NHS
Swindon
Clinical Commissioning Group

Annual Report and Accounts 2019/2020

NHS Swindon Clinical Commissioning Group

The Swindon CCG website has now been archived. The new website for the single Bath and North East Somerset, Swindon and Wiltshire CCG is www.bswccg.nhs.uk.

Twitter: @NHSBSWCCG Facebook: NHS BSW CCG Telephone: 0300 3047500

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Feedback to this document

We would very much like to hear your views on our Annual Report. To comment on the report, receive a copy in an alternative format, or to get involved with shaping health services for the people of Swindon, please visit the new website for the single Bath and North East Somerset, Swindon and Wiltshire CCG at www.bswccg.nhs.uk.

Part one – Performance Report

Tracey Cox
Chief Executive
Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group

25th June 2020

Performance Report

Overview

This section provides an overview of how the CCG worked, what it did, the risks it was exposed to and how it performed over the course of 2019/20.

NHS organisations produce an annual report and financial accounts at the end of every financial year. In this report the CCG describes how it fulfilled its duties as laid out in the National Health Service Act 2006 for the 2019/20 reporting year.

Accountable Officer statement

Welcome to our seventh and final Annual Report and Accounts for Swindon Clinical Commissioning Group. This report explains what we have been doing during the year and how we have fulfilled our statutory duties in commissioning healthcare for our local population, as well as listing our achievements and our challenges.

Working as a single CCG

During 2019, Bath and North East Somerset, Swindon and Wiltshire CCGs announced their intention to merge into a single organisation on 1 April 2020. This move followed several years of close joint working and aligned with the local and national strategy for CCGs as set out in the NHS Long Term Plan. Subsequently, there are strong similarities in the annual reports for each organisation.

In early 2019, we strengthened our joint working by developing a joint executive team. Following NHS England's approval of the three organisations' intention to merge, we continued to strengthen our joint management team as we worked towards becoming a single organisation in April 2020 and an Integrated Care System by April 2021.

Working as a single CCG will enable us to provide a consistent vision and voice, while achieving high quality outcomes across the system. We are aiming to reduce variation in care and standardise best practice so everyone can access high quality treatment and services, regardless of where they live. Some of the service improvements we have already been delivering are highlighted in this report.

We have already seen the benefits that come from operating as a merged organisation, especially at a time of unprecedented challenges in the NHS. Our response to the Covid-19 pandemic was one that followed a joined-up approach and saw teams work together to remove duplication and variation, while enabling every part of the system to access the right support and expertise.

Performance during the year

We continued to focus on delivering key NHS priorities in 2019/20. Like many CCGs, we struggled to meet the National Access Standards, including the NHS Constitutional Measures, in 2019/20 due to high levels of demand and challenges with workforce availability. Though our performance is often better than the national average, and also in the top quartiles when compared to other CCGs, we anticipate access standards will still be a challenge during 2020/21 and potentially even further in the future as we deal with the impact of Covid-19 on routine health and care delivery.

We have been working with our providers to develop system-level approaches to resolve issues that are affecting the wider health and care system's ability to deliver national standards. We also worked with providers to ensure that patient safety was never compromised during times of increased pressure and demand for emergency care, and that waiting lists were managed in a way that maximised patient safety and clinical effectiveness. We have constantly aimed to improve the quality of health and care services in order to provide a positive patient experience and also to ensure that services are delivered safely and effectively. We have done this within our financial allocation and while managing ever-increasing demand.

Public engagement highlights of our year

Engagement with the public and patients is very important to us and the feedback they provide really does make a difference. During 2019/20 we carried out the following:

Our Health Our Future

As part of our response to the NHS Long Term Plan, people living across Bath and North East Somerset, Swindon and Wiltshire were asked, as part of a summer-long engagement campaign, to say what areas of healthcare they would most like the CCG to prioritise over the next five years. People were asked:

- What's the one thing you wish you'd known sooner to help you be as healthy as possible?
- What's the one thing that would help you to find and use health and care services more easily?
- What's the one thing that would help to make a difference to your health and care in the future?

Between Thursday 13 June and Wednesday 31 July 2019, we carried out more than 1,000 face-to-face engagements and received more than 1,400 online survey responses.

The survey results, which were used to inform the new BSW Long Term Plan, can be seen in full by visiting www.bswstp.nhs.uk/ourhealthourfuture.

Development of a BSW-wide citizens panel

In January 2020, people living in Bath and North East Somerset, Swindon and Wiltshire were targeted as part of a recruitment drive for the region's new citizens panel.

A new way of engaging with local people, the panel – known as the Our Health Our Future panel, as a continuation of the summer's engagement campaign – intends to act as an innovative forum in which members of the public can provide their views on local health and care issues.

Those being recruited to the panel will be invited to take part in regular surveys, as well as occasional focus groups.

Full reports from each survey will be made publicly available, and the insight captured from the questionnaires will be used to inform future decision making, strategy, service design and service change.

Transforming Maternity Services Together

The proposal to change the way maternity services are delivered across the region was developed jointly by local NHS organisations that provide or manage maternity services across Bath and North East Somerset, Swindon and Wiltshire. We engaged widely across the region and more than 2,400 people took part in a public consultation between 12 November 2018 and 24 February 2019.

A team at the Centre for Healthcare Innovation and Improvement at the University of Bath's School of Management analysed the survey responses. The full report, as well as the associated consultation material, was published online in January 2020 and is available on the Transforming Maternity Services Together website at www.transformingmaternity.org.uk.

The proposal to change maternity services was approved by the joint BSW Governing Bodies on 16 January 2020, with implementation beginning shortly after.

Primary Care Networks

Primary care is the bedrock of healthcare in Bath and North East Somerset, Swindon and Wiltshire.

In July 2019, Primary Care Networks (PCNs) were introduced nationally as part of the NHS Long Term Plan. In its simplest terms, a PCN is a group of GP practices that work together across a defined area to serve a population of between 30,000 and 50,000 people. Across BSW, there are 94 GP practices working as 22 PCNs. In Swindon, there are six PCNs (with one unaffiliated practice) and each one has a clinical director whose role it is to ensure local needs are met.

Primary Care Networks help to make sure patients are supported and signposted to the health and care professional who is best placed to help – this could be a GP, a pharmacist, paramedic, physician associate, or a professional working in social care or the voluntary sector.

This not only supports patients to get appointments more quickly, but allows GPs to focus on the most complex patients and those most in need. They also represent a real change in how primary care operates, with practices now shifting from reactively providing appointments to proactively caring for people and communities. The development and mobilisation of PCNs has been instrumental in supporting our response to COVID -19 and has enabled GP practices to work collaboratively and effectively with neighbouring colleagues.

A focus on the Swindon locality

Changes to the Walk-in Centre

The Walk-in Centre, located on the ground floor of the larger Swindon NHS Health Centre, was a seven-day-a-week service from which local people could receive care for a range of minor injuries and illnesses, including sprains, strains, cuts, upset stomachs, minor head injuries and skin conditions.

Since 2017, the Walk-in Centre had been used by around 30,000 people every year, and was managed by Great Western Hospitals NHS Foundation Trust.

Although a well-used resource in Swindon's healthcare system, the Walk-in Centre developed a reputation among local people and local healthcare professionals for providing care and treatment that it was not commissioned to do, such as blood tests, post-operative wound care and annual reviews of chronic diseases.

With these points in mind, and in conjunction with the national drive for towns and cities to establish consolidated on-the-day healthcare services in the shape of new Urgent Treatment Centres, the CCG took the decision to withdraw the Walk-in Centre in spring 2020.

This decision was made public following a period of engagement in which people who attended the centre were asked to complete a questionnaire while they waited to be seen.

At the same time, people who had attended in the previous 12 months were encouraged to complete a similar survey online.

Both asked people to explain their reasons for visiting and asked what other services they would have used had the Walk-in Centre not been available.

The findings were presented to Swindon Borough Council's Adults' Health, Adults' Care and Housing Overview and Scrutiny Committee in September 2019, with a more detailed report returning to the committee on Tuesday 5 November.

At both meetings, councillors expressed no overwhelming concerns towards the plans put forward by the CCG.

The Walk-in Centre was due to be withdrawn from service on Wednesday 1 April 2020, but was brought forward to Sunday 22 March due to staff being redeployed to the Great Western Hospital to help respond to the demands of the coronavirus outbreak.

Integral Medical Holdings Group (IMH)

In May 2019, the CCG announced that the Integral Medical Holdings Group (IMH) would be terminating its management relationship with five GP practices – Abbey Meads Medical Practice, Moredon Medical Centre, Taw Hill Medical Group, Eldene Surgery and Phoenix Surgery – across Swindon.

This decision was made after a difficult period, in which new measures introduced by IMH, such as a centralised call handling centre, resulted in vast numbers of patients being unable to contact their GP practice altogether or facing a wait of up to two hours on the telephone.

Following this, and in order to ensure patients were able to continue receiving safe care and treatment, the CCG began looking for alternative providers for each of the five practices.

This search took place throughout the summer months, during which time the CCG kept the public updated through regular newsletters, press coverage and public meetings.

At the same time, the CCG brought in a number of GP supporters – who were qualified clinicians from neighbouring practices – to help continue providing patients with a near-normal service.

In the autumn, the CCG announced that new providers had been sought. Details of which can be seen below:

- Taw Hill Medical Group: Westrop Surgery
- Abbey Meads Medical Practice and Moredon Medical Centre: Great Western Hospitals NHS Foundation Trust
- Phoenix Surgery: Park Lane Practice
- Eldene Surgery: Victoria Cross Surgery

Bringing practices together to work-at-scale in this way not only ensured the practices have the ability to become more efficient, but also gave them the stability and leadership to implement essential improvements, as called for by the Care Quality Commission.

At the time of writing this report, all practices have established good working relationships with their new providers and patients have spoken of a noticeable difference, especially in terms of how they contact their practice.

Trailblazer service

As part of the government's vision to expand mental health support for children and young people, Swindon was chosen as one of only 25 areas in the country to pilot an exciting initiative, which will see dedicated mental health support teams (MHST) working with children and young people in local schools and colleges. The CCG was awarded £2.3 million from NHS England to deliver this exciting project and the model in Swindon is being delivered collaboratively with national charity Barnardo's.

The role of the MHSTs will be to work with children and young people who experience mild to moderate forms of mental health and emotional wellbeing issues, such as anxiety and behavioural difficulties. Additionally, the teams will teach school and college staff how to provide better support to students. The initial pilot was made up of three phases, with the first phase beginning in April 2019 when educational mental health practitioners began working in five selected secondary schools. Phase two began in September 2019, when the work of the EHMPs was expanded to cover a further ten primary schools. All 25 of the remaining schools and colleges came on board during phase three of the pilot in February and March 2020.

In March 2020, a launch event took place to celebrate the initial success and achievements of the new service. A new logo for the service, which was designed by young people was also revealed at the launch.

Covid-19

The Covid-19 pandemic accelerated cross-CCG working prior to the official merger of the three organisations in April 2020. Multi-disciplinary teams were established to support areas such as clinical staffing, elective care, medicines management, safeguarding, primary care and mental health. An Incident Control Centre (ICC) was established at Southgate House in Devizes, and was manned by colleagues from each of the CCGs in Bath and North East Somerset, Swindon and Wiltshire. The ICC moved to a fully virtual setup in April 2020.

Community response hubs were set up in Bath and North East Somerset, Swindon and Wiltshire to ensure the CCG was able to work collaboratively with local authority partners, providers and the community and voluntary sector. The focus of these hubs was to support the rapid discharge of patients from the three acute hospitals and to deliver joined-up health and social care support to local residents, especially those identified as vulnerable. As the requirement for supporting shielded patients and managing patients in the community increased, the need for community-based solutions highlighted the value of the community response hubs in co-ordinating a joined up response across primary care, community providers, care homes, hospices, as well as acute settings.

At a strategic and system-wide level, the CCG's Chief Executive, along with the Senior Leadership Team, worked with their counterparts from local acute and community providers, emergency services and local authorities to co-ordinate planning and the wider response to emerging issues.

Close contact was maintained with NHS England and Improvement and Public Health England in the South West to escalate issues and provide local feedback to national guidance and priorities.

The response to the pandemic was based on collaboration and communication at all levels of the health and social care system across Bath and North East Somerset, Swindon and Wiltshire, with a drive to continue providing the best services to people.

At the time of writing, Covid-19 is still very much active. The pandemic impacted on the local population, the health and care workforce and how colleagues work together across organisations in Bath and North East Somerset, Swindon and Wiltshire. During this time, the CCG has had to step away from the normal ways of working and use technology and innovation to enable teams to provide services in different ways. Processes are in place to capture the learning from this experience, which will help to identify services that need to be provided as before and those that could be delivered differently in the future. This piece of work is set to continue over the next few months.

Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) priorities for 2020/21

During the year, the CCGs' Governing Bodies in Common agreed the key priorities for the new standalone BSW CCG.

Helping people to stay healthy and independent in old age will be a top priority over the next five years, along with offering more help for people with learning disabilities and improving access to mental health services.

The priorities were drawn up by the CCGs, local authorities, hospitals, other care providers and voluntary organisations, and based upon the feedback that was collected during an extensive public engagement exercise that was carried out in the summer of 2019 in response to the publication of the NHS Long Term Plan.

The priorities will:

- Help people to age well, stay well at home and improve how community services can help them
- Help to improve the quality of life for people with learning disabilities and autism and their families by improving access to services
- Help to deliver the best mental health support for local people, regardless of personal circumstances, age or individual need

The draft five-year plan is available to view on the BSW Sustainability and Transformation Partnership website at www.bswstp.nhs.uk.

Finally, I would like to personally thank everyone who works for our health and care services during these difficult and challenging times. I continue to be humbled and impressed by the dedication, passion and commitment displayed by health and care professionals across our local system, particularly in light of the ongoing demands being faced daily. I am confident that by working as a single CCG and as part of a wider system, we will be better placed to rise to these challenges so that 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.


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Who we are and what we do

Our role

As a clinically-led statutory NHS body, Swindon Clinical Commissioning Group was responsible for planning and commissioning health care services for the local area in order to achieve the best possible health outcomes for the local population, all while working in an effective, efficient and economic manner. This has been done by assessing local needs, agreeing priorities and strategies, and then commissioning services from a range of local providers.

Being led by a Governing Body of locally elected doctors, lay members and nurses, all of whom are close to patients and their needs, enabled the CCG to improve the quality of care provided to the people of Swindon.

Our vision

The vision of Swindon CCG guided and informed local plans, as well as enhancing the local population's health needs and experience of healthcare.

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

Towards the end of 2019/20, a fresh vision for the new CCG was agreed:

"Working together to empower people to lead their best life" is the one, unified vision for the new organisation and its partners across Bath and North East Somerset, Swindon and Wiltshire.

The vision is underpinned by three core principles:

1. Collective voice – working together in collaboration as one whole system

2. Healthy communities – empowering people to lead on their health with their families, their communities and health professionals

3. Stories and strengths – holding people's strengths, stories and experiences, and what matters to them, at the heart of our system

Our values

Towards the end of 2019/20, colleagues from across the three merging organisations developed five core values to help underpin future working and to help guide the actions and the decisions made for local people and communities:

1. Caring
2. Innovative
3. Inclusive
4. Accountable
5. Collaborative

Merger of Bath and North East Somerset, Swindon and Wiltshire CCGs

During 2019, Bath and North East Somerset, Swindon and Wiltshire CCGs announced the intention to merge on 1 April 2020. This followed several years of close joint working and aligned with the local and national strategy for CCGs as set out in the NHS Long Term Plan.

To ensure that the health and care services being commissioned meet the needs of the many different communities living across BSW, the CCG will have distributed leadership across its three localities of BaNES, Swindon and Wiltshire, supporting services at a local level within an overall strategic approach and oversight. This means that decision-making can be influenced and governed by GPs and other healthcare professionals who know and understand their local population and that variations in local needs can be addressed. There are several other factors that impact on health and wellbeing, such as housing, transport and education. These factors all play a part in determining how healthy the local area is. As part of retaining a local focus, the CCG will maintain strong links with its three local authorities.

Working as a single CCG will allow colleagues to concentrate on supporting people to stay healthy while tackling the causes of illness. With a diverse and growing population in the local area, the CCG knows there are huge social and economic inequalities and is aiming to reduce variation in care and standardise best practice so everyone can access high quality treatment and services, regardless of where they live. Some of the service improvements already being delivered are highlighted throughout this report.

From 1 April 2020, BaNES, Swindon and Wiltshire CCG will serve a combined population of 944,000 people and have a core budget of more than £1.2 billion, plus delegated authority for primary medical care services. Working together also allows financial challenges to be met through economy-of-scale cost savings and the streamlining of governance and administration functions.

Many of the benefits of operating as a merged organisation have come to light while rising to the challenge of Covid-19, something which has been supported by joined-up working and enabled all parts of the system to access the right level of support and expertise.

The CCG's Incident Control Centre was set up in response to the Covid-19 pandemic.

The CCG engaged with its members, the public and wider stakeholders during the summer of 2019 before submitting an application to merge in the autumn. Alongside approval by NHS England and NHS Improvement, the CCG continued to engage with its GP members before they voted to support the merger proposals in late autumn 2019.

Where the money goes

The CCG received £329.7 million in 2019/2020 to buy a full range of health services for local residents. The major acute and community healthcare provider for the CCG is Great Western Hospitals NHS Foundation Trust, and these contracts represent approximately 48 per cent of the CCG's annual spend.

	2019/20 £'m	2018/19 £'m
Great Western Hospitals NHS Foundation Trust*	164.5	160.7
Avon and Wiltshire Mental Health Partnership NHS Trust	19.2	17.5
Oxford Health NHS Foundation Trust	2.5	2.3
Joint commissioning with Swindon Borough Council	14.4	14.2
Oxford University Hospitals NHS Foundation Trust	4.6	4.4
South West Ambulance Service NHS Foundation Trust	7.9	7.2
Gloucestershire Hospitals NHS Foundation Trust	1.8	1.8
Private hospital providers	2.9	3.4
Hospices	1.2	1.2
Other acute providers (less than £1m)	3.6	3.3
Private transport providers	1.8	1.7
Prescribing costs	31.5	31.0
Continuing Healthcare	19.9	18.0
Mental health placements	3.1	3.2
Delegated primary care	30.3	27.7
Other programme spend	16.1	15.7
Running costs	4.4	4.9
	329.7	318.2

*This excludes any delegated primary care or Continuing Healthcare spend

Our population and their health

There are more than 240,000 people living in Swindon and this number continues to grow.

As well as working with doctors, other clinicians and members of the public to understand what people want from their NHS, the CCG also worked closely with Swindon Borough Council's Public Health team to understand the issues and needs among local communities. This included an annual assessment of health needs based on available evidence, called the Joint Strategic Needs Assessment (JSNA). This can be viewed at www.swindonjsna.co.uk.

Evidence suggests that, in many ways, the health of Swindon's population is similar to that of England as a whole. This presents many challenges. While average life expectancy, smoking rates and physical activity levels are improving, there are still widespread inequalities among the local population, with no sign of the health gap reducing.

Some of the key facts highlighted in the 2018/19 JSNA summary, which provide context for some of the decision making in relation to the 2020/21 BSW CCG Operational Plan, include:

Estimates suggest about a third of people in Swindon have a long-term condition, although many will not be limited in their day-to-day lives.

In Swindon, the annual risk of mortality is 21 per cent higher for those with diabetes compared to those without.

People among the most deprived ten per cent of society are more than twice as likely to die from suicide than the least deprived ten per cent of society.

There are an estimated 860 adults in Swindon diagnosed with moderate or severe learning disabilities with a third of these people living with a parent.

Each year, 30 per cent of people older than 65 and 50 per cent of people older than 80 fall at least once.

Participation in physical and non-physical leisure activities can increase psychological well-being, however people aged 75 and over have the lowest levels of engagement in these activities of any age group.

Working together to improve health and care

Health in Swindon can only be improved through effective working with local partners and engaging clinicians to work with communities and patients to design services for the future.

The CCG has increasingly worked at both a local and system level to develop and improve services. At a local level, an Integrated Care Clinical Board has been established which brings together colleagues from Great Western Hospital NHS Foundation Trust, Avon and Wiltshire Mental Health Partnership NHS Trust, Medvivo, primary care, local authority, the voluntary sector and Healthwatch Swindon.

Maternity services – in response to the Better Birth recommendations and to improve experience for women, babies and families, the CCG has created a clinically-led BSW Local Maternity System. Over the past two years, maternity provision across BSW has been reviewed to drive forward service transformation at scale. This has focused on reviewing birthplace options to improve parity of choice, developing transitional care, and successfully bidding for funding to deliver innovative solutions and improvements in care.

Mental health – a new Thrive mental health programme has been created across BSW in collaboration with strategic partners and with people who experience local services. The CCG has co-produced a draft mental health strategy with shared priorities across BSW including a review of the overall bed base, roll out of community places of calm, and co-creation with Primary Care Networks.

Swindon integrated care

Patients often receive healthcare from lots of different organisations at the same time. In Swindon, this could include Great Western Hospitals NHS Foundation Trust, local GP practices, pharmacies, dentists and organisations, such as Prospect Hospice.

Many patients will also come into contact with others who play an important role in their care, with social care workers, nursing or residential homes and charities all contributing to the day-to-day care people receive.

The NHS in Swindon is already starting to make changes behind the scenes so that care feels more joined-up at every stage of the patient's journey.

This work is a big priority, as integrated care will provide a better experience for patients and their families and a more rewarding working life for staff.

- Swindon: Great Western Hospitals NHS Foundation Trust
- Swindon Clinical Commissioning Group
- Swindon Borough Council
- Wiltshire Clinical Commissioning Group
- South Western Ambulance Service NHS Foundation Trust
- Avon and Wiltshire Mental Health Partnership NHS Trust
- Medvivo
- Prospect Hospice
- Primary Care Networks

BSW Partnership (Sustainability and Transformation Partnership)

Health and social care organisations across Bath and North East Somerset, Swindon and Wiltshire have been working together as the BSW Partnership to join up and improve services for local people. The partnership is made up of CCGs, local authorities, NHS health and care providers, a mental health trust, an ambulance trust and voluntary sector organisations. This allows organisations to improve the quality of services, improve health outcomes and ensure services remain cost-effective and sustainable.

During 2019/20, there were several developments across BSW which helped the partnership develop towards an Integrated Care System. These include:

- Appointment of a new BSW Partnership independent Chair to help deliver goals outlined in BSW's Five Year Plan
- Roll out across BSW of the trailblazer scheme to improve access to mental health support for school pupils
- Cross region public engagement exercise – Our Health, Our Future – to gather views on future of health and care services. This feedback also informed the development of the BSW Five Year Plan
- Development of a BSW-wide integrated health and care strategy
- Ongoing development of an alliance between Great Western Hospitals NHS Foundation Trust, Royal United Hospitals Bath NHS Foundation Trust, and Salisbury NHS Foundation Trust to improve clinical services for those living in BSW
- Agreeing six strategic priorities to work on together:

1. Helping people to age well
2. Helping people with learning disabilities and autism
3. Helping people affected by mental health issues
4. Improving the health and wellbeing of our population
5. Developing healthy communities
6. Transforming the way we deliver care across BSW

Key issues and risks

For 2019/20, a single Operational Plan for BSW was created which identified the key risks during this period as:

Maintaining financial stability and delivery of financial targets

The scale of financial challenge remained in 2019/20, despite significant progress made in previous years. There was also the risk that BSW may not be able to make appropriate progress in addressing the sustainability of individual organisations and the collective system's financial position.

Under the leadership of the new BSW executive directors, significant progress has been made to develop a refreshed financial recovery plan for all partners. Owned by all the constituent organisations within BSW and monitored by the BSW Partnership Executive Team and Sponsoring Board, it forms part of the BSW Five Year Plan. The three individual CCGs have benefited from joint working in 2019/10 while planning for merger in April 2020 and is now in a position to deliver the benefits that have been identified.

Further details on the Long Term Plan can be seen at www.bswstp.nhs.uk.

Managing demand for services within planned levels

In recent years, there has been a growth in the demand for services which has challenged the capacity of providers and the CCG's ability to finance. In 2019/20, the CCG set out its demand management plans, with a BSW focus on frailty and pursuing opportunities to deliver best practice care, following a right-care-approach. There was, however, a risk that demand would be higher than what had been planned with providers.

The CCG was largely successful in managing demand working on a BSW basis, although there was some variation across the patch. Overall in 2019/20, GP referrals remained consistent, outpatient attendances were lower than plan, overall planned activity was lower than planned. Day cases were, however, higher than planned. Attendances at emergency departments, along with emergency admissions to hospital, were lower than planned. However, performance against the four hour target continued to be a challenge.

Organisational change may be distracting

The CCG identified in its joint Operating Plan that there was a risk that the organisation would be distracted by organisational change during transition and, as a result, the pace of transformational change would be slower than required. However, the merger and transformational work were tied closely together and rapid progress was made with both.

Preparations for merger have been time consuming and have involved members of staff in all areas. All the requirements for merger were successfully met and Bath and North East Somerset, Swindon and Wiltshire CCG came into being on 1 April 2020. The success of preparations for merger has been proven in the very effective mobilisation of the BSW response to Covid-19 which in turn has facilitated another rapid transformational change in service delivery. The CCG will now be assessing the benefits of maintaining some of these new ways of working going forward.

System behaviours and relationships

The BSW Operating Plan for 2019/20 identified a risk that relationships might deteriorate and behaviours may undermine collaborative working across boundaries.

During the last 12 months, the System Transformation Partnership and system relationships have been supported by a range of organisational development activities including workshops and development sessions. A shared vision for BSW, as well as a Long Term Plan for BSW, has been developed. The CCG also set out its aspirations to become an Integrated Care System. See pages 10 and 12 for more information about vision and priorities for the next five years.

Recovering areas of poor performance and maintaining good performance

There were concerns the CCG might struggle to recover its performance against national targets, such as four-hour waiting times in emergency departments and referral-to-treatment lists, during 2019/20. As anticipated and due to very high levels of demand and shortages of workforce on some key areas, the CCG struggled to meet some of the NHS constitutional targets. This will continue to be a challenge into 2020/21. The focus of Five Year Plan is on improving the health and wellbeing of the local population across all age groups and changing the way services are delivered so they are able to meet the needs of an ageing population. By working together with system partners in BSW, the CCG plans to improve access and outcomes for the population.

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.

To achieve financial balance, the CCG was required to deliver £7.3 million of financial savings and efficiencies for the year. The CCG focused its efforts on a few key schemes to manage demand across the healthcare system. The CCG delivered £6.7 million of savings in year, mitigating the remaining £0.6m through reserves.

During the year, the CCG saw the following programmes delivering or exceeding against plan:

- A focus has continued on optimisation of prescribing, to mitigate the impacts of national price changes and to ensure a common formulary is used across BSW.

- In urgent care, successful schemes were introduced to help to reduce delays in discharge. These included a red bag scheme to aid the admission and discharge processes to hospitals for patients coming from and returning to care homes and a focus on frail elderly patients. Not all urgent care schemes delivered as expected but, financially, the impact was mitigated through the agreement on a block arrangement with the CCG's main acute provider.

- Planned care schemes including the roll out of e-referral processes in line with national requirements and clinical policy standardisation across BSW. Greater use of patient-initiated-follow-ups across procedures helped to reduce unnecessary follow-up appointments for outpatient activity.

Improvements on internal control processes

- The CCG continued to improve its performance by using the revised version of the NHS England self-assessment, the purpose of which was to provide early warning signs of financial distress and assurance that there were adequately-designed and effective financial controls and governance processed in place to manage risk.

- An annual review of the effectiveness of the CCG's committee was undertaken during 2019/20, along with an assessment of whether its terms of reference had been adhered to.

- The CCG regularly assessed the viability of its non-NHS providers using an accredited independent company and reported the findings back to the Finance Committee to ensure risks were raised and, where appropriate, continuity arrangements discussed.

Changes in risk management

The Risk Panel meets on a half-yearly basis to consider the financial impact of the CCG's risks, reporting those of material value through the Finance Committee.

The CCG revisited its long-term financial strategy as part of the STP long-term planning process. This set out how the STP would meet the NHS business rules and new planning guidance to ensure sustainability, while also identifying enough reserves and contingencies to cover unforeseen events.

The CCG used an internal audit to undertake an independent scrutiny of its financial systems and processes and, again, received an unmodified internal audit report on its core financial systems.

The CCG has reviewed its standard financial instructions and delegated limits to ensure they are up-to-date and reflect current arrangements as part of the BSW merger. Common limits have been set across BaNES, Swindon and Wiltshire CCGs in most areas, but local limits remain for some services that interact with local authorities. This has been approved by the Governing Body.

Performance report

Performance analysis

This section of the annual report sets out more detail about the CCG's performance during 2019/20. It provides detailed information on the health of the population, the delivery of local targets and what remedial actions are being put in place to improve performance. It also sets out the key risks for the new organisation and what it is doing to mitigate them.

2019/20 year end performance summary

NHS Oversight Framework

The NHS Oversight Framework for 2019/20 replaced the CCG Improvement and Assessment Framework (IAF). NHS England and NHS Improvement is aligning its operating models to support system working and 2019/20 has been a transitional year, with regional teams coming together to support local systems like BSW. This new approach to oversight set out how regional teams review performance and identify support needs across sustainability and transformation partnerships (STPs) and integrated care systems (ICSs).

As required by law, the annual assessment of CCGs by NHS England and NHS Improvement continued in 2019/20. It is a judgement reached by considering a CCG's performance in each of the indicator areas over the full year and balanced against the financial management and qualitative assessment of the leadership of the CCG. Formally, NHS England will continue to assess how CCGs work with others, such as local health and wellbeing boards, to improve quality and outcomes for patients.

This integrated approach enables NHS England and NHS Improvement regional teams to look at the support requirements for CCGs and providers in parallel so that support and intervention is mutually reinforcing. Intervention should be proportionate and based on the organisation's performance and the capability of the system to deal with issues in the first instance.

The NHS England and NHS Improvement regional team will determine how frequently it will review CCGs' and providers' support needs and segmentation based on their performance against the metrics in the assessment framework. These will include quality of care, population health, financial performance and sustainability, as well as the delivery of national standards.

In 2019/20, CCGs in BSW were offered targeted support with improving the performance of constitutional measures and working with the CCGs in preparation for the merger. The 2019/20 annual assessment process reflected a transition year between the CCG Improvement and Assessment Framework and the NHS Oversight Framework, as the Long Term Plan Metrics that will be a key part of the new framework were in development. Swindon CCG maintained its overall rating of good from 2018/19 and was further supported by good ratings for quality of leadership and financial management.

There are sections in this report focused on the priority areas in the NHS Outcomes Framework including:

- Quality of care – see Quality, engagement, health inequality and strategy (page 31)
- Population health – see Who we are and what we do (page 14)
- Financial performance – follows below in this section
- Sustainability – see Sustainable development (page 47)
- Delivery of National Standards – follows below in this section

Performance reporting and management

During 2019/20, Bath and North East Somerset, Swindon and Wiltshire CCGs took a joint approach to the management of performance by supporting the development of a system approach and the movement towards a single CCG structure for 2020/21.

A new performance report appropriate for both CCG and STP use, known as the BSW Performance, Quality, Finance and Activity report, has now been developed.

In 2019/20, the Performance and Quality section of the report included monthly or quarterly data, with detailed narrative on performance delivery, current challenges and remedial actions. This section focuses on nationally reported performance metrics and key quality measures, including:

- Planned care: Referral-to-treatment times and waiting lists, diagnostics waiting times, cancer waiting times
- Urgent care: A&E, mixed sex accommodation, ambulance and NHS 111
- Mental health: dementia diagnosis, access and treatment in psychological therapies, early intervention in psychosis, children's access to all general and eating disorders support and out of area admissions
- Local authority joint working: delayed transfers of care and care home admissions
- Community provision: community hospital length of stay, community services caseloads and access times.

This report has been strengthened by key financial metrics and analysis of hospital demand and activity.

This report is used in multiple forums as a key tool to provide knowledge, enable review and scrutiny and provide assurance:

- Governing Body meetings in common - providing assurance with an integrated view on the quality, performance and finance of the CCG.
- BSW Partnership (STP) Executive – including the CCG, local providers (acute and community), local authorities, NHS England and NHS Improvement.
- NHS England and NHS Improvement - providing assurance and narrative on the current system position and the actions being undertaken to recover and improve performance as needed.
- Joint Quality and Performance Assurance Committee (QPAC) - providing clinical and operational review and scrutiny of the report and feeding into Governing Body where required.
- Locality meetings – explaining the system performance so impact on the three localities can be understood and aligned with locality services.
- All colleagues - this report is also shared with all BSW CCG colleagues as a means of supporting integrated and smarter working.

The CCG's reporting suite and performance management processes supported quick identification and prioritisation of emerging performance risks and issues and allowed for development and tracking of quantified remedial plans. It then supported the tracking of actions and improvements across several CCG committees, allowing escalation or delegation to contractual meetings as and when required.

This report will be further developed in 2020/21 to report on the performance of the full range of services the CCG and STP commissions and delivers to demonstrate the delivery and impact of the Long Term Plan ambitions.

Delivery of national standards

One of the key pledges in the NHS Constitution is the right of every person to access the NHS care they need. Many of these services operate across the BSW footprint so the CCG is showing the performance across the three CCG localities within BSW, as well as providing insight into the challenges and how these have been responded to across this year 2019/20.

Figures quoted are the most recent available with benchmarking data. The NHS response to the Covid-19 situation in March 2020 has impacted some of the year-end results and may not be reflective of performance across the year.

Performance delivery of the national standards is managed with the quality team which works with providers to ensure patient safety is not compromised during times of increased pressure in A&E, and that waiting lists are managed in a way that maximises patient safety and clinical effectiveness.

Clinically-led review of NHS Access Standards

NHS Access Standards are being reviewed with the aim of recommending updates and improvements to the current measures in line with the Long Term Plan and the latest clinical and operational evidence. Phase three of the review – testing and evaluating proposals to ensure that they deliver the expected change in behaviour and experience for patients prior to making final recommendations for wider implementation – is now in place. Full implementation is expected in 2020/21.

Access to urgent care

The A&E four-hour target measures the time a patient spends in A&E from arrival to transfer, admission or discharge. A&E waiting times are often used as a barometer for overall performance of the NHS and social care system. This is because A&E waiting times can be affected by changing activity and pressures in other services such as the ambulance service, primary care, community-based care and social services.

For example, patients cannot be admitted quickly from A&E to a ward if hospitals are full because of delays in transferring patients to other NHS services, or in arranging required social care. The target A&E performance is 95 per cent of patients waiting less than four hours. Provider performance based on the latest data available is shown in the table below.

Bath and North East Somerset, Swindon and Wiltshire CCGs have participated in three local A&E Delivery Boards, each managing the system around one of the region's main acute hospitals: Great Western Hospitals NHS Foundation Trust (GWH), Royal United Hospitals Bath NHS Foundation Trust (RUH) and Salisbury NHS Foundation Trust (SFT). A Winter Risk Summit covering all BSW was also held. These boards have enabled a collaborative focus on performance

of the urgent care systems, setting and reviewing improvement programmes with local targets for all providers and systems.

National Standard	Period reported	Target	Performance		BSW Total			Swindon CCG		
			England	South West		vs Eng	vs SW		vs Eng	vs SW
Percentage of patients admitted, transferred or discharged from A&E within 4 hours*	Q4	95%	82.8%	75.4%	82.0%			82.2%		
Ambulance Response Times (minutes) Cat 1 Mean	total 2019/20	7.0	7.3	7.1	7.1			5.7		
Ambulance Response Times (minutes) Cat 1 90th percentile	total 2019/20	15.0	13.4	13.0	13.2			9.1		
NHS111 Answered in 60 seconds	Feb 2020	95%	69.8%	56.8%	56.4%			BSW shared service, so no CCG breakdown.		
NHS111 % Calls clinically triaged	Feb 2020	50%	90.1%	82.0%	81.8%					

* Provider data: BANES - RUH, Swindon - GWH, Wiltshire – SFT

Key for benchmarking ratings			
vs Eng (England**) or SW** (South West): Compares BSW and CCG to England or South West result and target	Better than Eng or SW and/or target	Similar or within acceptable variance to Eng or SW and/or target	Worse than Eng or SW and target; outside amber tolerance

Throughout 2019/20, the local systems were not able to meet the national A&E four-hour target. However, the national average rate for quarter four shows the target is not being achieved across the country. Performance at GWH in February 2020 was above the South West quarter four performance.

Each system was monitored against a local plan. Sustained high demand across health and social care during 2019/20 has continued to impact on performance, particularly in the system around RUH. Measures were put in place in all systems to support capacity and flow that had been impacted by winter pressure.

Ambulance response times for people with the most serious conditions (Category 1) are measured as a mean response time and at the 90th percentile, which measures delivery on the every-call-counts principle of the current standards which were introduced in 2017. For Swindon patients, the national targets were met across the year. Performance across BSW was marginally outside the seven-minute target. Performance was impacted by activity levels and, for 2019/20, Swindon incidents were 6.3 per cent above contracted plan and 4.3 per cent above 2018/19 incidents.

The number of calls to NHS111 answered within 60 seconds was below the expected level. While performance was below target throughout the year, the extent of the variance grew during winter, so is not reflective of the year-to-date performance. The level of clinical triage is very good, though, as performance is significantly above the 50 per cent target at 81.8 per cent. The NHS 111 service was re-procured jointly by BaNES, Swindon and Wiltshire CCGs in 2017/18 and went live in May 2019 as part of the Integrated Urgent Care Service. The service is continuing to

develop service capacity already including additional clinical triage and further stages will expand and develop the use of digital referral and triage.

Access to planned care

The 18-week referral to treatment target has been the key measure of the NHS constitution for planned care. In recognition of the continuing growth in referrals nationwide, as well as the challenges in maintaining and increasing capacity and the increasing demands on hospital resources from urgent care admissions, in 2018/19 NHS England asked CCGs to move their focus to avoiding growth in the overall referral to treatment waiting list size.

National Standard	Period reported	Target	Performance		BSW Total			Swindon CCG		
			England	South West		vs Eng	vs SW		vs Eng	vs SW
Referral to Treatment Overall Waiting List % growth March 2019	Feb 2020	0.0%	5.0%	3.4%	6.1%			-1.1%		
Patients waiting 18 weeks or less from referral to hospital treatment	snapshot Feb 2020	92.0%	83.1%	81.5%	85.2%			77.7%		
Patients waiting over 52 weeks for treatment^	snapshot Feb 2020	0	1,724	419	27			14		
Patients waiting six weeks or more for Diagnostics	snapshot Feb 2020	1.0%	2.8%	5.7%	5.7%			4.8%		
Patients seen within two weeks of a referral for suspected Cancer	Q3 2019/20	93.0%	91.5%	88.9%	92.2%			89.6%		
People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	Q3 2019/20	85.0%	77.5%	78.6%	81.3%			82.5%		

^ Comparison weighted by overall RTT waiting list

Key for benchmarking ratings			
vs Eng (England**) or SW** (South West): Compares BSW and CCG to England or South West result and target	Better than Eng or SW and/or target	Similar or within acceptable variance to Eng or SW and/or target	Worse than Eng or SW and target; outside amber tolerance

The overall waiting list has reduced by 153 patients (-1.1 per cent) to 13,803 Swindon patients waiting for treatment by February 2020 since March 2019. Though the overall waiting list is very similar, there have been differing pressures in specialties, with increases in patients waiting for trauma and orthopaedics (+423) and gastroenterology (+405).

In February 2020, 3,078 Swindon patients had been waiting longer than 18 weeks. This was reported as 77.7 per cent of patients waiting 18 weeks or less, below the England and South West positions. GWH performance for Swindon patients has reduced across this year, particularly for trauma and orthopaedics (67 per cent) and gastroenterology (67 per cent) where the waiting lists have grown.

The CCG monitored the very long waiters and, at the end of February, 14 Swindon patients had been waiting longer than 52 weeks for treatment, 13 at GWH and one at Kings College Hospital

NHS Foundation Trust. The CCG benchmarked this performance by looking at 52 week waiters as a proportion of the overall waiting list and the Swindon performance was below England and just above the South West. GWH long waiters are due to patient choice, operational issues and changing their patient tracking list methodology.

Referral to treatment performance (including diagnostics and cancer) is managed with GWH in the Elective Care Strategy Group and other Elective Care Planning and Development Groups. Actions and developments in the year to support improved performance in referral to waiting times included:

- Recruitment - providers were constantly focused on recruitment to support their capacity
- Waiting list initiatives – additional clinics in ear, nose and throat at the RUH and GWH have supported long waiters to be seen
- Review of the outpatient model is under way across BSW. This is a national initiative to ensure best use of resources and technology.

Diagnostic waiting times have been challenging in the BSW system following on from 2018/19 and the one per cent target has not been met by the BSW CCGs overall in any month this year. In February, Swindon had 4.8 per cent of patients waiting longer than six weeks and this was better than the South West (5.7 per cent). Swindon performance was driven by its main provider GWH and peripheral neurophysiology was the worst performing test. Overall performance has improved significantly across 2019/20, with waiting list recovery plans delivered in CT, MRI, echocardiography and ultrasound.

It should be noted, though, that more than 95 per cent of Swindon patients were waiting less than six weeks and diagnostics for urgent cases including cancer were prioritised so patients can not always be seen in the order they are referred.

Although cancer measures are reported monthly, performance is considered on a quarterly basis and, for quarter three of 2019/20, 89.6 per cent of Swindon patients referred for suspected cancer were seen within two weeks. This was better than the South West but below England performance and the national standard. Of those requiring treatment 82.5 per cent were treated within 62 days of referral, above England and South West performance but below the national standard.

Swindon CCG belonged to the Thames Valley Cancer Alliance (TVCA). This alliance includes commissioners, providers and NHS England and NHS Improvement, and focused on achieving the key ambitions of the cancer part of the NHS Long Term Plan. Specific actions in 2019/20 included:

- Piloting of the Rapid Diagnostic Services model for patients with vague symptoms which could be cancer but do not fall into existing pathway arrangements
- Working with local authorities to help improve awareness among the public of the signs and symptoms of cancer
- Supporting and enabling the use of the Quantitative Faecal Immunochemical test (qFIT test) in primary care to increase the proportion of symptomatic patients being diagnosed with colorectal cancer at an earlier stage

- Continuation of the BSW STP Cancer Forum and information-sharing to help ensure awareness and understanding of issues, solutions and best practice across the STP footprint

- Support to GP practices from MacMillan GPs, Cancer Research UK, cancer alliances and CCGs, to assist in early identification of patients with potential cancer

- Working with local trusts to implement national optimal timed cancer pathways

- Development and implementation of improved services for patients living with and beyond cancer, through the personalised care and support agenda.

Access to mental health

BSW CCGs have been working together on the BSW Thrive workstream to redress the balance between physical and mental health. The focus remains on co-creating early intervention and prevention models with people with lived experience and system partners to improve outcomes.

In recent years, national standards have been developed to measure waiting times for many mental health services. This allows the CCG to understand its progress in delivering timely access to the mental health services people need.

National Standard	Period reported	Target	Performance		BSW Total			Swindon CCG		
			England	South West		vs Eng	vs SW		vs Eng	vs SW
Improving Access to Psychological Therapies – access rate	Q3 2019/20	Q4 5.5%	4.61%	4.47%	4.72%			6.00%		
Improving Access to Psychological Therapies – recovery rate	Q3 2019/20	50%	50.9%	48.9%	51.8%			51.7%		
People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Q3 ** 2019/20	50%	74.4%	74.5%	80.0%			100%		
Access to Children and Young People's Mental Health Services	Q3 ** 2019/20	33%	34.2%	29.8%	32.4%			26.7%		
Children and Young People Eating Disorders seen within four weeks for non-urgent cases.	Q3 2019/20	95%	86.9%	87.0%	91.3%			85.3%		
Estimated diagnosis rate for people with dementia (diagnoses as % of prevalence)	Mar-20	66.7%	67.4%	61.8%	62.6%			55.4%		

Key for benchmarking ratings			
vs Eng (England**) or SW** (South West): Compares BSW and CCG to England or South West result and target	Better than Eng or SW and/or target	Similar or within acceptable variance to Eng or SW and/or target	Worse than Eng or SW and target; outside amber tolerance

Psychological therapies services are community talking therapies, which include group and one-to-one sessions. There was a national directive to increase the capacity of this service over the last few years, while also including specific services to support people with long term conditions. The Swindon service is delivering six per cent in quarter three, already above the 5.5 per cent national access target for quarter four.

The National Institute for Health and Care Excellence (NICE) recommended package of care for people with a first episode of psychosis is often delivered in a mental health ward setting. The CCG has good performance against this, but it can fluctuate due to the low number of people using the service.

Access to children and young people's mental health services, similar to adult's psychological therapies, measures access against an expected prevalence of need. The CCG co-created a range of services sitting alongside its traditional Child and Adolescent Mental Health Services (CAMHS) provision, including an online support service. A commitment of the Thrive strategy is to level-up service provision across BSW. Access and waiting times for children and young people in Swindon were identified as an area of priority, and plans were made for the service to undergo review and development during 2020/21.

There was a national directive to redevelop eating disorder services for children and young people, while ensuring all routine referrals were seen within four weeks from the end of 2019/20. The Swindon service was below England and South West at 85.3 per cent. The service was seeing more referrals in each quarter and the CCG is continuing to develop the capacity to support the increasing demand.

Swindon CCG has not met the national standard for the dementia diagnosis rate and performance fell during 2019/20. Improvement plans have now been established across all of the BSW, and each CCG has appointed a joint dementia diagnosis rate quality improvement practitioner to help support primary care to continue to ensure patients and their families are able to access support when needed. There is a focus on the Swindon area and there is also an additional dedicated Swindon dementia diagnosis rate worker.

Financial performance

Swindon CCG achieved all of its financial duties in 2019/20. This is demonstrated in the table on pages 28 and 29 and within the Annual Accounts. In addition, the CCG ended the year with a surplus of £26,000, which is in line with NHS England and NHS Improvement expectation.

The Annual Accounts have been prepared under International Financial Reporting Standards (IFRS) and in accordance with the Group Accounting Manual issued by NHS England and the Department of Health and Social Care.

The financial landscape for 2020/21 and beyond is challenging. Nationally, CCG average growth in place-based allocations for 2020/21 is 3.99 per cent. The new Bath and North East Somerset, Swindon and Wiltshire CCG will receive 4.01 per cent. National pressures on CCG budgets are expected to continue due to increasing demands. In order to manage within allocated resources for 2020/21, the new Bath and North East Somerset, Swindon and Wiltshire CCG will need to deliver an efficiency programme of £24.5 million, which is the equivalent of 1.8 per cent of notified allocation.

CCGs have a number of financial duties under the National Health Service Act 2006 (as amended). Full details of the CCG's financial performance are available in the Annual Accounts section. The CCG's performance against those duties in 2019/20 was as follows:

Duty	Target £'000s	Actual Performance £'000s	Achievement
Expenditure not to exceed income	336,663	336,638	Yes
Capital resource use does not exceed the amount specified in Directions	397	397	Yes
Revenue resource use does not exceed the amount specified in NHS Directions	329,717	329,691	Yes
Capital resource use on specified matter(s) does not exceed the amount specified in NHS Directions	-	-	
Revenue resource use on specified matter(s) does not exceed the amount specified in NHS Directions	-	-	
Revenue administration resource use does not exceed the amount specified in Directions– running costs	5,326	4,397	Yes

Better Care performance

The Better Care Fund (BCF) was established on 1 April 2015, in line with NHS England and Local Government Association directions.

The aim of the BCF was to support transformation and integration of health and social care in line with the Health and Wellbeing Strategy for Swindon.

The total planned value of the fund in 2019/20 was £55.1million, with £1.2million of this provided from grants made directly to the local authority for disabilities facilities and social care adaptations. Additionally, £800,000 came from winter pressure funding and £4.5million came from the Improved Better Care Fund. The remaining balance is made up of voluntary additional contributions by the local authority and the CCG's minimum and additional voluntary contributions.

Note 40, of the financial statements details the contributions and services commissioned as per the pooled budget arrangement.

How risk and uncertainty are corrected

As described above, a regular review of timely information ensured the CCG retained a grip on performance across a wide range of areas. As well as information being routinely circulated, metrics missing national or local performance standards, or showing a deteriorating trend are selected and highlighted within summary reporting. It is combined with narrative from commissioning leads and scrutinised at internal and external committees by senior leaders, clinicians and lay members. Where reporting is significantly off track, or enough reassurance cannot be provided, a deep dive review is conducted.

Regular scrutiny of performance takes place at contract meetings with providers, in which they are, when necessary, held to account via contractual levers. Where performance deviates from expected levels, recovery plans are sought from providers and milestones are tracked through contractual meetings or associated sub-groups.

Major performance issues are added to the CCG risk register, where they receive the highest level of scrutiny.

Quality, engagement, health inequality and strategy

The CCG has worked to ensure that it complies with the statutory duties laid down in the National Health Service Act 2006 (as amended).

In this section, the CCG has reflected on its duties under:

- Duty as to improvement in quality of services
- Patient and public involvement and consultation
- Duties as to reducing inequalities
- Contribution to the delivery of joint health and wellbeing strategies

Improvement in quality of services

The NHS Constitution places a requirement on all providers of healthcare to strive to deliver high quality and safe care to patients. Commissioners of healthcare have an important role in driving quality improvement and gaining assurance around the quality of care delivered by the provider organisations that they commission services from.

Quality assurance

The CCG works with providers across the health and care system to improve quality through a consistent focus on continuous improvement and learning to embed change and improve patient outcomes. 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. Further information about the national CQUIN schemes for 2019-20 can be accessed via the NHS England CQUIN website.

Highlights from this year's CQUINs include:

- Improving the uptake of the flu vaccination for frontline clinical staff
- Promoting that our providers offer screening, advice and referral interventions for smoking and alcohol
- Improving the number of adult mental health patients receiving a follow-up within 72 hours of discharge
- High impact actions to prevent hospital falls
- Providing six-month stroke reviews for patients

The system wide CQUIN panel, which includes quality lead representation from Bath and North East Somerset, Swindon and Wiltshire CCGs, has enabled a more collaborative review of the providers of CQUINs. This has supported an improved understanding of workstreams and outcomes across the wider health community.

Patient experience

Friends and Family Test (FFT) scores and patient opinions from the NHS website are assessed alongside local information in order to understand health services from a patient's perspective. Themes and trends are analysed and taken into account alongside regional and national comparisons.

We value and act on all feedback received and view compliments, concerns and complaints as a rich source of information.

Responses to concerns and complaints are administered in line with the Local Authority Social Services and National Health Service (England) Complaints Regulations 2009.

The CCG continues to ensure that any concerns or complaints raised by an individual is dealt with compassionately, effectively and in a timely manner.

In 2019/20, Swindon CCG received a total of 43 complaints. Six complaints were upheld and 11 were upheld in part. This demonstrates that 40 per cent of all complaints received were well founded and received a positive outcome. Most individuals choose to provide feedback directly to the provider of their care if they were satisfied or unhappy. This explains the low number received by the CCG. All feedback received directly by providers in contract monitoring meetings is monitored to identify themes and trends.

There have been 461 Patient Advice and Liaison Service (PALS) contacts received directly by the CCG.

There has been a total of 46 compliments received directly by the CCG, with 34 of them relating to the Prescription Ordering Direct Service (POD).

The CCG works proactively with providers where complaints or concerns are raised to ensure that service improvements, where required, are implemented. Performance and quality standards are continually monitored through regular performance meetings with all providers.

Feedback can be submitted to the CCG via email using scwcsu.palscomplaints@nhs.net.

Safeguarding

Under the Social Work and Children Act 2017, the CCG worked with the police and local authority to form a statutory Swindon Safeguarding Partnership (SSP). Within this partnership, the CCG was on an equal footing to the other partners which increased the CCG's leadership role and activity. This led to a large increase in the resources in kind requested from the SSP for the CCG contribution. CCG representatives attended all board meetings and subgroups. Within the SSP, this amounts to 12 different boards or subgroups. In addition to these, there were another 18 boards or subgroups that the CCG attended on a regular basis related to safeguarding.

The CCG worked with BSW colleagues to develop a BSW-wide safeguarding schedule that is now in place for all main providers and excluding primary care. This schedule collects quarterly data about the quality of the safeguarding overall within the organisations. For smaller providers, there remains a condensed version of this schedule. A review of the latter is one of the CCG's priorities which would benefit from a BSW-wide approach, as with the main safeguarding schedule. The CCG has worked to develop a process that provides relevant and timely intelligence to the Safeguarding Partnership with regard to quality assurance and monitoring of safeguarding practice in health organisations in Swindon.

The CCG has a Safeguarding Locally Enhanced Service (LES) which remunerates GP surgeries for safeguarding work not within the GP contract, and collects quarterly data about the quality of the safeguarding overall within the GP practices. This Safeguarding LES has now been recommended by NHS England and NHS Improvement as an option for all CCGs to use.

The CCG has a schedule in place for conducting Safeguarding Quality Assurance Visits (SQAV) to all providers, including primary care. The approach to these visits is collaborative and one that works alongside the provider when writing a joint action plan so that best practice safeguarding in all areas can be achieved.

The CCG Named GP has written a self-assessment audit for GP surgeries which evaluates both the Section 11 and Care Act duties. All GP surgeries in Swindon completed this in summer 2019. This gave clear information about the areas in which GP surgeries needed support, including with safer recruitment processes and internal safeguarding audits. The CCG has provided support and advice to the surgeries with these and other areas. This audit has now been adopted by the Royal College of General Practitioners within its safeguarding toolkit for all GP surgeries in the UK to use. It was further developed within Swindon for all agencies and has since been launched for all agencies to complete and submit back to the Swindon Safeguarding Partnership.

Swindon has an established quarterly safeguarding leads group where all health provider leads attend. This covers both children and adults to support consistency in safeguarding practice across the health system.

The CCG has been involved with a high volume of statutory reviews, or a consideration of cases for a statutory review, under either Working Together Guidance 2018 or under the Care Act 2014. Under these statutes, there have been three rapid reviews, two completed child safeguarding practice reviews, three local child safeguarding practice reviews, one new safeguarding adult review and three local case reviews for adults.

The CCG has provided face-to-face support and training for GP practices regarding safeguarding adults, safeguarding children, engagement in the early help process and domestic abuse. This consists of four hours of teaching for each surgery each year. The CCG has provided direct

training and dissemination of learning from recent safeguarding practice reviews and local case reviews to GPs, as well as other to relevant health agencies.

The CCG has been closely involved in writing the Child Protection Standards for Swindon, which in the process of being published.

The Named GP has been closely involved in the setting up of the National Network of Named GPs (NNNGP), which now gives a voice to safeguarding in primary care to influence decision making at a national level.

For children looked after

Swindon CCG continues to work closely with Swindon Borough Council and other providers to improve the health outcomes for the Swindon children looked after. The number of Swindon children looked after has reduced over the past 12 months from 352 at the end of March 2019 to 315 at the end of January 2020. Swindon was a national outlier with more looked after children per 10,000 of the child population than the national and statistical neighbour figures.

The focus currently is on improving the health outcomes for care leavers and improving the emotional and mental health of children looked after and care leavers. The need to improve the health outcomes for care leavers was highlighted in the 2019 Ofsted inspection and all actions have now been completed with an improved care leavers health passport process and an improved working relationship between the children looked after health team nurses and the leaving care team. An audit of the health section of the pathway plans is being repeated in April 2020 to evidence the impact of the work done.

An emotional and mental health strategy for children looked after is in place with an action plan which is overseen by a multi-agency delivery group. Additional resources are needed to put the strategy in place and Swindon Borough Council has committed to this. A needs analysis has also been completed and a business case is being written to be presented after April.

The adoption medical advisor capacity is currently an issue as it is not able to meet the requirements of the regional adoption agency, Adoption Thames Valley. Work is being done with staff at the Great Western Hospital, who are commissioned through the block contact to provide this post, to address the issue by using a nurse post to support the adoption medical advisor. This approach has worked successfully in Gloucestershire.

A mapping exercise has been completed on the children look after designated posts across the new footprint and there are large discrepancies across the patch. Swindon is the only CCG with a Designated Nurse within the CCG.

Complex discharges

Unnecessarily prolonged stays in hospital can result in a number of problems for individuals, such as risk of infection, sleep deprivation and episodes of acute confusion. National research has found that for those most at risk, a stay in hospital of more than 10 days will result in 10 years of muscle ageing. To help reduce health inequalities and ensure that prolonged hospital stays for those with complex packages of care are avoided, the CCG has been working with GWH to ensure people are able to leave hospital as soon as they are well enough. This has involved developing a joint protocol for adult discharge pathways for health and social care and associated funding arrangements, which helps to ensure discharges are not delayed due to funding issues.

We have worked hard to ensure that people who are nearing the end of their life and have Continuing Healthcare Fast Track funding had their packages of care arranged as soon as possible. In January 2019, the CCG reviewed the process for assessing eligibility and completed an audit to ensure that it is following the national framework correctly.

The CCG has been working with neighbouring commissioner colleagues to ensure a robust process for escalation of delayed discharges.

A pathway for complex brain injury patients has been developed to ensure access to specialist rehabilitation in a timely way.

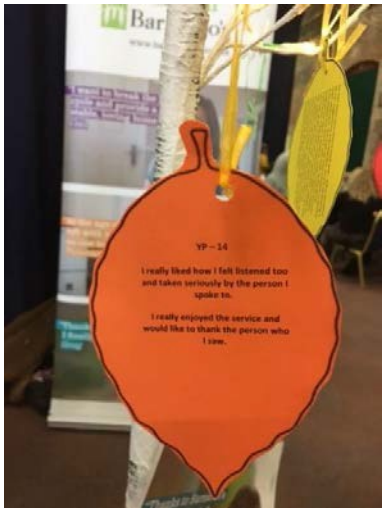
Special Educational Needs and Disability

Last year saw a significant improvement in the approach to the co-production of services with Swindon SEND Families Voice (SSFV). The increase in reach empowered more families to engage and feedback on services they received and drive forward improvements. A joint special educational needs and disability (SEND) strategy is due to be signed off, as well as a joint transitions strategy, which sets out the ambitions of the Swindon Local Area to improve outcomes for children and young people with SEND and their families.

The Great Western Hospital has taken over the delivery of the complex and continuing care service. This has seen improvements in the continuity of care with the appointment of permanent staff and improvements in clinical governance arrangements through the women's and children's directorate.

Workshop development and improvement meetings on Connecting for Care have taken place and have brought together more than 50 professionals from across primary care, including GP's, consultants, paediatric specialists, early help, Swindon SEND Families Voice and other young people specialists. This will ensure the right care is given at the right time across the system. The appointments of a full-time Designated Clinical Officer and part-time Designated Medical Officer for SEND have increased capacity to oversee and improve quality of health input and information for children and young people with education, health and care plans.

The mental health support teams in schools pilot was launched in 40 Swindon schools, and provided early mental health support to children and young people. The launch of the No Wrong Front Door was imminent alongside the Early Help Hub provision and Multi-Agency Safeguarding Hub.



Patient safety and serious incidents

The CCG had a responsibility to ensure the services it commissioned were safe and continually strived to reduce avoidable harm. Responding appropriately when things go wrong is a key part of the way the NHS improves the safety of the services provided to patients. The CCG requires all commissioned provider organisations to report and escalate any incidents that meet serious

incident criteria, as defined within the NHS England Serious Incident (SIs) Framework. There were 74 serious incidents involving Swindon CCG patients reported during 2019/20. All SIs were reported and investigated in line with the National Serious Incident Framework to identify learning and themes.

Serious incident investigations are monitored through Clinical Quality Review Meetings (CQRM) with providers, as well as the 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. Serious incidents are only closed when the panel is satisfied with the level of investigation and the robustness of the provider's action plan to reduce the likelihood of reoccurrence.

Never events

NHS Improvement describes a never event as serious incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

There were no never events involving Swindon CCG patients in 2019/20. However, GWH reported two never events related to a wrong site surgery and a retained foreign object post-surgery. Both incidents underwent full investigations to identify learning in line with the National Serious Incident Framework.

Quality improvement

Swindon CCG has supported several quality improvement initiatives in-year across different clinical pathways. This has included improvements in the falls pathway, which was delivered by the Swindon Falls and Bone Health Collaborative. This included improving the provision of strength and balance classes in Swindon and the introduction of lanyards for children with a hidden disability. Also, additional support has been provided to care homes via quality improvement projects such as the red bag scheme, which has improved admission and discharge communication, and To Dip or Not to Dip, which aimed to support appropriate diagnosis and treatment of urinary tract infections. The CCG has also supported the Bath and North East Somerset, Swindon and Wiltshire Stroke Service Improvement Collaborative which has brought together leaders from across the system and, importantly, patients with experience of stroke to review the entire pathway to deliver improvements. The CCG will continue to embed a continuous quality improvement approach through all workstreams undertaken across the health and social care system.

Research and development

Bath Research and Development (BRD) had provided the CCG and other local primary and community providers in the region with research management and governance systems. This service, which is based at the University of Bath, is fully funded by the National Institute for Health Research.

The Director of Nursing was the research and development lead for Swindon CCG and attended BRD Executive meetings, where wider research matters were discussed.

Optimising our use of medicines

The CCG wants to make sure patients make the best use of the medicines prescribed to them, while reducing waste and working with prescribers to choose clinically and cost effective treatments. Practices in Swindon write 4,500,000 prescriptions each year, at a cost of £31 million. The medicines management team work closely with practices to make sure these medicines are safe and effective, while also providing good value for the NHS.

Here are some examples of what was achieved during 2019/20:

- Continued expansion of the Prescription Ordering Direct (POD) repeat prescription telephone service. Patients can telephone the service, which is dedicated to managing repeat prescriptions, while also answering answer medicines queries and making sure patients receive only the medicines they need
- Continuing to work with GWH to jointly agree formulary decisions on medicines and prescribing guidelines
- Working with prescribers and patients to achieve a high uptake of biosimilar medicines in secondary care, which offer better value for money while still meeting patient need
- Having a dietician working with the pharmacists in the Medicine Optimisation team has ensured the CCG is making best use of nutritional supplements
- Specialist respiratory nurse and diabetes nurse posts in the medicines team help to support GP practices in improving the care of patients with respiratory problems and diabetes
- Employing a pharmacist and pharmacy technician, with part funding from NHS England, to improve medicines optimisation in care homes. This programme aims to support care home residents to get the best from their medicines and helps to improve the medicines management processes in homes
- Medicines safety audits of practice prescribing to improve the quality and safety of medicines use.
- A continued decline in the amounts of antibiotics prescribed overall and a reduction in those antibiotics most associated with causing adverse effects such as clostridium difficile infection
- Continuing to use and develop IT initiatives to support prescribers to make safe, evidence-based and cost-effective prescribing decisions
- Engaging with NHS England on proposals to disinvest in medicines of limited clinical value, especially low value medicines that are considered less suitable for prescribing
- Developing the pharmacy workforce within primary care, with more pharmacists being employed by practices and the development of joint posts between the CCG, GP practices and the hospital to improve medicines use across the local health system

- Working closely with practices and the Community Diabetic Team to improve diabetes outcomes for Swindon

Equality and diversity

The CCG's work is always carried out in line with the Equality Act 2010 and under Section 14T of the Health and Social Care Act 2012, and the organisation is committed to eliminating all forms of discrimination, while also providing equal opportunities and protecting the human rights of those living in Swindon. The CCG recognises and values the diversity of its communities and believes that equality is pivotal to the commissioning of modern, high quality health services.

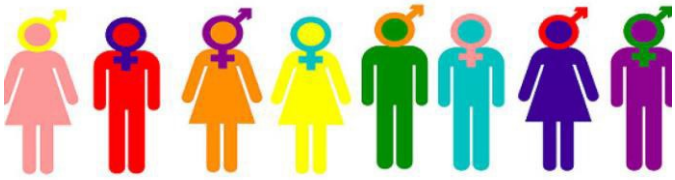
An Equality Strategy that sets out plans and aspirations in addition to statutory obligations has been developed.

Using Quality and Equality Impact Assessments (QIA/EIA), the CCG has adopted a robust approach that ensures the impact of decisions which may affect individuals are analysed and documented before their implementation. This tool enables the impact of proposals on each of the nine protected groups which are highlighted in the Equality Act 2010, to be assessed. This, in turn, enables the CCG to guarantee that services result in high-quality health care that is fair, accessible to all and meets the needs of our diverse communities.

All of the CCG's healthcare providers must comply with the Equality Act, Human Rights Act and the NHS Constitution. This includes ensuring that providers are assessed on equalities performance at all stages when procuring a contract and, during quality assurance, receiving evidence that the organisation is making the information accessible and that it meet the needs of the community.

As the number of CCG employees was below the threshold of 150, the organisation was not required to publish equality data about staff. All CCG staff were required to undertake mandatory training on equality and diversity, and individual coaching was also made available to staff from the CCG's equality lead.

The CCG been committed to improving its equalities data, intelligence data, and its use of equality analysis data in its commissioning cycle. To help improve equality data, the CCG is building stronger relationships with protected groups and communities to better understand and fulfil their needs.



Reducing health inequality

The joint strategic needs assessment (JSNA) for Swindon helps to inform where inequalities exist and within which groups of people and communities.

Health and wellbeing is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment.

The CCG is committed to engaging with a diverse range of local groups and communities and ensuring their voice, experiences and needs inform plans and any changes made to services.

When the CCG consulted on its proposal to transform maternity services (see above), effort was made to share and discuss the proposal with seldom-heard groups, including parent carers, parents with learning disabilities and young parents.

Engaging people and communities

The CCG has been committed to ensuring that the very people who depend on the healthcare commissioned – such as, patients, their family members, carers and those people with a long-term condition – have been constantly involved in all activity to not only maintain, but enhance, local services.

As outlined in the Health and Social Care Act 2012 (Section 14Z2 of the Act), all NHS organisations have an overarching obligation to involve local people in:

- The planning of new services
- The ongoing development of existing services
- The decision-making process behind any plans to significantly permanent or temporary changes to local services

A fundamental principle of any CCG, and one held dear by Swindon CCG, is to ensure patients and members of the public are given regular opportunities to have their voices heard, and their ideas and suggestions not only listened to but seriously considered by the organisation's decision makers.

There have been a number of instances over the last 12 months when the CCG reached out to its local population and asked for help in delivering improvements, implementing positive change and seeking assurance that local services were fit for purpose and meeting the needs of people from all backgrounds and walks of life.

A selection of these instances can be found at the end of this section.

In addition to the type of involvement that relates to specific projects and one-off events, the CCG's regular Patient and Public Engagement Forum has also ensured that public participation has remained a constant theme throughout the year.

Following a successful refresh of the way in which the Forum was delivered in 2018/19, the CCG continued to divide meetings between those that followed a standard business agenda, and those which allowed members to study, scrutinise and, ultimately, gain a better understanding of one specific topic.

These deep-dive sessions, as the meetings have become known, continued to be well-received by Forum members, who themselves are responsible for choosing the subject being looked at.

Such has been the popularity of these sessions, that engagement colleagues from the neighbouring CCGs in Bath and North East Somerset and Wiltshire have visited to Swindon to see the Forum in action and to take ideas back to their respective CCG's.

Increasing the Forum's membership, as well as the diversity of its membership, remained a priority throughout 2019/20, and it has been encouraging to see the proportion of members who hail from a minority background, or who perhaps represent a younger audience, steadily increase.

Looking ahead to 2020/21, work to continue diversifying the membership will undoubtedly increase, especially with the introduction of a dedicated Engagement Manager post as part of the

new Bath and North East Somerset, Swindon and Wiltshire Communications and Engagement team structure.

Some examples of instances where patients and the public have been involved in CCG activity over the last year include:

GP practices involved with the Integral Medical Holdings (IMH) Group

In September 2018, five GP practices in Swindon – Abbey Meads Medical Group, Moredon Medical Centre, Taw Hill Medical Practice, Eldene Surgery and Phoenix Surgery – began diverting telephone calls from patients to a centralised call centre managed by private firm the IMH Group, which had taken on the responsibility of each surgery's administration a year earlier.

Concerns were raised by members of the community, as well as by the media, campaigners and local MPs, and, following a period in which improvements failed to materialise, the CCG prematurely terminated the contract held between the IMH Group and the five practices.

While this move led to a period of uncertainty, as the practices were without a provider organisation, the CCG endeavoured to keep the local community up-to-date with work happening behind the scenes.

Regular updates were posted online, as well as through the press and Healthwatch Swindon, and, in September 2019, the CCG hosted two public meetings in which people were able to come along to receive information and ask questions direct to the CCG's Executive Team.

At these meetings, the CCG furthered its dialogue with concerned members of the community and used the opportunity to gauge local feeling and to understand how people would like to be communicated with in the future.

During the same time, the CCG also held regular one-to-one meetings with local councillors, MPs and key figures from campaign groups, all of whom raised concerns on behalf of, and fed back their findings to, local people.

Closure of the Walk-in Centre at the Swindon NHS Health Centre

The CCG announced in December 2019 that the Walk-in Centre, based within the larger Swindon NHS Health Centre, would be closing in the spring of 2020.

This move, which followed a national directive from NHS England and NHS Improvement, was taken after an extensive period of engagement with local people, particularly those using the service.

Across a two-week period in July 2019, representatives from the CCG, working in partnership with colleagues at Healthwatch Swindon, spent time speaking to patients at the Walk-in Centre about the reasons for their visit, their knowledge of other local healthcare options and where else they would go if the service was no longer available.

In addition to this qualitative data, patients were invited to complete a short paper-based questionnaire which enabled the CCG to capture data such as the person's age and gender, as well as their method of transport used to get to the Walk-in Centre and the GP practice at which they were registered.

Furthermore, an online survey – aimed at all patients who had used the Walk-in Centre during the last 12 months – was live throughout August 2019 and asked many of the same questions included in the paper-based questionnaire.

The data from both surveys were presented to Swindon Borough Council's Adult's Health, Adult's Care and Housing Overview and Scrutiny Committee at its meeting in November 2019, at which time members were informed of the decision to close the Walk-in Centre.

During the early part of 2020, engagement with the public continued and, in February, the CCG held an open-to-all information meeting, in which local people were invited to come along to ask questions, raise concerns and hear more from the Executive Team about the reasons behind the centre's closure.

Many of those in attendance fed back that they had been grateful for the opportunity to raise their points of view in an open forum and to have their questions and concerns addressed immediately by decisionmakers at the CCG.

Members of the CCG's Patient and Public Engagement Forum also had the chance to scrutinise the closure of the Walk-in Centre, and put questions direct to the CCG's Director of Nursing and Quality, at its meeting in February 2020.

Engaging with health and social care students at New College, Swindon

In April 2019, the CCG's Communications and Engagement Team spent a morning engaging with first year health and care students at New College in Swindon.

Rather than just talk at the students, the CCG created an interactive environment in which the students, most of whom were aged either 16 or 17, were encouraged to ask questions, share their individual experiences of the NHS and make it known which parts of the healthcare system seemed confusing to them.

The result was a two-way dialogue in which the students were able to learn about parts of the NHS they had previously been unaware of, and the CCG was able to develop a better understanding of what was important to young people living in Swindon.

Feedback from group, as well as college lecturers, suggested that the way in which the CCG tailored its presentation to a young audience – for example, illustrating that the CCG's annual budget could be used to buy every person in Swindon a large takeaway pizza every week for an entire year – led to the students feeling more engaged and more included in the discussions.

Following the session, several students expressed an interest at taking part in a work experience placement at the CCG, while the college itself asked whether a similar session could be held at some point in the next academic year for the latest cohort of health and care students.

Our Health Our Future

People living across Bath and North East Somerset, Swindon and Wiltshire were asked, as part of a summer-long engagement campaign, to say what areas of healthcare they would most like the CCG to prioritise over the next five years.

The Our Health Our Future campaign hit the road in June 2019 and, for six weeks, members of the communications and engagement teams from Bath and North East Somerset, Swindon and

Wiltshire CCGs visited towns and villages, as well as markets, shopping centres, universities, colleges and community meetings, throughout the region to ask people of all ages three simple questions:

- What's the one thing you wish you'd known sooner to help you be as healthy as possible?
- What's the one thing that would help you to find and use health and care services more easily?
- What's the one thing that would help to make a difference to your health and care in the future?

A suite of materials was also compiled to support the campaign, with many of the posters and leaflets recreated in Easy Read formats, as well as made available in different languages, such as Polish, to help make the campaign as assessable as possible.

Between Thursday 13 June and Wednesday 31 July, the team carried out more than 1,000 face-to-face engagements and received more than 1,400 online survey responses.

Those who took part in the survey said they would like to be given more advice and information on how to live healthier lifestyles, as well as details of how to live well with common long-term conditions such as diabetes and high blood pressure.

The data also showed people want it to be as easy as possible to make appointments with staff at their GP practices, and for waiting times for healthcare to be reduced.

Another common theme which emerged from the survey results showed that many people often felt as if they were not being listened to, or in some cases not taken seriously, by the healthcare professionals they were seeing.

There was also feedback from younger people, which showed they would value better access to mental health services and support.

The survey results, all of which were shared with the CCG's Executive Team and used to inform the new BSW Long Term Plan, can be seen in full by visiting www.bswstp.nhs.uk/ourhealthourfuture.

Development of a BSW-wide citizens panel

In January 2020, people living in Bath and North East Somerset, Swindon and Wiltshire were targeted as part of a member recruitment drive for the region's new citizens panel.

A new way of engaging with local people, the panel – known as the Our Health Our Future panel, as a continuation of the summer's engagement campaign – intends to act as an innovative forum in which members of the public can air their views on local health and care issue.

Those being recruited to the panel will be expected to take part in regular surveys, as well as the occasional focus group.

Full reports from each survey will be made publicly available, and the insight captured from the questionnaires will be used to inform future decision making, strategy, service design and service change.

The recruitment drive consisted of several face-to-face interviews that took place in a range of towns and cities, including Swindon, Marlborough, Trowbridge and Salisbury.

Patients sought to help improve local cancer care

People in Swindon with experience of local cancer care, either first-hand or through a friend or relative, joined forces with clinicians and managers at the Great Western Hospital to look at ways of improving services for future patients.

Those recruited to the Swindon Cancer Working Group were asked to use their insight and experience to help identify areas of improvement and drive forward tangible changes.

Public participants sitting on the group were asked to give their honest views and feedback on new and proposed methods of care, and to offer care providers a unique insight into the impact certain treatments had on patients.

In accepting membership to the group, the public participants also had a responsibility to review current cancer performance and to aid staff in exploring how best to respond locally to national strategies and plans.

The only prerequisite to joining the group was that those who applied needed to have been treated for cancer in the last three years, or experienced services while assisting a friend or relative through their diagnosis.

Refreshing the care pathway for children with neurodevelopmental conditions

Over the last two years, Swindon CCG has worked extensively with parents and carers, as well as its partners in health and social care, to refresh the pathway of care used for children with suspected neurodevelopmental conditions.

The need to review the pathway first originated in 2016 when data showed a dramatic increase in referral numbers and waiting times, which led to the CCG establishing the Autism Spectrum Disorder Strategy Group.

A fundamental principle of the group was for it to champion the voice of those families who would be using the pathway and, as such, its membership included several parents and carers, as well as representatives from Swindon SEND Families Voice, a support group for families with children who have learning disabilities.

The group met on a monthly basis and, through a positive collaboration of public participants and healthcare staff, a new plan for a pathway of care was drawn up.

Details of the new pathway, part of which went live in October 2019, was shared with Swindon Borough Council's Adult's Health, Adult's Care and Housing Overview and Scrutiny Committee at its meeting on Tuesday 28 January 2019.

Members, who are locally elected officials, reacted positively to news of the pathway and requested to be kept informed of further developments.

Looking ahead to 2020 and beyond, the group is expected to continue meeting so that further sections of the pathway can be reviewed and scrutinised by the public participants as and when implementation occurs.

The CCG's assessment against the new Patient and Community Engagement indicator

Between January and March 2020, the CCG undertook a self-assessment to review its work to engage with the people and communities it is responsible for commissioning services for. Building a positive relationship with patients and communities is a key commitment of the Five Year Forward View and the Long Term Plan and the CCG knows that better partnerships with people and communities is a priority for transforming and sustaining the NHS. The national assessment of the CCG's scoring took place during March with results available in July 2020.

The CCG scored 10 (green) for 2019.

From April 2020, BSW CCG will have a dedicated public engagement team which includes a specialist clinical engagement role. The team will work with members of its forums, the lay Governing Body member for Patient and Public Engagement, other partners and the CCG Executive Team to agree its priorities for the coming year.

Health and wellbeing strategy

Health and wellbeing boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population.

Swindon's second joint Health and Wellbeing Strategy (JHWS) was published in 2017. It defined a vision that everyone in Swindon should live a healthy, safe, fulfilling and independent life that is supported by thriving and connected communities. The Swindon Health and Wellbeing Board has responsibility for monitoring and overseeing the delivery of this strategy and the CCG's Clinical Chair was the Vice Chair of the Health and Wellbeing Board. 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
- Creation of sustainable environments in which communities can flourish.

Under section 116B(1)(b) of the Local Government and Public Involvement Health Act 2007 the CCG contributed to the delivery of the Health and Wellbeing Strategy by providing leadership to make innovation and change happen locally. The CCG implemented new models of care (referred to elsewhere in this report) that supported people and organisations to innovate, set and adopt national best practice.

The Swindon JSNA and the Health and Wellbeing Strategy, as well as the December 2018 progress report, can be found on the Swindon JSNA website.

The strategy sets out the local framework for commissioning health and social care services and provides the overarching plan through which the Health and Wellbeing Board can improve the health and wellbeing of local residents and reduce health inequalities. The membership of the Swindon Health and Wellbeing Board was extended this year to include provider organisations (including Great Western Hospitals NHS Foundation Trust, Avon and Wiltshire Mental Health Partnership NHS Trust and Wiltshire Police) to ensure a collaborative and joined up approach to improving outcomes for local residents, with a greater focus on prevention. The CCG continued to work closely with the Board to develop priorities and action plans. The CCG takes regular reports to the Board. Key areas of discussion in the last year have included the ongoing development of integrated care locally and the wider BSW STP, the Better Care Fund, end of life care and maternity services transformation. There is a joint commissioning group in place to review progress against the delivery of the plans and the minutes of the group are received and reviewed by both the Health and Wellbeing Board and the CCG Governing Body.

Sustainable development

As an NHS organisation, and as a spender of public funds, the CCG had an obligation to work in a way that had a positive effect on the communities for which it commissioned and procured healthcare services. Sustainability means spending public money well, efficient use of natural resources and building healthy communities. By making the most of social, environmental and economic assets, the CCG could improve health in the immediate and long term, even against the context of rising costs. Spending money well and considering the social and environmental impacts is included in the Public Services (Social Value) Act (2012).

The CCG acknowledged this responsibility by working hard to minimise its carbon footprint.

As part of the NHS, public health and social care system, it was the duty of the CCG 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 per cent.

The CCG was required to report its progress in delivering sustainable development. The CCG continued to work with its building landlord, which provided services for the CCG at its headquarters. The CCG continued to strike the right balance between the three key areas of financial, social and environmental sustainability when making decisions. In doing so, this enabled the CCG to save money, save resources and benefit staff and patients.

Reducing energy use

The CCG was a tenant in a serviced building. Information on the landlord is available on the Vygon UK website, www.vygon.co.uk.

Sustainability and commissioning

Most environmental and social impacts happened through the services commissioned by the CCG. Therefore, promoting sustainability is a consideration throughout each stage of the commissioning process.

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.

Part two – Accountability report

Tracey Cox
Chief Executive

25th June 2020

Accountability Report
Corporate Governance Report

This section explains the composition and organisation of the CCG's governance structures and how they have supported the delivery of the CCG's objectives.

Members' report for 2019/20

The CCG's constitution outlines how the organisation will deliver its statutory duties. The new model CCG Constitution was adopted in June 2019 following extensive consultation with its membership. This was seen as a first step to streamlining governance arrangements across the Bath and North East Somerset, Swindon and Wiltshire CCGs' footprint, with a single management structure.

In October 2019, NHS England and NHS Improvement approved the BSW CCGs' application for merger on 1 April 2020. Work on approving a new single constitution for the BSW CCG commenced in November 2019.

The Swindon CCG constitution is now on an archived website. The constitution for the new CCG can be found on the new website at www.bswccg.nhs.uk.

Member profiles

The CCG has been led by an elected Clinical Chair. Dr Sarah Bruen took office on a permanent basis on 1 April 2019, after being the interim chair from 1 February 2019.

Following the retirement of Dr Philip Mayes, Dr Steve Sewell and Dr Liz Alden and the permanent appointment of Dr Bruen to the Clinical Chair role, the CCG appointed four new GP representatives to the Governing Body. Dr Mark Boothman, Dr Francis Campbell and Dr Amanda Webb joined on 1 April 2019 and Dr Jennie Carroll on 1 May 2019.

All GP Governing Body members attended the monthly Clinical Leadership Group (CLG) meeting, which was replaced in July by the Swindon Integrated Care Clinical Board, a health and social care system-wide forum for active clinical debate, which has informed the decisions regarding priorities for the CCG.

Dr Sarah Bruen, Clinical Chair

Sarah completed her medical training in Southampton. She qualified as a GP in 2006 and has worked as a GP partner at Westrop Medical Practice since 2011. Sarah has an interest in the management of general practice and became the managing GP partner at Westrop Medical Practice in 2012. Sarah has worked at Swindon CCG since 2015, initially as the Governing Body's locality one lead then, after a short spell as Interim Clinical Chair in February 2019, became the CCG's permanent Clinical Chair in April 2019.

Dr Febin Basheer, GP Representative

Febin has worked in the NHS for more than 13 years and has been a GP in Swindon since 2011. She has a special interest in substance misuse and mental health. Within the CCG, Febin is GP Lead for Planned Care Commissioning and is also focused on improving integration between different sectors of health and social care, as well as making efficient use of resources to achieve the best possible outcomes for local people.

Dr Amanda Webb, GP Representative

Amanda trained at both Cambridge and Oxford University, before qualifying as a GP in 2012 and joining Westrop Medical Practice in 2014. Dr Webb has specialist clinical interests in paediatrics and women's health, and is heavily involved in medical education, both as a GP trainer and as a

teacher of medical students. She aims to improve the integration of services across primary and secondary care to increase satisfaction for both patients and staff. Amanda is also keen to develop new initiatives that help promote local GP recruitment and retention.

Dr Francis Campbell, GP Representative

Having completed his training in Swindon, Francis qualified as a GP in 2014 and, following a brief period of locum work, became a partner at Elm Tree Surgery in Shrivenham in 2015. Francis has an interest in medicines management, diabetes and the primary care IT infrastructure. Prior to joining the Governing Body in April 2019, Francis held the role of Clinical Evidence Fellow at the CCG. Outside of work, Francis enjoys gardening and spending time outdoors with his young family.

Dr Jennie Carroll, GP Representative

Jennie trained at a number of major London hospitals, including Guy's, King's and St Thomas', before moving to Swindon as a GP in 2016. She has an interest in sports and exercise medicine, as well as paediatric care and women's health. Jennie is a strong advocate of promoting lifestyle interventions and non-pharmacological options, alongside traditional evidence-based drug treatment. She is also interested in championing the patient voice and involving people as much as possible with regards to decisions about their care.

Dr Mark Boothman, GP Representative

Having qualified in Glasgow and worked in London, Mark completed his GP training with the South West Deanery in 2006 and moved to work in Swindon where, since 2013, he has been a partner at Lawn Medical Centre. Mark has been actively involved in GP training, the teaching of medical students and, more recently, the development of the new Wyvern Health Partnership group. He also has an interest in primary care networks and, more specifically, the primary care home model of care.

Dr Christine Vize, Secondary Care Doctor

Christine studied at Cambridge University and St. Thomas' Hospital, before qualifying as a doctor in 1986. She spent her entire career in the NHS before retiring from clinical practice in 2016. Christine was a consultant psychiatrist in Wiltshire between 1995 and 2016 and was based at Savernake Hospital between 2008 and 2016, during which time she specialised in adult eating disorders. She has also held a variety of NHS management positions and has also contributed to Department of Health policies and national clinical guidance.

Maggie Arnold, Registered Nurse

Maggie has been a qualified nurse for more than 40 years, with her time split between the NHS and armed forces. In 2007, she was appointed as Executive Nursing and Midwifery Director at Gloucestershire Hospitals NHS Foundation Trust, a positive which had responsibility for a number of areas including mental health, safeguarding and infection control. Maggie is also a member of the Bath and North East Somerset CCG Governing Body and an Executive Member of Gloucestershire’s safeguarding boards, and has a passion for staff wellbeing and good patient care.

Paul Byrnes, Lay Member

Paul's professional career has centred around medical devices and operating theatres, which has seen him provide services for healthcare organisations in several European countries, including France, Germany and Italy. He has recently specialised in people development and change leadership. Paul is particularly motivated by the prospect of giving a voice to those who might not naturally be heard, while also encouraging them to play a role in supporting the wider community.

Ian James, Lay Member

Ian is a chartered accountant, who has a broad range of business experience from working with leading financial organisations such as Allied Dunbar, Eagle Star and Zurich Financial Services. In 2006, Ian became a non-executive director of the former Swindon Primary Care Trust and was vice chairman of its audit committee. Aside from the CCG, Ian was a trustee of Citizens Advice in Swindon for 10 years.

Bill Fishlock, Lay Member

Bill is a retired chartered accountant, who has held various non-executive director positions with organisations such as the Wiltshire Probation Service, Wiltshire Police Authority, Green Square Housing Group and the former Swindon Primary Care Trust. He is also a governor at Swindon's University Technical College.

Tracey Cox, Chief Executive

With nearly 30 years of NHS service to her name, Tracey Cox has had an extensive career in the health service, with some of her recent positions including Interim Senior Responsible Officer for the Bath, Swindon and Wiltshire Sustainability and Transformation Partnership and Accountable Officer for Bath and North East Somerset CCG. Before becoming involved in commissioning, Tracey spent time with several provider organisations in London, where she worked in the operational management of surgical services as well as General Manager at the Royal United Hospital in Bath.

Caroline Gregory, Chief Finance Officer

Caroline has more than 20 years of NHS experience and has spent more than 80 per cent of that period at senior management and board level. Caroline's extensive career with numerous provider and commissioner organisations across the Thames Valley region has provided her with an in-depth knowledge of a range of key NHS areas, such as mental health, community services, learning disabilities and primary care groups.

Gill May, Director of Nursing and Quality

Gill has more than 25 years of experience of the NHS and has worked in both acute and community environments. She attended Southampton University to become a trained practice teacher for district nurses. Gill moved into commissioning in 2004, when she took on the role of Board Lead Nurse for the former Swindon Primary Care Trust. In 2013, she became Executive Nurse for the CCG and, in 2018, Gill's job title was amended to Director of Nursing and Transformation to reflect her extensive work portfolio.

Nicki Millin, Director of Strategy and Transformation

Nicki has worked in the NHS for more than 30 years, with her first 15 years spent as an occupational therapist before moving on to commissioning in Gloucestershire, and then to NHS England in an assurance role. Nicki joined Swindon CCG as Chief Operating Officer in 2014 before taking on the role of Accountable Officer in April 2015, a position she held until March 2019. As Accountable Officer, Nicki was responsible for setting national and local objectives and the delivery of improved health and clinical outcomes for patients. Nicki has also led the development of the Integrated Care Alliance in Swindon, having worked closely with partners in Swindon Borough Council, the Great Western Hospital and other primary care providers.

David Freeman, Interim Chief Operating Officer (Swindon)

David Freeman joined the CCG on a nine-month secondment in January 2020, having previously been Chief Operating Officer at Somerset Clinical Commissioning Group. Since joining the NHS in 2001, David has worked across many different areas of the health service and, in his most recent role, led a major organisational restructure.

Sue Wald, Director of Adult Social Care (non-voting member)

Sue was appointed as Director of Adult Social Care in June 2016 and, prior to this, worked as Head of Commissioning for Children and Adults. She has been involved with the CCG since its creation and previously held a joint role between Swindon Borough Council and the former Swindon Primary Care Trust. Sue has experience of working in a variety of different environments, including commissioning, social services and the voluntary sector. Her main focus is on developing and implementing integrated services and commissioning in Swindon.

Dr Ayoola Oyinloye, Interim Director of Public Health (non-voting member)

Ayoola is an experienced public health consultant who worked in the NHS in the north west of England for five years before moving to Swindon in 2010, where he has since held a number of senior positions. He leads on the development of the Swindon Health and Wellbeing Board, the Joint Strategic Needs Assessment and the Swindon Joint Health and Wellbeing Strategy. Ayoola works collaboratively with a range of partners to promote and protect the health and wellbeing of the local residents, and to reduce health inequalities.

Member practices

The CCG comprises 22 member practices across Swindon, aligned to three partnership groups: Brunel Health Group, Great Western Healthcare and Wyvern Health Partnership. The Better Health Partnership was disbanded following the withdrawal of Integrated Medical Holdings from Swindon. The number of practices has reduced by one during the year, as Taw Hill Medical Practice became a branch surgery of Westrop Medical Practice (formerly Westrop Surgery), following the withdrawal of IMH from Swindon.

As of March 2020, there are 244,723 patients registered with a GP practice in Swindon, up from 241,115 in March 2019. This represents a population increase of 1.5 per cent.

Brunel Health Group	**Brunel 1**		
	Elm Tree Surgery	7,292	
	Ridgeway View Family Practice, Wroughton Health Centre	13,835	37,978

	Victoria Cross Surgery*	9,221	
	Eldene Surgery	7,630	
	Brunel 2		
	Carfax NHS Medical Centre	15,013	
	Great Western Surgery	5,367	
	Park Lane Practice	6,688	36,358
	Phoenix Surgery	4,500	
	Sparcells Surgery	4,790	
	Brunel 3		
	Ashington House Surgery	10,676	
	North Swindon Practice	15,303	37,066
	Ridge Green Medical Practice	11,087	
	Brunel 4		
	Westrop Medical Practice**	27,666	27,666
			139,068
Great Western Healthcare	Abbey Meads Medical Group	18,130	30,302
	Moredon Medical Centre	12,172	
Wyvern Health Partnership	Merchiston Surgery	13,916	
	Kingswood Surgery	10,494	
	Hawthorn Medical Practice	12,559	
	Lawn Medical Centre	7,885	62,708
	Old Town Surgery	8,935	
	Priory Road Medical Centre	8,919	
	Whalebridge Practice	12,645	12,645
	TOTAL	**244,723**	**244,723**

*Includes patients registered at Eldene Health Centre.
**Includes patients registered at Taw Hill Medical Practice

Composition of the Governing Body

The CCG's constitution outlines how the organisation will deliver its statutory duties. The new Model CCG Constitution was adopted in early 2019 as a first step to streamlining governance arrangements across the Bath and North East Somerset, Swindon and Wiltshire CCGs footprint, with a single management structure. The constitution has been widely consulted upon. In October 2019, NHS England and NHS Improvement approved the BSW CCGs' application for merger on 1 April 2020. Work on a new single constitution for the BSW CCG commenced in November 2019.

The Swindon CCG constitution is now on an archived website. The constitution for the new CCG can be found on the new website at www.bswccg.nhs.uk.

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

An ongoing role of the Governing Body is to review the CCG's governance arrangements and ensure the CCG continues to adhere to the principles of good governance.

Each member of the Governing Body has a responsibility to ensure the CCG performs its duties in accordance with the terms of the constitution, with each member bringing a unique perspective, informed by their individual expertise and experience.

Information about the new CCG's committees is available via the CCG's website at www.bswccg.nhs.uk.

It has been certified that the CCG has complied with its statutory duties, as laid out in the National Health Service Act 2006 (as amended).

The membership of the Swindon CCG Governing Body, effective from 1 April 2019, is set out below. During the year a single BSW Senior Management Team was established, details of which are set out below.

Title	Name	Committee Chair
Clinical Chair	Dr Sarah Bruen	Chair of Clinical Leadership Group (disbanded in July 2019)
BSW Chief Executive	Tracey Cox	
BSW Chief Finance Officer	Caroline Gregory (from 3 June 2019)	
BSW Director of Nursing and Quality	Gill May (from 1 July 2019)	
GP Representative	Dr Febin Basheer	
GP Representative	Dr Mark Boothman	
GP Representative	Dr Francis Campbell	
GP Representative	Dr Jennie Carroll (from 1 May 2019)	
GP Representative	Dr Amanda Webb	
Salaried GP Representative	Dr Liz Alden (retired from Governing Body on 30 April 2019)	
Secondary Care Doctor	Dr Christine Vize	
Registered Nurse	Maggie Arnold	Chair of Integrated Governance Committee (disbanded in September 2019)
Practice Manager	Vacant	
Lay Member (Public and Patient Engagement) and Operational Chair of Governing Body	Paul Byrnes	Chair of PPE Forum Chair of Primary Care Commissioning Committee

		Chair of BSW Joint Quality and Performance Committee (from September 2019)
Lay Member (Governance)	Ian James	Chair of the Audit Committee
Lay Member	Bill Fishlock	Chair of Remuneration and Nomination Committee Chair of Finance Committee Chair of BSW Joint Finance Committee (from September 2019)
BSW Director of Strategy and Transformation and Deputy Chief Executive (Non-voting)	Nicki Millin (from 1 July 2019)	Chair of the Swindon Integrated Care Alliance Board Chair of the Swindon A&E Delivery Board
Chief Operating Officer (Non-voting)	Paul Vater (until 31 May 2019)	
Interim BSW Chief Operating Officer (Swindon) (Non-voting)	David Freeman (from 20 January 2020)	
Director of Public Health – Swindon Borough Council (Non-voting)	Cherry Jones (until 31 May 2019) Dr Ayo Oyinloye (interim) from 1 June 2019	
Director of Adult Social Care – Swindon Borough Council (Non-voting)	Sue Wald	

There are several members of the Governing Body who were in post until March 2020 and have not transferred to the new BSW CCG.

Below are the names of the people who were previous members of the Swindon CCG Governing Body since its inception in 2013.

- Dr Sarah Bruen
- Dr Philip Mayes
- Dr Liz Alden
- Dr Eric Holliday
- Dr Steve Sewell
- Dr Amanda Webb
- Dr Jennie Carroll
- Dr Mark Boothman
- Dr Francis Campbell
- Dr Febin Basheer
- Dr Tim Jobson
- Dr Peter Mack
- Dr Peter Crouch
- Jan Stubbings
- Nicki Millin
- Gill May
- Christine Vize
- Christine Perry
- Bill Fishlock
- Ian James
- Paul Byrnes
- Michael Barnes
- Sarah Francome
- Angela Brunning
- John Gilbert
- Cherry Jones
- Sue Wald
- Tony Ranzetta
- Paul Vater
- Paul Bearman
- Maggie Arnold
- Caroline Gregory

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 a fellow Lay Member, a Governing Body GP member, non-Governing Body 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.

Register of interests

It is the policy of the CCG that all staff and Governing Body members should 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, declarations of interests and conflicts of interests are formally recorded in the minutes of all meetings.

A list of members' interests and personal relationships with outside bodies is now on an archived website. The list of members' interests for the new CCG can be found on the new website at www.bswccg.nhs.uk.

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 was 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

While the CCG fully supported the government's objectives to eradicate modern slavery and human trafficking, the organisations does not meet the requirements needed for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015.

Statement of the Chief Executive's responsibilities as Accountable Officer of Swindon Clinical Commissioning Group

The National Health Service Act 2006 (as amended) states that each clinical commissioning group should have an Accountable Officer and that officer should be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed Tracey Cox to be the Accountable Officer of Bath and North East Somerset, Swindon and Wiltshire CCGs.

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
- For 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)
- For safeguarding the clinical commissioning group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities)
- The relevant responsibilities of accounting officers under Managing Public Money
- Ensuring the CCG exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended)) and with a view to securing continuous improvement in the quality of services (in accordance with Section14R of the National Health Service Act 2006 (as amended))
- Ensuring that the CCG complies with its financial duties under Sections 223H to 223J of the National Health Service Act 2006 (as amended)

Under the National Health Service Act 2006 (as amended), NHS England has directed each clinical commissioning group to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the clinical commissioning group and of its income and expenditure, Statement of Financial Position and cashflows for the year.

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

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

- Prepare the financial statements on a going concern basis

- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take responsibility for the Annual Report and Accounts and the judgement required for determining that it is fair, balanced and understandable.

As the 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 clinical commissioning group's auditors are aware of that information. So far as I am aware there is no relevant audit information of which the auditors are unaware.

Tracey Cox
Chief Executive

25th June 2020

Governance statement

Introduction and context

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

As of 1 April 2019, the CCG has not been 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 has been administered prudently and economically and that resources have been 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 set out the principles of good governance and delegates authority to members or employees participating in joint arrangements to make decisions on its behalf through the following committees:

Governing Body ensured the CCG had 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 the following subgroups enable it to discharge its responsibilities and manage its performance, quality and risk effectively:

- Audit Committee
- Remuneration and Nomination Committee
- Integrated Governance Committee (disbanded in September 2019)
- Clinical Leadership Group (disbanded in July 2019)
- Swindon Integrated Care Alliance Board

- Public and Patient Engagement Forum
- Quality and Performance Assurance Committee (disbanded August 2019)
- BSW Quality and Performance Committee (from September 2019)
- Council of Members
- A&E Delivery Board
- Finance Committee (disbanded August 2019)
- BSW Finance Committee (from September 2019)
- Primary Care Commissioning Committee

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

Following my appointment as Chief Executive for the BSW CCGs in March 2019, work has continued during the year to establish a single Senior Executive Team across BSW. The following appointments were made:

- Director of Strategy and Transformation/Deputy Chief Executive – Nicki Millin (from 1 July 2019)
- Chief Finance Officer – Caroline Gregory (from 3 June 2019)
- Director of Nursing & Quality – Gill May (from 1 July 2019)
- Medical Director – Ruth Grabham (from February 2020)
- Chief Operation Officer (BaNES) – Corinne Edwards (from 1 July 2019)
- Chief Operating Officer (Swindon) – David Freeman (interim appointment from 20 January 2020)
- Chief Operating Officer (Wiltshire) – Ted Wilson (interim appointment from 1 October 2019 – March 2020). Elizabeth Disney (from 2 March 2020)
- Medical Director – Dr Ruth Grabham (from 1 March 2020)
- Director of People & OD – Interim Alison Kingscott & Sheridan Flavin (From September 2019)
- Director of Corporate Affairs – Julie-Anne Wales (From October 2019)

The Governing Body has understood its responsibility to listen to and engage with its stakeholders, and actively seek their opinion.

The Audit Committee which was accountable to the CCG's Governing Body to provide 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 provided 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

From September 2019, the Committee met in common with the Audit Committees of BaNES and Wiltshire as part of the planned streamlined governance arrangements across BSW and moving towards a single CCG. Highlights of work undertaken during the year have included governance of CCG finances and resources and the planning and monitoring of internal audit, external audit and counter fraud and security management reviews. Single item discussions have included the

annual self-assessment, BSW Model of IT Support Business Case, Mental Health Assessment Standard Review, BSW policy merger arrangements, tender waiver arrangements, Continuing Healthcare Personal Health Budgets for Swindon, aligning risk management systems and processes across BSW, together with the regular review of the BSW Corporate Risk Register and Governing Body Assurance Framework.

In accordance with the Audit Committee's Terms of Reference other members of CCG staff attend on an as -required basis. Membership details and attendance are reported below.

The Remuneration and Nomination Committee was accountable to the CCG's Governing Body to make 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. From March 2019, the Committee met in common with the Remuneration and Nomination Committees of BaNES and Wiltshire as part of the planned streamlined governance arrangements across BSW and moving towards a single CCG.

The committee met seven times during the year, five of which were meetings in common with the Remuneration Committees of the BaNES and Wiltshire CCGs' Governing Bodies, as part of the planned streamlined governance arrangements across BSW and moving towards a single CCG. The main topics of discussion were very senior managers and the new single Governing Body member remuneration. Membership details and attendance are reported below.

The Integrated Governance Committee (IGC) ensured 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.

Key achievements during the year included overseeing and seeking assurance on the CCG's arrangement for safeguarding, workforce, health and safety, healthcare associated infections (HCAI), compliance, equality, quality, innovation, productivity and prevention (QIPP), GP and clinical capacity, emergency, preparedness, resilience and response (EPRR) and delegated commissioning for primary medical services.

Specific areas of review included children continuing care and special educational needs and disability, diabetes and mental health services. The Committee was disbanded in September 2019, as part of the governance streamlining process across BSW. Membership details and attendance are reported below.

The Quality and Performance Assurance Committee: The committee provided assurance to the CCG's Governing Body of the quality of services commissioned and promoted a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience. It oversaw 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. From September 2019, the Committee met jointly with BaNES and Wiltshire CCGs as part of the planned streamlined governance arrangements

across BSW and moving towards a single CCG. Membership details and attendance are reported below.

The Clinical Leadership Group (CLG): The role of this group was 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. The Group was disbanded in July 2019 and replaced by the system-wide Integrated Care Clinical Board. The Board meets monthly, adopting a workshop style approach to reviewing clinical services. Topics discussed included the referral process from the GP through the Referral Support Centre and on to secondary care, GP access to real time advice from secondary are as an alternative to an outpatient appointment, mental health and children's services.

The Public and Patient Engagement Forum: The Forum provided the Governing Body with assurance that its Communications and Engagement Strategy and Stakeholder Engagement Strategy are being delivered, provides advice to the CCG on how to better engage with, involve and consult with the public and patients and to provide the CCG with a means of engaging with key stakeholders such as Healthwatch Swindon, so that they may form views on the wider CCG agenda and service developments. The Forum met on seven occasions during 2019/20, with meetings alternating between a seminar style approach and formal business. Deep dive topics explored as part of the seminar approach, included the formation of Primary Care Networks, an overview of Primary Care and an update on the merger of the BaNES, Swindon and Wiltshire CCGs from 1 April 2020. The business meetings have received updates on non-emergency patient transport, IMH practices, Walk-in Centre audit with Healthwatch (Swindon), together with the regular risk and performance update across the Swindon health system.

The A&E Delivery Board (A&EDB): The Board 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 Board 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) met quarterly and was made up of key staff from the CCG, Governing Body Lay Members and Primary Care representation. Representatives from the Wessex Local Medical Committee, Swindon Borough Council Public Health and Healthwatch Swindon are also in attendance in a non-voting capacity. 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, practice boundary review, extended access primary care services, primary care engagement, system working across BaNES, Swindon and Wiltshire CCGs and a review of risks. From October 2019, the Committee met in common with the PCCCs of BaNES and Wiltshire as part of the planned streamlined governance arrangements across BSW and moving towards a single CCG.

The Finance Committee: The Committee provided 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 are reported properly to the Governing Body and tested the robustness of any mitigating actions. From September 2019, the Committee met jointly with BaNES and Wiltshire CCGs as part of the planned streamlined governance arrangements across BSW and moving towards a single CCG.

The Audit Panel: This panel provided 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 2019/20.

Swindon CCG Governing Body and Committee Attendance 2019/20

Number of Meetings held in 2019/20												
Total Number of Meetings		14	5	7	4	2	2	7	2	3	4	5
Number of Meetings which have been in Common		6	4	5	2	-	-	-	-	-	-	-
Name	**Title**	**GB**	**Audit**	**Rem**	**PCCC**	**Finance**	**QPAC**	**PPE**	**CLG**	**IGC**	**Joint QPAC**	**Joint Finance**
Dr Sarah Bruen	Clinical Chair	13/14	-	3/7	3/4	-	-	-	2/2	-	-	-
Dr Liz Alden	GP (until 30 April 2019)	1/1	-	-	-	-	1/1	-	1/1	-	-	-
Dr Febin Basheer	GP	9/14	1/5	-	-	1/2	-	-	2/2	-	-	3/5
Dr Mark Boothman	GP	13/14	-	-	-	-	1/2	-	1/2	3/3	4/4	-
Dr Francis Campbell	GP	9/14	-	-	1/1	-	-	-	2/2	-	-	-
Dr Jennie Carroll	GP (Appointed 1 May 2019 and Maternity leave from 1 November 2019)	4/6	-	-	-	-	-	-	0/1	3/3	-	-
Dr Amanda Webb	GP	10/14	-	-	3/4	-	-	-	1/2	-	-	-
Maggie Arnold	Registered Nurse	13/14	3/5	7/7	-	1/2	2/2	-	-		4/4	-
Dr Christine Vize	Secondary Care Doctor	9/14	-	5/7	-	-	1/2	-	-	-	2/4	-
Paul Byrnes	Lay Member (PPE) and Operational Chair	10/14	-	4/7	4/4	-	1/2	6/7	2/2	3/3	3/4	-
Bill Fishlock	Lay Member	13/14	5/5	6/7	-	2/2	-	-	-	-	-	5/5
Ian James	Lay Member (Governance)	11/14	4/5	5/7	3/4	2/2	-	4/7	2/2	1/3	-	4/5
Vacant	Practice Manager	-	-	-	-	-	-	-	-	-	-	-
Tracey Cox	BSW Chief Executive	11/14	-	-	1/4	1/2	-	-	-	-	-	2/5
Caroline Gregory	BSW Chief Finance Officer (from 3 June 2019)	14/14	-	-	3/4	2/2	0/2	-	0/2	-	-	5/5
Gill May	BSW Director of Nursing and Quality (from 1 July 2019)	12/14	-	-	2/4	-	2/2	5/7	0/2	1/3	4/4	-
Nicki Millin	BSW Director of Strategy & Transformation	12/14	-	-	4/4	-	-	-	1/2	-	-	-

	(Non-voting) (from 1 July 2019)											
Paul Vater	Chief Operating Officer (Non-voting) (until 31 May 2019)	2/3	-	-	-	-	1/1	-	2/2	1/1	-	-
David Freeman	Interim BSW Chief Operating Officer (from 20 January 2019)	1/1	-	-	-	-	-	-	-	-	-	-
Sue Wald	Director of Adult Social Services – Swindon BC (Non-voting)	6/14	-	-	-	-	-	-	-	-	-	-
Cherry Jones	Director of Public Health – Swindon BC (Non-voting) (until 31 May 2019)	2/3	-	-	-	-	-	-	0/2	-	-	-
Dr Ayo Oyinloye	Interim Director of Public Health – Swindon BC (Non-voting) (from 1 June 2019)	6/11	-	-	1/4	-	-	-	-	-	-	-

Relationship with shareholders

While the CCG did 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 understood its responsibility to listen and engage with its stakeholders and actively seek 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 CCG 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, it can confirm that the CCG is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of 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 CCG'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

Bath and North East Somerset (BaNES) CCG, Swindon CCG and Wiltshire CCG separately have had statutory responsibility to patients, staff and the public to ensure that we have effective processes, policies and people in place to deliver our objectives and to control any risks that we face in achieving them.

The Governing Bodies of each CCG recognised that sound risk management in the CCG and its partner bodies is essential for meeting objectives and identifying and managing future opportunities. The Governing Bodies ensure risk management forms a fundamental element of its philosophy, practices and business rather than a separate programme, and are committed to ensuring that risk management is embedded throughout the organisations and is part of everyday practice.

The CCGs promote and embed a culture of transparency, openness and honesty to ensure risks are properly identified, evaluated, documented and managed. This had been underpinned by a robust framework that reflects the concepts of effective governance and strong internal control, aligned to management systems, corporate planning, clinician-led commissioning and strategy development.

In October 2019, the Governing Body in Common of BaNES, Swindon and Wiltshire (BSW) CCGs approved the BSW Risk Management Strategy (October 2019 – March 2022), which aligns the systems and process relating to Risk Management across the BSW patch. The BSW Risk Management Strategy represents the combined risk management approach of BaNES CCG, Swindon CCG and Wiltshire CCG in support of the commissioning alliance and the ongoing approach for the merged organisation.

The BSW Risk Management Strategy sets out the overall aims, objectives and processes for Risk Management across BSW and when working in conjunction with partners and stakeholders. It sets out the Risk Management Framework and how BSW will approach the consideration of financial, organisational, reputational and project risks, both clinical and non-clinical and for all parts of the organisation. The roles and responsibilities of key individuals and committees including accountability levels with regard to risk management are also included. Risk identification, recording, assessment and scoring are also detailed within the Strategy.

BSW's Risk Appetite is also defined within the strategy and is mapped out to show the level of risk the CCGs will tolerate against the categories of risk they face across all business areas. BSW will not accept levels of risk rated high (scored 16 or above on the risk matrix) and will ensure that plans are put into place to lower the level of risk whenever a critical risk has been identified. Plans to reduce the risk to a rating that will be tolerated will be put in place.

Following agreement of the three CCGs Governing Body in Common in October to align Risk Management processes across BSW, it was agreed to establish a BSW wide Risk Management Panel to provide a more effective oversight and scrutiny of risks across the area. This BSW Risk Management Panel replaced the standalone Swindon Risk Management Panel and held its first meeting in November 2019.

Risk management is the responsibility of everyone within the BSW CCGs. 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 Bodies of the BSW CCGs are responsible for the performance of the individual CCGs and as such need 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 for Swindon CCG was undertaken by PWC in December 2019 with an overall assurance rating of Low Risk. KPMG undertook Risk Management audits for BaNES CCG and Wiltshire CCG in December 2019 and found significant assurance with minor improvement opportunities for both CCGs.

The Audit Committee of each CCG and the Audit Committee in Common are responsible for commissioning internal audits to provide assurance to each Governing Body on the robustness and effectiveness of Risk Management within the individual CCG.

The BSW Risk Management Panel was established to:

- Ensure that the three CCGs have adequate arrangements in place for risk management
- Provide assurance on this to the Audit Committee in Common for BSW
- Take action to effectively manage and co-ordinate risk management activity
- Establish a strategic approach to Risk Management across BSW, ensuring that the approach is pro-active.

The Panel provides reports to the Audit Committee in Common on assurances relating to the effective operation of risk management systems and controls across BSW. In the event of a significant risk being identified, the risk will be reported to the BSW Panel immediately. The core members of the Panel include: the BSW Chief Executive Officer (Chair), the BSW Director of Strategy and Transformation (Vice-Chair), the BSW Chief Financial Officer, the BSW Director of Nursing and Quality, the BSW Director of Corporate Affairs, the BSW Director of Commissioning and the Chief Operating Officers for the three CCGs.

The BSW Chief Executive Officer is accountable to each Governing Body and the Governing Body in Common for the safe management of risk within the organisations. 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. If a risk is thought to be of corporate significance, the senior manager will apply for the risk to be entered onto the corporate risk register. If approved by the Risk Management Panel for entry, the risk is then subject to the management and escalation processes of corporate risks as shown in the Risk Management Strategy. A programme of Risk Management Training for staff is being developed and will be rolled out across the BSW patch.

The BSW CCGs are committed to maintaining a sound system of internal control, including Risk Management. By doing this, the CCGs aim to ensure they can maintain a safe environment for patients, through the services they commission, staff and visitors, minimise financial loss to the organisations and demonstrate to the public that they are safe, effective and efficient organisations.

Risk assessment

Risk assessment and management are an intrinsic part of the BSW CCGs' operation. The BSW Corporate Risk Register is a live document, not a static record and should be viewed as a communication tool and action plan that gives details of current controls and auditable actions for risk treatment. Actions should always be specific, measurable, achievable, relevant and time-bounded (SMART). It is a record that aims to illustrate the operational risk profile of the CCG by reflecting the extent to which operational objectives are threatened by the uncertainty that risk presents.

The BSW Corporate Risk Register is subject to regular reviews by several committees including:

- Governing Body and Governing Body in Common
- Audit Committee and Audit Committee in Common
- BSW Risk Management Panel

The Governing Bodies in Common and Audit Committees in Common 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.

The BSW Risk Management Panel champions and promotes highly effective risk management and ensures the risk management process and culture are embedded throughout BSW. It seeks to

satisfy itself, the Audit Committees in Common and the Governing Bodies in Common that the structures, processes and responsibilities for managing key risks to the organisation are adequate. The Risk Management Panel also monitors, evaluates and scrutinizes all risks placed on the BSW Corporate Risk Register and escalates to the Audit Committees in Common and Governing Bodies in Common (as appropriate) any unresolved risks or those that pose a significant threat to the operations, resources or reputation of BSW.

Each risk includes:

- Category of risk
- Description of the risk
- Date entered
- Existing controls and assurances
- Original risk score
- Target risk score
- Strategy to manage risk
- Proposed actions and delivery dates
- Progress
- Date of latest review
- Current risk score (likelihood and impact)
- Who owns and who manages the risk

The CCGs have a Quality and Equality Impact Assessment (QEIA) process in place which provides the framework to ensure compliance with statutory obligations and to identify any risks to the organisations. Impacts are also assessed through the cover sheets for all reports that are presented to the Governing Bodies in Common and other committees to ensure it is integral to planning and implementation. The CCGs have an active framework for patient and public engagement and actively attend the Health and Wellbeing Boards. A network of patient participation groups and regular events seek the views of patients and the public. The QEIA process is currently being reviewed in order to develop a BSW process post merger.

The Board Assurance Framework (BAF) records the strategic risks affecting BSW's strategic objectives. The BAF is a high-level management assessment process and records the strength of, and gaps in, the internal control to manage the risk to the delivery of strategic objectives. By reviewing actual assurances, the adequacy of internal controls can be confirmed or modified.

The BAF allows the CCGs to determine where to make the most efficient use of 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 BSW's strategic objectives and to support an organisational culture that allows the organisation to anticipate and respond appropriately to adverse events.

The BAF has a different format and lists the:

- Strategic objectives and outcomes that are at risk
- Description of the risk to delivery and risk score
- Controls in place to manage the risk (and any gaps in controls)
- Assurance that our controls are working (and any gaps in assurance)
- Actions to mitigate risk and fill gaps in controls and assurances
- Risk appetite - Level of risk the Board is willing to tolerate for the specific risk

All identified operational risks are recorded on the BSW Corporate 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 BSW Corporate Risk Register and the BAF are reviewed bi-monthly by the Risk Management Panel, bi-monthly by the Audit Committees in Common and bi-monthly by the Governing Bodies in Common.

The CCGs actively deter risks through the adoption of robust counter fraud and security management methodology. All three CCGs have 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 2018/19.

The Audit Committees in Common critically review 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 the individual CCG's 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 highest scoring BSW risks identified during 2019/20 related to:

1. Failure to achieve and maintain key NHS Constitutional Targets, such as the A&E Four Hour standard which, together with winter pressures, could result in patients coming to harm.

2. Issues around ambulance performance, including call stacking, response delays and cost.

3. Increased demands on primary care and GP practices.

The BSW Risk Management Panel scrutinised the Corporate Risk Register and the BAF at each of its meetings and informed the Audit Committees in Common and the Governing Bodies in Common on progress against mitigating actions.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures used by the CCGs to ensure policies, aims and objectives are delivered. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised, as well as 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 2020, and up to the date of approval of the Annual Report and Accounts.

Swindon CCG has annually reviewed its performance against the NHS England Financial Control Environment. In May 2018, NHS England issued a revised version to cover the overall control environment and included financial control, planning and governance.

The CCG assessed itself against the new standards and was able to demonstrate compliance for all areas and noted improvements in the following:

- Risk Management: Tracking and reporting system in place with regular reporting to the appropriate committee. All risks on Risk Register are now financially assessed on a regular basis and any that are considered material, are reported through to the Finance Committee.

- Support from third parties: Service providers have good local knowledge, possess the relevant expertise, share and continuously implement best practice with the exception of some services provided by the CSU. In response, the CCG developed of a new service model for GP IT, which transferred services inhouse and to alternative providers. This commenced April 2019.

- Finance Committee: Committee Chair is not required to produce an annual report for the Governing Body because the terms of reference for this committee make it clear that it has no decision-making powers and, instead, reports on performance through to the CCG's Annual Report.

This assessment was endorsed by the CCG's Governing Body, while the CCG's Audit Committee continued to provide oversight and scrutiny on the internal control environment derived through reviews undertaken against areas deemed as high risk by internal audit, counter fraud and security management.

Annual audit of conflicts of interest management

The statutory guidance on managing conflicts of interest 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.

Swindon CCG's internal auditors carried out an audit on managing conflicts of interest which was presented to the January 2020 Audit Committees in Common meeting. A high level review was conducted on the CCG's compliance with the eight areas in NHS England's statutory guidance on managing conflicts of interest. This internal audit is required as a result of the increasing number of CCGs with delegated commissioning arrangements, as well as the increased piloting of joint and integrated ways of working to ensure that the CCGs were compliant with statutory guidance on managing conflicts of interest.

Areas of good practice were noted in that the CCG has a robust mechanism in place for the management of the annual declaration of interests, as well as the documentation of nil returns, where there are no interests to declare. Also, the CCG's weekly Staff Bulletin contains a specific reminder for chairs of all committee meetings on their role in managing conflicts of interest and staff responsibility towards declaring interests, and the registration of gifts and hospitality.

In addition, conflicts of interest training is currently targeted at Band 7 staff and above, following a senior management decision, which is at a level lower than NHS England requirements. This ensures that staff who have a direct involvement in processes that require the management of conflicts of interest will complete this training.

One low risk was raised in that the CCG was not compliant with NHS England's requirements for the management of conflicts of interest in contract decision making processes. While conflicts of interest appear to be considered in these contract meetings, there is lack of evidence of how the conflict was documented and managed in accordance with national guidelines. The guidelines require that conflicts of interest should be considered in all contract decision making processes and the evidence retained in the form of meeting minutes utilising the NHS England-prescribed meeting templates to capture declarations accordingly.

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 the Data Security and Protection Toolkit, and the annual submission process provides assurances to the individual clinical commissioning groups, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

The CCGs place 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 Management Framework and is developing information governance processes and procedures in line with the Data Security and Protection Toolkit.

Progress against these are monitored through the BSW Information Governance Steering Group, which is chaired by the Senior Information Risk Owner. All CCG staff are mandated to complete an information governance training module annually and Swindon CCG has developed a staff information governance handbook, which ensures staff are aware of their responsibilities. There are processes in place for incident reporting and investigating serious incidents.

The CCGs continue to develop information risk assessment and management procedures to ensure a fully embedded information risk culture throughout the organisation. During 2019/20, Swindon 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 Data Protection Impact Assessments were undertaken for any service changes. During 2019/20, Wiltshire CCG had no incidents involving data loss or confidentiality breaches that needed to be reported to the Information Commissioners Office. During 2019/20, Bath and North East Somerset CCG had one incident involving data loss which was reported to the Information Commissioners Office. This was investigated with local action undertaken by the CCG and no further action was required.

The Data Security and Protection Toolkit is an online tool that enables organisations to measure performance against data security and information governance requirements, which reflect legal rules and Department of Health and Social Care policy.

The toolkit has been developed in response to the National Data Guardian Review of data security, consent and opt-outs, and is the successor framework to the Information Governance Toolkit.

The status of health and care organisations' Data Security and Protection Toolkits is shared with the Care Quality Commission, NHS England and NHS Improvement. The toolkit status is important evidence for the key line of enquiry on information in a CQC well-led inspection. Organisations will be listed on the toolkit with their status displayed available for commissioners, partner organisations and the public.

Bath and North East Somerset, Swindon and Wiltshire CCGs have submitted a Data Security and Protection toolkit and have achieved the required standards.

Business Critical Models

The CCGs have an appropriate and proportionate approach to providing quality assurance of business-critical models. This is in line with the recommendations of the 2013 Macpherson Report.

Third party assurances

As a commissioning organisation, the CCGs routinely contracts 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 and that regular performance monitoring reports are made.

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 CCGs under a contract between NHS England and NHS Shared Business Services. The CCGs place reliance on NHS England to manage this contract and report back on any control issues identified.

- The CCGs sub-contract the provision of several of its corporate services to the South Central and West Commissioning Support Unit (CSU). 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 which the CSU commissions from Deloitte to assess the reasonableness of the controls it has in place.

- The CCG has a pooled budget arrangement with Swindon Borough Council for the provision of community, mental health, and children's services. Specific services within this arrangement, most of which relate 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 throughout the year by the Joint Commissioning Group which reports to the CCG's Governing Body.

- The CCG uses services provided by PCSE (Primary Care Support England) to support back office services to GP Practices. These services are provided to the CCG under a contract between NHS England and PCSE. The CCG places reliance on NHS England to manage this contract and report back on any control issues identified.

The service auditors for NHS Shared Business Services and PCSE have reported a number of weaknesses relating to internal processes operating during the year. The weakness raised were not significant. The CCG places reliance on NHS England to manage this contract and report back on any control issues identified.

Control Issues

During 2019/20, the CCG formally reported one control issue to NHS England.

1. The CCG's performance monitoring processes have identified and continue to report NHS constitution targets not met by providers. 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 do so, 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 review and benchmark services to ensure that it is delivering value for money. During the year, the following services have been re-procured or went live:

- The NHS 111 service was re-procured jointly with Wiltshire and Bath and North East Somerset CCGs during 2017/18. The service went live in May 2019. The service from the new provider has been expanded to include additional clinical triage and is expected to expand and develop overtime to support greater use of digital referral and triage. This is expected to lead to greater service capacity over time.

- The CCG has commissioned the CSU to provide several services since it commenced in 2013. An extension to the contract has been negotiated during the year to ensure that services continue to provide value for money. Additional support was commissioned during the year to help support the CCG's Referral Support Centre and the processing of non-emergency patient transport requests. The latter has helped to introduce more independence into the application of eligibility criteria to assess requests. The additional referral support service has now been switched to an automated service and was brought back in house from January 2020.

- A new provider contract commenced on 1 June 2019 for the provision of non-emergency patient transport. The service has been re-procured jointly with Bath and North East Somerset, Wiltshire and Gloucestershire CCGs.

- A new provider contract commenced on 1 April 2019 for the provision of extended access and out of hour services in Swindon. This service integrates services that were previously operated separately. This has improved resilience and allows for more efficient use of resources.

- NHS England approved a business case to support the in-housing of the GP IT service for Swindon from the CSU. Many GP sites also support community services delivered by Great Western Hospitals NHS Foundation Trust and, from April 2019, one joint team has provided the IT support. The CCG is also rolling out one network for primary care which will help to make this service more efficient and effective going forwards. Data lines at all sites have all switched from being N3 to HSCN which has increased the speed and scope for digital services.

- The CCG has procured an online consultation solution following a joint procurement exercise with Bath and North East Somerset and Wiltshire CCGs. This will enable the development of an online offering from GPs to patients. This went live at some sites during 2019/20.

The CCG was faced with a very challenging financial position at the start of 2019/20 and it needed to deliver a quality, innovation, productivity and prevention (QIPP) programme of £7.3 million to secure financial balance and deliver its target surplus. The CCG focused its efforts on a few key

schemes, which set sizeable efficiency targets for prescribing, planned care and urgent care. Overall, QIPP programmes are expected to deliver at around 92 per cent for the year.

The CCG has met its financial target to break even. Expenditure is examined in detail by the Finance Committee on a bi-monthly basis. This helps to identify potential financial issues and pressures at the earliest opportunity to enable remedies to be taken where necessary.

All spend is subject to the controls laid out in the CCG's Prime Financial Policies. These controls have been put in place to ensure that the CCG delivers value for money.

The CCG has continued to review its running costs to ensure it delivers value for money and has underspent against the allocation in year. The underspend has been reinvested in patient services.

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 workplan 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 2019/20, it has scored itself as green, which means in most areas it is compliant.

Tracey Cox
Chief Executive

25th June 2020

Head of Internal Audit Opinion

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

Internal Audit was satisfied that sufficient work has been undertaken to allow an opinion to be given as to the adequacy and effectiveness of governance, risk management and control. The overall opinion was generally satisfactory with some improvements required. Governance, risk management and control for business-critical areas was generally satisfactory. However, there were 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 the opinion included:

- Completion of six internal audit reviews in year
- Identifying one high risk, 10 as medium and eight as low rated findings
- The GP IT Operating Model review was rated high risk overall with one high rated finding. This related to the CCG not currently having an operational Security Information Event Management that proactively alerts staff to security events and potential incidents
- The 19 risk rated findings issued in year were split between 14 relating to control design and five relating to operating effectiveness
- There are five outstanding recommendations from the prior year of which one is a high risk and relates to the High Cost Care packages review

There were a number of areas of good practice where few weaknesses were identified and areas of good practice were noted. The following reviews were assessed as low risk overall: corporate governance, primary care finance, risk management and individual funding requests.

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 last year
- There are slightly more low and medium risk recommendations
- Fourteen of the 19 recommendations raised last year have been implemented

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

Area of audit	**Report classification**
ICT and Informational Management (GPIT)	High
Risk Management	Low
Corporate Governance	Low
Primary care finance	Low
Individual Funding Requests	Low
Integration of Health and Social Care	Low

Clinical Governance (Personal health budgets)	N/A *
Planning (CCG integration)	N/A *

*These reviews have been carried over to 2020/21 and will be undertaken by the internal auditors for the merged BSW CCG.

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

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the CCG 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 CCG achieving its principles objectives have been reviewed.

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

- The Governing Bodies
- The Audit Committees and Audit Committees in common
- Internal auditors
- Other explicit review and assurance mechanisms

Conclusion

There was one significant control issue identified 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 20.

Tracey Cox

Chief Executive

25th June 2020

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 65.

Policy on the remuneration of senior managers

The Accountable Officer has determined that senior managers are those persons in senior positions who have authority or responsibility for directing or controlling major activities of the CCG. These positions include only those 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 manager 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 individual performance. 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 Very 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	Four years (maximum eight years)	Six months
Lay Members	Four years (No maximum term)	Three months

Registered Nurse	Four years (No maximum term)	Three months
Secondary Care Doctor	Four years (No maximum term)	Three months
Locality Chairs	Two years initially and then four years (no maximum term)	Three months
Practice Manager representative	Four years (no maximum term)	Three months
Chief Executive	Permanent	Six months
Deputy Chief Executive (Swindon)	Permanent	Six months
Executive Nurse	Permanent	Six months
Chief Finance Officer	Permanent	Six months
Chief Operating Officer	Permanent	Six months

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

(Subject to Audit)

	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				
Tracey Cox ❶	Chief Executive	25 – 30	0 – 2.5	25 – 30
Nicki Millin ❷	Deputy Chief Executive (Swindon) / Executive Director of Strategy and Transformation	50 – 55	17.5 – 20	65 – 70
Caroline Gregory ❸	Chief Finance Officer	35 – 40	27.5 – 30	65 – 70
Gill May ❹	Executive Director of Nursing and Quality	40 – 45	35 – 37.5	75 – 80
Paul Vater ❺	Chief Operating Officer (until 31 May 2019)	15 – 20	-	-
David Freeman ❻	Chief Operating Officer (from 20 January 2020)	20 – 25	7.5 – 10	30 – 35
Alison Kingscott ❼	BSW Director for People and OD	5 – 10	2.5 – 5	10 – 15
Sheridan Flavin ❼	BSW Director for People and OD	5 – 10	2.5–- 5	10 – 15
Julie-Ann Wales ❼	BSW Director of Corporate Affairs	10 – 15	10 – 12.5	20 – 25
Dr Ruth Grabham ❼	BSW Medical Director	0 – 5	0 – 2.5	0 – 5
Salaries and allowances of senior officers				
Dr Sarah Bruen	Clinical Chair	40 – 45	52.5 – 55	95 – 10
❽	Salaried GP Representative	0 – 5	-	0 – 5
Ian James	Lay Member	15 – 20	-	15 – 20
Christine Vize	Secondary Care Doctor	10 – 15	-	10 – 15
Maggie Arnold ❽	Registered Nurse	15 – 20	-	15 – 20

Paul Byrnes	Lay Member	15 – 20	-	15 – 20
William Fishlock	Lay Member	5 – 10	-	5 – 10
Dr Febin Basheer	GP Representative	25 – 30	2.5 – 5	30 – 35
Dr Amanda Webb	GP Representative	15 – 20	50 – 52.5	65 – 70
Dr Mark Boothman	GP Representative	15 – 20	32.5 – 35	50 – 55
Dr Jennie Carroll	GP Representative	10 – 15	30 – 32.5	40 – 45
Dr Francis Campbell	GP Representative	15 – 20	-	-

❶ Tracey Cox was appointed Chief Executive for Bath and North East Somerset, Swindon and Wiltshire CCG, as well as the BSW Sustainability and Transformation Partnership on 1 March 2019. Salary figures included within the table above include the CCG share for the period 1 April 2019 – 31 March 2020. The total salary across all organisations for the year was in the salary band of £140 - £145k.

❷ Nicki Millin was appointed Executive Director of Strategy and Transformation on 1 July 2019. The figures included within the table above relate to Swindon CCG's share of costs for the financial year 2019/20.

❸ Caroline Gregory was appointed Chief Finance Officer on 1 June 2019. The figures included within the table above relate to Swindon CCG's share of costs for the financial year 2019/20.

❹ Gill May was appointed Executive Director of Nursing and Quality on 1 July 2019. The figures included within the table above relate to Swindon CCG's share of costs for the financial year 2019/20.

❺ Paul Vater stood down from the role of Chief Operating Officer on 31 May 2019.

❻ David Freeman was appointed to the role of Chief Operating Officer from 20 January 2020. David Freeman is on secondment from NHS Somerset CCG. The pension-related benefit figure has been pro-rated in line with the 20 January start date.

❼ Alison Kingscott and Sheridan Flavin were appointed to the role of BSW Director for People and OD in a job-sharing capacity from 1 September 2019. The figures included within the table relate to Swindon CCG's share of costs from this date. The total salary across all organisations for each person was in the salary band of £30 – £35k.

Julie-Ann Wales was appointed BSW Director of Corporate affairs from 1 October 2019. The figures included within the table relate to Swindon CCG's share of costs from this date. The total salary across all organisations for the year was in the salary band of £80 - £85k.

Dr Ruth Grabham was appointed BSW Medical Director. The figures included within the table relate to Swindon CCG's share of costs from 1 March 2020. The total salary across all organisations for the year was in the salary band £85 - £90k.

❽ Dr Elizabeth Alden left the CCG on 30 April 2019

❾ Maggie Arnold was seconded to NHS Bath and North East Somerset CCG from 1 August 2019 in the role of a Non-Executive member. The remuneration relating to this post is not included within the table above.

As a member of the defined contribution scheme, Maggie Arnold has received less than £100 in employer contributions during the year. Maggie Arnold left the scheme during 2019/20.

Senior manager remuneration (including salary and pension entitlements) 2018/19

	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				
Tracey Cox ❶	Chief Executive	0 - 5	0 – 2.5	0 - 5

Nicki Millin ❷	Accountable Officer / Deputy Chief Executive (Swindon)	120 – 125	15 – 17.5	135 - 140
Caroline Gregory	Chief Financial Officer	105 – 110	52.5 – 55	160 – 165
Paul Vater	Chief Operating Officer	100 – 105	-	55 – 60
Gill May	Executive Nurse	100 – 105	5 – 7.5	105 – 110
Salaries and allowances of senior officers				
Dr Peter Mack ❸	Clinical Chair	35 – 40	2.5 – 5	40 – 45
Dr Elizabeth Alden	Salaried GP Representative	15 – 20	2.5 – 5	20 – 25
Dr Sarah Bruen ❹	Locality GP Chair / Interim Clinical Chair	20 – 25	15 – 17.5	35 – 40
Dr Philip Mayes	Locality GP Chair	15 – 20	-	15 – 20
Sarah Francome ❺	Practice Manager Representative	5 – 10	0 – 2.5	5 – 10
Ian James	Lay Member	15 – 20	-	15 – 20
Christine Vize ❻	Secondary Care Doctor	10 – 15	-	10 – 15
Maggie Arnold	Registered Nurse	15 – 20	-	15 – 20
Paul Byrnes	Lay Member	15 – 20	-	15 – 20
William Fishlock	Lay Member	5 - 10	-	5 - 10
Dr Stephen Sewell	Locality GP Representative	15 – 20	0 – 2.5	15 – 20
Dr Febin Basheer	GP Representative	15 - 20	0 – 2.5	15 – 20

❶ Tracey Cox was appointed Chief Executive for Bath and North East Somerset, Swindon and Wiltshire CCG, as well as the BSW Sustainability and Transformation Partnership on 1 March 2019. Salary figures included within the table above include the CCG share for the period 1 March – 31 March. The CCG has been unable to disaggregate the pension related benefits for the period 18/19 and therefore has included the figures for all three CCGs and STP. The CCG was recharged £3k in total for the year by BaNES CCG for its contribution to her pay costs for the period 1 March – 31 March 2019. The total salary across all organisations for the year was in the salary band of £120 - £125k.

❷ Nicki Millin was Accountable Officer for Swindon CCG until 28 February. From 1 March, Nicki has been employed as Deputy Chief Executive (Swindon). Salary and pension-related benefits are included within the above table for both roles combined.

❸ Dr Peter Mack stood down from the post of Clinical Chair on 31 January 2019.

❹ Dr Sarah Bruen was appointed Interim Clinical Chair on 1 February 2019.

❺ Sarah Francome stood down from her role as Practice Manager representative on 30 September 2018.

❻ Maggie Arnold was a member of 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. Maggie Arnold opted out of the scheme during 2018/19. As a member of the defined contribution scheme, she has received less than £100 in employer contributions during the year.

Sue Wald, Director of Adult Services, and Cherry Jones, Director of Public Health for Swindon Borough Council, have been identified as senior managers as they attend the CCGs Governing Body meetings. They are not remunerated by the CCG but paid by Swindon Borough Council and so have been excluded from the table above.

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 did take on a legacy car lease relating to one staff member, but this ended in 2017/18. 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 minus the employee's contributions.

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

Pension benefits as at 31 March 2020 – (Subject to Audit)

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 2019 (bands of £5,000)	Lump sum at retirement age related to accrued pension at 31 March 2019 (bands of £5,000)	Cash equivalent transfer value at 1 April 2018	Cash equivalent transfer value at 31 March 2019	Real increase in cash equivalent transfer value
		£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Tracey Cox	Chief Executive	0 – 2.5	-	50 – 55	125 – 130	950	1004	5
Caroline Gregory	Chief Finance Officer	2.5 – 5	5 – 7.5	40 – 45	95 – 100	815	699	99
Nicki Millin	Deputy Chief Executive (Swindon) / Executive Director of Strategy and Transformation	2.5 – 5	0 – 2.5	55 – 60	135 – 140	1,135	1,035	75
Gill May	Executive Director of Nursing and Quality	2.5 – 5	12.5 - 15	50 - 55	155 - 160	1,227	1,063	138
David Freeman	Chief Operating Officer	2.5 - 5	2.5 - 5	30 - 35	65 - 70	520	454	55
Alison Kingscott	BSW Director for People and OD	0 – 2.5	2.5 – 5	30 - 35	80 - 85	624	89	27
Sheridan Flavin	BSW Director for People and OD	0 – 2.5	-	10 – 15	-	142	177	18
Julie-Ann Wales	BSW Director of Corporate Affairs	0 – 2.5	5 – 7.5	30 – 35	95 – 100	647	776	55
Ruth Grabham	BSW Medical Director	0 – 2.5	0 – 2.5	20 – 25	65 – 70	491	529	11
Dr Sarah Bruen	Clinical Chair	2.5 - 5	5 – 7.5	5 - 10	15 - 20	125	81	42
Dr Elizabeth Alden	GP Representative	-	-	10 - 15	25 - 30	172	166	2

Dr Febin Basheer	GP Representative	0 – 2.5	-	5 - 10	10 - 15	93	85	5
Dr Amanda Webb	GP Representative	0 – 2.5	5 – 7.5	0 - 5	10 - 15	72	35	36
Dr Mark Boothman	GP Representative	0 – 2.5	2.5 - 5	0 - 5	5 - 10	42	17	25
Dr Jennie Carroll	GP Representative	0 – 2.5	-	0 - 5	-	45	29	16
Dr Francis Campbell	GP Representative	-	-	0 - 5	10 - 15	66	80	-

The figures included within the table above have not been pro-rated in line with the start/end dates of the roles noted within the Senior Management Remuneration 2019/20 table.

The 2019/20 values for accrued pension, lump sum and CETV have been calculated by NHS Pensions with no allowance for a potential adjustment arising from a legal case known as the McCloud judgement. This case concerned potential age discrimination over the way in which UK public sector pension schemes introduced a Career Average Related Earning benefit design in 2015 for all members excluding the oldest members who remained on a final salary design.

Pension benefits as at 31 March 2019

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 2019 (bands of £5,000)	Lump sum at retirement age related to accrued pension at 31 March 2019 (bands of £5,000)	Cash equivalent transfer value at 1 April 2018	Cash equivalent transfer value at 31 March 2019	Real increase in cash equivalent transfer value
		£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Tracey Cox ❶	Chief Executive	5 – 7.5	20 – 22.5	50 - 55	125 - 130	671	950	259
Caroline Gregory	Chief Financial Officer	2.5 – 5	2.5 – 5	35 – 40	85 – 90	699	560	122
Paul Vater	Chief Operating Officer	-	-	30 – 35	100 – 105	764	700	44
Nicki Millin	Accountable Officer / Deputy Chief Executive (Swindon)	0 – 2.5	-	50 – 55	130 – 135	1,035	886	123
Gill May	Executive Nurse	0 – 2.5	2.5 – 5	45 – 50	140 - 145	1,063	921	115
Dr Peter Mack	Clinical Chair	0 – 2.5	0 – 2.5	10 – 15	35 – 40	271	229	35
Dr Liz Alden	Salaried GP Representative	0 – 2.5	-	10 – 15	25 – 30	166	136	26
Sarah Francome	Practice Manager Representative	0 – 2.5	-	10 – 15	25 – 30	221	195	20

Dr Sarah Bruen	Locality GP Chair / interim clinical chair	0 – 2.5	0 – 2.5	5 – 10	10 – 15	81	61	18
Dr Stephen Sewell	Locality GP Representative	0 – 2.5	-	5 – 10	10 – 15	95	81	12
Dr Febin Basheer	GP Representative	0 – 2.5	-	5 – 10	10 – 15	85	70	13

❶ The CCG has been unable to disaggregate the pension figures for the period 18/19 and therefore has included the figures for all three CCGs and STP

Dr Philip Mayes opted out of the NHS Pension scheme in 2017/18. No comparative figures were provided by NHS Pensions for 2018/19.

Senior managers who do not receive pensionable remuneration have not been included within the table above. These include 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 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 one per cent, but this will increase to two per cent from April. Maggie Arnold, Governing Body Registered Nurse, has chosen to join this scheme.

Cash Equivalent Transfer Value

A Cash Equivalent Transfer Value (CETV) is the 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 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 figures, as well as 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.

The method for calculating the CETV changed after August 2019. The Government announced that public sector pension schemes would be required to apply the same indexation to part of a public service scheme pension known as the Guaranteed Minimum Pension (GMP), as applied to the remainder of the pension. Previously, the GMP did not receive full indexation. Therefore, the CETV values for 31 March 2019 and 31 March 2020 may have been calculated using different methodologies, and this may have had an impact on the real increase in the CETV figure.

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 period.

Pay multiples (Subject to Audit)

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 2019/20 was £125,000 - £130,000. In 2018/19, it was £120,000 - £125,000. This was 3.4 times (2018/19: 3.3 times) the median remuneration of the workforce, which was £37,570 (2018/19: £36,644). 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 Employee Benefits and Staff Numbers in the Financial Statements for more details on staff movements and costs.

In 2019/20, nil employees (2018/19: nil) received remuneration more than the highest-paid director. Remuneration ranged from £13,000 to £128,000 (2018/19: from £13,000 to £123,000).

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 76.

As of 31 March 2020, the number of senior managers by Agenda for Change bands were:

Agenda for Change Band	Number of Senior Managers
Very Senior Manager	19
Band 9	1

The CCG also has one GP Clinical Chair, six GP Governing Body members and six other Governing Body members.

Staff numbers and costs (Subject to Audit)

As of 31 March 2020, Swindon CCG had 136 employees, excluding Governing Body members. The workforce was made up of employees from a wide range of professional groups. Of the 136 employees, 118 were permanently employed, with18 employed on fixed-term or bank contracts.

Staff costs	2019-20		
	Total £'000	Permanent Employees £'000	Other £'000
Employee Benefits			
Salaries and wages	5,098	4,690	408
Social security costs	498	492	7
Employer contributions to the NHS Pension Scheme	906	898	8
Other pension costs	1	1	-
Apprenticeship Levy	9	9	-
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	20	20	-
Gross employee benefits expenditure	**6,533**	**6,110**	**422**
Less recoveries in respect of employee benefits	(290)	(290)	-
Total - Net admin employee benefits including capitalised costs	**6,243**	**5,820**	**422**
Less: Employee costs capitalised	-	-	-
Net employee benefits excluding capitalised costs	**6,243**	**5,820**	**422**

Staff composition

The table below shows the gender breakdown as at 31 March 2020.

	Female Headcount	Male Headcount	Total
Governing Body Members*	10	6	16
All other CCG staff	112	24	136
Total	122	30	152

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 2019/20

This table shows the rolling 12-month absence rate from 1 April 2019 to 31 March 2020.

Absence % (FTE)	Absence Days	Abs (FTE)	Avail (FTE)
3.48%	1629	1484.84	42,772.04

ESR does not hold details of the normal number of days worked by each employee. Data on days available and days recorded sick are based on a 365-day year.

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 3.48 per cent for Swindon.

Staff turnover (headcount) averaged 119.85 per cent for Swindon CCG, 127.75 per cent for the year 1 April 2019 to 31 March 2020.

Sum of FTE Days Sick	Sum of FTE Days Available	Average Annual Sick Days per FTE	Occurrences (Months of Data)
1,482.13	41,826.12	12.93	194

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

ESR does not hold details of the 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 2019/20 (2018/19: nil).

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 the adoption of, to ensure they are embedded in the organisation.

Staff Numbers

The average number of people employed by the CCG during 2019/20 on a Whole Time Equivalent basis was 108 (2018/19: 98).

	Permanently employed	Other
	107.69	5.70
Analysed as:		
Add Prof Scientific and Technical	8.20	0.00
Administrative and Clerical	85.17	5.70
Allied Health Professionals	0.59	0.00
Medical and Dental	1.96	0.00
Nursing and Midwifery Registered	11.77	0.00

Staff policies / disabled employees

The CCG has developed an integrated approach to delivering workforce equality, and does not have a separate policy for disabled employees or for any other protected characteristics. It does, however, have incorporated equalities issues in policies covering all aspects of employee management, ranging from recruitment to performance and discipline.

The CCG's aim is to operate in ways that do not discriminate its current or potential 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 six-monthly basis, the Executive Management team receive a report on the workforce profile.

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

Colleague Partnership Forum

The Joint Colleague Partnership commenced in March 2019. Since January 2020, this forum has concentrated on policy reviews in preparation for the merger of the three CCGs. As a new organisation, policies needed to be reviewed and merged into one. This work commenced in January 2020 and was completed in April. Policies have been reviewed by the Executive Management Team and discussed at the Joint Colleague Partnership Forum and approved by the Governing Body for implementation in 2020.

Employee consultation and engagement

Consultation with all CCG staff took place between 6 January and 2 February 2020. The consultation document had been previously reviewed by the BSW Joint Colleague Partnership Forum. The consultation was to engage with colleagues collectively and individually on the process of transition, and the implications for individuals, not whether or not the transfer would take place. One measure was introduced, to align and bring forward the pay date of all colleagues to a single date, which was the 23rd day of each month.

The consultation generated questions from colleagues which were summarised regularly in an FAQ document. Upon conclusion of the consultation, the outcome document was published to all colleagues. The consultation resulted in one change, which was to allow colleagues to carry over up to one week of annual leave (pro rata) into the new financial year and, therefore, the new organisation.

Pulse surveys

To measure colleague engagement across Bath and North East Somerset, Swindon and Wiltshire, pulse surveys were introduced. These short, specific surveys provided colleagues with a formal opportunity to share how they were feeling, raise concerns and highlight where things were working well.

Pulse surveys ran for two weeks at a time in December and March, with approximately a third of colleagues completing them.

The results were presented back to the executive leadership team, Colleague Partnership Forum and were also shared with all colleagues. Quick win improvement actions were identified and implemented.

Organisational development

An organisational development and HR plan was developed as part of the merger process and included advice for recruitment and development of the Governing Body. It also included all the engagement work on the merger for colleagues, as well as the co-creation of values and behaviours of the new CCG.

Amalgamated HR polices for the new CCG have been developed and many will be presented at the first Governing Body meeting in April 2020.

A new OD plan for the future of the new BSW CCG is in development and will be completed by the end of April 2020. The plan will be important to continue to support colleagues through a considerable period of change, of which the merger is just one part, as we consider new ways of working, new bases and the development of the Integrated Care System.

Creating Change Together

In response to the formal approval for the merger of Bath and North East Somerset, Swindon and Wiltshire CCGs, the three organisations created an internal change campaign to support colleagues through the merger journey.

With its own branding, Creating Change Together looked and felt different to other internal communications and spanned across all three CCGs. It comprised a regular newsletter, posters, had dedicated updates at colleague meetings and included the results of the Pulse surveys.

Colleagues were encouraged to get involved with the merger and were asked for feedback on the proposed vision for the new organisation, as well as being invited to workshops to help create new core values. Colleagues were also invited to have their say in focus groups to help design a new intranet and website with great content and user experience.

The journey through the merger process was captured in a colleague video and was shared with colleagues on 1 April to mark the launch of the new organisation.

Colleague wellbeing

The CCG continued to focus on staff wellbeing during 2019/20 and continued its membership with Mindful Employer and Mindful Employer Plus, which offers all staff a 24/7 mental health support service.

The CCG has some trained mental health first aiders and monitors any anxiety or stress in the workplace. The CCG acts positively, regardless of whether the stress is home or work-related.

To aid staff, the CCG has supportive policies in place in relation to carers, compassionate employment, a presenteeism protocol, and a ways-of-working policy.

During the early days of the new BSW CCG, a new approach to colleague wellbeing will be developed which will see one group of representatives work across BSW.

Trade Union Facility Time Reporting Requirements

The Department of Health and Social Care has asked national bodies to share information 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 arms-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 per cent, b) 1 per cent – 50 per cent, c) 51 per cent – 99 per c ent or d) 100 per cent of their working hours on facility time?

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

Percentage of pay bill spent on facility time

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.

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 £144,000 on consultancy during the year (2018/19: £464k). 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:

The CCG did not have any off-payroll engagements in the year (2018/19: nil).

Exit packages (subject to audit)

The CCG had no exit packages in 2019/20.

Part Three – Financial Statements and Audit Report

Audit Opinion

Overview

This section provides an overview of how the CCG worked, what it did, the risks it was exposed to, and how it performed over the course of 2019/20.

NHS organisations produce an annual report and financial accounts at the end of every financial year. In this report the CCG describes how it fulfilled its duties as laid out in the National Health Service Act 2006 for the 2019/20 reporting year.

Independent auditor's report to the members of the Governing Body of NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group in respect of NHS Swindon Clinical Commissioning Group

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of NHS Swindon Clinical Commissioning Group (the 'CCG') for the year ended 31 March 2020, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and Notes to the Accounts, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2019 to 2020.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the CCG as at 31 March 2020 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2019 to 2020; and
- have been prepared in accordance with the requirements of the Health and Social Care Act 2012.

Basis for opinion

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

The impact of macro-economic uncertainties on our audit

Our audit of the financial statements requires us to obtain an understanding of all relevant uncertainties, including those arising as a consequence of the effects of macro-economic uncertainties such as Covid-19 and Brexit. All audits assess and challenge the reasonableness of estimates made by the Accountable Officer and the related disclosures and the appropriateness of the going concern basis of preparation of the financial statements. All of these depend on assessments of the future economic environment and future operational arrangements.

Covid-19 and Brexit are amongst the most significant economic events currently faced by the UK, and at the date of this report their effects are subject to unprecedented levels of uncertainty, with the full range of possible outcomes and their impacts unknown. We applied a standardised firm-wide approach in response to these uncertainties when assessing the future operational arrangements. However, no audit should be expected to predict the unknowable factors or all possible future implications for an entity associated with these particular events.

Conclusions relating to going concern

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

- the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accountable Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the CCG's ability to continue to adopt the going concern basis of

accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

In our evaluation of the Accountable Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2019 to 2020 that the CCG's financial statements shall be prepared on a going concern basis, we considered the risks associated with operating activities, including effects arising from macro-economic uncertainties such as Covid-19 and Brexit. We analysed how those risks might affect continuation of operations over the period of at least twelve months from the date when the financial statements are authorised for issue. In accordance with the above, we have nothing to report in these respects.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the services of the CCG will continue in operation.

Emphasis of matter – Demise of the organisation

In forming our opinion on the financial statements, which is not modified, we draw attention to note 38 in the financial statements, which indicates that NHS Swindon CCG merged with NHS Bath & North East Somerset CCG, and NHS Wiltshire CCG, to become NHS Bath and North East Somerset, Swindon and Wiltshire CCG with effect from 1 April 2020.

Other information

The Accountable Officer is responsible for the other information. The other information comprises the information included in the Annual Report and Accounts 2019/20, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

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

Under the Code of Audit Practice published by the National Audit Office in April 2015 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Governance Statement does not comply with the guidance issued by the NHS Commissioning Board or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2019 to 2020 and the requirements of the Health and Social Care Act 2012; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the CCG gained through our work in relation to the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial

statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

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 issue a report 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 refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has 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 make 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 set out on pages 58 to 59, the Accountable Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Officer is responsible for assessing the CCG's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the CCG without the transfer of its services to another public sector entity.

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

The Governing Body is Those Charged with Governance. Those Charged with Governance are responsible for overseeing the CCG's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

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

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

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 2020.

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

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in April 2020, as to whether in all significant respects, the CCG had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the CCG put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the CCG has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements – Certificate

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

Use of our report

This report is made solely to the members of the Governing Body of NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group, as a body, in respect of NHS Swindon Clinical Commissioning Group, 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 of NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group those matters we are required to state to them in an auditor's report in respect of NHS Swindon Clinical Commissioning Group, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group and NHS Swindon Clinical Commissioning Group, and the members of the Governing Bodies of both Clinical Commissioning Groups, as a body, for our audit work, for this report, or for the opinions we have formed.

Julie Masci, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor, Bristol.

Date 25 June 2020

Financial Statemets

Entity name:	NHS Swindon CCG
This year	2019-20
Last year	2018-19
This year ended	31-March-2020
Last year ended	31-March-2019
This year commencing:	01-April-2019
Last year commencing:	01-April-2018

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The Primary Statements:

Notes to the Accounts

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

	Note	2019-20 £'000	2018-19 £'000
Income from sale of goods and services	2	(3,248)	(3,143)
Other operating income	2	(2)	-
Total operating income		**(3,250)**	**(3,143)**
Staff costs	4	6,533	5,424
Purchase of goods and services	5	325,607	314,344
Depreciation and impairment charges	5	344	474
Provision expense	5	(52)	480
Other Operating Expenditure	5	509	564
Total operating expenditure		**332,941**	**321,286**
Net Operating Expenditure		**329,691**	**318,143**
Finance income		-	-
Finance expense		-	-
Net expenditure for the year		**329,691**	**318,143**
Net (Gain)/Loss on Transfer by Absorption		-	-
Total Net Expenditure for the Financial Year		**329,691**	**318,143**
Other Comprehensive Expenditure			
Items which will not be reclassified to net operating costs			
Net (gain)/loss on revaluation of PPE		-	-
Net (gain)/loss on revaluation of Intangibles		-	-
Net (gain)/loss on revaluation of Financial Assets		-	-
Actuarial (gain)/loss in pension schemes		-	-
Impairments and reversals taken to Revaluation Reserve		-	-
Items that may be reclassified to Net Operating Costs			
Net gain/loss on revaluation of available for sale financial assets		-	-
Reclassification adjustment on disposal of available for sale financial assets		-	-
Sub total		**-**	**-**
Comprehensive Expenditure for the year		**329,691**	**318,143**

The CCG has delivered a net surplus of £26k against its allocation for the year. See Note 40 for further information.

Statement of Financial Position as at 31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Non-current assets:			
Property, plant and equipment	13	694	447
Intangible assets	14	265	460
Investment property	15	-	-
Trade and other receivables	17	-	-
Other financial assets	18	-	-
Total non-current assets		**959**	**907**
Current assets:			
Inventories	16	1,506	1,051
Trade and other receivables	17	3,206	1,610
Other financial assets	18	-	-
Other current assets	19	-	-
Cash and cash equivalents	20	-	25
Total current assets		**4,712**	**2,687**
Non-current assets held for sale	21	-	-
Total current assets		**4,712**	**2,686**
Total assets		**5,671**	**3,593**
Current liabilities			
Trade and other payables	23	(20,598)	(22,364)
Other financial liabilities	24	-	-
Other liabilities	25	-	-
Borrowings	26	(4,045)	-
Provisions	30	(697)	(749)
Total current liabilities		**(25,340)**	**(23,113)**
Non-Current Assets plus/less Net Current Assets/Liabilities		**(19,669)**	**(19,520)**
Non-current liabilities			
Trade and other payables	23	-	-
Other financial liabilities	24	-	-
Other liabilities	25	-	-
Borrowings	26	-	-
Provisions	30	-	-
Total non-current liabilities		**-**	-
Assets less Liabilities		**(19,669)**	**(19,520)**
Financed by Taxpayers' Equity			
General fund		(19,669)	(19,520)
Revaluation reserve		-	-
Other reserves		-	-
Charitable Reserves		-	-
Total taxpayers' equity:		**(19,669)**	**(19,520)**

The notes on pages 5 to 41 form part of this statement

The financial statements on pages 1 to 41 were approved by the Governing Body on 25/06/2020 and signed on its behalf by:

Chief Executive
Tracey Cox

Chief Financial Officer
Caroline Gregory

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

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2019-20				
Balance at 01 April 2019	(19,520)	-	-	(19,520)
Transfer between reserves in respect of assets transferred from closed NHS bodies	-	-	-	-
Adjusted NHS Clinical Commissioning Group balance at 31 March 2019	**(19,520)**	**-**	**-**	**(19,520)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2019-20				
Net operating expenditure for the financial year	**(329,691)**			**(329,691)**
Net gain/(loss) on revaluation of property, plant and equipment		-		-
Net gain/(loss) on revaluation of intangible assets		-		-
Net gain/(loss) on revaluation of financial assets		-		-
Total revaluations against revaluation reserve	**-**	**-**	**-**	**-**
Net gain (loss) on available for sale financial assets	-	-	-	-
Net gain/(loss) on revaluation of other investments and Financial Assets (excluding available for sale financial assets)			-	-
Net gain (loss) on revaluation of assets held for sale	-	-	-	-
Impairments and reversals	-	-	-	-
Net actuarial gain (loss) on pensions	-	-	-	-
Movements in other reserves	-	-	-	-
Transfers between reserves	-	-	-	-
Release of reserves to the Statement of Comprehensive Net Expenditure	-	-	-	-
Reclassification adjustment on disposal of available for sale financial assets	-	-	-	-
Transfers by absorption to (from) other bodies	-	-	-	-
Reserves eliminated on dissolution	-	-	-	-
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(329,691)**	**-**	**-**	**(329,691)**
Net funding	329,542	-	-	329,542
Balance at 31 March 2020	**(19,669)**	**-**	**-**	**(19,669)**

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2018-19				
Balance at 01 April 2018	(15,625)	-	-	(15,625)
Transfer of assets and liabilities from closed NHS bodies	-	-	-	-
Adjusted NHS Clinical Commissioning Group balance at 31 March 2019	**(15,625)**	**-**	**-**	**(15,625)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2018-19				
Impact of applying IFRS 9 to Opening Balances	-			-
Impact of applying IFRS 15 to Opening Balances	-			-
Net operating costs for the financial year	(318,143)			(318,143)
Net gain/(loss) on revaluation of property, plant and equipment		-		-
Net gain/(loss) on revaluation of intangible assets		-		-
Net gain/(loss) on revaluation of financial assets		-		-
Total revaluations against revaluation reserve	**-**	**-**	**-**	**-**
Net gain (loss) on available for sale financial assets	-	-	-	-
Net gain (loss) on revaluation of assets held for sale	-	-	-	-
Impairments and reversals	-	-	-	-
Net actuarial gain (loss) on pensions	-	-	-	-
Movements in other reserves	-	-	-	-
Transfers between reserves	-	-	-	-
Release of reserves to the Statement of Comprehensive Net Expenditure	-	-	-	-
Reclassification adjustment on disposal of available for sale financial assets	-	-	-	-
Transfers by absorption to (from) other bodies	-	-	-	-
Reserves eliminated on dissolution	-	-	-	-
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(318,143)**	**-**	**-**	**(318,143)**
Net funding	314,248	-	-	314,248
Balance at 31 March 2019	**(19,520)**	**-**	**-**	**(19,520)**

The notes on pages 5 to 41 form part of this statement

Statement of Cash Flows for the year ended 31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(329,691)	(318,143)
Depreciation and amortisation	5	344	304
Impairments and reversals	5	-	170
Non-cash movements arising on application of new accounting standards		-	-
Movement due to transfer by Modified Absorption		-	-
Other gains (losses) on foreign exchange		-	-
Donated assets received credited to revenue but non-cash		-	-
Government granted assets received credited to revenue but non-cash		-	-
Interest paid		-	-
Release of PFI deferred credit		-	-
Other Gains & Losses		-	-
Finance Costs		-	-
Unwinding of Discounts		-	-
(Increase)/decrease in inventories	16	(454)	(254)
(Increase)/decrease in trade & other receivables	17	(1,596)	2,776
(Increase)/decrease in other current assets		-	-
Increase/(decrease) in trade & other payables	23	(1,767)	944
Increase/(decrease) in other current liabilities		-	-
Provisions utilised	30	-	(170)
Increase/(decrease) in provisions	30	(52)	480
Net Cash Inflow (Outflow) from Operating Activities		**(333,215)**	**(313,893)**
Cash Flows from Investing Activities			
Interest received		-	-
(Payments) for property, plant and equipment		(397)	(157)
(Payments) for intangible assets		-	(228)
(Payments) for investments with the Department of Health		-	-
(Payments) for other financial assets		-	-
(Payments) for financial assets (LIFT)		-	-
Proceeds from disposal of assets held for sale: property, plant and equipment		-	-
Proceeds from disposal of assets held for sale: intangible assets		-	-
Proceeds from disposal of investments with the Department of Health		-	-
Proceeds from disposal of other financial assets		-	-
Proceeds from disposal of financial assets (LIFT)		-	-
Non-cash movements arising on application of new accounting standards		-	-
Loans made in respect of LIFT		-	-
Loans repaid in respect of LIFT		-	-
Rental revenue		-	-
Net Cash Inflow (Outflow) from Investing Activities		**(397)**	**(385)**
Net Cash Inflow (Outflow) before Financing		**(333,612)**	**(314,278)**
Cash Flows from Financing Activities			
Grant in Aid Funding Received		329,542	314,248
Other loans received		-	-
Other loans repaid		-	-
Capital element of payments in respect of finance leases and on Statement of Financial Position PFI and LIFT		-	-
Capital grants and other capital receipts		-	-
Capital receipts surrendered		-	-
Non-cash movements arising on application of new accounting standards		-	-
Net Cash Inflow (Outflow) from Financing Activities		**329,542**	**314,248**
Net Increase (Decrease) in Cash & Cash Equivalents	20	**(4,070)**	**(30)**
Cash & Cash Equivalents at the Beginning of the Financial Year		25	55
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		-	-
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**(4,045)**	**25**

The notes on pages 5 to 41 form part of this statement

Notes to the financial statements

1 **Accounting Policies**

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

1.1 **Going Concern**

These accounts have been prepared on a going concern basis**.**

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

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

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 **Subsidiaries**

[Not Applicable]

1.5 **Associates**

[Not Applicable]

1.6 **Joint arrangements**

Arrangements over which the clinical commissioning group has joint control with one or more other entities are classified as joint arrangements. Joint control is the contractually agreed sharing of control of an arrangement. A joint arrangement is either a joint operation or a joint venture.

A joint operation exists where the parties that have joint control have rights to the assets and obligations for the liabilities relating to the arrangement. Where the clinical commissioning group is a joint operator it recognises its share of, assets, liabilities, income and expenses in its own accounts.

A joint venture is a joint arrangement whereby the parties that have joint control of the arrangement have rights to the net assets of the arrangement. Joint ventures are recognised as an investment and accounted for using the equity method.

1.7 **Aligned Budgets**

The CCG has entered into an aligned budget arrangement with Swindon Borough Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for Adult, Mental Health and Children's services and Note 35 provides details of the income and expenditure.

The budget is hosted by Swindon Borough Council. The CCG accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the agreement in place.

1.8 **Operating Segments**

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

1.9 **Revenue**

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows;

• As per paragraph 121 of the Standard the clinical commissioning group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,

• The clinical commissioning group is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.

• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the clinical commissioning group to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of Revenue for the CCG includes rebates from prescribing companies and intra-NHS transactions between different DHSC entities. Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles.

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

1.10 **Employee Benefits**

1.10.1 **Short-term Employee Benefits**

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

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

1.10.2 **Retirement Benefit Costs**

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

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

Notes to the financial statements

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

1.11 **Other Expenses**

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

1.12 **Grants Payable**

[Not Applicable]

1.13 **Property, Plant & Equipment**

1.13.1 **Recognition**

Property, plant and equipment is capitalised if:

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

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

1.13.2 **Measurement**

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

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date

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

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

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

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

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

1.13.3 **Subsequent Expenditure**

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

1.14 **Intangible Assets**

1.14.1 **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.

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.

1.14.2 **Measurement**

Intangible assets acquired separately are intially recognised at cost. 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 amortised 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. Revaluations and impairments are treated in the same manner as for property, plant and equipment.

1.14.3 **Depreciation, Amortisation & Impairments**

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

Notes to the financial statements

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

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

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

1.15 **Donated Assets**

[Not Applicable]

1.16 **Government grant funded assets**

[Not Applicable]

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

[Not Applicable]

1.18 **Leases**

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

1.18.1 **The Clinical Commissioning Group as Lessee**

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

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

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

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

1.18.2 **The Clinical Commissioning Group as Lessor**

[Not Applicable]

1.19 **Private Finance Initiative Transactions**

[Not Applicable]

1.19.1 **Services Received**

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

1.19.2 **PFI Asset**

[Not Applicable]

1.19.3 **PFI Liability**

[Not Applicable]

1.19.4 **Lifecycle Replacement**

[Not Applicable]

1.19.5 **Assets Contributed by the Clinical Commissioning Group to the Operator For Use in the Scheme**

[Not Applicable]

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

[Not Applicable]

1.20 **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 of 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 Section 75 agreement with Swindon Borough Council. The responsibility for safe keeping and maintenance of the stock system and for counting lies with Swindon Borough Council.

1.21 **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.

1.22 **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.

1.23 **Clinical Negligence Costs**

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

1.24 **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.

1.25 **Carbon Reduction Commitment Scheme**

[Not Applicable]

1.26 **Contingent liabilities and contingent assets**

Notes to the financial statements

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.
A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group. A contingent asset is disclosed where an inflow of economic benefits is probable.
Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.27 **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 amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.27.1 **Financial Assets at Amortised cost**

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.27.2 **Financial assets at fair value through other comprehensive income**

[Not Applicable]

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

[Not Applicable]

1.27.4 **Impairment**

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the clinical commissioning group recognises a loss allowance representing the expected credit losses on the financial asset.
The clinical commissioning group adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).
HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The clinical commissioning group therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the clinical commissioning group does not recognise allowances for stage 1 or stage 2 impairments against these bodies.
For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.28 **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**

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.

1.30 **Foreign Currencies**

The clinical commissioning group's functional currency and presentational currency is pounds sterling and amounts are presented in thousands of pounds unless expressly stated otherwise. 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**

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

Notes to the financial statements

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

1.33.1 **Critical accounting judgements in applying accounting policies**

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

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

1.33.2 **Sources of estimation uncertainty**

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

Management has considered, for example, in absence of recently observed market prices, future-orientated estimates are necessary to measure the recoverable amount of classes of property, plant and equipment, the effect of technological obsolescence on inventories, provisions subject to the future outcome of litigation in progress, long-term employee benefit liabilities such as pension obligations and the value of Prescribing drug accruals. These estimates involve assumptions about such items as the risk adjustment to cash flows or discount rates, future changes in salaries and future changes in prices affecting other costs and quantities.

1.34 **Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

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

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2019-20. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2021-22, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

● IFRS 16 Leases – The Standard is effective 1 April 2021 as adapted and interpreted by the FReM. The impact of the implementation of this standard is not known or can be reasonably estimatable.

● IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

● IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019.

2. Other Operating Revenue

	2019-20 Total £'000	2018-19 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	3	3
Non-patient care services to other bodies	2,303	2,842
Patient transport services	-	-
Prescription fees and charges	-	-
Dental fees and charges	-	-
Income generation	-	-
Other Contract income	651	298
Recoveries in respect of employee benefits	290	-
Total Income from sale of goods and services	**3,248**	**3,143**
Other operating income		
Rental revenue from finance leases	-	-
Rental revenue from operating leases	-	-
Charitable and other contributions to revenue expenditure: NHS	-	-
Charitable and other contributions to revenue expenditure: non-NHS	2	-
Receipt of donations (capital/cash)	-	-
Receipt of Government grants for capital acquisitions	-	-
Continuing Health Care risk pool contributions	-	-
Non cash apprenticeship training grants revenue	-	-
Other non contract revenue	-	-
Total Other operating income	**2**	**-**
Total Operating Income	**3,250**	**3,143**

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

	Education, training and research	Non-patient care services to other bodies	Patient transport services	Prescription fees and charges	Dental fees and charges	Income generation	Other Contract income	Recoveries in respect of employee benefits
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Source of Revenue								
NHS	-	1,811	-	-	-	-	-	290
Non NHS	3	492	-	-	-	-	651	-
Total	**3**	**2,303**	**-**	**-**	**-**	**-**	**651**	**290**

	Education, training and research	Non-patient care services to other bodies	Patient transport services	Prescription fees and charges	Dental fees and charges	Income generation	Other Contract income	Recoveries in respect of employee benefits
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Timing of Revenue								
Point in time	-	-	-	-	-	-	-	-
Over time	3	2,303	-	-	-	-	651	290
Total	**3**	**2,303**	**-**	**-**	**-**	**-**	**651**	**290**

The amounts entered against "Recoveries in respect of employee benefits" relate to those CCG staff who had roles that relate to BSW CCG. Please see page 75 for futher information.

3.2 Transaction price to remaining contract performance obligations

Contract revenue expected to be recognised in the future periods related to contract performance obligations not

	2019-20 Total	Revenue expected from NHSE Bodies	Revenue expected from Other DHSC Group Bodies	Revenue expected from Non-DHSC Group Bodies
	£000s	£000s	£000s	£000s
Not later than 1 year	133	36	-	97
Later than 1 year, not later than 5 years	81	-	-	81
Later than 5 Years	-	-	-	-
Total	**214**	**36**	**-**	**178**

4. Employee benefits and staff numbers

4.1.1 Employee benefits **Total** **2019-20**

	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	**4,690**	**408**	**5,098**
Social security costs	**492**	**7**	**498**
Employer Contributions to NHS Pension scheme	**898**	**8**	**906**
Other pension costs	**1**	**-**	**1**
Apprenticeship Levy	**9**	**-**	**9**
Other post-employment benefits	**-**	**-**	**-**
Other employment benefits	**-**	**-**	**-**
Termination benefits	**20**	**-**	**20**
Gross employee benefits expenditure	6,110	422	6,533
Less recoveries in respect of employee benefits (note 4.1.2)	**(290)**	**-**	**(290)**
Total - Net admin employee benefits including capitalised costs	5,820	422	6,243
Less: Employee costs capitalised	**-**	**-**	**-**
Net employee benefits excluding capitalised costs	5,820	422	6,243

4.1.1 Employee benefits **Total** **2018-19**

	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	**4,115**	**320**	**4,435**
Social security costs	**440**	**-**	**440**
Employer Contributions to NHS Pension scheme	**541**	**-**	**541**
Other pension costs	**1**	**-**	**1**
Apprenticeship Levy	**7**	**-**	**7**
Other post-employment benefits	**-**	**-**	**-**
Other employment benefits	**-**	**-**	**-**
Termination benefits	**-**	**-**	**-**
Gross employee benefits expenditure	5,104	320	5,424
Less recoveries in respect of employee benefits (note 4.1.2)	**-**	**-**	**-**
Total - Net admin employee benefits including capitalised costs	5,104	320	5,424
Less: Employee costs capitalised	**-**	**-**	**-**
Net employee benefits excluding capitalised costs	5,104	320	5,424

4.1.2 Recoveries in respect of employee benefits **2019-20** **2018-19**

	Permanent Employees £'000	Other £'000	Total £'000	Total £'000
Employee Benefits - Revenue				
Salaries and wages	**(228)**	**-**	**(228)**	**-**
Social security costs	**(29)**	**-**	**(29)**	**-**
Employer contributions to the NHS Pension Scheme	**(33)**	**-**	**(33)**	**-**
Other pension costs	**-**	**-**	**-**	**-**
Other post-employment benefits	**-**	**-**	**-**	**-**
Other employment benefits	**-**	**-**	**-**	**-**
Termination benefits	**-**	**-**	**-**	**-**
Total recoveries in respect of employee benefits	(290)	-	(290)	-

4.2 Average number of people employed

	2019-20			2018-19		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**107.69**	**5.70**	**113.39**	**96.27**	**2.14**	**98.41**
Of the above:						
Number of whole time equivalent people engaged on capital projects	**-**	**-**	**-**	**-**	**-**	**-**

4.4 Exit packages agreed in the financial year

	2019-20 Compulsory redundancies		2019-20 Other agreed departures		2019-20 Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	-	-	-	-
£10,001 to £25,000	1	20,000	1	23,001	2	43,001
£25,001 to £50,000	-	-	-	-	-	-
£50,001 to £100,000	-	-	-	-	-	-
£100,001 to £150,000	-	-	-	-	-	-
£150,001 to £200,000	-	-	-	-	-	-
Over £200,001	-	-	-	-	-	-
Total	**1**	**20,000**	**1**	**23,001**	**2**	**43,001**

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

	2019-20 Departures where special payments have been made		2018-19 Departures where special payments have been made	
	Number	£	Number	£
Less than £10,000	-	-	-	-
£10,001 to £25,000	-	-	-	-
£25,001 to £50,000	-	-	-	-
£50,001 to £100,000	-	-	-	-
£100,001 to £150,000	-	-	-	-
£150,001 to £200,000	-	-	-	-
Over £200,001	-	-	-	-
Total	**-**	**-**	**-**	**-**

Analysis of Other Agreed Departures

	2019-20 Other agreed departures		2018-19 Other agreed departures	
	Number	£	Number	£
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	1	23,001	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval*	-	-	-	-
Total	**1**	**23,001**	**-**	**-**

As a single exit package can be made up of several components each of which will be counted separately in this table, the total number will not necessarily match the total number in the table above, which will be the number of individuals.

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.

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

Zero non-contractual payments (£0k) were made to individuals where the payment value was more than 12 months' of their annual salary.

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.

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

Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the clinical commissioning group of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

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

The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% from 1st April 2019. For 2019/20, NHS CCGs continued to pay over contributions at the former rate with the additional amount being paid by NHS England on CCGs behalf. The full cost and related funding has been transferred from NHS England to the CCG, and recognised in these accounts.

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 2019, is based on valuation data as 31 March 2018 updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

4.5.2 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 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

For 2019-20, employers' contributions of £640k were payable to the NHS Pension Scheme (2018-19: £558k) at the rate of 14.38% of pensionable pay. During 2019-20, NHS England funded NHS Pension contributions totalling £278k on behalf of the CCG. Both the funding and cost of this are shown within the CCGs accounts.

4.5.3 Defined Contribution Pensions

The CCG contributed to an alternative pension scheme during 2019-20 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". In 2019/20 employee contributions were 5% and employer contributions 3%.

5. Operating expenses

	2019-20 Total £'000	2018-19 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	2,377	2,294
Services from foundation trusts	183,285	179,968
Services from other NHS trusts	21,380	19,703
Provider Sustainability Fund	-	-
Services from Other WGA bodies	15	20
Purchase of healthcare from non-NHS bodies	50,491	46,420
Purchase of social care	-	0
General Dental services and personal dental services	-	-
Prescribing costs	31,459	30,961
Pharmaceutical services	38	-
General Ophthalmic services	-	-
GPMS/APMS and PCTMS	31,965	29,601
Supplies and services – clinical	759	795
Supplies and services – general	121	338
Consultancy services	144	464
Establishment	959	788
Transport	1,762	1,692
Premises	396	871
Audit fees	44	43
Other non statutory audit expenditure		
· Internal audit services	69	51
· Other services	4	10
Other professional fees	-	1
Legal fees	97	84
Education, training and conferences	242	240
Funding to group bodies	-	-
CHC Risk Pool contributions	-	-
Non cash apprenticeship training grants	-	-
Total Purchase of goods and services	**325,607**	**314,344**
Depreciation and impairment charges		
Depreciation	150	175
Amortisation	194	129
Impairments and reversals of property, plant and equipment	-	170
Impairments and reversals of intangible assets	-	-
Impairments and reversals of financial assets	-	-
· Assets carried at amortised cost	-	-
· Assets carried at cost	-	-
· Available for sale financial assets	-	-
Impairments and reversals of non-current assets held for sale	-	-
Impairments and reversals of investment properties	-	-
Total Depreciation and impairment charges	**344**	**474**
Provision expense		
Change in discount rate	-	-
Provisions	(52)	480
Total Provision expense	**(52)**	**480**
Other Operating Expenditure		
Chair and Non Executive Members	243	235
Grants to Other bodies	-	-
Clinical negligence	-	-
Research and development (excluding staff costs)	-	-
Expected credit loss on receivables	-	-
Expected credit loss on other financial assets (stage 1 and 2 only)	-	-
Inventories written down	-	-
Inventories consumed	265	178
Other expenditure	1	150
Total Other Operating Expenditure	**509**	**564**
Total operating expenditure	**326,408**	**315,861**

Purchase of healthcare from Non-NHS bodies includes £16.4m (2018/19 £16.9m) of contributions to Swindon Borough Council (SBC) for services provided via contractual arrangement under Section 75 of the National Health Service Act 2006 or where SBC is the service provider.

The external audit fee for 2019/20 excluding VAT was £36,787.

The external auditor's liability for external audit work carried out for the financial year 2019/20 is limited to £2,000,000.

6.1 Better Payment Practice Code

Measure of compliance	**2019-20 Number**	**2019-20 £'000**	2018-19 **Number**	2018-19 **£'000**
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	6,740	92,904	6,068	87,185
Total Non-NHS Trade Invoices paid within target	6,689	92,560	6,010	86,525
Percentage of Non-NHS Trade invoices paid within target	**99.24%**	**99.63%**	**99.04%**	**99.24%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,259	213,111	2,220	206,530
Total NHS Trade Invoices Paid within target	2,248	213,055	2,210	206,514
Percentage of NHS Trade Invoices paid within target	**99.51%**	**99.97%**	**99.55%**	**99.99%**

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

The CCG had no Late Payment of Commercial Debts (Interest) to report in 2019-20 (2018-19: nil)

7 Income Generation Activities

The CCG does not have any income generation activities to report in 2019-20.

8. Investment revenue

The CCG had no Investment revenue in 2019-20 or 2018-19.

9. Other gains and losses

The CCG had no Other gains and losses in 2019-20 or 2018-19.

10.1 Finance costs

The CCG had no Finance costs in 2019-20 or 2018-19.

11. Net gain/(loss) on transfer by absorption

The CCG had no gains or losses on transfer by absorption in 2019-20 or 2018-19.

12. Operating Leases

12.1 As lessee

12.1.1 Payments recognised as an Expense

	2019-20				2018-19			
	Land £'000	**Buildings £'000**	**Other £'000**	**Total £'000**	**Land £'000**	**Buildings £'000**	**Other £'000**	**Total £'000**
Payments recognised as an expense								
Minimum lease payments	-	167	-	**167**	-	373	-	**373**
Contingent rents	-	-	-	**-**	-	-	-	**-**
Sub-lease payments	-	-	-	**-**	-	-	-	**-**
Total	**-**	**167**	**-**	**167**	**-**	**373**	**-**	**373**

12.1.2 Future minimum lease payments

	2019-20				2018-19			
	Land £'000	**Buildings £'000**	**Other £'000**	**Total £'000**	**Land £'000**	**Buildings £'000**	**Other £'000**	**Total £'000**
Payable:								
No later than one year	-	157	-	**157**	-	153	-	**153**
Between one and five years	-	494	-	**494**	-	650	-	**650**
After five years	-	-	-	**-**	-	-	-	**-**
Total	**-**	**651**	**-**	**651**	**-**	**803**	**-**	**803**

12.2 As lessor

12.2.1 Rental revenue

The CCG had no rental revenue to report in 2019-20 or 2018-19.

12.2.2 Future minimum rental value

The CCG had no minimum rental value to report in 2019-20 or 2018-19.

13 Property, plant and equipment

2019-20	Land £'000	Buildings excluding dwellings £'000	Dwellings £'000	Assets under construction and payments on account £'000	Plant & machinery £'000	Transport equipment £'000	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 April 2019	-	-	-	-	104	-	795	46	945
Addition of assets under construction and payments on account				-					-
Additions purchased	-	-	-	-	5	-	347	45	397
Additions donated	-	-	-	-	-	-	-	-	-
Additions government granted	-	-	-	-	-	-	-	-	-
Additions leased	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Reclassified as held for sale and reversals	-	-	-	-	-	-	-	-	-
Disposals other than by sale	-	-	-	-	-	-	(56)	-	(56)
Upward revaluation gains	-	-	-	-	-	-	-	-	-
Impairments charged	-	-	-	-	-	-	-	-	-
Reversal of impairments	-	-	-	-	-	-	-	-	-
Transfer (to)/from other public sector body	-	-	-	-	-	-	-	-	-
Cumulative depreciation adjustment following revaluation	-	-	-	-	-	-	-	-	-
Cost/Valuation at 31 March 2020	**-**	**-**	**-**	**-**	**109**	**-**	**1,086**	**91**	**1,286**
Depreciation 01 April 2019	-	-	-	-	54	-	424	20	498
Reclassifications	-	-	-	-	-	-	-	-	-
Reclassified as held for sale and reversals	-	-	-	-	-	-	-	-	-
Disposals other than by sale	-	-	-	-	-	-	(56)	-	(56)
Upward revaluation gains	-	-	-	-	-	-	-	-	-
Impairments charged	-	-	-	-	-	-	-	-	-
Reversal of impairments	-	-	-	-	-	-	-	-	-
Charged during the year	-	-	-	-	12	-	129	8	150
Transfer (to)/from other public sector body	-	-	-	-	-	-	-	-	-
Cumulative depreciation adjustment following revaluation	-	-	-	-	-	-	-	-	-
Depreciation at 31 March 2020	**-**	**-**	**-**	**-**	**66**	**-**	**497**	**29**	**592**
Net Book Value at 31 March 2020	**-**	**-**	**-**	**-**	**42**	**-**	**589**	**62**	**694**
Purchased	-	-	-	-	42	-	589	62	694
Donated	-	-	-	-	-	-	-	-	-
Government Granted	-	-	-	-	-	-	-	-	-
Total at 31 March 2020	**-**	**-**	**-**	**-**	**42**	**-**	**589**	**62**	**694**
Asset financing:									
Owned	-	-	-	-	42	-	589	62	694
Held on finance lease	-	-	-	-	-	-	-	-	-
On-SOFP Lift contracts	-	-	-	-	-	-	-	-	-
PFI residual: interests	-	-	-	-	-	-	-	-	-
Total at 31 March 2020	**-**	**-**	**-**	**-**	**42**	**-**	**589**	**62**	**694**

Revaluation Reserve Balance for Property, Plant & Equipment

	Land £'000	Buildings £'000	Dwellings £'000	Assets under construction & payments on account £'000	Plant & machinery £'000	Transport equipment £'000	Information technology £'000	Furniture & fittings £'000	Total £'000
Balance at 01 April 2019	-	-	-	-	-	-	-	-	-
Revaluation gains	-	-	-	-	-	-	-	-	-
Impairments	-	-	-	-	-	-	-	-	-
Release to general fund	-	-	-	-	-	-	-	-	-
Other movements	-	-	-	-	-	-	-	-	-
Balance at 31 March 2020	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

13 Property, plant and equipment cont'd

13.1 Additions to assets under construction

The CCG had none in 2019-20 or 2018-19.

13.2 Donated assets

The CCG had none in 2019-20 or 2018-19.

13.3 Government granted assets

The CCG had none in 2019-20 or 2018-19.

13.4 Property revaluation

The CCG had none in 2019-20 or 2018-19.

13.5 Compensation from third parties

The CCG had none in 2019-20 or 2018-19.

13.6 Write downs to recoverable amount

The CCG had none in 2019-20 or 2018-19.

13.7 Temporarily idle assets

The CCG had none in 2019-20 or 2018-19.

13.8 Cost or valuation of fully depreciated assets

The CCG had none in 2019-20 or 2018-19.

13.9 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Buildings excluding dwellings	0	0
Dwellings	0	0
Plant & machinery	2	9
Transport equipment	0	0
Information technology	1	5
Furniture & fittings	3	5

14 Intangible non-current assets

2019-20	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 2019	583	-	-	-	-	**583**
Additions purchased	-	-	-	-	-	**-**
Additions internally generated	-	-	-	-	-	**-**
Additions donated	-	-	-	-	-	**-**
Additions government granted	-	-	-	-	-	**-**
Additions leased	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	**-**
Reclassified as held for sale and reversals	-	-	-	-	-	**-**
Disposals other than by sale	(15)	-	-	-	-	**(15)**
Upward revaluation gains	-	-	-	-	-	**-**
Impairments charged	-	-	-	-	-	**-**
Reversal of impairments	-	-	-	-	-	**-**
Transfer (to)/from other public sector body	-	-	-	-	-	**-**
Cumulative amortisation adjustment following revaluation	-	-	-	-	-	**-**
Cost / Valuation At 31 March 2020	**568**	**-**	**-**	**-**	**-**	**568**
Amortisation 01 April 2019	123	-	-	-	-	**123**
Reclassifications	-	-	-	-	-	**-**
Reclassified as held for sale and reversals	-	-	-	-	-	**-**
Disposals other than by sale	(15)	-	-	-	-	**(15)**
Upward revaluation gains	-	-	-	-	-	**-**
Impairments charged	-	-	-	-	-	**-**
Reversal of impairments	-	-	-	-	-	**-**
Charged during the year	194	-	-	-	-	**194**
Transfer (to) from other public sector body	-	-	-	-	-	**-**
Cumulative amortisation adjustment following revaluation	-	-	-	-	-	**-**
Amortisation At 31 March 2020	**303**	**-**	**-**	**-**	**-**	**303**
Net Book Value at 31 March 2020	**265**	**-**	**-**	**-**	**-**	**265**
Purchased	265	-	-	-	-	**265**
Donated	-	-	-	-	-	**-**
Government Granted	-	-	-	-	-	**-**
Total at 31 March 2020	**265**	**-**	**-**	**-**	**-**	**265**

Revaluation Reserve Balance for intangible assets

	Computer Software: Purchased £'000	Computer Software: Internally Generated £'000	Licences & Trademarks £'000	Patents £'000	Development Expenditure (internally generated) £'000	Total £'000
Balance at 01 April 2019	-	-	-	-	-	**-**
Revaluation gains	-	-	-	-	-	**-**
Impairments	-	-	-	-	-	**-**
Release to general fund	-	-	-	-	-	**-**
Other movements	-	-	-	-	-	**-**
Balance at 31 March 2020	**-**	**-**	**-**	**-**	**-**	**-**

14 Intangible non-current assets cont'd

14.1 Donated assets

The CCG had none in 2019-20 or 2018-19.

14.2 Government granted assets

The CCG had none in 2019-20 or 2018-19.

14.3 Revaluation

The CCG had none in 2019-20 or 2018-19.

14.4 Compensation from third parties

The CCG had none in 2019-20 or 2018-19.

14.5 Write downs to recoverable amount

The CCG had none in 2019-20 or 2018-19.

14.6 Non-capitalised assets

The CCG had none in 2019-20 or 2018-19.

14.7 Temporarily idle assets

The CCG had none in 2019-20 or 2018-19.

14.8 Cost or valuation of fully amortised assets

The CCG had none in 2019-20 or 2018-19.

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 2019-20 or 2018-19.

16 Inventories

	Drugs	Consumables	Energy	Work in Progress	Loan Equipment	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Balance at 01 April 2019	-	-	-	-	1,051	-	**1,051**
Additions	-	-	-	-	719	-	719
Inventories recognised as an expense in the period	-	-	-	-	(265)	-	(265)
Write-down of inventories (including losses)	-	-	-	-	-	-	-
Reversal of write-down previously taken to the statement of comprehensive net expenditure	-	-	-	-	-	-	-
Transfer (to) from -Goods for resale	-	-	-	-	-	-	-
Balance at 31 March 2020	**-**	**-**	**-**	**-**	**1,506**	**-**	**1,506**

The stock relates to joint arrangements under a Section 75 agreement with Swindon Borough Council for wheelchairs and Integrated Care and Equipment Service (ICES). The £719k inventory additions are made up of £248k of wheelchair stock and £471k of ICES stock.

17.1 Trade and other receivables

	Current 2019-20 £'000	Non-current 2019-20 £'000	Current 2018-19 £'000	Non-current 2018-19 £'000
NHS receivables: Revenue	1,067	-	49	-
NHS receivables: Capital	-	-	-	-
NHS prepayments	1,228	-	1,224	-
NHS accrued income	-	-	-	-
NHS Contract Receivable not yet invoiced/non-invoice	-	-	-	-
NHS Non Contract trade receivable (i.e pass through funding)	-	-	-	-
NHS Contract Assets	-	-	-	-
Non-NHS and Other WGA receivables: Revenue	426	-	137	-
Non-NHS and Other WGA receivables: Capital	-	-	-	-
Non-NHS and Other WGA prepayments	484	-	145	-
Non-NHS and Other WGA accrued income	-	-	-	-
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	-	-	-	-
Non-NHS and Other WGA Non Contract trade receivable (i.e pass through funding)	-	-	-	-
Non-NHS Contract Assets	-	-	-	-
Expected credit loss allowance-receivables	-	-	-	-
VAT	1	-	55	-
Private finance initiative and other public private partnership arrangement prepayments and accrued income	-	-	-	-
Interest receivables	-	-	-	-
Finance lease receivables	-	-	-	-
Operating lease receivables	-	-	-	-
Other receivables and accruals	-	-	-	-
Total Trade & other receivables	**3,206**	**-**	**1,610**	**-**
Total current and non current	**3,206**		**1,610**	
Included above:				
Prepaid pensions contributions	-		-	

17.2 Receivables past their due date but not impaired

	2019-20 DHSC Group Bodies £'000	2019-20 Non DHSC Group Bodies £'000	2018-19 DHSC Group Bodies £'000	2018-19 Non DHSC Group Bodies £'000
By up to three months	426	135	11	23
By three to six months	-	74	-	-
By more than six months	25	30	25	20
Total	**451**	**239**	**36**	**43**

17.3 Loss allowance on asset classes

There were no Loss allowances provided in 2019-20 or 2018-19.

18 Other financial assets

18.1 Current

The CCG had none in 2019-20 or 2018-19.

18.2 Non-current

The CCG had none in 2019-20 or 2018-19.

18.3 Expected Credit Losses on Financial Assets

Expected Credit Losses:	2019-20 In Other Bodies Share Capital & Other Investments £'000	2018-19 In Other Bodies Share Capital & Other Investments £'000
12-month expected credit losses (Stage 1 - no significant increase in risk)	-	-
Lifetime expected credit losses (Stage 2 - significant increase in risk)	-	-
Lifetime Expected credit losses (Stage 3 - credit impaired assets)	-	-

18.4 Non-Current: capital analysis

The CCG had none in 2019-20 or 2018-19.

19 Other current assets

The CCG had none in 2019-20 or 2018-19.

20 Cash and cash equivalents

	2019-20 £'000	2018-19 £'000
Balance at 01 April 2019	25	55
Net change in year	(4,070)	(30)
Balance at 31 March 2020	**(4,045)**	**25**
Made up of:		
Cash with the Government Banking Service	-	25
Cash with Commercial banks	-	-
Cash in hand	-	-
Current investments	-	-
Cash and cash equivalents as in statement of financial position	**-**	**25**
Bank overdraft: Government Banking Service	(4,045)	-
Bank overdraft: Commercial banks	-	-
Total bank overdrafts	**(4,045)**	**-**
Balance at 31 March 2020	**(4,045)**	**25**
Patients' money held by the clinical commissioning group, not included above	-	-

Please refer to Note 26 for further information regarding the "Bank Overdraft: Government Banking Service".

21 Non-current assets held for sale

The CCG had none in 2019-20 or 2018-19.

22 Analysis of impairments and reversals

22.1 Analysis of impairments and reversals: property, plant and equipment

	2019-20 £'000	2018-19 £'000
Impairments and reversals charged to the statement of comprehensive net expenditure		
Loss or damage resulting from normal operations	-	(170)
Over-specification of assets	-	-
Abandonment of assets in the course of construction	-	-
Total charged to departmental expenditure limit	**-**	**(170)**
Unforeseen obsolescence	-	-
Loss as a result of catastrophe	-	-
Other	-	-
Change in market price	-	-
Total charged to annually managed expenditure	**-**	**-**
Total impairments and reversals charged to the statement of comprehensive net expenditure	**-**	**-**
Impairments and Reversals charged to the revaluation reserve		
Loss or damage resulting from normal operations	-	-
Over-specification of assets	-	-
Abandonment of assets in the course of construction	-	-
Unforeseen obsolescence	-	-
Loss as a result of catastrophe	-	-
Other	-	-
Change in market price	-	-
Total Impairments and reversals charged to the revaluation reserve	**-**	**-**
Total impairments and reversals of property, plant and equipment charged to the revaluation reserve	**-**	**-**
Total impairments and reversals of property, plant and equipment	**-**	**-**

22.2 Analysis of impairments and reversals: Intangible assets

The CCG had none in 2019-20 or 2018-19.

22 Analysis of impairments and reversals cont'd

22.3 Analysis of impairments and reversals: investment property

The CCG had none in 2019-20 or 2018-19.

22.4 Analysis of impairments and reversals: inventories

The CCG had none in 2019-20 or 2018-19.

22.5 Analysis of impairments and reversals: financial assets

The CCG had none in 2019-20 or 2018-19.

22.6 Analysis of impairments and reversals: non-current assets held for sale

The CCG had none in 2019-20 or 2018-19.

22.7 Analysis of impairments and reversals: totals

	2019-20 £'000	2018-19 £'000
Impairments and reversals charged to the statement of comprehensive net expenditure		
Departmental expenditure limit	-	(170)
Annually managed expenditure	-	-
Total impairments and reversals charged to the statement of comprehensive net expenditure	**-**	**(170)**
Impairments and reversals charged to the revaluation reserve	-	-
Total impairments	**-**	**(170)**
Of the above:		
Impairment on revaluation to “modern equivalent asset” basis	-	-
Impairments and reversals of donated and government granted assets charged to the statement of comprehensive net expenditure included above:		
Property, plant & equipment charged to departmental expenditure limit	-	-
Intangible assets charged to departmental expenditure limit	-	-
Total charged to departmental expenditure limit	-	-
Property, plant & equipment charged to annually managed expenditure	-	-
Intangible assets charged to annually managed expenditure	-	-
Total charged to annually managed expenditure	-	-
Total impairments and reversals of donated and government granted assets charged to the statement of comprehensive net expenditure	**-**	**-**

23 Trade and other payables	Current 2019-20 £'000	Non-current 2019-20 £'000	Current 2018-19 £'000	Non-current 2018-19 £'000
Interest payable	-	-	-	-
NHS payables: Revenue	3,597	-	1,953	-
NHS payables: Capital	-	-	-	-
NHS accruals	566	-	1,005	-
NHS deferred income	-	-	-	-
NHS Contract Liabilities	-	-	-	-
Non-NHS and Other WGA payables: Revenue	4,249	-	7,036	-
Non-NHS and Other WGA payables: Capital	-	-	-	-
Non-NHS and Other WGA accruals	10,881	-	9,259	-
Non-NHS and Other WGA deferred income	-	-	-	-
Non-NHS Contract Liabilities	-	-	-	-
Social security costs	76	-	68	-
VAT	-	-	-	-
Tax	65	-	58	-
Payments received on account	-	-	-	-
Other payables and accruals	1,164	-	2,986	-
Total Trade & Other Payables	**20,598**	**-**	**22,365**	**-**
Total current and non-current	**20,598**		**22,365**	

There are no liabilities due in future years under arrangements to buy out the liability for early retirement over
References to "WGA" relate to balances included in the Governments Whole of Government Accounts exercise.
Other payables include £96k outstanding pension contributions at 31 March 2020 (2018-19 £86k)

24 Other financial liabilities

The CCG had none in 2019-20 or 2018-19.

25 Other liabilities

The CCG had none in 2019-20 or 2018-19.

26 Borrowings	Current 2019-20 £'000	Non-current 2019-20 £'000	Current 2018-19 £'000	Non-current 2018-19 £'000
Bank overdrafts:				
· Government banking service	4,045	-	-	-
· Commercial banks	-	-	-	-
Total overdrafts	**4,045**	**-**	**-**	**-**
Loans from:				
· The Department of Health and Social Care	-	-	-	-
· Other entities	-	-	-	-
Total loans	**-**	**-**	**-**	**-**
Private finance initiative liabilities:				
· Main liability	-	-	-	-
· Lifecycle replacement received in advance	-	-	-	-
Total private finance initiative liabilities	**-**	**-**	**-**	**-**
LIFT liabilities:				
· Main liability	-	-	-	-
· Lifecycle replacement received in advance	-	-	-	-
Total LIFT liabilities	**-**	**-**	**-**	**-**
Finance lease liabilities	-	-	-	-
Other	-	-	-	-
Total Borrowings	**4,045**	**-**	**-**	**-**
Total current and non-current	**4,045**		**-**	

26.1 Repayment of principal falling due

	Department of Health 2019-20 £'000	Other 2019-20 £'000	Total 2019-20 £'000
Within one year	-	4,045	4,045
Between one and two years	-	-	-
Between two and five years	-	-	-
Between one and five years	**-**	**4,045**	**4,045**
After five years	-	-	-
Total	**-**	**4,045**	**4,045**

The Government Banking Service bank overdraft relates to a BACS payment run which was transacted on 31st March 2020. The total amount paid was £4.13m. The funds associated with this transaction will clear the CCGs bank account on 3rd April. Prior to this payment run, the CCGs Government banking service account had a balance of £92k.

In line with NHS England's accounting guidance, the CCG has presented the overdrawn cash position as a technical overdraft.

27 Private finance initiative, LIFT and other service concession arrangements

The CCG had none in 2019-20 or 2018-19.

28 Finance lease obligations

The CCG had none in 2019-20 or 2018-19.

28.1 Finance leases as lessee

The CCG had none in 2019-20 or 2018-19.

29 Finance lease receivables

The CCG had none in 2019-20 or 2018-19

29.1 Finance leases as lessor

The CCG had none in 2019-20 or 2018-19

29.2 Rental revenue

The CCG had none in 2019-20 or 2018-19

30 Provisions

	Current 2019-20 £'000	Non-current 2019-20 £'000	Current 2018-19 £'000	Non-current 2018-19 £'000
Pensions relating to former directors	-	-	-	-
Pensions relating to other staff	-	-	-	-
Restructuring	-	-	-	-
Redundancy	-	-	-	-
Agenda for change	-	-	-	-
Equal pay	-	-	-	-
Legal claims	-	-	-	-
Continuing care	250	-	241	-
Other	447	-	508	-
Total	**697**	**-**	**749**	**-**
Total current and non-current	**697**		**749**	

	Pensions Relating to Former Directors £'000	Pensions Relating to Other Staff £'000	Restructuring £'000	Redundancy £'000	Agenda for Change £'000	Equal Pay £'000	Legal Claims £'000	Continuing Care £'000	Other £'000	Total £'000
Balance at 01 April 2019	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**241**	**508**	**749**
Arising during the year	-	-	-	-	-	-	-	135	39	**174**
Utilised during the year	-	-	-	-	-	-	-	-	-	**-**
Reversed unused	-	-	-	-	-	-	-	(126)	(100)	**(226)**
Unwinding of discount	-	-	-	-	-	-	-	-	-	**-**
Change in discount rate	-	-	-	-	-	-	-	-	-	**-**
Transfer (to) from other public sector body	-	-	-	-	-	-	-	-	-	**-**
Transfer (to) from other public sector body under absorption	-	-	-	-	-	-	-	-	-	**-**
Balance at 31 March 2020	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**250**	**447**	**697**
Expected timing of cash flows:										
Within one year	-	-	-	-	-	-	-	250	447	**697**
Between one and five years	-	-	-	-	-	-	-	-	-	**-**
After five years	-	-	-	-	-	-	-	-	-	**-**
Balance at 31 March 2020	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**250**	**447**	**697**

Continuing Care - This provision relates to existing retrospective applications which may demonstrate eligiblity 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 2020 is £269k (31 March 2019 £347k). NHS England is responsible for meeting any Income Tax payments relating to these claims.

Other - The CCG commissioned a third-party non-NHS provider to undertake the Continuing Healthcare assessment functions on behalf of the CCG. The VAT recoverability of such a service is currently under review by HMRC and therefore, the CCG awaits the final determination from HMRC. The provision of £447k relates to the financial years 2016/17 to 2019/20 inclusive.

31 Contingencies

	2019-20 £'000	2018-19 £'000
Contingent liabilities		
Equal Pay	-	-
NHS Resolution Legal Claims	-	-
Employment Tribunal	-	-
NHS Resolution employee liability claim	-	-
Redundancy	-	-
Continuing Healthcare	308	260
Amounts recoverable against contingent liabilities	-	-
Net value of contingent liabilities	**308**	**260**
Contingent assets		
Contingent Assets	-	-
Amounts payable against contingent assets	-	-
Net value of contingent assets	**-**	**-**

The contingent liability relating to Continuing Healthcare (CHC) applies to those CHC retrospective cases where eligibility of a case has not yet been determined by a clinical panel at the CCG or NHS England but where a commitment may arise subject to eligibility criteria being met.

32 Commitments

32.1 Capital commitments

	2019-20 £'000	2018-19 £'000
Property, plant and equipment	-	-
Intangible assets	-	-
Total	**-**	**-**

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:

	2019-20 £'000	2018-19 £'000
In not more than one year	6,867	6,780
In more than one year but not more than five years	19,052	19,669
In more than five years	3,721	4,664
Total	**29,640**	**31,113**

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 NHS clinical commissioning group is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The clinical commissioning group has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the clinical commissioning group in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS clinical commissioning group standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the NHS clinical commissioning group and internal auditors.

33.1.1 Currency risk

The NHS clinical commissioning group is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS clinical commissioning group has no overseas operations. The NHS clinical commissioning group and therefore has low exposure to currency rate fluctuations.

33.1.2 Interest rate risk

The clinical commissioning group borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The clinical commissioning group therefore has low exposure to interest rate fluctuations.

33.1.3 Credit risk

Because the majority of the NHS clinical commissioning group and revenue comes parliamentary funding, NHS clinical commissioning group has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

33.1.4 Liquidity risk

NHS clinical commissioning group is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS clinical commissioning group draws down cash to cover expenditure, as the need arises. The NHS clinical commissioning group is not, therefore, exposed to significant liquidity risks.

33.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

33 Financial instruments cont'd

33.2 Financial assets

	Financial Assets measured at amortised cost 2019-20 £'000	Equity Instruments designated at FVOCI 2019-20 £'000	Total 2019-20 £'000
Equity investment in group bodies		-	-
Equity investment in external bodies		-	-
Loans receivable with group bodies	-		-
Loans receivable with external bodies	-		-
Trade and other receivables with NHSE bodies	1,017		1,017
Trade and other receivables with other DHSC group bodies	152		152
Trade and other receivables with external bodies	323		323
Other financial assets	-		-
Cash and cash equivalents	-		-
Total at 31 March 2020	**1,492**	**-**	**1,492**

33.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2019-20 £'000	Other 2019-20 £'000	Total 2019-20 £'000
Loans with group bodies	-		**-**
Loans with external bodies	-		**-**
Trade and other payables with NHSE bodies	983		**983**
Trade and other payables with other DHSC group bodies	10,299		**10,299**
Trade and other payables with external bodies	9,174		**9,174**
Other financial liabilities	4,045		**4,045**
Private Finance Initiative and finance lease obligations	-		**-**
Total at 31 March 2020	**24,501**	**-**	**24,501**

34 Operating segments

	Gross expenditure £'000	Income £'000	Net expenditure £'000	Total assets £'000	Total liabilities £'000	Net assets £'000
Commissioning	335,950	(6,259)	329,691	5,671	(25,340)	(19,669)

The CCG considers it has only one segment, the Commissioning of Healthcare Services. There are no reconciling items between the Operating segments and the Statement of Financial Position (SOFP) and the Statement of Comprehensive Net Expenditure (SOCNE).

35 Joint arrangements - interests in joint operations

35.1 Interests in joint operations

Name of arrangement	Parties to the arrangement	Description of principal activities	Amounts recognised in CCGs books 2019-20				Amounts recognised in CCGs books 2018-19			
			Assets	Liabilities	Income	Expenditure	Assets	Liabilities	Income	Expenditure
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Swindon Borough Council, Section 75 arrangement	Swindon Borough Council, Swindon CCG,	Provision of healthcare and ancillary support services in Swindon	-	177	57,185	57,185	-	34	21,356	21,356

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 £57.2m (2018-19: £21.4m), during the year of which £13.9m flowed through Swindon Borough Council in year.

During 2019/20 the CCG has increased the number of services covered by the Section 75. In 2019/20 the CCG has added in spend on CHC, Hospices, MH placements and the majority of its Community Health Services (services added in year were not included). This reflects the intention of both the CCG and Swindon Borough Council to integrate more services. The CCG and Swindon Borough Council have been exploring options for risk sharing during 2019/20 with the aim of using to help leverage operational benefits for the local system. Risks during 2019/20 have remained aligned to the commissioner of the services.

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 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.

35.2 Interests in entities not accounted for under IFRS 10 or IFRS 11

The CCG had none in 2019-20 or 2018-19.

36 NHS Lift investments

The CCG had none in 2019-20 or 2018-19.

37 Related party transactions

Details of related party transactions with individuals are as follows:

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. Details of payments made to GPs for their services to the CCG are included in the Remuneration report (see Annual Report page 75). The amounts disclosed below relate to the full financial year.

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Dr S Bruen, Locality GP Chair, Managing Partner of Westrop Medical Practice. Transactions for Westrop Surgery	3,810	-	184	-
Dr A Webb,GP Representative. Transactions for Westrop Medical Practice	3,810	-	184	-
Dr F Basheer, GP Representative. Transactions for Victoria Cross Surgery	1,206	-	75	-
Dr M Boothman, GP Representative. GP Partner at Lawn Medical Centre. Transactions for Lawn Medical Centre.	957	-	37	(30)
Dr F Campbell, GP Representative. GP Partner at Elm Tree Surgery. Transactions for Elm Tree Surgery.	1,218	-	45	-
Dr J Caroll, GP Representative. Transactions for Taw Hill Medical Practice.	783	-	8	-
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.	783	-	8	-
S Wald, Director of Adult & Social Services, Swindon Borough Council. Transactions for Swindon Borough Council.	16,992	(417)	911	(336)
Dr A Oyinloye, Acting Director of Public Health, Swindon Borough Council. Transactions for Swindon Borough Council.	16,992	(417)	911	(336)
C Jones, Director of Public Health, Swindon Borough Council. Transactions for Swindon Borough Council.	16,992	(417)	911	(336)

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 of Health 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. As part of BSW STP in 19/20, the CCG has been both the host and recipient for funding which has been allocated to the STP.
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.

2018-19 Comparatives	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Dr S Bruen, Locality GP Chair (up to 31st January 2019), Interim Clinical Chair (from 1st February 2019), Managing Partner of Westrop Medical Practice. Transactions for Westrop Surgery	2,328	-	169	-
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.	1,365	-	103	-
Dr P Mack, Governing Body, CCG Clinical Chair (up to 31st January 2019), Clinical leadership Group, Locality 2 GP chair, Commissioning for Quality Committee Chair, GP senior partner at Moredon. Transactions for Moredon Medical Centre.	1,644	-	77	-
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.	1,436	(11)	92	(2)
S Francome, Practice Manager Representative (up to 30th September 2018). Transactions for Taw Hill Medical Practice.	1,365	-	103	-
Dr S Sewell, Locality GP Representative. GP Partner at Ridgeway View Medical Practice. Transactions for Ridgeway View Medical Practice	2,453	-	204	-
Dr F Basheer, GP Representative. Transactions for Victoria Cross Surgery	1,138	-	66	-
C Jones, Director of Public Health, Swindon Borough Council. Transactions for Swindon Borough Council.	17,905	(320)	1,650	(89)
S Wald, Director of Adult & Social Services, Swindon Borough Council. Transactions for Swindon Borough Council.	17,905	(320)	1,650	(89)

38 Events after the end of the reporting period

On 1st April 2020, NHS Swindon CCG merged with NHS Bath and North East Somerset CCG and NHS Wiltshire CCG, to form NHS Bath and North East Somerset (BaNES), Swindon and Wiltshire CCG. All assets and liabilities of NHS Swindon CCG transferred on that date to the new organisation, and NHS Swindon CCG ceased to exist. The amounts transferred from Swindon CCG to the combined entity are listed below and can be found on the Statement of Financial position.

- Non-current assets: £959k
- Current assets: £4,712k
- Non-Current liabilities: £0k
- Current liabilities: £19,669k

39 Third party assets

The CCG had none in 2019-20 or 2018-19.

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:

	2019-20 Target	**2019-20 Performance**	2018-19 Target	2018-19 Performance
Expenditure not to exceed income	333,363	333,338	321,697	321,670
Capital resource use does not exceed the amount specified in Directions	397	397	385	385
Revenue resource use does not exceed the amount specified in Directions	329,717	329,691	318,169	318,143
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue administration resource use does not exceed the amount specified in Directions	5,326	4,397	5,083	4,949

During 2019-20 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 2020-21. At the 31 March 2020, £1.02m 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 from this arrangement.

NHS England set the CCG a Revenue Resource limit of £329,717k for 2019-20 (2018-19: £318,169k), and the CCG achieved an underspend of £26k against this target (2018-19 £26k).

The target for administration costs was set at £5,326k (2018-19 £5,083k) and the CCG achieved an underspend of £929k (2018-19 £134k). The underspend on administrative costs has been reinvested in healthcare services.

The CCG met all financial performance targets set for 2019-20.

41 Analysis of charitable reserves

The CCG had none in 2019-20 or 2018-19.

4. Employee benefits and staff numbers

4.1.1 Employee benefits

	Admin			Programme			Total		2019-20
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits									
Salaries and wages	2,217	193	**2,411**	2,472	215	**2,687**	4,690	408	**5,098**
Social security costs	250	7	**256**	242	-	**242**	492	7	**498**
Employer contributions to the NHS Pension Scheme	568	8	**576**	330	-	**330**	898	8	**906**
Other pension costs	1	-	**1**	-	-	**-**	1	-	**1**
Apprenticeship Levy	9	-	**9**	-	-	**-**	9	-	**9**
Other post-employment benefits	-	-	**-**	-	-	**-**	-	-	**-**
Other employment benefits	-	-	**-**	-	-	**-**	-	-	**-**
Termination benefits	20	-	**20**	-	-	**-**	20	-	**20**
Gross employee benefits expenditure	**3,066**	**208**	**3,274**	**3,044**	**215**	**3,259**	**6,110**	**422**	**6,533**
Less recoveries in respect of employee benefits (note 4.1.2)	(290)	-	**(290)**	-	-	**-**	(290)	-	**(290)**
Total - Net admin employee benefits including capitalised costs	**2,776**	**208**	**2,984**	**3,044**	**215**	**3,259**	**5,820**	**422**	**6,243**
Less: Employee costs capitalised	-	-	**-**	-	-	**-**	-	-	**-**
Net employee benefits excluding capitalised costs	**2,776**	**208**	**2,984**	**3,044**	**215**	**3,259**	**5,820**	**422**	**6,243**

4.1.1 Employee benefits

	Admin			Programme			Total		2018-19
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits									
Salaries and wages	2,490	187	**2,677**	1,625	134	**1,759**	4,115	320	**4,436**
Social security costs	282	-	**282**	159	-	**159**	440	-	**440**
Employer contributions to the NHS Pension Scheme	332	-	**332**	209	-	**209**	541	-	**541**
Other pension costs	1	-	**1**	0	-	**0**	1	-	**1**
Apprenticeship Levy	7	-	**7**	-	-	**-**	7	-	**7**
Other post-employment benefits	-	-	**-**	-	-	**-**	-	-	**-**
Other employment benefits	-	-	**-**	-	-	**-**	-	-	**-**
Termination benefits	-	-	**-**	-	-	**-**	-	-	**-**
Gross employee benefits expenditure	**3,111**	**187**	**3,298**	**1,993**	**134**	**2,127**	**5,104**	**320**	**5,424**
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	**-**	-	-	**-**	-	-	**-**
Total - Net admin employee benefits including capitalised costs	**3,111**	**187**	**3,298**	**1,993**	**134**	**2,127**	**5,104**	**320**	**5,424**
Less: Employee costs capitalised	-	-	**-**	-	-	**-**	-	-	**-**
Net employee benefits excluding capitalised costs	**3,111**	**187**	**3,298**	**1,993**	**134**	**2,127**	**5,104**	**320**	**5,424**

Losses and special payments

Losses

The total number of NHS clinical commissioning group losses and special payments cases, and their total value, was as follows:

	Total Number of Cases 2019-20 Number	**Total Value of Cases 2019-20 £'000**	Total Number of Cases 2018-19 Number	Total Value of Cases 2018-19 £'000
Administrative write-offs	-	-	1	170
Fruitless payments	-	-	1	150
Store losses	-	-	-	-
Book Keeping Losses	-	-	-	-
Constructive loss	-	-	-	-
Cash losses	-	-	-	-
Claims abandoned	-	-	-	-
Total	**-**	**-**	**2**	**320**

Special payments

	Total Number of Cases 2019-20 Number	**Total Value of Cases 2019-20 £'000**	Total Number of Cases 2018-19 Number	Total Value of Cases 2018-19 £'000
Compensation payments	1	1	-	-
Compensation payments Treasury Approved	-	-	-	-
Extra Contractual Payments	-	-	-	-
Extra Contractual Payments Treasury Approved	-	-	-	-
Ex Gratia Payments	-	-	-	-
Ex Gratia Payments Treasury Approved	-	-	-	-
Extra Statutory Extra Regulatory Payments	-	-	-	-
Extra Statutory Extra Regulatory Payments Treasury Approved	-	-	-	-
Special Severance Payments Treasury Approved	-	-	-	-
Total	**1**	**1**	**-**	**-**