Commissioning Group as Lessor

1.17.2

Notes to the financial statements

[Not Applicable]

1.18 **Private Finance Initiative Transactions**

[Not Applicable]

1.19 **Inventories**

Inventories are valued at the lower of cost and net realisable value using the first-in-first out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Inventories are now being recognised by the CCG due to the stocks for wheelchairs and Integrated Community Equipment Service (ICES) being provided under a S75 with Swindon Borough Council. The responsibility for safe keeping and maintenance of the stock system and for counting lies with Swindon Borough Council.

Reflecting the operational life span of inventory, stocks are consumed over five years commencing in the year following acquisition.

1.20 **Cash & Cash Equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the clinical commissioning group's cash management.

1.21 **Provisions**

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

- Timing of cash flows (0 to 5 years inclusive): Minus 2.420% (previously: minus 2.70%)
- Timing of cash flows (6 to 10 years inclusive): Minus 1.85% (previously: minus 1.95%)
- Timing of cash flows (over 10 years): Minus 1.56% (previously: minus 0.80%)

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

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

1.22 **Clinical Negligence Costs**

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

1.23 **Non-clinical Risk Pooling**

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

1.24 **Continuing healthcare risk pooling**

In 2014-15 a risk pool scheme was been introduced by NHS England for continuing healthcare claims, for claim periods prior to 31 March 2013. Under the scheme clinical commissioning group contribute annually to a pooled fund, which is used to settle the claims. This has not operated in 17/18 but contributions were made in 16/17.

1.25 **Carbon Reduction Commitment Scheme**

[Not Applicable]

1.26 **Contingencies**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

1.27 **Financial Assets**

Financial assets are recognised when the clinical commissioning group becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at fair value through profit and loss;
- Held to maturity investments;
- Available for sale financial assets; and,
- Loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.27.1 **Financial Assets at Fair Value Through Profit and Loss** [Not Applicable]

1.27.2 **Held to Maturity Assets**

[Not Applicable]

1.27.3 **Available For Sale Financial Assets** [Not Applicable]

Notes to the financial statements

1.27.4 **Loans & Receivables**

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.
Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the initial fair value of the financial asset.
At the end of the reporting period, the clinical commissioning group assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.
For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in expenditure and the carrying amount of the asset is reduced through a provision for impairment of receivables.
If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.28 **Financial Liabilities**

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

1.28.1 **Financial Guarantee Contract Liabilities**

[Not Applicable]

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

[Not Applicable]

1.28.3 **Other Financial Liabilities**

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

1.29 **Value Added Tax**

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

1.3 **Foreign Currencies**

The clinical commissioning group's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the clinical commissioning group's surplus/deficit in the period in which they arise.

1.31 **Third Party Assets**

Notes to the financial statements

[Not Applicable]

1.32 **Losses & Special Payments**

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

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

1.33 **Subsidiaries**

[Not Applicable]

1.34 **Associates**

[Not Applicable]

1.35 **Joint Ventures**

[Not Applicable]

1.36 **Joint Operations**

[Not Applicable]

1.37 **Research & Development**

[Not Applicable]

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

The DHSC Group accounting manual does not require the following Standards and Interpretations to be applied in 2017-18. These standards are still subject to FREM adoption and early adoption is not therefore permitted.

- IFRS 9: Financial Instruments (application from 1 January 2018)
- IFRS 14: Regulatory Deferral Accounts (not applicable to DH groups bodies)
- IFRS 15: Revenue for Contract with Customers (application from 1 January 2018)
- IFRS 16: Leases (application from 1 January 2019)
- IFRS 17: Insurance Contracts (application from 1 January 2021)
- IFRIC 22: Foreign Currency Transactions and Advance Consideration (application from 1 January 2018)
- IFRIC 23: Uncertainty over Income Tax Treatments (application from 1 January 2019)

The application of the Standards as revised would not have a material impact on the accounts for 2017-18, were they applied in that year, with the exception of IFRS 16: Leases. This standard if adopted by the Government Financial Reporting Manual will lead to the CCG recognising a right of use asset and a financial liability in respect of its HQ which is held under operating lease.

2 Other Operating Revenue

	2017-18 Total £'000	2017-18 Admin £'000	2017-18 Programme £'000	2016-17 Total £'000
Recoveries in respect of employee benefits	0	0	0	0
Patient transport services	0	0	0	0
Prescription fees and charges	0	0	0	0
Dental fees and charges	0	0	0	0
Education, training and research	1	0	1	0
Charitable and other contributions to revenue expenditure: NHS	0	0	0	0
Charitable and other contributions to revenue expenditure: non-NHS	0	0	0	0
Receipt of donations for capital acquisitions: NHS Charity	0	0	0	0
Receipt of Government grants for capital acquisitions	0	0	0	0
Non-patient care services to other bodies	1,295	3	1,292	2,399
Continuing Health Care risk pool contributions	0	0	0	0
Income generation	0	0	0	0
Rental revenue from finance leases	0	0	0	0
Rental revenue from operating leases	0	0	0	0
Non cash apprenticeship training grants revenue	0	0	0	0
Other revenue	249	58	191	4
Total other operating revenue	**1,545**	**61**	**1,484**	**2,403**

During 2017-18 the CCG has recharged Swindon Borough Council £265k for the cost of drugs prescribed.

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

3 Revenue

	2017-18 Total £'000	2017-18 Admin £'000	2017-18 Programme £'000	2016-17 Total £'000
From rendering of services	1,545	61	1,484	2,403
From sale of goods	0	0	0	0
Total	**1,545**	**61**	**1,484**	**2,403**

Revenue is from the supply of services. The CCG receives no revenue from the sale of goods.

4. Employee benefits and staff numbers

4.1.1 Employee benefits 2017-18 Total

	Total £'000	Permanent Employees £'000	Other £'000
Employee Benefits			
Salaries and wages	3,732	3,353	379
Social security costs	362	362	0
Employer Contributions to NHS Pension scheme	442	442	0
Other pension costs	0	0	0
Apprenticeship Levy	3	3	0
Other post-employment benefits	0	0	0
Other employment benefits	0	0	0
Termination benefits	0	0	0
Gross employee benefits expenditure	**4,539**	**4,160**	**379**
Less recoveries in respect of employee benefits (note 4.1.2)	0	0	0
Total - Net admin employee benefits including capitalised costs	**4,539**	**4,160**	**379**
Less: Employee costs capitalised	0	0	0
Net employee benefits excluding capitalised costs	**4,539**	**4,160**	**379**

4.1.1 Employee benefits 2016-17 Total

	Total £'000	Permanent Employees £'000	Other £'000
Employee Benefits			
Salaries and wages	3,307	2,850	457
Social security costs	311	311	0
Employer Contributions to NHS Pension scheme	372	372	0
Other pension costs	0	0	0
Apprenticeship Levy	0	0	0
Other post-employment benefits	0	0	0
Other employment benefits	0	0	0
Termination benefits	0	0	0
Gross employee benefits expenditure	**3,990**	**3,533**	**457**
Less recoveries in respect of employee benefits (note 4.1.2)	0	0	0
Total - Net admin employee benefits including capitalised costs	**3,990**	**3,533**	**457**
Less: Employee costs capitalised	0	0	0
Net employee benefits excluding capitalised costs	**3,990**	**3,533**	**457**

4.1.2 Recoveries in respect of employee benefits 2017-18 / 2016-17

	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits - Revenue				
Salaries and wages	0	0	0	0
Social security costs	0	0	0	0
Employer contributions to the NHS Pension Scheme	0	0	0	0
Other pension costs	0	0	0	0
Other post-employment benefits	0	0	0	0
Other employment benefits	0	0	0	0
Termination benefits	0	0	0	0
Total recoveries in respect of employee benefits	**0**	**0**	**0**	**0**

4.2 Average number of people employed

	2017-18			2016-17
	Total Number	Permanently employed Number	Other Number	Total Number
Total	**83**	**80**	**3**	**66**
Of the above:				
Number of whole time equivalent people engaged on capital projects	**0**	**0**	**0**	**0**

The increase in 2017-18 staff numbers relates to establishment of a call centre for managing repeat prescribing.

4.3 Staff sickness absence and ill health retirements

See Annual Report Page 105

4.4 Exit packages agreed in the financial year

2017-18	**Compulsory redundancies**		**2017-18 Other agreed departures**		**2017-18 Total**	
	Number	**£**	**Number**	**£**	**Number**	**£**
Less than £10,000	0	0	0	0	0	0
£10,001 to £25,000	0	0	0	0	0	0
£25,001 to £50,000	0	0	0	0	0	0
£50,001 to £100,000	0	0	0	0	0	0
£100,001 to £150,000	0	0	0	0	0	0
£150,001 to £200,000	0	0	0	0	0	0
Over £200,001	0	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**

	2016-17 Compulsory redundancies		2016-17 Other agreed departures		2016-17 Total	
	Number	**£**	**Number**	**£**	**Number**	**£**
Less than £10,000	0	0	0	0	0	0
£10,001 to £25,000	0	0	1	24,859	1	24,859
£25,001 to £50,000	0	0	0	0	0	0
£50,001 to £100,000	0	0	0	0	0	0
£100,001 to £150,000	0	0	0	0	0	0
£150,001 to £200,000	0	0	0	0	0	0
Over £200,001	0	0	0	0	0	0
Total	**0**	**0**	**1**	**24,859**	**1**	**24,859**

	2017-18 Departures where special payments have been made		2016-17 Departures where special payments have been made	
	Number	**£**	**Number**	**£**
Less than £10,000	0	0	0	0
£10,001 to £25,000	0	0	0	0
£25,001 to £50,000	0	0	0	0
£50,001 to £100,000	0	0	0	0
£100,001 to £150,000	0	0	0	0
£150,001 to £200,000	0	0	0	0
Over £200,001	0	0	0	0
Total	**0**	**0**	**0**	**0**

Analysis of Other Agreed Departures

	2017-18		2016-17	
	Other agreed departures		**Other agreed departures**	
	Number	**£**	**Number**	**£**
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	0	1	24,859
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval*	0	0	0	0
Total	**0**	**0**	**1**	**24,859**

In 2016-17 the CCG made a payment to an employee who left the organisation in line with the CCG's sickness and absence policy. In accordance with this policy employees are dismissed but receive a payment equivalent to their contractual notice on exit.

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

The Remuneration Report includes the disclosure of exit payments payable to individuals named in that Report.

4.5 Pension costs

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

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

Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

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

4.5.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

4.5.2 Full actuarial (funding) valuation

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

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

For 2017-18, employers' contributions of £461k (2016-17: £372k) were payable to the NHS Pension Scheme at the rate of 14.38% of pensionable pay. The scheme's actuary reviews employer contributions, usually every four years and now based on HMT Valuation Directions, following a full scheme valuation. The latest review used data from 31 March 2012 and was published on the Government website on 9 June 2012. These costs are included in the NHS pension line of note 4.1.1

4.5.3 Defined Contribution Pensions

The CCG introduced an alternative pension scheme during 2017-18 as a result of "auto enrolment" under the Pensions Act 2008. This pension is offered to staff who are not eligible to join the NHS Pension scheme. These staff are enrolled in a defined contribution pension scheme called "NEST" (https://www.nestpensions.org.uk/). In 2017-18 employee contributions were 1% and employer contributions 1%. This will increase to a maximum of 5% employee and 3% employer by 2019.

5. Operating expenses

	2017-18 Total £'000	2017-18 Admin £'000	2017-18 Programme £'000	2016-17 Total £'000
Gross employee benefits				
Employee benefits excluding governing body members	4,020	2,641	1,379	3,472
Executive governing body members	518	518	0	519
Total gross employee benefits	**4,538**	**3,159**	**1,379**	**3,990**
Other costs				
Services from other CCGs and NHS England	1,603	661	942	1,357
Services from foundation trusts	169,152	0	169,152	155,624
Services from other NHS trusts	19,061	0	19,061	17,362
Sustainability Transformation Fund	0	0	0	0
Services from other WGA bodies	3	0	3	5
Purchase of healthcare from non-NHS bodies	41,530	0	41,530	49,671
Purchase of social care	0	0	0	0
Chair and Non Executive Members	222	222	0	155
Supplies and services – clinical	816	0	816	1,353
Supplies and services – general	996	5	991	609
Consultancy services	115	47	68	25
Establishment	774	257	517	489
Transport	1,842	0	1,842	1
Premises	964	373	591	1,055
Impairments and reversals of receivables	0	0	0	0
Inventories written down and consumed	94	0	94	0
Depreciation	188	76	112	180
Amortisation	23	23	0	18
Impairments and reversals of property, plant and equipment	0	0	0	0
Impairments and reversals of intangible assets	0	0	0	0
Impairments and reversals of financial assets				
· Assets carried at amortised cost	0	0	0	0
· Assets carried at cost	0	0	0	0
· Available for sale financial assets	0	0	0	0
Impairments and reversals of non-current assets held for sale	0	0	0	0
Impairments and reversals of investment properties	0	0	0	0
Audit fees	43	43	0	54
Other non statutory audit expenditure				
· Internal audit services	51	51	0	70
· Other services	0	0	0	0
General dental services and personal dental services	0	0	0	0
Prescribing costs	33,004	0	33,004	32,756
Pharmaceutical services	0	0	0	0
General ophthalmic services	0	0	0	0
GMS/APMS and PMS	28,166	0	28,166	762
Other professional fees excl. audit	0	0	0	46
Legal fees	56	39	17	0
Grants to Other bodies	0	0	0	1,299
Clinical negligence	0	0	0	0
Research and development (excluding staff costs)	0	0	0	0
Education and training	33	33	0	12
Change in discount rate	0	0	0	0
Provisions	(49)	0	(49)	291
Funding to group bodies	0	0	0	0
CHC Risk Pool contributions	0	0	0	158
Non cash apprenticeship training grants	0	0	0	0
Other expenditure	19	6	13	1
Total other costs	**298,706**	**1,836**	**296,870**	**263,353**
Total operating expenses	**303,244**	**4,995**	**298,249**	**267,343**

Admin expenditure is expenditure incurred that is not a direct payment for the provision of healthcare or healthcare services.

Purchase of healthcare from Non-NHS bodies includes £16.6m (2016 17: £23.12m) of contributions to Swindon Borough Council (SBC) for services provided via contractual arrangements under Section 75 of the National Health Service Act 2006 or where SBC is the service provider.

Programme expenditure on Transport has increased in 2017/18 due to a change in how the CCG reports spend on patient transport services. In previous years, patient transport service expenditure was reported under 'Purchase of healthcare from Non NHS bodies'. In 2016/17, expenditure on this service was £1.657m.

Programme expenditure has increased due to the CCG taking on commissioning responsibility for Primary Care GP services from 1st April 2017. This has driven the increase in spend on GMS/APMS and PMS services. In prior years this spend was reported by NHS England.

The external audit fee for 2017/18 excluding VAT was £35,890.

The external auditor's liability for external audit work carried out for the financial year 2017/18 is limited to £2,000,000.

6.1 Better Payment Practice Code

Measure of compliance	2017-18 Number	2017-18 £'000	2016-17 Number	2016-17 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	6,904	73,131	6,400	60,790
Total Non-NHS Trade Invoices paid within target	6,834	73,013	6,210	60,432
Percentage of Non-NHS Trade invoices paid within target	**98.99%**	**99.84%**	**97.03%**	**99.41%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,446	191,913	2,283	175,055
Total NHS Trade Invoices Paid within target	2,374	191,903	2,185	173,941
Percentage of NHS Trade Invoices paid within target	**97.06%**	**99.99%**	**95.71%**	**99.36%**

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. The CCG has a 95% target of paying invoices, which it achieved.

6.2 The Late Payment of Commercial Debts (Interest) Act 1998

The CCG had no Late Payment of Commercial Debts (Interest) to report in 2017-18 (2016-17: nil)

7 Income Generation Activities

The CCG does not have any income generation activities to report in 2017-18.

8. Investment revenue

The CCG had no investment revenue in 2017-18 or 2016-17

9. Other gains and losses

The CCG had no investment revenue in 2017-18 or 2016-17

10. Finance costs

The CCG had no investment revenue in 2017-18 or 2016-17

11. Net gain/(loss) on transfer by absorption

The CCG has no gains or losses on transfer by absorption in 2017-18 or 2016-17

12. Operating Leases

12.1 As lessee

12.1.1 Payments recognised as an Expense				**2017-18**				2016-17
	Land	**Buildings**	**Other**	**Total**	**Land**	**Buildings**	**Other**	**Total**
£'000		**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Payments recognised as an expense								
Minimum lease payments	0	434	1	**435**	0	858	4	**862**
Contingent rents	0	0	0	**0**	0	0	0	**0**
Sub-lease payments	0	0	0	**0**	0	0	0	**0**
Total	**0**	**434**	**1**	**435**	**0**	**858**	**4**	**862**

12.1.2 Future minimum lease payments				**2017-18**				2016-17
	Land	**Buildings**	**Other**	**Total**	**Land**	**Buildings**	**Other**	**Total**
£'000		**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Payable:								
No later than one year	0	149	0	**149**	0	145	2	**147**
Between one and five years	0	634	0	**634**	0	619	-	**619**
After five years	0	169	0	**169**	0	333	-	**333**
Total	**0**	**952**	**0**	**952**	**0**	**1,097**	**2**	**1,099**

The Pierre Simonet Building future lease payments has been included above.
The CCG does not have a lease for the other NHS Property Services Limited premises.
The CCG had one leased vehicle which was inherited as part an employment transfer from another NHS Organisation. This agreement ended in 2017- 18.

12.2 As lessor

The CCG had no rental revenue to report in 2017-18 or 2016-17

12.2.2 Future minimum rental value

The CCG had no minimal rental value to report in 2017-18 or 2016-17

13 Property, plant and equipment

2017-18	Land £'000	Buildings excluding dwellings £'000	Dwellings £'000	Assets under construction and payments on account £'000	Plant & machinery £'000	Transport equipment £'000	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 April 2017	0	0	0	0	104	0	1,032	30	1,166
Addition of assets under construction and payments on account				0					0
Additions purchased	0	0	0	0	0	0	50	14	64
Additions donated	0	0	0	0	0	0	0	0	0
Additions government granted	0	0	0	0	0	0	0	0	0
Additions leased	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Reclassified as held for sale and reversals	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0	(40)	0	(40)
Upward revaluation gains	0	0	0	0	0	0	0	0	0
Impairments charged	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Transfer (to)/from other public sector body	0	0	0	0	0	0	0	0	0
Cumulative depreciation adjustment following revaluation	0	0	0	0	0	0	0	0	0
Cost/Valuation at 31 March 2018	**0**	**0**	**0**	**0**	**104**	**0**	**1,042**	**44**	**1,190**
Depreciation 01 April 2017	0	0	0	0	30	0	371	7	408
Reclassifications	0	0	0	0	0	0	0	0	0
Reclassified as held for sale and reversals	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0	(40)	0	(40)
Upward revaluation gains	0	0	0	0	0	0	0	0	0
Impairments charged	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Charged during the year	0	0	0	0	12	0	171	5	188
Transfer (to)/from other public sector body	0	0	0	0	0	0	0	0	0
Cumulative depreciation adjustment following revaluation	0	0	0	0	0	0	0	0	0
Depreciation at 31 March 2018	**0**	**0**	**0**	**0**	**42**	**0**	**502**	**12**	**555**
Net Book Value at 31 March 2018	**0**	**0**	**0**	**0**	**62**	**0**	**540**	**32**	**635**
Purchased	0	0	0	0	62	0	541	32	635
Donated	0	0	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0	0	0
Total at 31 March 2018	**0**	**0**	**0**	**0**	**62**	**0**	**541**	**32**	**635**
Asset financing:									
Owned	0	0	0	0	62	0	541	32	635
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SOFP Lift contracts	0	0	0	0	0	0	0	0	0
PFI residual: interests	0	0	0	0	0	0	0	0	0
Total at 31 March 2018	**0**	**0**	**0**	**0**	**62**	**0**	**541**	**32**	**635**

Revaluation Reserve Balance for Property, Plant & Equipment

	Land £'000	Buildings £'000	Dwellings £'000	Assets under construction & payments on account £'000	Plant & machinery £'000	Transport equipment £'000	Information technology £'000	Furniture & fittings £'000	Total £'000
Balance at 01 April 2017	0	0	0	0	0	0	0	0	0
Revaluation gains	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Release to general fund	0	0	0	0	0	0	0	0	0
Other movements	0	0	0	0	0	0	0	0	0
Balance at 31 March 2018	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

13 Property, plant and equipment cont'd

13.1 Additions to assets under construction

The CCG had none in 2017-18 or 2016-17

13.2 Donated assets

The CCG had none in 2017-18 or 2016-17

13.3 Government granted assets

The CCG had none in 2017-18 or 2016-17

13.4 Property revaluation

The CCG had none in 2017-18 or 2016-17

13.5 Compensation from third parties

The CCG had none in 2017-18 or 2016-17

13.6 Write downs to recoverable amount

The CCG had none in 2017-18 or 2016-17

13.7 Temporarily idle assets

The CCG had none in 2017-18 or 2016-17

13.8 Cost or valuation of fully depreciated assets

The CCG has assumed the valuation of fully depreciated assets in 2017-18 is £nil (2016-17: £nil)

13.9 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Buildings excluding dwellings	0	0
Dwellings	0	0
Plant & machinery	3	10
Transport equipment	0	0
Information technology	1	5
Furniture & fittings	3	5

14 Intangible non-current assets

2017-18	Computer Software: Purchased £'000	Computer Software: Internally Generated £'000	Licences & Trademarks £'000	Patents £'000	Development Expenditure (internally generated) £'000	Total £'000
Cost or valuation at 01 April 2017	69	0	0	0	0	69
Additions purchased	340	0	0	0	0	340
Additions internally generated	0	0	0	0	0	0
Additions donated	0	0	0	0	0	0
Additions government granted	0	0	0	0	0	0
Additions leased	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Reclassified as held for sale and reversals	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0
Upward revaluation gains	0	0	0	0	0	0
Impairments charged	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0
Transfer (to)/from other public sector body	0	0	0	0	0	0
Cumulative amortisation adjustment following revaluation	0	0	0	0	0	0
Cost / Valuation At 31 March 2018	**409**	**0**	**0**	**0**	**0**	**409**
Amortisation 01 April 2017	25	0	0	0	0	25
Reclassifications	0	0	0	0	0	0
Reclassified as held for sale and reversals	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0
Upward revaluation gains	0	0	0	0	0	0
Impairments charged	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0
Charged during the year	23	0	0	0	0	23
Transfer (to) from other public sector body	0	0	0	0	0	0
Cumulative amortisation adjustment following revaluation	0	0	0	0	0	0
Amortisation At 31 March 2018	**48**	**0**	**0**	**0**	**0**	**48**
Net Book Value at 31 March 2018	**361**	**0**	**0**	**0**	**0**	**361**
Purchased	361	0	0	0	0	361
Donated	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0
Total at 31 March 2018	**361**	**0**	**0**	**0**	**0**	**361**

14 Intangible non-current assets cont'd

14.1 Donated assets

The CCG had none in 2017-18 or 2016-17

14.2 Government granted assets

The CCG had none in 2017-18 or 2016-17

14.3 Revaluation

The CCG had none in 2017-18 or 2016-17

14.4 Compensation from third parties

The CCG had none in 2017-18 or 2016-17

14.5 Write downs to recoverable amount

The CCG had none in 2017-18 or 2016-17

14.6 Non-capitalised assets

The CCG had none in 2017-18 or 2016-17

14.7 Temporarily idle assets

The CCG had none in 2017-18 or 2016-17

14.8 Cost or valuation of fully amortised assets

The CCG had none in 2017-18 or 2016-17

14.9 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Computer software: purchased	1	3
Computer software: internally generated	0	0
Licences & trademarks	0	0
Patents	0	0
Development expenditure (internally generated)	0	0

15 Investment property

The CCG had none in 2017-18 or 2016-17

16 Inventories

£'000	Drugs	Consumables	Energy	Work in Progress	Loan Equipment	Other	Total
		£'000	£'000	£'000	£'000	£'000	£'000
Balance at 01 April 2017	0	0	0	0	471	0	471
Additions	0	0	0	0	421	0	421
Inventories recognised as an expense in the period	0	0	0	0	(94)	0	(94)
Write-down of inventories (including losses)	0	0	0	0	0	0	0
Reversal of write-down previously taken to the statement of comprehensive net expenditure	0	0	0	0	0	0	0
Transfer (to) from -Goods for resale	0	0	0	0	0	0	0
Balance at 31 March 2018	**0**	**0**	**0**	**0**	**798**	**0**	**798**

The stock relates to joint arrangements under a Section 75 agreement with Swindon Borough Council for wheelchairs and Integrated Care and Equipment Services (ICES). The £421k is made up of £175k of wheelchair stock (100%) and £246k of the ICES stock in line with contributions to the pool (48%).

17 Trade and other receivables	**Current 2017-18 £'000**	**Non-current 2017-18 £'000**	Current 2016-17 £'000	Non-current 2016-17 £'000
NHS receivables: Revenue	647	0	460	0
NHS receivables: Capital	0	0	0	0
NHS prepayments	2,474	0	1,242	0
NHS accrued income	0	0	0	0
Non-NHS and Other WGA receivables: Revenue	523	0	22	0
Non-NHS and Other WGA receivables: Capital	0	0	0	0
Non-NHS and Other WGA prepayments	611	0	435	0
Non-NHS and Other WGA accrued income	0	0	0	0
Provision for the impairment of receivables	0	0	0	0
VAT	131	0	7	0
Private finance initiative and other public private partnership arrangement prepayments and accrued income	0	0	0	0
Interest receivables	0	0	0	0
Finance lease receivables	0	0	0	0
Operating lease receivables	0	0	0	0
Other receivables and accruals	0	0	0	0
Total Trade & other receivables	**4,386**	**0**	**2,166**	**0**
Total current and non current	**4,386**		**2,166**	
Included above:				
Prepaid pensions contributions	0		0	

The majority of trade is with NHS England. As NHS England is funded by the Government to provide funding to CCGs to commission services, no credit scoring of them is considered necessary.
References to "WGA" relate to balances included in the Governments Whole of Government Accounts exercise.
The outstanding debtors are made up: NHS £647k, Swindon Borough Council £473k (2016-17 NHS £1.7m and Swindon Borough Council £13k).

17.1 Receivables past their due date but not impaired	**2017-18 £'000**	**2017-18 £'000**	2016-17 £'000
	DH Group Bodies	**Non DH Group Bodies**	All receivables prior years
By up to three months	331	15	470
By three to six months	25	6	0
By more than six months	2	19	13
Total	**358**	**40**	**483**

£332,638 of the amount above has subsequently been recovered post the statement of financial position date.

The CCG believes that the outstanding receivables should be fully accounted for in 2017-18.

The CCG did not hold any collateral against receivables outstanding at 31 March 2018.

17.2 Provision for impairment of receivables

The CCG has not provided for impairment of receivables in 2017-18 or 2016-17

18 Other financial assets

18.1 Current

The CCG had none in 2017-18 or 2016-17

18.2 Non-current

The CCG had none in 2017-18 or 2016-17

18.3 Non-current: capital analysis

The CCG had none in 2017-18 or 2016-17

19 Other current assets

The CCG had none in 2017-18 or 2016-17

20 Cash and cash equivalents

	2017-18 £'000	2016-17 £'000
Balance at 01 April 2017	9	62
Net change in year	45	(53)
Balance at 31 March 2018	**54**	**9**
Made up of:		
Cash with the Government Banking Service	54	9
Cash with Commercial banks	0	0
Cash in hand	0	0
Current investments	0	0
Cash and cash equivalents as in statement of financial position	**54**	**9**
Bank overdraft: Government Banking Service	0	0
Bank overdraft: Commercial banks	0	0
Total bank overdrafts	**0**	**0**
Balance at 31 March 2018	**54**	**9**

Patients' money held by the clinical commissioning group, not included above	0	0

The CCG does not hold patient's monies

The CCG holds no petty cash balances

21 Non-current assets held for sale

The CCG had none in 2017-18 or 2016-17

22 Analysis of impairments and reversals

The CCG had none in 2017-18 or 2016-17

22.1 Analysis of impairments and reversals: property, plant and equipment

The CCG had none in 2017-18 or 2016-17

22.1 Analysis of impairments and reversals: Intangible assets

The CCG had none in 2017-18 or 2016-17

22.2 Analysis of impairments and reversals cont'd

The CCG had none in 2017-18 or 2016-17

22.3 Analysis of impairments and reversals: investment property

The CCG had none in 2017-18 or 2016-17

22.4 Analysis of impairments and reversals: inventories

The CCG had none in 2017-18 or 2016-17

22.5 Analysis of impairments and reversals: financial assets

The CCG had none in 2017-18 or 2016-17

22.6 Analysis of impairments and reversals: non-current assets held for sale

The CCG had none in 2017-18 or 2016-17

22.7 Analysis of impairments and reversals: totals

The CCG had none in 2017-18 or 2016-17

23 Trade and other payables	Current 2017-18 £'000	Non-current 2017-18 £'000	Current 2016-17 £'000	Non-current 2016-17 £'000
Interest payable	0	0	0	0
NHS payables: revenue	4,458	0	4,277	0
NHS payables: capital	0	0	0	0
NHS accruals	965	0	962	0
NHS deferred income	0	0	0	0
Non-NHS and Other WGA payables: Revenue	6,924	0	4,948	0
Non-NHS and Other WGA payables: Capital	0	0	0	0
Non-NHS and Other WGA accruals	6,845	0	4,861	0
Non-NHS and Other WGA deferred income	0	0	0	0
Social security costs	58	0	46	0
VAT	0	0	0	0
Tax	49	0	40	0
Payments received on account	0	0	2	0
Other payables and accruals	2,121	0	241	0
Total Trade & Other Payables	**21,420**	**0**	**15,376**	**0**
Total current and non-current	**21,420**		**15,376**	

There are no liabilities due in future years under arrangements to buy out the liability for early retirement over 5 years.
References to "WGA" relate to balances included in the Governments Whole of Government Accounts exercise.
Other payables include £73k outstanding pension contributions at 31 March 2018 (2016-17: £60k)

24 Other financial liabilities

The CCG had none in 2017-18 or 2016-17

25 Other liabilities

The CCG had none in 2017-18 or 2016-17

26 Borrowings

The CCG had none in 2017-18 or 2016-17

27 Private finance initiative, LIFT and other service concession arrangements

The CCG had none in 2017-18 or 2016-17

28 Finance lease obligations

The CCG had none in 2017-18 or 2016-17

28.1 Finance leases as lessee

The CCG had none in 2017-18 or 2016-17

29 Finance lease receivables

The CCG had none in 2017-18 or 2016-17

29.1 Finance leases as lessor

The CCG had none in 2017-18 or 2016-17

29.2 Rental revenue

The CCG had none in 2017-18 or 2016-17

30 Provisions

	Current 2017-18 £'000	**Non-current 2017-18 £'000**	Current 2016-17 £'000	Non-current 2016-17 £'000
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	0	0	0	0
Restructuring	0	0	0	0
Redundancy	0	0	0	0
Agenda for change	0	0	0	0
Equal pay	0	0	0	0
Legal claims	0	0	0	0
Continuing care	439	0	633	0
Other	0	0	0	0
Total	**439**	**0**	**633**	**0**
Total current and non-current	**439**		**633**	

	Pensions Relating to Former Directors £'000	**Pensions Relating to Other Staff £'000**	**Restructuring £'000**	**Redundancy £'000**	**Agenda for Change £'000**	**Equal Pay £'000**	**Legal Claims £'000**	**Continuing Care £'000**	**Other £'000**	**Total £'000**
Balance at 01 April 2017	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**633**	**0**	**633**
Arising during the year	0	0	0	0	0	0	0	349	0	349
Utilised during the year	0	0	0	0	0	0	0	(145)	0	(145)
Reversed unused	0	0	0	0	0	0	0	(398)	0	(398)
Unwinding of discount	0	0	0	0	0	0	0	0	0	0
Change in discount rate	0	0	0	0	0	0	0	0	0	0
Transfer (to) from other public sector body	0	0	0	0	0	0	0	0	0	0
Transfer (to) from other public sector body under absorption	0	0	0	0	0	0	0	0	0	0
Balance at 31 March 2018	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**439**	**0**	**439**
Expected timing of cash flows:										
Within one year	0	0	0	0	0	0	0	439	0	439
Between one and five years	0	0	0	0	0	0	0	0	0	0
After five years	0	0	0	0	0	0	0	0	0	0
Balance at 31 March 2018	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**439**	**0**	**439**

Continuing Care - This provision relates to existing retrospective applications which may demonstrate eligibility for Continuing Healthcare (CHC) that have not yet been agreed by the CHC panel. Under the Accounts Direction issued by NHS England for 2015-16, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before the establishment of the clinical commissioning group. However, the legal liability remains with the CCG. The total value of the legacy NHS Continuing Healthcare provisions accounted for by NHS England on behalf of this CCG at 31 March 2018 is £0.9m. (2017 - £0.9m). NHS England is responsible for meeting any Income Tax payments relating to these claims.

31 Contingencies

	2017-18 £'000	2016-17 £'000
Contingent liabilities		
Equal Pay	0	0
NHS Resolution Legal Claims	0	0
Employment Tribunal	0	0
NHS Resolution employee liability claim	0	10
Redundancy	0	0
Continuing Healthcare	261	1783
Net value of contingent liabilities	**261**	**1,793**
Contingent assets		
Contingent Assets	0	0
Net value of contingent assets	**0**	**0**

32 Commitments

32.1 Capital commitments

	2017-18 £'000	2016-17 £'000
Property, plant and equipment	0	0
Intangible assets	0	0
Total	**0**	**0**

32.2 Other financial commitments

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

	2017-18 £'000	2016-17 £'000
In not more than one year	1,484	1,815
In more than one year but not more than five years	1,199	2,831
In more than five years	2,376	2,660
Total	**5,059**	**7,306**

33 Financial instruments

33.1 Financial risk management

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

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

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

33.1.1 Currency risk

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

33.1.2 Interest rate risk

The CCG had none in 2017-18 and 2016-17.

33.1.3 Credit risk

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

33.1.3 Liquidity risk

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

33 Financial instruments cont'd

33.2 Financial assets

	At 'fair value through profit and loss' 2017-18 £'000	**Loans and Receivables 2017-18 £'000**	**Available for Sale 2017-18 £'000**	**Total 2017-18 £'000**
Embedded derivatives	0	0	0	0
Receivables:				
· NHS	0	647	0	647
· Non-NHS	0	523	0	523
Cash at bank and in hand	0	54	0	54
Other financial assets	0	0	0	0
Total at 31 March 2018	**0**	**1,224**	**0**	**1,224**

	At 'fair value through profit and loss' 2016-17 £'000	Loans and Receivables 2016-17 £'000	Available for Sale 2016-17 £'000	Total 2016-17 £'000
Embedded derivatives	0	0	0	0
Receivables:				
· NHS	0	460	0	460
· Non-NHS	0	22	0	22
Cash at bank and in hand	0	9	0	9
Other financial assets	0	0	0	0
Total at 31 March 2018	**0**	**491**	**0**	**491**

33.3 Financial liabilities

	At 'fair value through profit and loss' 2017-18 £'000	**Other 2017-18 £'000**	**Total 2017-18 £'000**
Embedded derivatives	0	0	0
Payables:			
· NHS	0	5,423	5,423
· Non-NHS	0	15,890	15,890
Private finance initiative, LIFT and finance lease obligations	0	0	0
Other borrowings	0	0	0
Other financial liabilities	0	0	0
Total at 31 March 2018	**0**	**21,313**	**21,313**

	At 'fair value through profit and loss' 2016-17 £'000	Other 2016-17 £'000	Total 2016-17 £'000
Embedded derivatives	0	0	0
Payables:			
· NHS	0	5,238	5,238
· Non-NHS	0	10,050	10,050
Private finance initiative, LIFT and finance lease obligations	0	0	0
Other borrowings	0	0	0
Other financial liabilities	0	0	0
Total at 31 March 2018	**0**	**15,288**	**15,288**

No material difference exists between cost and fair value of both Financial Assets and Financial Liabilities held due to the short term nature of the assets and liabilities held.

34 Operating segments

The CCG considers it has only one segment, the Commissioning of Healthcare Services.

35 Aligned budgets

The NHS clinical commissioning group shares of the income and expenditure handled by the aligned budget in the financial year were:

	2017-18	2016-17
	£'000	£'000
Income	21,780	23,266
Expenditure	(21,780)	(23,266)
Swindon Borough Council		
Income	21,630	23,120
Expenditure	(21,630)	(23,120)

Of the £21.63m, the CCG directly commissioned £7.36m of services which meant that the funds flowing to Swindon Borough Council totalled £14.27m.

Oxfordshire County Council and Oxfordshire CCG		
Income	150	146
Expenditure	(150)	(146)

The CCG jointly commissions a number of Adult, Mental Health and Children's services with Swindon Borough Council via contractual agreements subject to Section 75 of the National Health Service Act 2006. Under these arrangements the CCG has made payments totalling £21,630,000 (2016-17: £23,120,000), during the year of which £14,271,810 flowed through Swindon Borough Council. The reduction in the year reflects the full year effect of the community services transfer to Great Western Hospital NHS Foundation Trust.

Contributions by both parties are made to a Better Care Fund and also to other organisation aligned funds. Overspends are aligned to the Commissioner of respective services. All services are paid for directly by the CCG.

The Budgets are jointly controlled by the Joint Commissioning Board and claims / expenditure are monitored and approved by this committee. Swindon Borough Council is identified as the Lead Commissioner and so the CCG recognises only its contributions to these arrangements.

The CCG has accounted for contributions totalling £150,000 to the Oxfordshire Better Care Fund to reflect the services commissioned by Oxfordshire County Council which benefit the residents of Shrivenham.

There has been no change in accounting for the Aligned budget from 2016-17.

36 NHS Lift investments

The CCG had none in 2017-18 or 2016-17

37 Related party transactions

Amounts paid to GP practices during 2017-18 have increased due to the CCG now directly commissioning Primary Care GP services.

The CCG has made payments under General Medical Contracts 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 figures below reflect financial transactions between the CCG and GP practices and not between governing body members and the CCG. The related payment transactions with Swindon Borough Council (SBC) total £15.2 m. Details of payments made to GP's for their services to the CCG are included in the Remuneration report (see Annual report page 95).

Details of related party transactions with individuals are as follows:

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
2017-18				
Dr S Bruen, Locality GP Chair, Managing Partner of Westrop Medical Practice. Transactions for Westrop Surgery	1,579	0	168	0
Dr E Alden, GP Representative, Chair of Swindon GP Education Trust, Training Programme Director, Health Education South West (HESW), Member and Education Lead, Severn Faculty RGCP. Transactions for Taw Hill Medical Practice.	1,496	0	27	0
Dr P Mack, Governing Body, CCG Clinical Chair, Clinical leadership Group, Locality 2 GP chair, Commissioning for Quality Committee Chair, GP senior partner at Moredon. Transactions for Moredon Medical Centre.	1,396	0	86	0
Dr P 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.	1,268	0	68	0
S Francome, Practice Manager Representative. Transactions for Taw Hill Medical Practice.	1,496	0	27	0
Dr S Sewell, Locality GP Representative. GP Partner at Ridgeway View Medical Practice. Transactions for Ridgeway View Medical Practice	1,918	0	147	0
Dr F Basheer, GP Representative. Transactions for Victoria Cross Surgery	864	0	55	0
	15,212	(143)	2,688	(473)
C Jones, Director of Public Health, Swindon Borough Council. Transactions for Swindon Borough Council. S Wald, Director of Adult & Social Services, Swindon Borough Council. Transactions for Swindon Borough Council.	15,212	(143)	2,688	(473)

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
Gloucestershire Hospitals NHSFT
Avon and Wiltshire Partnership NHS Trust
North Bristol NHSFT
South Central and West CSU
NHS Property Services

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.

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
2016- 17 Comparatives				
Dr S Bruen, Locality GP Chair, Managing Partner of Westrop Medical Practice. Transactions for Westrop Surgery	315	0	0	0
Dr P Crouch, Governing Body, CCG Remuneration Committee, CCG Clinical Chair (until Sept 2016), Chair Clinical Leadership Group, Principal GP Practice at Taw Hill Medical Practice. Member of Local Medical Committee, Vice Chair SBC Health and Wellbeing Board. Spouse employee for South, Central and West Commissioning Support Unit. Transactions for Taw Hill Medical Practice.	218	0	4	0
Dr E Alden, GP Representative, Chair of Swindon GP Education Trust, Training Programme Director, Health Education South West (HESW), Member and Education Lead, Severn Faculty RGCP. Transactions for Taw Hill Medical Practice.	218	0	4	0
Dr P Mack, Governing Body, CCG Clinical Chair (from Oct 2016), Clinical leadership Group, Locality 2 GP chair, Commissioning for Quality Committee Chair, GP senior partner at Moredon. Transactions for Moredon Medical Centre.	159	0	0	0
Dr P 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.	140	0	0	0
C Perry, Governing Body, Registered Nurse, Chair of the Integrated Governance and Quality Assurance Committee. Transactions for Royal Cornwall NHS Trust	29	0	0	0
Dr T 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.	19	0	2	0
S Francome, Practice Manager Representative. Transactions for Taw Hill Medical Practice.	218	0	4	0
S Sewell, Locality GP Representative. GP Partner at Ridgeway View Medical Practice. Transactions for Ridgeway View Medical Practice	392	0	6	0
F Basheer, GP Representative. Transactions for Victoria Cross Surgery	60	0	6	0
C Jones, Director of Public Health by Swindon Borough Council. Transactions for SBC	24,885	(242)	1,001	(15)
J Gilbert, Director of Adult & Children's Services by Swindon Borough Council. Transactions for SBC.	24,885	(242)	1,001	(15)
S Wald, Director of Adult & Social Services, Swindon Borough Council. Transactions for SBC.	24,885	(242)	1,001	(15)

38 Events after the end of the reporting period

None.

39 Third party assets

The CCG had none in 2017-18 or 2016-17

40 Financial performance targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended).
NHS Clinical Commissioning Group performance against those duties was as follows:

	2017-18 Target	**2017-18 Performance**	2016-17 Target	2016-17 Performance
Expenditure not to exceed income	305,374	303,650	270,167	264,941
Capital resource use does not exceed the amount specified in Directions	405	404	57	57
Revenue resource use does not exceed the amount specified in Directions	303,424	301,700	265,168	260,015
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	0	0
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	0	0
Revenue administration resource use does not exceed the amount specified in Directions	5,021	4,934	4,999	4,925

During 2017-18 the CCG has hosted the funding for the Thames Valley Cancer Network. All funding received has either been transferred to other NHS organisations or will be paid across in 2018-19. At the 31 March 2018 £1,249k has been accrued. The CCG has received £17k for its roles on the alliance and for project management. The CCG's financial performance has had no benefit in year.

As set out in the 2017/18 planning guidance, CCG's were required to hold a 0.5% reserve uncommitted from the start of the year, created by setting aside the monies that CCG's were otherwise required to spend non-recurrently. In addition, the CCG was required to retain an additional reserve connected with category M pricing changes connected with drug costs. The national picture has been such that NHS England has been unable to allow CCG's to spend these funds. To comply with this requirement, NHS Swindon has released its 0.5% reserve and prescribing reserve to the bottom line, resulting in an additional surplus for the year of £1.63m.

NHS England set the CCG a Revenue Resource Limit of £303,424,000 for 2017-18, and the CCG achieved an underspend of £1,724,000 against this target.

The target for administration costs was set at £5,021,000 and the CCG achieved an underspend of £87,000.

The CCG met all financial performance targets set for 2017/18.

41 Impact of IFRS

	2017-18 £'000	2016-17 £'000
Depreciation charges	0	0
Interest expense	0	0
Impairment charge: Annually Managed Expenditure	0	0
Impairment charge: Departmental Expenditure Limit	0	0
Other Expenditure	0	0
Revenue receivable from subleasing	0	0
Total IFRS Expenditure (IFRIC 12)	**0**	**0**
Revenue consequences of private finance initiative/LIFT schemes under UK GAAP/ESA95 (net of any sublease revenue)	0	0
Net IFRS Change (IFRIC 12)	**0**	**0**
Capital Consequences of IFRS: private finance initiative/LIFT and other service concession arrangements under IFRIC 12		
Capital expenditure	0	0
UK GAAP capital expenditure	0	0

42 Analysis of charitable reserves

	2017-18 £'000	2016-17 £'000
Unrestricted funds	0	0
Restricted funds	0	0
Endowment funds	0	0
Total	**0**	**0**

The CCG had none in 2017-18 or 2016-17

4. Employee benefits and staff numbers

4.1.1 Employee benefits	2017-18	Total			Admin			Programme	
	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000
Employee Benefits									
Salaries and wages	3,731	3,353	379	2,598	2,243	355	1,133	1,110	23
Social security costs	362	362	0	252	252	0	110	110	0
Employer contributions to the NHS Pension Scheme	442	442	0	307	307	0	136	136	0
Other pension costs	0	0	0	0	0	0	0	0	0
Apprenticeship Levy	3	3	0	3	3	0	0	0	0
Other post-employment benefits	0	0	0	0	0	0	0	0	0
Other employment benefits	0	0	0	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0	0	0	0
Gross employee benefits expenditure	**4,538**	**4,160**	**379**	**3,160**	**2,804**	**355**	**1,379**	**1,355**	**23**
Less recoveries in respect of employee benefits (note 4.1.2)	0	0	0	0	0	0	0	0	0
Total - Net admin employee benefits including capitalised costs	**4,538**	**4,160**	**379**	**3,160**	**2,804**	**355**	**1,379**	**1,355**	**23**
Less: Employee costs capitalised	0	0	0	0	0	0	0	0	0
Net employee benefits excluding capitalised costs	**4,538**	**4,160**	**379**	**3,160**	**2,804**	**355**	**1,379**	**1,355**	**23**

4.1.1 Employee benefits	2016-17	Total			Admin			Programme	
	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000
Employee Benefits									
Salaries and wages	3,307	2,850	457	2,767	2,359	408	540	490	49
Social security costs	311	311	0	265	265	0	46	46	0
Employer contributions to the NHS Pension Scheme	372	372	0	313	313	0	59	59	0
Other pension costs	0	0	0	0	0	0	0	0	0
Apprenticeship Levy					0	0		0	0
Other post-employment benefits	0	0	0	0	0	0	0	0	0
Other employment benefits	0	0	0	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0	0	0	0
Gross employee benefits expenditure	**3,990**	**3,533**	**457**	**3,345**	**2,937**	**408**	**646**	**596**	**49**
Less recoveries in respect of employee benefits (note 4.1.2)	0	0	0	0	0	0	0	0	0
Total - Net admin employee benefits including capitalised costs	**3,990**	**3,533**	**457**	**3,345**	**2,937**	**408**	**646**	**596**	**49**
Less: Employee costs capitalised	0	0	0	0	0	0	0	0	0
Net employee benefits excluding capitalised costs	**3,990**	**3,533**	**457**	**3,345**	**2,937**	**408**	**646**	**596**	**49**

39 Losses and special payments

39.1 Losses

The total number of NHS clinical commissioning group losses and special payments cases, and their total value, was as follows:

2017-18	**Total Number of Cases 2017-18 Number**	**Total Value of Cases 2017-18 £'000**	Total Number of Cases 2016-17 Number	Total Value of Cases 2016-17 £'000
Administrative write-offs	0	0	0	0
Fruitless payments	2	6	2	1
Store losses	0	0	0	0
Book Keeping Losses	0	0	0	0
Constructive loss	0	0	0	0
Cash losses	0	0	0	0
Claims abandoned	0	0	0	0
Total	**2**	**6**	**2**	**1**

During 2017-18 the CCG made two fruitless payments.

39.2 Special payments

2017-18	**Total Number of Cases 2017-18 Number**	**Total Value of Cases 2017-18 £'000**	Total Number of Cases 2016-17 Number	Total Value of Cases 2016-17 £'000
Compensation payments	0	0	0	0
Extra contractual Payments	0	0	0	0
Ex gratia payments	0	0	0	0
Extra statutory extra regulatory payments	0	0	0	0
Special severance payments	0	0	0	0
Total	**0**	**0**	**0**	**0**