NHS
Swindon
Clinical Commissioning Group

NHS Swindon Clinical Commissioning Group 2018/19 Annual Report and Accounts

NHS Swindon Clinical Commissioning Group
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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 get involved with helping Swindon Clinical Commissioning Group (CCG) shape health services for the people of Swindon and Shrivenham, please visit our website www.swindonccg.nhs.uk, call us on 01793 683700 or email Swiccg.enquiries@nhs.net

Part One – Performance Report

Nicki Millin

Nicki Millin
Deputy Chief Executive (Swindon)

23 May 2019

Tracey Cox

Tracey Cox
Chief Executive

23 May 2019

Performance Report

Overview

This section provides an overview of how the CCG works, what it does, the risks it is exposed to, and how it has performed over the course of 2018/19.

NHS organisations produce an annual report and financial accounts at the end of every financial year. In this report the CCG describes how it has fulfilled its duties as laid out in the National Health Service Act 2006 for the 2018/19 reporting year.

Statement from the Deputy Chief Executive (Swindon)

Welcome to the sixth Annual Report and Accounts for Swindon Clinical Commissioning Group (CCG). This annual report tells you 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 our achievements and our challenges.

We are now in our second year of fully primary care delegated commissioning from NHS England. We recognise the challenges that primary care is facing, with ever-increasing demand and a shortage of general practitioners (GP) and other primary care professionals. Supporting primary care is a key focus for us. We have worked alongside GP practices in this last year to look at the GP Forward View and explore new ways of working. We are now seeing changes in the GP landscape with the formation of new provider groups: Wyvern Health Partnership, Better Health Partnership and Brunel Health Group. Following the publication of the Long Term Plan, a key piece of work for this next year will be the development of primary care networks within Swindon to support the continued resilience for practices and the testing of new staffing models.

In September 2018, the five GP practices working with Integral Medical Holdings (IMH) initiated a project to centralise administrative, call handling and clinical capacity based at a central hub. There have been operational issues from the day of the launch in September 2018 that had a negative impact on patient experience. Swindon CCG took immediate action when issues were identified, concerns continue and we are continuing to review progress being made by IMH and overseeing next steps. A primary care learning event was held in March 2019 focusing on this specific change (see page 37 for further information).

We are working closely with our main mental health service provider, Avon and Wiltshire Partnership NHS Foundation Trust (AWP), to ensure delivery of high quality services for patients in Swindon and Shrivenham. This has not been without challenge and in this last year we have supported the temporary closure of the Health based Place of Safety suite in Swindon (see page 45 for further information). During the year, we carried out an engagement exercise with stakeholders to seek their views on the temporary closure. A decision on this will be made in this coming year.

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

We have also seen some changes in our Governing Body membership in this last year. Dr Philip Mayes, Dr Steve Sewell and Dr Liz Alden stood down as GP representatives on our Governing Body on 31 March 2019 as their term of office came

to an end, they have all played an active part within the organisation and they will be missed. Dr Peter Mack, Clinical Chair, stood down in January 2019 to return to his practice to support the delivery of improved quality and Dr Sarah Bruen became the Interim Clinical Chair. Sarah was appointed as the permanent Clinical Chair in April 2019. We have also been joined by some new GP members in this next year, Dr Mark Boothman, Dr Jennie Carroll, Dr Amanda Webb and Dr Francis Campbell. We are looking forward to working with them as we continue to develop services for the population of Swindon and Shrivenham.

In line with the aspirations of the Long Term Plan, this year, we have also started to work more closely with Bath and North East Somerset and Wiltshire CCGs. The three Governing Bodies met together in October 2018 and agreed to move to a single Executive Management Team. Tracey Cox was appointed as the Chief Executive on 1 March 2019.

Performance

The CCG made good progress in delivering against key NHS priorities in 2018/19. Excellent progress was made with Great Western NHS Foundation Trust and Swindon Borough Council in reducing the numbers of Delayed Transfers of Care in an acute hospital bed and the length of stay for those patients who are medically fit has reduced over the winter period. This is in the context of busy and challenging winter both locally and nationally.

Cancer targets were not consistently met in 2018/19 across 62 days cancer pathways, but performance has stabilised at the end of the year, leaving us in a good position for delivery in 2019/20.

Challenging areas for the last year have been the A&E 4-hour target, Referral to Treatment targets (RTT), diagnostic wait times and the dementia diagnosis target. These continue to be below constitution targets and will be a challenge during 2019/20.

A more detailed analysis of the CCG's performance in 2019/20 can be found on pages 37 to 48.

Financial Review

The financial year 2018/19 has been a challenging one for us. We achieved financial balance, which has been possible through stringent financial management and effective control of expenditure.

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

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

Highlights of our year

In December 2018 the CCG received the great news it had been selected as one of 25 sites nationwide to implement new mental health support teams in schools, as set out in the Children and Young People Mental Health Green Paper. The CCG was awarded £2.3 million to deliver this until 2020/21. This is a very exciting opportunity to develop a new approach for children and young people from as young as four. We will be designing our new offer with children and young people to make sure the new teams are fit for purpose. Children and young people will be instrumental in recruiting the staff members they feel comfortable talking to. See page 42 for further information.

NHS England's annual rating of the performance of the CCG against the national Improvement and Assessment Framework moved from a rating of Requires Improvement to Good which is a significant achievement with all of the challenges the system faces and recognises the hard work of staff to continue to seek improvements in services for all of our population.

During 2018/19 the CCG's Prescription Ordering Direct (POD) service has contributed to estimated savings of £1.5 million in drugs costs by reducing medicines over ordering and wastage, meaning CCG prescribing costs have fallen below the England average. The service started in 2017/18 and has continued to expand in 2018/19. The service has been well received by patients and has helped to reduce administration within Primary Care.

In December 2018, Swindon heard it had been allocated capital funding of £30 million to enable the redevelopment of the Great Western Hospitals (GWH) NHS Foundation Trust Emergency Department facility and to purchase the expansion land next to the hospital to build a rehabilitation facility. This funding is a great milestone which will help Swindon to maintain quality and safety for its patients over the coming years.

Further good news was celebrated in December 2018 when GWH's Brighter Futures charity successfully closed its Radiotherapy Appeal to raise £2.9 million for clinical radiotherapy equipment. The money raised will fund critically important equipment for a new radiotherapy unit that will support the 284 people who receive a cancer diagnosis every month at the GWH.

In November 2018 an independent urology provider started to triage all new referrals and provide a community-based urology one stop service. This service has enabled GWH to focus on patients on cancer pathways and existing patients requiring follow-up appointments.

Looking ahead

While acknowledging some of the successes of the past year, the CCG is also minded to look ahead and consider the challenges and opportunities in the year to come. The CCG has a BaNES, Swindon, Wiltshire (BSW) STP operational plan which sets out the STP's organisations plans for the coming year to improve health outcomes and

the quality of health care services for the people of Swindon and Shrivenham, Bath and North East Somerset and Wiltshire.

In order to move forward with the transformation programme, Swindon CCG and the wider health and social care economy have agreed a number of priorities to be delivered within this next year to support the delivery of integrated care and challenges from system demand. Five system priorities have been agreed for 2019/20 and provide the focus for our efforts this year. These priorities will create the foundations for BSW developing into an Integrated Care System and prepare us for local implementation of the NHS Long Term Plan. The five system priorities are:

1. Improving the health and wellbeing of our population
2. Developing sustainable communities
3. Sustainable secondary care services
4. Transforming Care across BSW
5. Creating strong networks of health and care professionals to deliver the NHS Long Term Plan and BSW's operational plan

During 2019/20 the CCG will work with the new Primary Care Networks (PCN) in Swindon. The PCNs will be in place by July 2019.

The CCG sees 2019/20 as a foundation year for delivering the NHS Long Term Plan, as well as making significant changes to the architecture of the local system.

Further information about the CCG's future plans can be read on page 14.

As with everything the CCG does, the public's voice is vital, and I actively encourage you to get involved with what we do. If you are interested, please send an email to communications@swindonccg.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 impressed at the dedication, passion and commitment displayed by health professionals across our local system, particularly with the ongoing demands they face on a daily basis. I am confident that by continuing to work together as a system, we will be able to rise to these challenges so that all our public, patients, family and friends can receive the best possible care.

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

Who we are and what we do

Swindon Clinical Commissioning Group is a membership organisation made up of 23 GP practices across Swindon and Shrivenham. The CCG is responsible for purchasing healthcare for local residents.

The CCG is keen to make sure it acts on behalf of everyone living in the community. To do this successfully, the CCG continues to work with local people, GPs in Swindon and Shrivenham, hospital and community clinicians and other partners (including local government and the voluntary sector) to improve health services for our local people.

The mission of the CCG is to optimise the health of more than 240,000 people (Data Source) registered with one of the 23 GP practices in Swindon and Shrivenham. In 2018/19, the CCG spent £318.2m on local health services including acute, community, primary GP care and mental healthcare.

The CCG's objectives are:

- To increase the life expectancy of people living in Swindon and Shrivenham
- To increase self-reliance and support self-care
- To increase the support offered to those with long term conditions
- To reduce emergency admissions and make the shift from unplanned to planned care
- To promote the use of new technology
- To improve the efficiency and productivity of local health services
- To improve patients' experience of local health services
- To work with NHS England to improve the quality of primary care
- To reduce inequalities in health and healthcare for people in Swindon and Shrivenham

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

The CCG has full responsibility for commissioning general practice services locally. It means the CCG can ensure a local discussion on the provision of services that are suited to address local needs and priorities.

NHS England commissions other primary care services such as pharmacists, opticians, dentists and some specialist health services including neurology, renal services and some cancer services. Swindon Borough Council commissions public health, health visiting and school nursing services. The CCG is part of the Swindon Health and Wellbeing Board, where it works alongside elected councillors and other partners, including Healthwatch Swindon, to make sure services in Swindon work together to respond to the needs and priorities of local communities.

Where the money goes

The CCG received £318.2 million in 2018/19 to buy a full range of health services for local residents. The major acute and community healthcare provider for Swindon is Great Western Hospitals NHS Foundation Trust (GWH). This contract represents approximately 50 percent of the CCG's annual spend.

	2018/19 £'m	2017/18 £'m
Great Western Hospitals NHS Foundation Trust	160.7	149.3
Avon and Wiltshire Mental Health Partnership Trust	17.5	17.5
Oxford Health NHS Foundation Trust	2.3	2.8
Joint commissioning with Swindon Borough Council	14.2	14.2
Oxford University Hospital Foundation Trust	4.4	4.1
South West Ambulance Service Foundation Trust	7.2	7.0
Gloucestershire Hospitals NHS Foundation Trust	1.8	1.7
Private hospital providers	3.4	3.5
Hospices	1.2	1.2
Other acute providers <£1m	3.3	4.7
Private transport providers	1.7	1.8
Prescribing costs	31.0	32.2
Continuing Healthcare	18.0	15.2
Mental health placements	3.2	2.8
Delegated primary care	27.7	27.0
Other programme spend	15.7	11.5
Running costs	4.9	4.9
	318.2	301.7
Spend per head	£1,319.28	£1,272.45

Our population and their health

There are more than 240,000 people living in Swindon and Shrivenham and this number continues to grow. (Data source).

As well as working with doctors, other clinicians and members of the public to understand what people want from their NHS, the CCG also works closely with Swindon Borough Council's public health team to understand the health issues and needs amongst local communities. This includes a yearly assessment of health needs based on available evidence, called the Joint Strategic Needs Assessment (JSNA).

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 wide spread inequalities among our population, with no sign of the health gap reducing.

Like other places across the country, Swindon has felt the effects of ongoing austerity measures and the impact of unhealthy lifestyles characterised by obesity, physical

inactivity, poor diet and alcohol misuse. The JSNA summary also highlights some local issues, such as the particularly large increase in the number of older people, the rise of type 2 diabetes, low consumption of fruit and vegetables, an increase in cases of tuberculosis, a high number of young people being admitted to hospital as a result of substance misuse and self-harm and adults being admitted for alcohol-related reasons.

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 2019/20 CCG Operational Plan include:

New, projections indicate that Swindon's population will increase by 11 percent between 2018 and 2028 and by a further seven percent by 2038.

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, 1,700 people have been diagnosed with heart failure and 4,100 have been diagnosed with atrial fibrillation. Many additional people may be undiagnosed.

In Swindon, the annual risk of mortality is 21 percent higher for those with diabetes.

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

There are an estimated 860 adults in Swindon diagnosed with moderate or severe learning disabilities, a third of whom live with a parent.

In Swindon, 315 women were smokers at the time of delivery in 2017/18, which was 11 percent of all women giving birth that year.

Surveys found that in 2016/17, 64 percent of adults in Swindon were categorised as being overweight, including 25 percent who were obese.

Since 2001, the estimated number of carers in Swindon has risen by 33 percent compared to the national average of 18 percent.

Males in Swindon will spend 80 percent of their lives in good health, but females will only spend 74 percent in good health.

Reducing health inequalities

Throughout 2018/19, the CCG continued its commitment of ensuring equality, diversity, inclusion, and human rights are central to the way it commissions and

delivers healthcare services and how it supports staff. The CCG's aim is to reduce inequalities in health and health care access for people in Swindon and Shrivenham.

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

During 2018/19, the CCG has taken areas of work to promote equality and meet the needs of diverse groups.

As the largest local healthcare provider, Great Western Hospitals NHS Foundation Trust (GWH) has CCG representation at its Equality and Diversity Group. This provides assurance to the CCG that the needs and health inequalities of the local population are being identified and addressed.

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

The CCG's equality objectives have been reviewed and approved within the updated 2019-21 Equality and Diversity Strategy to align with the Integrated Care Alliance and promote a system-wide focus. These objectives were set following a dedicated workshop with the CCG's Patient Participation and Engagement Forum in 2018.

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

- Maintains a governance structure aligned to equality and diversity
- Works to improve equality data collection across the health and social care system to identify the numbers and needs of people with protected characteristics
- Ensures all staff have the necessary skills to commission services in line with the Equality Act 2010 and Public-Sector Equality Duty
- Completes a systematic method of equality analysis and equality impact assessments (EA/EIA) for people depending on their protected characteristic (e.g. age, disability, gender) to identify potential impacts on and outcomes for patients, equality analysis as an integral part of the intervention programme of work and redesign projects
- Carries out EIAs in alignment with quality impact assessments (QIAs) to ensure quality and equality are an integral part of decision making and commissioning processes
- Ensures that its communications and engagement activities are inclusive and reach people from all protected groups, including carers and seldom-heard communities
- Works with its statutory and voluntary sector partners to identify and tackle health inequalities

- Ensures that its human resources policies are fair, transparent and in partnership with staff and potential employees to improve working lives

- Monitors incidents, complaints, comments and compliments by protected characteristics
- Develops assurance mechanisms to satisfy ourselves that providers who are delivering services on its behalf (including South, Central and West Commissioning Support Unit (CSU CSU) are complying with the Equality Act 2010.

The CCG also appointed an Equality Champion to its Governing Body to ensure that equality risks were always noted.

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

Working together to improve health and care

The CCG believes that health in Swindon and Shrivenham 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's key partners include local people and patients, GP members (the three GP groups: Brunel Health Group, Better Health Partnership, Wyvern Health Partnership and two stand alone practices, independent contractors, Great Western Hospitals NHS Foundation Trust, Swindon Borough Council, Healthwatch Swindon, Avon and Wiltshire Mental Health Partnership NHS Trust, Medvivo and the voluntary sector.

This year, the CCG has also begun to work more closely with Bath and North East Somerset and Wiltshire CCGs. All three organisations have been led by a single Chief Executive, Tracey Cox since 1 March 2019. The three organisations have worked together on several joint procurements and have started to commission some common services jointly, such as ambulance services (SWAST) and NHS 111.

Sustainability and Transformation Partnership (STP)

Health and Social care organisations across Bath and North East Somerset, Swindon and Wiltshire (BSW) are working together to join up and improve services for local people. The partnership is made up of CCGs, Councils and NHS Health providers. This will allow organisations to improve the quality of services across the combined area, improve health outcomes and ensure services remain cost- effective and sustainable.

During 2018/19, there have been several collaborative projects across BSW. These include:

- A successful bid for £45million of new government funding to expand services at GWH's Emergency Department and contribute towards developing an integrated urgent care centre in Trowbridge.
- Development of a maternity transformation plan, as well as a consultation on proposed changes to maternity services.

- Establishment of the BSW Mental Health Transformation Board to develop a joint mental health strategy.
- Creation of an alliance between the GWH, Royal United Hospitals Bath NHS Foundation Trust, and Salisbury NHS Foundation Trust to help improve clinical services for those living in BSW.

In 2019/20, the STP's priorities are to:

- Improve the health and wellbeing of the local population;
- Develop sustainable communities and secondary care services;
- Transform care across BSW; and
- Create strong networks of health and care professionals to deliver the NHS Long Term Plan and BSW's operational plan.

Future plans

The CCG sees 2019/20 as a foundation year for delivering the NHS Long Term Plan, as well as making significant changes to the architecture of the local system. These changes include a common management team for the three CCGs and STP in BSW, plans to pool running costs budgets across the three CCGs to support more efficient ways of working which share risk, reduce bureaucracy and improve transactional processes to free up capacity to focus collectively on transforming services.

Improving financial sustainability continues to be a challenge for the system. A long-term financial strategy is being developed to address sustainability for all system partners and for the system as a whole. Key areas of focus will be efficiency in the cost of provision, ensuring demand is met in the most cost effective ways and seeking longer term solutions for structural issues.

The STP is developing system operating plans with commissioners and providers in 2019/20 to ensure realistic shared capacity and activity assumptions on an open book basis. By working together, the STP will ensure all organisations meet agreed financial control totals and are committed to working as a system on a range of priority Quality, innovation, Productivity and Prevention (QIPP) plans including the right care opportunities for cardiovascular disease and respiratory disease, improving management of frail individuals to prevent unnecessary admissions to hospital, outpatient transformation and reducing length of stay.

Swindon CCG Priorities for 2019/20

The following section outlines the key priorities for Swindon CCG during the coming year. These priorities have all been previously discussed and agreed with the Governing Body.

Early life

Early years/maternity

A new perinatal mental health service has been commissioned with Avon and Wiltshire Partnership NHS Foundation Trust and it will go live during the year. The CCG is also working with Swindon Borough Council to review services in place to provide early support to families.

Young people's mental health
As previously reported, Swindon has been successful in the national child and adolescent mental health services (CAMHS) trailblazer and is now working with Barnardo's to develop teams to work in schools with young people. Swindon has also seen high levels of admissions to hospital for young people with self harm injuries and the CCG is currently looking at plans to invest in further specialist services to support these.

Children with complex needs
A review of the community paediatrics service and complex care team took place in the first part of this year and showed there was an ongoing issue with the waiting list for children's services, particularly for autism spectrum disorder (ASD). Funding has been made available to recruit an additional paediatrician to increase capacity to tackle the waiting issue. Money left over from this funding will be used to increase capacity in courses to support parenting.

In addition, investment has been put in place to recruit a permanent designated clinical officer.

Staying healthy

Evidence from the Health and Wellbeing Strategy and improvement and assessment framework (IAF) indicators:

Increasing life expectancy
Challenges for Swindon include smoking and high levels of alcohol related admissions.

Preventable disease
Around 250 people under the age of 75 die each year from cardiovascular disease, cancer or respiratory disease, some of which are preventable. There is a continued focus on services for people with diabetes, both in primary care and through community services and further investment is being explored to support expansion of the pulmonary rehabilitation service.

Greater choice for individuals/ Personal Health Budgets (PHBs)
The CCG is developing the offer related to PHBs as it takes responsibility for delivering this service during the next financial year.

Control of own conditions
The CCG will fund the Improving Access to Psychological Therapies (IAPT) service which had previously been funded through national pump priming monies (pump priming is the process in which money is invested in order to encourage the development of a service).

Aging well

Ageing well is a key priority for Swindon and across the wider BSW footprint:

Frailty
The CCG is currently piloting a new project which sees a dedicated geriatrician based in the Emergency Department at GWH. Funding has been identified to continue this service if it can clearly demonstrate improved outcomes including a reduction in length of stay and fewer admissions to hospital. In addition, the CCG will continue to support the development of the new care home support team, the red bag model and trusted assessor model (the trusted assessor supports the discharge of patients into a care home to avoid unnecessary delays and improve the communication between the hospital, care homes and families).

Multi-disciplinary teams
During the latter part of 2018/19, community services in Swindon have been working with some GP practices to trial multi-disciplinary team (MDT) working whereby complex patients are discussed through weekly case conferences. This is expected to be rolled out during the first part of this year and will link to the development of new primary care networks.

End of life care
The new model for providing end of life care has commenced with the development of an integrated care record and single point of access, which are supported by technology and co-located community teams. The CCG will review the impact of the changes and report back to the Governing Body in the autumn.

Dementia
Diagnosis rates continue to be a challenge in Swindon. The CCG is working with colleagues across BSW to implement best practice and, has included a review of dementia as part of the new Local Enhanced Services which practices will deliver during the next year.

Primary care

In January 2019, NHS England and the BMA's General Practitioners Committee in England published a five-year framework for GP contract reform to implement The NHS Long Term Plan. The agreement sets out the changes in the 2019/20 General Medical Services (GMS) contract and joint proposals for reform for the four subsequent years. The framework sets direction for primary care and seeks to address the core challenges facing general practice.

A key element of the framework is the development of primary care networks (PCN):

- PCNs are an essential building block of integrated care systems.
- NHS England (NHSE) is introducing a new network contract – this is a directed enhanced service (DES) backed by financial entitlements.

- PCNs will cover a population of between 30,000 and 50,000 and with 100 percent geographical coverage expected by July 2019.
- All PCNs will have a network agreement. A national template version will be mandated to reduce avoidable legal and transaction costs. The network agreement is both the means by which the PCN sets out its collective rights and obligations, as well as how it will partner with non-GP practice stakeholders.
- Every integrated care system will have a critical role in ensuring that PCNs work in an integrated way with other community staff such as community nurses, community geriatricians, dementia workers, and podiatrists/chiropodists.
- A new PCN development programme will be centrally funded and delivered through integrated care systems.

Mental Health Services

The new Calming Café (The Junction) will launch during 2020 and support those in crisis out-of-hours. This is based on services which have been successfully implemented in other parts of the country. A review of the temporary closure of the Place of Safety Suite will be completed and a decision on it will be made. Our Clinical Leadership Group has also identified the CCG should prioritise funding a new Thrive model to support community mental health resilience.

Learning disabilities and autism

A priority for Swindon is to improve the uptake of annual physical health checks and the CCG has developed a Local Enhanced Service with GP practices to support this. There will also be a continued emphasis on reducing health inequalities by improving access to services.

Integrated care systems

The CCG will continue to develop the Swindon operating model through the local integrated care alliance board. The CCG is currently developing terms of reference for a clinical board, which will replace the current Clinical Leadership Group and will be the forum to bring together new PCN clinical directors, secondary and community clinicians, social care professionals and CCG clinical leaders. Alongside this, the CCG is updating the governance arrangements for the Swindon Alliance Board.

The development of the new multi-disciplinary teams (MDTs) and new frailty service referenced earlier come under this programme of work. In addition, a new workstream is looking at how to develop the Live Well Hub service provided by Swindon Borough Council to support people to connect to local groups and organisations that can help them improve their general health and wellbeing, provide support to manage long term conditions and develop wider social networks. The aim is to base the approach on the talk or tap before you walk ethos, supported by a strength-based conversation approach to support service users to self-manage where possible and to help people maintain independence and manage their own health and wellbeing.

Details of the CCG's priorities for 2019/20 can be seen in the Operational Plan, which can be found on the CCG website.

Key issues and risks

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

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

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

Area of risk	Principal risk and uncertainty	Risk mitigation and management
People **The CCG's performance and development depends on its staff.**	To remain compliant with regulations and to deliver against the CCG's strategic objectives, the CCG needs to ensure that our people have the appropriate skills and are supported to allow them to perform.	Much of the CCG's major change activity is organised via projects using a strong project management approach. Robust recruitment procedures apply to ensure new appointments are suitable for the role. Each person has regular meetings with their managers and annual appraisals to ensure that learning and development needs are met.
Key person dependency.	The CCG is a lean organisation and is reliant on a small number of staff for its day-to-day activities.	Executive directors have deputies to provide cover and weekly executive meetings are held to ensure that absences are managed.
Provider performance **The performance of the providers from which the CCG commissions healthcare can affect the quality of care that**	Demand for healthcare services exceed the levels expected within activity plans. This would lead to an increase in the CCG's costs.	In order to manage exposure to changes in demand, the CCG has modelled a range of scenarios and identified actions that could be

patients receive, the CCG's financial strength and the ability of the CCG to achieve its strategic outcomes.	Quality of patient care delivered by a provider impacts on the ability of the CCG to achieve its strategic objectives.	taken to mitigate should they arise. The CCG closely monitors the achievement of its annual plans through its governance structures so that any mitigating actions can be taken in a timely way. The CCG manages this risk by setting targets against which to benchmark and monitor each provider's performance. The CCG closely monitors these through its governance structures so that any mitigating actions required can be taken in a timely way.
Counterparty failure **Local health services are delivered by a small number of organisations.**	The lack of diversification in the local economy means the CCG is dependent on a small number of organisations to provide patient care. Failure of one organisation could have a significant impact on the CCG's financial strength, quality of patient care and the CCG's ability to deliver its strategic objectives.	The CCG has formal contracts with its main providers and actively manages and monitors their performance through its governance structures. A review of provider stability has been undertaken. Where risks are identified alternative provider capacity will be sought.
Legislation and regulation **A change in legislation may have a detrimental effect on the CCG's strategy and financial strength.**	The CCG is dependent on the Department of Health and Social Care for its funding. Changes in funding would impact on the CCG's ability to deliver its strategic objectives.	The CCG closely monitors legislative developments. CCG allocations are now notified for a two-year period.

Going Concern

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

To achieve financial balance, the CCG was required to deliver £7.8million 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.

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

- **Prescribing** - the CCG has over delivered against its target and can demonstrate a sizeable reduction in the volume of medicines being prescribed. The CCG has also continued to expand the Prescribing Ordering Direct (POD) service across Swindon.

- **Alignment of clinical policies and processes across the STP -** ensuring a consistent approach in the application of policies has resulted in benefits being seen through the treatment of patients requiring planned care.

- **Delayed discharges and excess bed days -** focused programmes across the Swindon health and social care system running three weekly meetings to review those fit for discharge with the aim of improving flow and reducing unnecessary stays in hospital.

- **Enhanced care in care homes -** this includes providing additional GP support, appointment of a Trusted Assessor and other initiatives such as the red bag scheme for patients going in and out of hospital.

The CCG also implemented and delivered against several transactional schemes aimed at reducing its corporate running costs.

Overall, the CCG has achieved £7.7million which is 98 percent of the overall target of £7.8million.

The CCG has continued to strengthen its governance structure through:

Improvements on internal control processes:

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

- This self-assessment has been expanded to cover the overall control environment and includes financial control, planning and governance, contracts, system-wide performance, Governing Body and PMO function.
- The CCG undertook this assessment twice and improvements were noted for in year financial performance, risk management and support provided by the South Central and West Commissioning Support Unit (CWCSU). Areas where the CCG raised concerns were in system-wide performance (regarding the financial position of AWP and GWH). These results were shared and signed off by the Governing Body.
- An annual review of the effectiveness of the CCG's committee was undertaken during 2018/19, along with an assessment of whether their terms of reference had been adhered to.
- Further reviews were undertaken on the controls and procedures operating to support Continuing Healthcare services with specific reports being presented to Audit Committee to ensure improvements are being made.
- The CCG now regularly assesses the viability of its non-NHS providers using an accredited independent company and reports back to the Finance Committee at every meeting to ensure risks are raised and where appropriate continuity arrangements discussed.

Changes in risk management:

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

The CCG revisited its medium-term financial strategy for 2017-19 to meet the NHS business rules and new planning guidance to ensure sustainability, while identifying enough reserves and contingencies to cover unforeseen events. The updated financial plan for 2018/19 was taken to the March Governing Body and the plan for 2019/20 was taken to the Governing Body in February 2019 with the position finalised in March 2019.

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

Internal audit has referred to the CCG's Risk Register and Assurance Framework when developing its programme for 2018/19 because of having undertaken reviews of safeguarding, corporate governance, GDPR, high cost packages of care, QIPP project management, due diligence of providers and conflicts of interest. Findings have been fed back through to Audit Committee which monitors implementation throughout the year.

The CCG has reviewed its prime financial policies and scheme of delegation to ensure it is up-to-date and reflects current arrangements. Changes included authorisation limits for the joint panels which have been established to review packages of care across health and social care. This has been approved by the Governing Body.

The CCG recently received its allocations for 2019/20 and 2020/21. For 2019/20 it will be allocated a further 5.6 percent for its core budgets and 5.6 percent for primary care. Primary Care allocations have reduced from the initial publication in December 2018 following the introduction of a national medical indemnity scheme for primary care. New allocations will result in the CCG being slightly over its target share for its core allocation and 4.99 percent under target for primary care.

The CCG updated its financial plan for 2019/20, taking account of the additional funding which has been made available to the NHS (announced in the autumn budget statement) to support growth in activity, risks in year and transformational change.

The CCG has set itself a further stretching QIPP target of £7.3 million (2.1 percent) and has identified £4.1million of cash releasing schemes and £3.2 million focused on managing demand (DM). The plan assumes delivery of its control total and use of monies in line with national expectations.

The CCG is working closely with GWH to ensure greater collaboration and ownership of the financial agenda across both organisations and has, for example, set up a joint Cost Improvement Programme (CIP)/QIPP programme and has established a forum with terms of reference which will take forward and monitor these schemes in year. The CCG is also working closely with its social care colleagues and has revisited its current pooled budgets to expand and put in place shadow arrangements to apply risk sharing across pools in 2019/20.

The CCG is also working closely with other CCGs across BSW on key workstreams focused on achieving improvements and delivery efficiencies, progress being monitored through the BSW Executives forum.

Across the BSW STP, there is an acknowledgement that once provider and commissioner contracts have been finalised, and financial positions have been consolidated, there will be a financial gap but the magnitude of this has yet to be determined.

The CCGs have taken forward the development of a single operating plan for 2019/20, alongside working closer with provider colleagues to ensure a system-wide approach to managing the future financial agenda.

Performance report

Performance analysis

This section of the annual report sets out more detail about the CCG's performance during 2018/19. 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 organisation and what it is doing to mitigate them.

2018/19 year end performance summary

The CCG must demonstrate delivery throughout the year against the 2018/19 CCG Improvement and Assessment Framework (IAF) established by NHS England. The framework draws together the NHS Constitution, performance and finance metrics, transformational challenges, and plays an important part in the delivery of the Five Year Forward View. It was introduced in 2016/17.

The CCG must also deliver against the NHS Constitution targets which state what every patient should expect to receive.

How performance is measured

There are several key performance reports that are produced by Swindon CCG:

- **Delivery dashboard** – published performance against national NHS Constitution standards and quality measures, including progress against locally agreed targets.

- **Bi-monthly performance report** – provisional weekly data relating to NHS constitution standards and quality measures including local services such as ambulatory care and NHS 111.

- **NHSE assurance reporting** – evidence of progress and actions against indicators from the Improvement and Assessment Framework (IAF) dashboard, for which CCGs are routinely assessed. The IAF is produced by NHS England and draws together NHS Constitution and other core performance and finance metrics, outcome goals and transformational challenges.

- **Governing Body reporting** - an integrated view on the quality, performance and finance of the CCG. There is an overview of the quality of services commissioned including information relating to patient safety and experience, as aligned to the relevant CCG assurance domains. The report identifies examples of best practice, together with any identified key areas of concern or trends in reporting.

For NHS England assurance and Governing Body reporting, CCG leads provide narrative on actions and progress for key identified indicators, by exception, where the routine reporting suggests there is a variance to plan or a standard is being missed. Areas in which the CCG is performing well are also included.

A summary of the key performance issues is taken to the Quality and Performance Assurance Committee (QPAC) each month for further review and scrutiny, feeding into Governing Body where required.

What are the key performance indicators (KPIs)?

The KPIs are a mixture of:

- NHS Constitutional measures
- Other measures, in which CCGs are held to account by NHS England, and have set planned trajectories as part of the annual operational planning process
- The Improvement and Assessment Framework
- Other local priority metrics

These measures are reviewed by exception, based on variance to plan or national standard, at the CCG's monthly QPAC meeting.

NHS Constitution

Along with measures highlighted by exception, the following four NHS Constitution measures are scrutinised every month at QPAC: A&E 4-hour target, referral to treatment (waiting more than 18 weeks), diagnostic waitlist (longer than six weeks) and the cancer waiting times standards.

A&E 4-hour

A&E 4-hour performance has not met the national standard of 95 percent but has stayed within locally planned trajectories for the first two quarters of 2018/19. Performance fell below target in October 2018, and then again over the winter period as patient demand increased and seasonal outbreaks of norovirus and influenza led to closure of ward bays. The CCG continued to support and drive forward partner system flow to ensure a reduction in delayed transfers of care (DToCs) and the numbers of medically fit patients who remain in hospital beyond their estimated date of discharge. Improving this position supports four-hour performance by tackling the most significant breach reasons.

During 2018/19, partners have continued to review, three times a week all patients who are medically fit for discharge or transfer but are delayed.

Referral to treatment

Performance for patients waiting fewer than 18 weeks for consultant led treatment has remained below the locally agreed trajectories, has reduced gradually since November 2018. GWH has changed the method of calculation for referral to treatment waiting times and this has resulted in adverse changes in reported positions.

The key metric against which performance is assessed is waiting list size and this has remained pressured at GWH. Remedial actions have been identified and are under way in Ear, Nose and Throat (ENT), gynaecology and trauma and orthopaedics. Actions are monitored through the Elective Care Steering Group.

Diagnostic waits

In the first half of the year, performance for patients waiting longer than six weeks for a diagnostic test was below the national target of 99% and below locally agreed trajectories, due in the most part to pressures on radiology services at GWH. As a result, a quality visit to the radiology department was undertaken in June by CCG staff which identified the department was very productive and achieving very good turnaround times for emergency care and cancer (which is more than 90 percent of its workflow), but the more routine work, which comprises the activity measured for diagnostic waits, was not achieving target due to significant workforce vacancies.

This situation has now been resolved with radiology workforce vacancies filled and radiology tests have achieved 100 percent performance for the four months to January 2019. Diagnostic performance is still facing challenges due to new pressures on echocardiograms and endoscopy which, again are facing workforce pressures on site which cannot meet growth in demand.

Cancer 62-day waits

The 85 percent standard for referral to cancer treatment was achieved in June 2018, August 2018 and November 2018. Performance in other months has been compromised by pressures in urology and waits into tertiary providers for complex pathways. GWH are implementing improvements to shorten its prostate pathway and the appointment of a new surgeon in Bristol to assist with waits for robotic surgery. Additionally, a new service was commissioned in November 2018 through the independent sector which allows GWH to focus on more complex cases. The CCG also worked closely with GWH in developing straight to test pathways within gastroenterology to support capacity. There have also been several issues at Oxford University Hospitals NHS Foundation Trust (OUH) which have adversely affected performance including issues with data capture and workforce vacancies within the cancer pathway team.

How KPIs, risk and uncertainty are corrected

As described above, a regular review of timely information ensures the CCG retains 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 will be conducted.

Regular scrutiny of performance takes place at contract meetings with providers, in which they are held to account via contractual levers where necessary. 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.

Data quality

Data quality assurance is sought by the regular monitoring of both national and local sources of data. The CCG has an in-house data warehouse and data warehouse manager to provide an additional layer of scrutiny over the data it uses or receives and works closely with the South Central and West Commissioning Support Unit (CSU) to ensure data quality is of a high standard.

Issues are taken up either with the CSU or providers via regular meetings, in which issues are worked through collaboratively. The CCG has monthly meetings with the CSU and has robust KPIs and associated measures in place. The CCG also has monthly Finance and Information Group meetings with GWH where data issues are reviewed, and a separate information sub-group to provide increased scrutiny over data quality issues, and to jointly work through issues.

The CCG uses contractual levers to ensure standards are met, as well as using the relevant schedules from the NHS Standard Contract to ensure the collection and robust reporting of emerging data sets.

Improvement and Assessment Framework

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

- Outstanding
- Good
- Requires Improvement
- Inadequate

For 2018/19, the CCG's overall rating is good, which indicates, while it has areas of good performance, there are issues which could be improved upon.

Improvement and Assessment Framework (IAF)

There are 58 indicators split across the four domains of Better Care, Better Health, Sustainability and Leadership. There is some overlap with the NHS Constitution.

CCG performance is routinely assessed via the measures on the framework and the CCG is held to account by NHS England and expected to provide regular updates on progress against the measures or areas within the framework. There were a small number of new measures for 2018/19, most of which were around mental health. More information can be found on the NHS England website.

Latest summary:

- Swindon CCG is in the top quartile nationally for six indicators: adult social care; cancers diagnosed at an early stage; IAPT Access; LD reliance on specialist

inpatient care; primary care transformation; NHS Continuing Healthcare assessments in an acute hospital setting

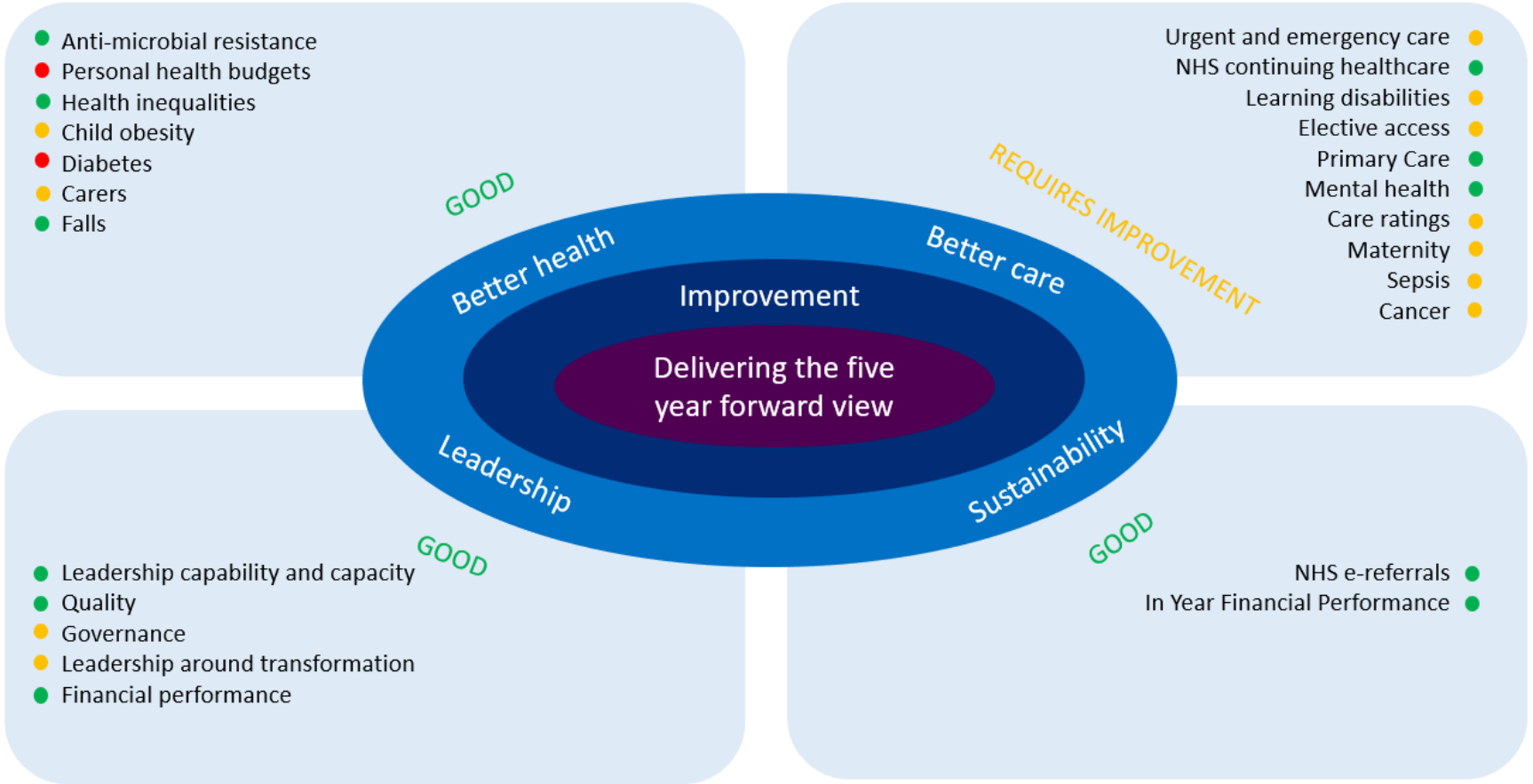
- **Bottom quartile nationally for 11 indicators:** diabetes patients achieving all three NICE treatment targets, personal health budgets, primary medical services, one year cancer survival, cancer patient experience, LD annual health check, choices in maternity services, dementia diagnosis rate, emergency admissions for UCS, patient experience of GP services and six week diagnostics

- **Key improving positions are:**
  106a Inequality Chronic – ACS & UCSCs 2,511 ↓
  107a AMR: Appropriate Prescribing 0.964 ↓
  107b AMR: Broad Spectrum Prescribing 9.7% ↓
  122c One year survival from all cancers 69.7% ↑
  123a IAPT Recovery Rate 53.5% ↑

- **Key deteriorating positions are:**
  127e Delayed Transfers of Care per 100,000 population 8.4 ↑

NHS Swindon Clinical Commissioning Group

Swindon CCG 2018/19 IAF Assessment: GOOD



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

Domain	Swindon CCG 2018/19 Rating
Better Health: *this section looks at how the CCG is contributing towards improving the health and wellbeing of its population and bending the demand curve.*	**GOOD**
Better Care: *this principally focuses on care redesign, performance of constitutional standards and outcomes, including in important clinical areas.*	**REQUIRES IMPROVEMENT**
Sustainability: *this section looks at how the CCG is remaining in financial balance and is securing good value for patients and the public from the money it spends.*	**GOOD**
Leadership: *this domain assesses the quality of the CCG's leadership, the quality of its plans, how the CCG works with its partners and the governance arrangements the CCG has in place to ensure it acts with probity. For example, in managing conflicts of interest.*	**GOOD**

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

Clinical Reviews

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

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

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

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

Diabetes: Current IAF rating: INADEQUATE

The SCCG's Diabetes rating is Inadequate and is reflected in the Better Health Diabetes metrics on the IAF.

Measure	Clinical Priority Area	Reported Period	CCG	England
Diabetes patients who achieved three treatment targets	Diabetes	2017-18	34.1%	181/195
Attendance of structured education course	Diabetes	2017 – 18*	5.3%	130/195

*Patients diagnosed in 2016

The NHS England IAF targets have shown that the CCG is rated inadequate, with improvements from 2016/17 in the cholesterol treatment target and structured education attendance. There remains a high number of people who are not meeting their blood sugar, cholesterol and blood pressure targets. The CCG also has insufficient people attending their diabetes structured education programmes, despite this being available for people to self-refer or by GP referral.

Swindon workforce difficulties continued during 2018/19, which has had an impact on GP practices, hospital and community diabetes appointments and waiting times. There has been recruitment to a wider workforce in diabetes of pharmacists, dieticians and psychologist sessions. The Swindon Diabetes Transformation Programme has implemented a team approach to use an Eclipse Case Management Model; which is a standalone medical record system that allows benchmarking and audit in Diabetes. It can help identify patients who are not meeting their diabetes treatment targets of blood pressure, cholesterol and blood sugar.

A structured education review has been undertaken and a range of 2-hour diabetes structured education programmes are now being implemented. This has increased the number of sessions available and the access by introducing daytime, evening and weekend appointments.

The new Diabetes Guidelines have been developed with local clinicians to establish a consistent standard of providing diabetes care and have been implemented across hospital, community and primary care services.

The CCG has developed a Diabetes Multi-Disciplinary Service with a diabetes consultant, diabetes specialist nurses, dietician, psychologist and pharmacist to provide support to the most complex diabetics in the community. The team use the Diabetes Eclipse Case Management system to identify the patients not meeting their treatment targets and the GP practice work in partnership to follow up.

A Diabetes Protected Learning Time event was held in June 2018 to hear about the Eclipse diabetes system and how making changes to the management of patients can help the patient to meet their targets. The CCG has continued working with Diabetes UK, who have made Swindon a priority area to focus on improvements. The CCG worked with Diabetes UK to deliver a Living Well with Diabetes event in November for people with Type 2 Diabetes which was well attended.

The multidisciplinary diabetic podiatry clinic is now established across GWH providing both hospital and community healthcare and has created a single multidisciplinary podiatry clinic for diabetes patients.

During the year the CCG has been working with Bath and North East Somerset and Wiltshire CCGs to roll out the National Diabetes Prevention Programme.

Maternity Current IAF rating: REQUIRES IMPROVEMENT

The CCG's maternity rating is driven by poor performance related to Women Offered Choices in Maternity Services, in which Swindon falls within the bottom quartile nationally. Great Western Hospital is the main provider of maternity services for Swindon. This has equated to a perceived lack of choice for local women in terms of where they would prefer to give birth and has resulted in the CCG scoring low for choice overall. However, feedback for GWH is good. The CCG is actively participating in the South West Clinical Network and Local Maternity System Committee and has shared information and data to help drive improvements in quality.

Measure	Clinical Priority Area	Reported Period	CCG	England
Maternal Smoking at Delivery	Maternity	18-19 Q3	10.5%	10.5%
Neonatal mortality and stillbirths	Maternity	2016	4.0	No Data
Experience of maternity services	Maternity	2017	83.9	83.0
Choices in maternity services	Maternity	2017	53.9	60.8

Dementia: Current IAF rating: REQUIRES IMPROVEMENT

The CCG for dementia diagnostic rates (DDR) is below the percentage for England and since December 2018, the following actions have been taken:

- Reviewing AWP processes
- Reviewing performance and liaising with GP practices
- Reviewing against Gloucestershire CCG
- Reviewing the CCG's pharmacy review of dementia prescribing against diagnoses

For 2019/20 a best practice approach is needed to improve DDR performance – this will be achieved through participation in the STP wide dementia work to align practice across the CCGs.

Measure	Clinical Priority Area	Reported Period	CCG	England
Dementia Diagnosis Rate	Dementia	Feb-19	60.4%	67.9%
Dementia Post Diagnostic Support	Dementia	2017-18	76.4%	77.5%

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

Cancer Current IAF rating: REQUIRES IMPROVEMENT

Swindon continues to perform comparatively well against cancer constitutional standards. Pressures within tertiary care, urology in particular, bring 62-day performance down and are indicative of national pressures. The two weeks wait standard has been achieved throughout 2019/20 with peaks in demand being well managed by GWH through the provision of additional ad-hoc capacity.

Swindon performs at an above England average level for cancers diagnosed at an early stage and work continues to improve screening uptake further, particularly bowel screening. One year survival rate, which is marginally below the England average is driven by lung cancer prevalence, thought to be related to the towns industrial past and late diagnosis being a feature of this type of cancer.

Measure	Clinical Priority Area	Reported Period	CCG	England
Cancer diagnosed at an early stage	Cancer	2017	50.5%	No Data
Cancer 62 days of referral to treatment	Cancer	18-19 Q3	82.4%	79.5%
One-year survival from all cancers	Cancer	2015	69.7%	72.3%
Cancer patient experience	Cancer	2017	8.7	8.8

Mental Health Current IAF rating: GOOD

Swindon performs well for mental health, based on above target performance for patients accessing Improving Access to Psychological Therapies (IAPT), and waiting times for patients with psychosis starting treatment.

Measure	Clinical Priority Area	Reported Period	CCG	STP
IAPT Recovery Rate	Mental Health	18-19 Q3	47.4%	50.7%
IAPT Access Rate	Mental Health	18-19 Q3	6.6%	5.5%
EIP 2 Week Referral	Mental Health	2019 01	100.0%	100.0%

Learning Difficulties Current IAF rating: **REQUIRES IMPROVEMENT**

The CCG is also rated as requires improvement for Learning Difficulties (LD). Although annual health checks are below the national average, the proportion of people with LD receiving specialist inpatient care is the lowest nationally, ranking Swindon CCG first amongst all England CCGs. During 2018/19 the CCG has undertaken engagement and involvement to listen to the views of people with learning difficulties and how we can improve their access and experience of healthcare.

Measure	Clinical Priority Area	Reported Period	CCG	England
LD - reliance on specialist IP care	Learning Disabilities	18-19 Q1	22	1/195
LD - annual health check	Learning Disabilities	2017-18	27.9%	No Data
Completeness of the GP learning disability register	Learning Disabilities	2017-18	0.49%	0.49%

Sustainability: GOOD

The CCG is rated good for sustainability, which has been largely driven by its financial position during 2018/19. The CCG has met its targets. See Note 40 in the CCGs financial statements for further information on target performance.

Leadership: GOOD

The CCG is rated **GOOD** for leadership. The leadership domain is broken down into four cross-cutting sub-categories. Below is a summary of key CCG developments against each during 2018/19:

Robust Culture and Leadership Sustainability

The CCG has worked with its partner CCGs to develop the Sustainability and Transformation Partnership (STP) plan, (submitted in the autumn) and is now working towards agreeing how staff will lead and co-operate on workstreams across BSW.

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

The delivery of the CCG's programmes are supported by robust performance information and reporting which provides the Executive Team and Governing Body with oversight and assurance. Performance remains a top priority for the CCG.

Engagement and Involvement

The CCG's assessment against the new Patient and Community Engagement indicator: Between January and March 2018 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 partnership 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 and the CCG will hear its scoring in 2019/20.

Governance

Following a **review of its governance structures** in 2016**,** the resultant plan was monitored by Audit Committee and the Integrated Governance Committee. In November 2018, the Audit Committee was advised that all outstanding actions from the review had been completed and closed and that Governance assurance would continue to be monitored as business as usual, with any issues identified escalated to the Audit Committee as appropriate. Improvements to governance structures continue to be recognised by NHS England as part of the 2018/19 Improvement Assurance Framework (IAF) process.

Quality

During 2018/19, the priorities for the quality leadership team focused on the monitoring of all commissioned services for adults and children, with regards to safety, clinical effectiveness, and

patient experience. There has also been a commitment to support quality improvement workstreams which have been reported to the CCG's Quality and Performance Assurance Committee (QPAC) and Integrated Governance Committee (IGC).

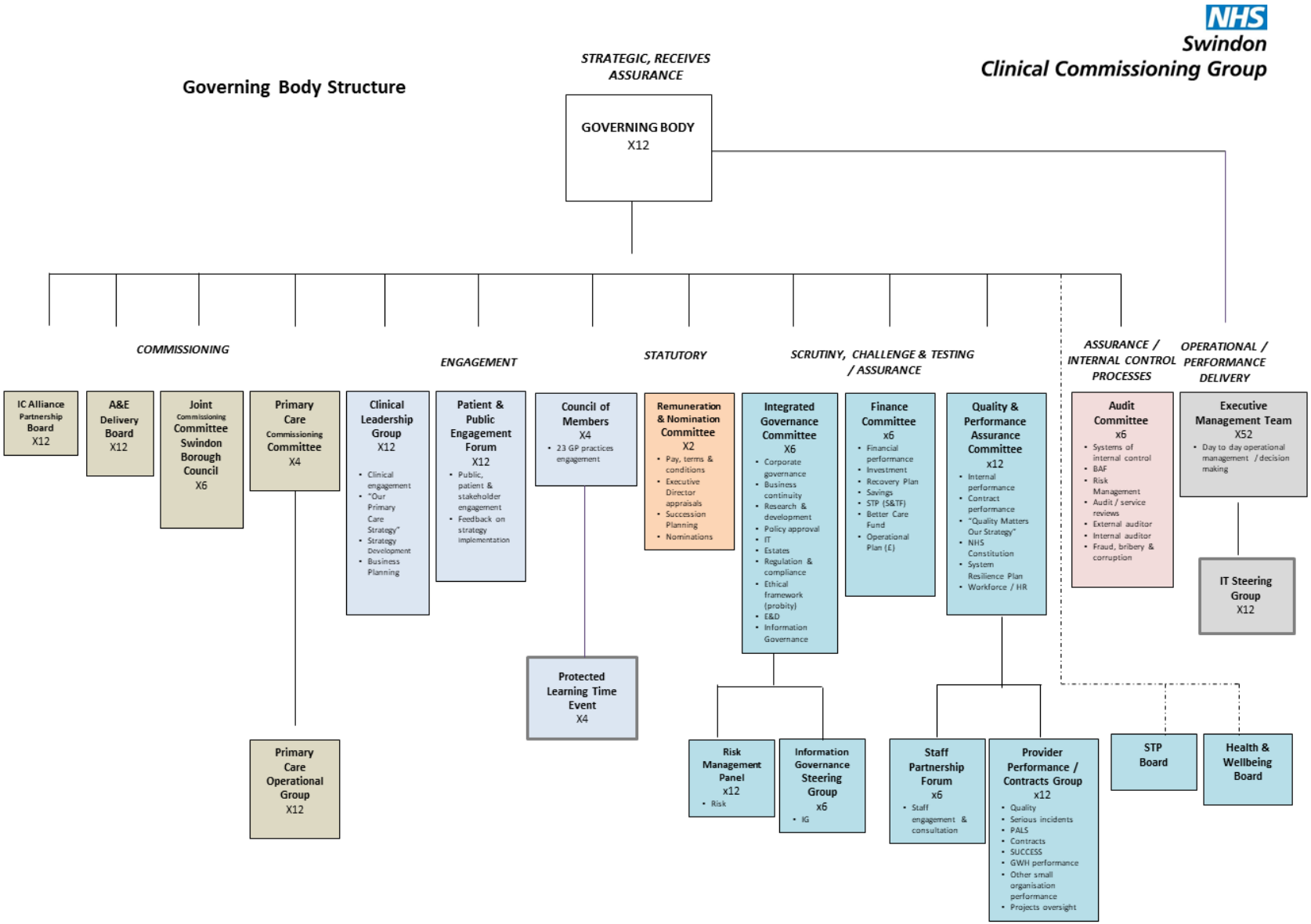
The STP wide Commissioning for Quality and Innovation (CQUIN) panel (which includes quality lead representation from Swindon CCG, Bath and North East Somerset CCG and Wiltshire CCG) has continued to enable a more collaborative review of the provider commissioning for quality and innovation schemes (CQUINs) for 2018/19. This has supported an improved understanding of workstreams and outcomes across the wider health community.

A key priority for the CCG quality team for 2019/20 will be the strengthening of engagement with service users and health and social care stakeholders across primary, secondary, mental health and social care services. This will support the CCG's integration agenda. Focusing on the sharing of data and people's experiences of local healthcare across the health and social care economy is an essential driver for change, with a key aim of improving health outcomes for the population of Swindon.

Operational performance

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

Governing Body Structure



Performance on other matters

Operational Performance

The following section of the report provides a review of achievements against the 2018/19 Operational Plan.

Primary Care

Swindon CCG has continued to work collaboratively with the 23 GP practices in Swindon and Shrivenham in its role as a membership organisation, and with responsibility for commissioning primary medical services.

The GP Forward View (GPFV) Delivery Plan has seen additional funding made available to individual practices or groups of practices as they have come together to work at scale and to test new ways of working. The aim of all projects within the GPFV is to support GP practices to build capability and capacity, as well as to develop different ways of managing clinical demand with the resources available. In addition to increasing self-care, this includes the use of different triage methods and the development of a broader workforce, alternative services and appropriate use of technology. There has been enthusiastic engagement in the GPFV Delivery Plan from GP practices. This has been demonstrated by participation in learning and sharing events.

Alongside the transformation projects, most GP practices have developed into more discreet provider groups, known as Wyvern Health Partnership, Brunel Health Group, and Better Health Partnership. These groups demonstrate that the development of GP practices working at scale is increasing. A range of back office functions have been streamlined as well as developing new ways of working, job opportunities and clinical models. The local relationships with practices, and an understanding of all projects and service developments has been used to identify practices which need more intensive and immediate support for stabilisation and sustainability. This has resulted in the approach to resilience and retention also being reviewed to ensure that across the system are several projects to support newly qualified GPs and those close to retirement. The schemes include coaching, mentoring, appraisal and revalidation support across multi-disciplinary staff groups.

In September 2018, the five GP practices (Brunel Health Group) working with Integral Medical Holdings (IMH) initiated a project to centralise administrative, call handling and clinical capacity based at a central hub. Unfortunately, there were operational issues from the day of the launch in September 2018 that had a negative impact on patient experience. Swindon CCG took immediate action when issues were identified. CCG staff visited the service and their focus was to support the management team to make the improvements needed. The CCG has monitored the situation closely, received daily information and visited the service on a weekly basis, and managing the situation within contractual frameworks. Improvements have been seen and in order to facilitate wider system learning and ensure that public feedback was fully understood, a primary care learning event was held in March 2019 focusing on this specific change.

The learning event was well attended by public representatives. It focused on the changes made by the five GP Practices and IMH, and there was open discussion between all attendees. The level of concern and frustration experienced by members of the public was fully acknowledged and details about changes to the call handling system and operating model were shared. All attendees reported that they learned a lot from the discussions and the event enabled the CCG to forge stronger working ties with people who have been personally affected, while also giving

a solid foundation in which to continue making positive changes that will bring improvements for patients and their families. IMH, the GP practices and commissioners set out their commitment to deliver further improvements and to ensure that lessons learned are shared locally, as well as fed into national policy relating to primary care contracts.

The development of digital infrastructure has been an important enabler for primary care, with 2018/19 seeing the successful implementation of several schemes, including NHS Wi-Fi, summary care record additional information (SCR AI), plans for network migration to enable better functionality and patient online services. A joint approach to NHS111 online implementation and GP online consultation procurement took place across the BSW CCGs in 2018/19. Future improvements to GPIT services, implementation of the NHS App, single domain and shared care records will be key deliverables to support the integrated care systems and primary care networks operating models, particularly to facilitate more flexible working and access to patients records across the system.

As part of the CCG's commissioning responsibilities, a procurement process for a new integrated urgent primary care service took place in 2018/19. The new contract that takes effect from 01/04/19 will be delivered by Medvivo Ltd. and this will see the integration of GP out-of-hours (OOH) services, extended access to primary care services and a range of other urgent primary care services including those for the homeless.

A new national contract for GP practices will be put in place in 2019/20. This will further develop the practice provider groups into defined primary care networks (PCN). Further work to define the PCNs across the geographical area to ensure every GP practice is working within a PCN serving a population typically of between 30,000-50,000 by 30 June 2019 is under way. Details of national contract requirements will be considered alongside these plans. It is expected that the PCN development further supports the implementation of the integrated care system (ICS) model. The ICS model that PCNs are working within sets out a clear model of care across all system providers, including same-day, urgent and emergency services. There are local structures and meetings in place to ensure that PCNs can work together and engage with other providers and in the commissioning of services. This includes Council of Members, Primary Care Provider Forum and individual project delivery, such as integrated urgent care and GPFV delivery.

Committees

The elected GP representatives on the CCG's Governing Body reviewed the effectiveness of forums and meetings in 2018/19. Discussion were held at CLG, Governing Body development sessions and locality meetings. Following this consultation, the following themes were identified:

- The CCG was predominantly a membership organisation and required to involve GP practices in the commissioning of services for the local population.
- The CCG now has lead commissioner role for primary medical services.
- The commissioner/provider relationship is different to a membership/engagement relationship.
- As GP practices come together to work at scale they may do this in a way that does not reference directly to the number of General Medical Service, Personal Medical Services, Alternative Provider Medical Services contracts that exist.
- As part of CCG Constitution there is a nominated lead GP and practice manager from each GP practice.
- There is a mixture of membership and commissioner forum and meetings.
- There is an opportunity to review the meeting structure, some feedback received:

- Locality meetings: represent duplication for some CCG and practice staff, lack structure, difficult to find practice representatives to do agenda and minutes, varying feedback to CLG, limited output and actions
- Commissioning Forum: often focuses on practices as providers, rather than commissioning for population
- CLG: opportunity to review structure and agenda setting with elected GPs
- Primary Care Operation Group (PCOG) and Primary Care Commissioning Committee (PCCC): NHS England confirmed that these commissioner meetings are operating well and undertaking delegated responsibilities as expected

- Planned developments already agreed:
    - Primary Care Provider Forum: quarterly meeting with two representatives from three provider groups plus the Local Medical Committee (LMC). The first meeting was held on 1 October 2018.
    - Protected Learning Time (PLT) events will be in place from 2019/20 and be held across four afternoons per year.

In October 2018, an agreement was made to change meeting structures to ensure effective engagement between the CCG and GP practices. This is shown below:

Commissioning Primary Care Services	Commissioner to Provider Discussions	CCG Membership Engagement
Primary Care Commissioning Committee (PCCC): quarterly, formal sub-group of the CCG's Governing Body. Primary Care Operating Group (PCOG): monthly and reports to the PCCC. • Maintain commissioner oversight of general medical services, contract implementation, quality and service issues • GP representation is as a commissioner and looking at the wider system issues across primary care, providing challenge and insight to practice delivery issues • All practices/LMC will be consulted where appropriate when commissioning decisions are being made e.g. list closure applications • LMC provide practice level perspective Quality and Performance Assurance Committee (QPAC): monthly meeting. Primary care quality and performance issues will be reviewed through QPAC as with all other commissioned services.	Primary Care Provider Forum: bi-monthly with the three provider groups and the LMC. • Opportunity to engage with primary care as providers of services • Focus on further integration of GP practice groups in the local integrated care system • Discuss issues and development opportunities within primary care • Practice representative's attendance is not funded	Council of Members (CoM): quarterly with GP and practice manager representatives from all practices • Replaces the locality meetings and the commissioning forum • Practice representative attendance is funded • The agenda focuses on whole system commissioning (not individual provider perspective) • Agenda links to the Local Delivery Plan and clinical commissioning priorities Protected learning time (PLT) events: there are four a year and these will cover some of the development conversations which took place in the locality meetings and commissioning.

Medicines optimisation

The CCG wants to make sure patients make the best use of the medicines prescribed to them, reduce waste and work with prescribers to choose clinically and cost effective treatments. Practices in Swindon write four and a half million prescriptions annually, at a cost of £29 million a year. The medicines management team work closely with practices to make sure these medicines are safe and effective for patients, while providing good value for the NHS.

Here are some examples of what has been achieved during 2018/19:

- Expansion of the Prescription Ordering Direct (POD) repeat prescription telephone service. Patients can telephone a service dedicated to managing repeat prescriptions with the time to answer medicines queries and make sure patients receive only the medicines they need
- 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 and still meet patient need
- Having a dietician and respiratory nurse working with the pharmacists in the medicines optimisation team has ensured the CCG is making best use of nutritional supplements and inhalers
- 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 (less inappropriate prescribing for viral infections) 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 the low values medicines 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.

"I really do appreciate the service and help the Prescription Ordering Direct (POD) staff have given me. I also like the way you are told where you are in the queue waiting to be answered."

Acute Care

Urgent care

The demand for on the day urgent care services continues to grow. The CCG has worked on several initiatives to ease pressure on hospital flow and enable management of patients in the most appropriate setting:

- Rapid assessment of frail and elderly patients at the Emergency Department.

- Redevelopment of ambulatory care and triage assessment service to enable rapid assessment and management of acutely unwell patients without a need for hospital admissions.
- Improved management of delayed transfers of care which has led to a significant reduction in the number of hospital beds occupied by patients. A specialist consultancy company has supported the CCG in diagnosing and monitoring the hospital patient flow.
- Joint working with system partners to expedite discharges of patients with complex needs and prevent deterioration.
- Trusted Assessor supporting management and discharge of patients from care and nursing homes.
- Reablement services, both bed-based or home, have been extended to provide more community assessment and stabilisation of rehabilitation needs.

There has been continued development of the Integrated Urgent Care Service, including provision of NHS 111, Urgent Care and Children and Young People's Clinics and Swindon Urgent Treatment Centre to enable people to access the right services to meet their needs and improve the way they access services.

Pharmacy support with medicines management in care homes has improved the experience for patients and care homes following admission to hospital, supporting GPs and decreasing the number of unnecessary prescribed products.

Planned care (elective care)

During 2018/19, the CCG worked closely with GWH to support the achievement of the constitutional standards around the 18-week referral to treatment target and six week wait for diagnostic testing. The Trust has experienced pressures in the last year, largely due to difficulties in recruitment. Key pieces of work that have supported the pressures are:

- Continuation of STP work to align commissioning policies and a formal STP Clinical Policies group in place and meeting regularly to develop policies with stakeholder engagement. To date, more than 42 policies have been reviewed and aligned.
- Work with radiology to prepare for a pilot of new software that will support appropriate referrals and, once embedded provide a safety net to expand direct access testing for GPs. It is planned that this will go live before September 2019.
- Gastroenterology work to develop a process to introduce patient initiated follow-ups (October 2018), rolling out two direct access faecal tests (May 2018 and March 2019) to support GPs in the management of patients and prevent invasive secondary care testing, the CCG started a pilot (March 2019) for GPs to refer patients with irritable bowel syndrome direct to a dietician service, rather than referring to hospital.
- Introduction of an independent urology provider in November 2018 to provide triage of all new referrals and a community-based one stop service. This service has enabled GWH to focus on patients on cancer pathways and existing patients requiring follow-up appointments.
- Vascular improvements through integrated working between GWH and Gloucestershire Health Trust, within a hub and spoke arrangement in which Gloucester is the hub providing outreach services to Swindon. Benefits to patients of this improved working include increased vascular consultant presence on the GWH site and improved administrative processes for the booking of outpatients.
- Expansion of cataract providers, including a private provider, Newmedica, which can offer outpatient services in Swindon and surgery in Gloucester (free transport provided), with follow-up at the patient's local optician in Swindon.

Cancer

During 2018/19, the CCG has continued to engage with the Thames Valley Cancer Alliance to take forward the transformation work required across the region. Key progress includes:

- Close working with GWH in relation to the national cancer 62 day standard, understanding the pressures causing delays and supporting urology with commissioning of new local service.
- Introduction of a new local enhanced service for Swindon GPs incentivising actions to improve screening uptake and reduce emergency presentations.
- Commencement of a Macmillan GP for Swindon to facilitate a focus on the primary care part of cancer pathways.
- Accessing Macmillan training for a cross-organisational group of professionals (February 2019) to deliver regular take control courses for patients who have been treated for cancer.
- Working to provide head and neck cancer follow-up services from GWH to prevent patients needing to regularly travel to Oxford (commenced December 2018).

Children and Maternity

Children's services

This year has focused on the establishment of good quality information for children's services across GWH and SBC to establish baselines for measuring improvements and outcomes. The wait for autism spectrum disorder (ASD) assessment was highlighted in the joint area special educational needs and disability (SEND) inspection by OFSTED and the CQC in November 2018.

In order to address this, the design of the new neurodevelopmental pathway is well under way. This pathway will replace the existing ASD and attention deficit hyperactivity disorder (ADHD) pathways for children up to the age of 18. This will provide a more holistic approach for all paediatric assessments. The pathway has been developed with stakeholders from GWH, Swindon Borough Council, Oxford Health NHS Foundation Trust, schools and Swindon SEND Families Voice.

A review of children's services at GWH will be completed in the forthcoming year.

Children's mental health services

Swindon CCG was selected to become a mental health trailblazer for the delivery of mental health support teams in schools. In August, a co-produced bid with schools and other partners was produced and the outcome was successful, resulting in an additional £2.3million of additional funding coming to Swindon. This will create three mental health support teams working across 41 schools. There are currently plans to create a no-wrong-front-door-service that includes early help and works closely with the neurodevelopmental pathway. The focus of the trailblazer will be to offer a service outside of school hours, and in the school holidays, follow young people up within 24 hours if appointments are missed and offer self-referrals.

Claire Murdoch, National Mental Health Director, NHS England, told the CCG: "We have been very pleased to see that your enthusiasm was matched by a high standard in your

proposals to build on your current plans for transformation and to further improve outcomes for children and young people with mental health issues."

The CCG commissions an on-line counselling service that children can self-register to use. The service provides opportunities for children to chat to counsellors, read articles and get support from members. More than 780 children and young people have used the Kooth online service between April and December 2018, with 75 percent of contacts taking place out of hours. The service is available 365 days a year until 10pm.

More than 260 children and young people were referred to and assessed by the permanent mental health liaison worker at the Great Western Hospitals NHS Foundation Trust. More than 130 of these were using another CAMHS service at the time.

In 2018/19, there were a total of 401 children attending hospital because of a self-harm injury or mental health issue. A detailed audit is supporting a range of interventions and initiatives to support improving the outcomes for children who self-harm and in doing so reducing the number who attend hospital.

The emotional mental health and wellbeing strategy group has been fully established and has overseen the delivery of the Local Transformation Plan for children and young people's mental health. The group continues to monitor the effectiveness of local mental health transformation.

SEND/CQC/Ofsted inspection

Swindon's Local Area SEND inspection took place in November 2018. Long wait times for Autism Spectrum Disorder diagnosis and not having a designated medical officer or designated clinical officer (DCO) were a particular cause for concern. A post-inspection audit revealed that only 30 percent of education, health and care plans contained health information. A comprehensive written action plan sets out how we are going to address the issues and measure the outcomes we are aiming to improve.

Swindon Borough Council is now moving to an electronic data system, which will enable better oversight of these issues and ensure regular monitoring can take place. During 18/19 significant additional investment saw the elimination of waiting times in the specialist health services at the Salt Way Centre.

The CCG and SBC are working together to further strengthen joint commissioning arrangements, a protocol for joint funding panels between education, health and social care has been approved, which is aligned to the adult process and uses the national framework for continuing care. This will create an evidence-based approach and better consistency for children, young people and their families.

Maternity

The CCG continues to develop and implement a Local Maternity System across BaNES, Swindon and Wiltshire in alignment with the national maternity transformation programme Better Births, aimed at improving safety and increasing women's choice.

The CCG is working collaboratively with all three maternity providers and user representatives to align policy and practice where possible to ensure safe births, positive experiences and equity for all women. The CCG will apply the learning from national pilot sites that are modelling continuity of care in a locally appropriate way as it becomes available during 2018/19.

The commitment and ideas from staff provide the foundation of any transformation and the CCG and its partners will ensure that their feedback informs and shapes the plan as it develops. Through embedding a continuous quality improvement approach, there will be further development of the existing safety culture that is evidenced by transparent reporting and sharing of learning from serious incidents. The CCG is committed to sharing and learning from each other when things go wrong as well as when celebrating success and this is being taken forward through the Safety Working Group, involving commissioners and providers across the system.

- **Transforming Maternity Services Together**
  The proposal to change the way maternity services are delivered across the regions was developed by all the NHS organisations that plan and buy health services as well as those that provide or manage maternity services across B&NES, Swindon and Wiltshire. As the proposal involved service change, a full public consultation was held from 12 November 2018 to 24 February 2019. At the time of writing the consultation feedback is being analysed and so the outcome is not yet known.

  Public engagement undertaken pre-consultation: The CCGs worked with more than 2,000 women and families, staff and partner organisations to look at ways they could improve the services provided to mothers and families across the region. The proposals were developed based on their feedback.

  Public engagement during the consultation: More than 2,400 people took part in the consultation, including 1,800 survey responses, 662 face-to-face discussions and with a total of 54 engagement events. A dedicated website was established to provide information and support all the consultation material.

Sunflower lanyards take stress out of young patients' visit to hospital

Parents from Swindon SEND Families Voice – a local support group for families caring for children with learning disabilities – told the CCG how much of a struggle it can be to take their children to a busy hospital and that a simple scheme running at UK airports could be replicated in Swindon.

Swindon CCG has been the driving force behind an initiative that saw the Great Western Hospital become the first in the country to offer children with learning disabilities extra support when spending time in hospital.

The CCG worked with the group to introduce special sunflower lanyards at the hospital, which are given to patients at the start of their visit and act as a discreet flag to members of staff that this person may need additional help and support.

There have also been positive comments from the young people who have worn the lanyards with one little boy saying it made him feel like a superhero.

Families have spoken highly of the lanyards, with one parent saying: “It has definitely made hospital visits easier as people were aware of when my son was feeling very stressed out.”

End of life care

Following a series of stakeholder workshops led by Prospect Hospice and the CCG in the winter of 2017/18, a new model of care for patients at the end of their lives was developed. Within the model, three key developments were agreed as follows:

- The establishment of a rapid response end of life care team, responsible for the facilitation of discharge of patients from hospital to home who are within their last couple of weeks of life and to provide personalised care packages to meet the specific needs of the individual and their families.

- The establishment of a single point of contact to enable all patients within their last 12 months of life, their families and carers to access support and advice from a central source.

- The establishment of a single end of life register – this register will ensure that patients and families have access to appropriate support and care at time of need, without having to repeat their story.

Building on well established relationships with key stakeholders, progress with the development of a rapid response EOL team has been significant, with mobilisation of the new team scheduled for spring 2019. Discussions are continuing on the establishment of a single point of contact and EOL register, with anticipated completion coming in 2020.

Mental health and learning disabilities

Mental health

Place of Safety

Swindon’s health based place of safety (HBPoS) suite is located at Sandalwood Court. Following quality issues identified by the Care Quality Commission (CQC) from inspections of AWP in 2016 and 2017, in which the service was rated inadequate, NHS England authorised the temporary consolidation of the suite to Devizes for 12 months.

The move to Devizes on 26 March 2018 presented an opportunity for AWP to address the CQC’s improvement requirements, including assessment times, staffing and environmental issues. The dedicated service and improved environment largely contributed to an improved CQC rating to good.

An engagement exercise involving all stakeholders has been undertaken to inform and develop a report that will share findings, stakeholder feedback, options and recommendations. These arrangements will remain in place pending presentation of the report findings to Governing Body

and the Adults Care, Adults Health and Housing Overview and Scrutiny Committee, where future options will be agreed. A final decision on the outcome remains with NHS England.

The Junction (calming café)

The Junction is a community based two-year pilot project to support people who may be experiencing or recovering from a mental health crisis. The project is led by a third sector organisation, working in close collaboration with secondary mental health services. The service will offer practical support and skilled de-escalation 365 days a year. After overcoming delays caused by significant issues with the building the service is expected to go-live during 2019.

Learning disabilities

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

The Transforming Care Programme (TCP) aims to:

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

The key to transformation is working with those who are the experts. In the last 12 months, the CCG has been working in partnership with members of the LD Partnership Forum to develop training for primary care, explore options to support easy read documents and work to improve the way in which health checks could be delivered. Looking forward the national target for people with a learning disability to receive an annual health check has been set at 75 % of all those registered which will be a challenge locally.

During the last year, Swindon Healthwatch have supported several people with a learning disability to train as quality checkers. Since completing their training, they have been supported to carry out quality visits to Swindon GPs, dentists and local community health services. Once the proposed visits have been completed, reports are written and feedback on potential improvements are presented to the Learning Disability and Autism Spectrum Disorder Partnership Boards.

Work continues on developing and embedding the community-based model of care for early intervention and maintaining people in their community. During the last year this has included exploration of market opportunities with Swindon Borough Council for developing more specialist support options. Discussions have now been extended within the TCP board and strategy group in recognition that development is needed across the wider STP area.

The Transforming Care Programme had been due to finish at the end of March, but this is under review with the expectation that its role will be extended. In the new NHS Long Term Plan, the support for autism is expected to be separated from learning disabilities to give a clearer focus. Work will therefore be required to adjust the commissioning of services to supporting both learning disability and autism in future.

The CCG is leading on an STP wide project called the Learning Disabilities Mortality Review (LeDeR) which investigates the deaths of people with a learning disability to identify good care

and where improvements and learning can be shared. The CCG hosts a steering group where learning and action is identified. The CCG has approached Oxford Brookes University to seek student nurse support to ensure that capacity is available to complete these non-mandated reviews.

Health and Wellbeing Strategy (2017- 2022)

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

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 the Great Western Hospital, the Avon 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 continues 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 been 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 this group are received and reviewed by both the Health and Wellbeing Board and the CCG Governing Body.

Emergency Preparedness Resilience and Response (EPRR) and business continuity

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

In August 2018, the CCG provided evidence to NHS England of its compliance with the EPRR agenda by returning the annual assessment against EPRR core standards. The CCG also

provided assurance to the Governing Body and Integrated Governance Committee in November 2018.

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

Non-emergency patient transport (NEPTS)

Following Governing Body approval on 29th September 2016 the CCG commissioning leads for Wiltshire, Gloucestershire, BaNES and Swindon CCGs worked on recommissioning the non-emergency patient transport service. The service will be commissioned collaboratively with the other CCGs, in line with existing arrangements. The existing contract was extended for six months which enabled the procurement timeline to have a go-live date of 1 June 2019.

The CCGs have developed a shared common specification incorporating all the detailed knowledge built up by commissioning leads over the last three years. A service specification workshop was held on 8 March 2018 and involved delegates from acute trusts, PALS, Healthwatch, community providers, independent sector providers, transport colleagues from the councils as well as commissioning and procurement colleagues.

Following approval from the Governing Bodies of all four CCGs, the contract was awarded in December 2018 to Ezec Medical Transport Services Limited. The contract will commence on 1 June 2019. The total contract is for seven years, with a possible extension of any period up to a further three years.

Sustainable development

As an NHS organisation, and as a spender of public funds, the CCG has an obligation to work in a way that has a positive effect on the communities for which it commissions and procures 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 can 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 acknowledges this responsibility by working hard to minimise its carbon footprint.

As part of the NHS, public health and social care system, it is 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 percent.

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

Reducing our energy use

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

Sustainability and commissioning

Most environmental and social impacts happen 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.

Governance

The Sustainability Lead for the CCG during 2018/19 was Nicki Millin, Deputy Chief Executive (Swindon).

Improving quality

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

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

1. Patient Safety

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

2. Clinical Effectiveness

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

3. Patient Experience

- Real time patient and carer experience, representing the diversity of the population
- National and local primary, community and secondary care patient and staff survey data
- Patient stories
- Monitoring of compliments, concerns and complaints
- Engagement with local Healthwatch

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

Patient safety

Reporting and learning from clinical incidents, including serious incidents

It is essential that healthcare organisations ensure systems and processes are implemented to keep patients safe, while also preventing avoidable harm. Unfortunately, such systems and processes can have unintended weaknesses that can lead to errors, which sometimes have serious consequences. It is essential that all providers, and the CCG, continually strive to reduce the avoidable harm.

Responding appropriately when things go wrong is a key part of the way that the NHS continually improves the safety of the services provided to patients. The CCG requires all commissioned

provider organisations to report and escalate any incidents that meet serious incident (SI) criteria as defined within the NHS England Serious Incident Framework. An organisation is deemed to have a strong, open learning culture if incidents are reported and investigated. This ensures learning and the implementation of associated actions are embedded to reduce the likelihood of reoccurrence.

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

Serious incident reporting - trends and themes

During 2018/19, 55 serious incidents (SI) were reported to the CCG for patients in Swindon and Shrivenham, compared to 45 in 2017/18.

This increase was associated with an increase of pressure ulcers meeting SI criteria, with 20 reported in 2018/19 compared to six during 2017/18. The CCG continues to work with providers to improve levels of wound care and pressure ulcer prevention. This has included the wound care CQUIN which was undertaken by GWH's community services during 2017-2019 which has resulted in improved compliance with robust wound assessment.

There have been nine serious incidents relating to self-inflicted harm or unexpected death meeting SI criteria. This has increased from seven reported during 2017/18. The CCG continues to work with mental health services to understand and implement the learning from the local investigations. The CCG also participates in the Swindon Suicide Prevention Group led by Public Health at SBC, to share learning across the wider health and social care system. During 2019/20 a cross-organisational Suicide Prevention Summit is planned to support the development of suicide prevention initiatives across BSW and Bristol, North Somerset and South Gloucestershire CCGs STPs.

Safeguarding declaration

The CCG takes its duty to safeguard the population it is responsible for very seriously. The CCG takes a 'rights based' approach to safeguarding based on the existing conventions and treaties addressing individual rights, the key ones in terms of safeguarding are:

- The Universal Declaration of Human Rights 1948
- United Nations Principles for Older People 1991
- UN Convention on the rights of the child (UK ratified 1992)
- Human Rights Act 1998
- United Nations Convention on the Rights of Persons with Disabilities 2006

These are important in ensuring specific attention is paid to certain groups because of their vulnerabilities and to all individuals regardless of circumstance. These rights should always hold firm when working directly with or on behalf of (e.g. as a commissioner) these groups.

The rights individuals have in relation to safeguarding mirror the values the CCG places on ensuring they are met by all endeavours.

It is important to ensure the link between these rights and safeguarding is explicit as this amplifies the fact the CCG is dealing with individuals, families and communities who make up the population of Swindon. The CCG has reviewed its safeguarding policy to ensure this is the case.

The CCG is committed to having the appropriate resources in place to fulfil all its statutory duties and obligations related to safeguarding children or adults. The CCG is determined to fully engage with the range of partnerships that either directly or indirectly seek to improve the safeguarding outcomes for Swindon, notably through the following arrangements:

- Local Safeguarding Children Board (LSCB) and its replacement structure under the Children and Social Work Act 2017 and subgroups
- Local Safeguarding Adult Board (LSAB) and subgroups
- Community Safety Partnership (CSP)
- Multi Agency Public Protection Senior Management Board
- PREVENT Board and Channel Panel
- Youth Offending Team (YOT) Board

Through the commissioning of health services, the CCG will ensure providers are compliant, or on track to be compliant, with local and national safeguarding requirements, enforced through contracts and quality assurance processes.

In addition to ensuring the CCG and its providers are meeting the essential requirements, the CCG will proactively seek to innovate and develop pathways to improve safeguarding outcomes. This is in response to the findings of statutory reviews conducted with the above partnerships, the quality assurance received from providers and incident reporting that requires the CCG to act to ensure improvements.

As an organisation the CCG stands by this declaration and will always be proactive to maintain it. As a listening, open and transparent organisation, the CCG knows what is working well for children and adults, what is not working well and demonstrates how to learn from these areas.

The CCG takes its duty to cooperate with the local authority to ensure the health needs of looked after children are met very seriously. SCCG has a designated nurse and doctor for Looked After Children to support SCCG in that duty.

The CCG works with the local authority through the following arrangements

- The Corporate Parenting Advisory Board
- Local Safeguarding Children Board (LSCB) and its replacement structure under the Children and Social Work Act 2017 and subgroups
- Children and Young People Emotional and Mental Health Strategy Group
- Care Panel

The CCG commissions the Looked After Health Team in the local authority and has, in the past year, increased capacity to meet the demands due to increasing numbers of looked after

children.

The CCG ensures all providers who work with looked after children comply with national and local requirements for competency and training.

Infection and prevention control (IP&C)

The CCG continues to be an active joint member of the Swindon-wide Infection Prevention and Control Committee. The committee has ensured oversight and scrutiny of the national infection prevention and control agenda, ensuring commissioner and provider organisations can evidence compliance to the standards set out in the Health and Social Care Act 2008, *Code of Practice for the prevention and control of infections and related guidance* (updated 2015). A key focus within the IP&C agenda for 2018/19 was continued oversight of mandatory surveillance for reported healthcare associated infections within Swindon.

Mandatory surveillance of Health Care Associated Infections (HCAI)

Healthcare associated infection (HCAI) surveillance data is monitored by the CCG in line with commissioner responsibilities, as set out within the Code of Practice. HCAI data includes monitoring organisms such as clostridium difficile (C Diff) and meticillin resistant staphylococcus aureus (MRSA). During 2018/19 there has been an additional national requirement for organisations to report the number and rate of gram negative blood stream infections (GNBSI). This includes the reporting and monitoring of organisms called e-coli, klebsiella species and pseudomonas aeruginosa. Individual CCG trajectories were set for E.coli related bloodstream infections for 2018/19, aimed at achieving year-on-year reductions.

Monthly validated data is published by Public Health England via the national HCAI data capture system and reports cases of HCAI across all commissioned services within secondary and primary health care settings. This data has been monitored jointly with commissioned provider services via the Swindon-wide IP&C committee and local provider quality review meetings. Risk factors for infection were also gathered locally to better understand trends and outcomes. During 2018/19 the health care associated infections (HCAI) data evidenced:

- Eight MRSA bloodstream infections reported within the CCG population. Five cases were reported in the community.
- 44 clostridium difficile infections reported within the CCG population against an annual trajectory of no more than 43 (so above trajectory but two less than previous year). As in previous years, most infections were reported in the community setting
- 138 cases of e coli bloodstream infections were reported for 2018/19. This is more than the 132 planned for the year, but five less than previous year. The number and rate are in line with national trends, with most cases reported in the community.

In line with national guidance, prudent antibiotic prescribing was monitored by the CCG throughout 2018/19 within both secondary and primary care settings. There was a continued reported reduction of the total usage of high-risk antibiotics within primary care.

Care Quality Commission (CQC) inspections

During 2018/19, the CCG continued to review all health provider compliance with CQC quality standards. This included having oversight of inspections carried out in primary care and supporting practices with mock visits. Any providers placed in special measures, or where enforcement notices issued by the CQC, have been monitored closely via quality assurance processes.

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

Prospect Hospice

The CQC inspected Prospect Hospice following reports of whistleblowing from in-patient unit staff in 2018. There has been a significant change in senior management since and the CCG is monitoring progress of actions required.

Clinical effectiveness

Research and innovation

The CCG has a statutory responsibility for promoting research, although this is not solely a CCG activity and involves working with partner organisations and the wider healthcare community across Swindon and the region. The CCG actively engages with the research networks and is involved in helping to promote research along with partner organisations. The CCG engages and has membership with many organisations to help it fulfil its statutory requirements including:

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

As part of its membership, the CCG is represented at regular meetings of these organisations.

Bath Research and Development (BRD) is the partnership between local CCGs and social enterprises and the Department of Health within the University of Bath. BRD provides research governance support and advice for researchers including assisting queries regarding regulatory approval, and the Health Research Authority approvals process.

Quality improvement is a key area in which the CCG has been working with the WEAHSN during the last few years. Swindon practice engagement is improving, as the quality team drive the focus onto quality improvement, safety and CQC compliance. The CCG has also supported Clinical Evidence Fellows in conjunction with the WEAHSN to support quality improvement, further enhance the utilisation and application of research and evidence in commissioning processes, and drive innovation.

Commissioning for Quality and Innovation (CQUINs)

National CQUINs were set by NHS England for health care providers in 2018/19. The aim being to identify a proportion of healthcare provider's income conditional on demonstrating improvements in quality and innovation in specified areas of care. These focused on:

- NHS staff health and wellbeing
- Identification and early treatment of sepsis
- Antimicrobial resistance
- Improving physical health for patients with severe mental illness (PSMI)
- Improving services for people with mental health needs who present to A&E
- Transitions out of Children and Young People's Mental Health Services
- Advice and guidance
- Preventing ill health by risky behaviours
- Improving the assessment of wounds
- Personalised care and support planning
- Ambulance conveyance

Outcomes and achievements from CQUINs are monitored by the BSW STP CQUIN panel to ensure required improvements and patient outcomes are achieved. Compliance against key milestone requirements have evidenced an increased number of frontline healthcare workers receiving a flu vaccination, improved screening and treatment for sepsis, reduced antibiotic usage, a reduction in the number of attendances at A&E for patients with a mental health concern, an increase in patients given brief advice in relation to tobacco and alcohol use, improved collaborative working between the children and adult mental health services to support the transition of young people between services and improved wound management in community services.

Patient experience

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

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

This year, the CCG received a total of 400 concerns, comments, compliments and 53 formal complaints. This equates to a 96 percent increase in the number of PALS contacts, and a 51 percent increase in the number of formal complaints on the previous financial year.

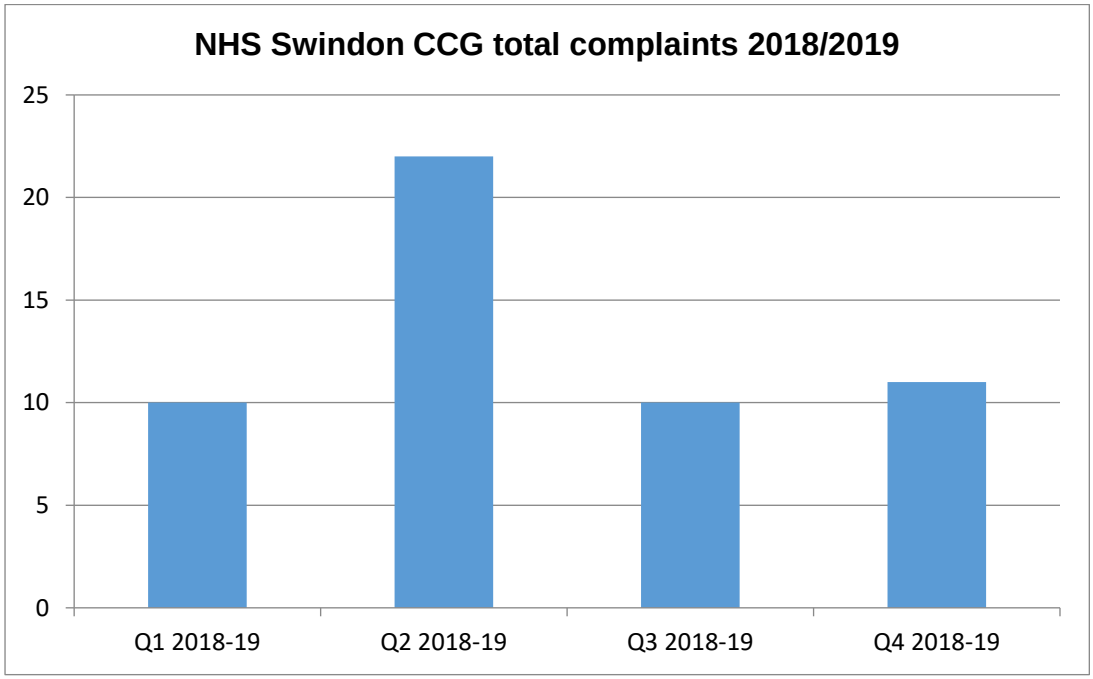
In 2018/19, 16 complaints were upheld and 14 were upheld in part. This demonstrates that 38 percent of all complaints received were well founded and received a positive outcome. As of 31 March 2019, five complaints remained open and awaiting investigation, pending CCG final response. All complaints received were acknowledged within three working days. One complaint was referred to the Parliamentary and Health Service Ombudsman for independent review during 2018/19.

The top five themes are:

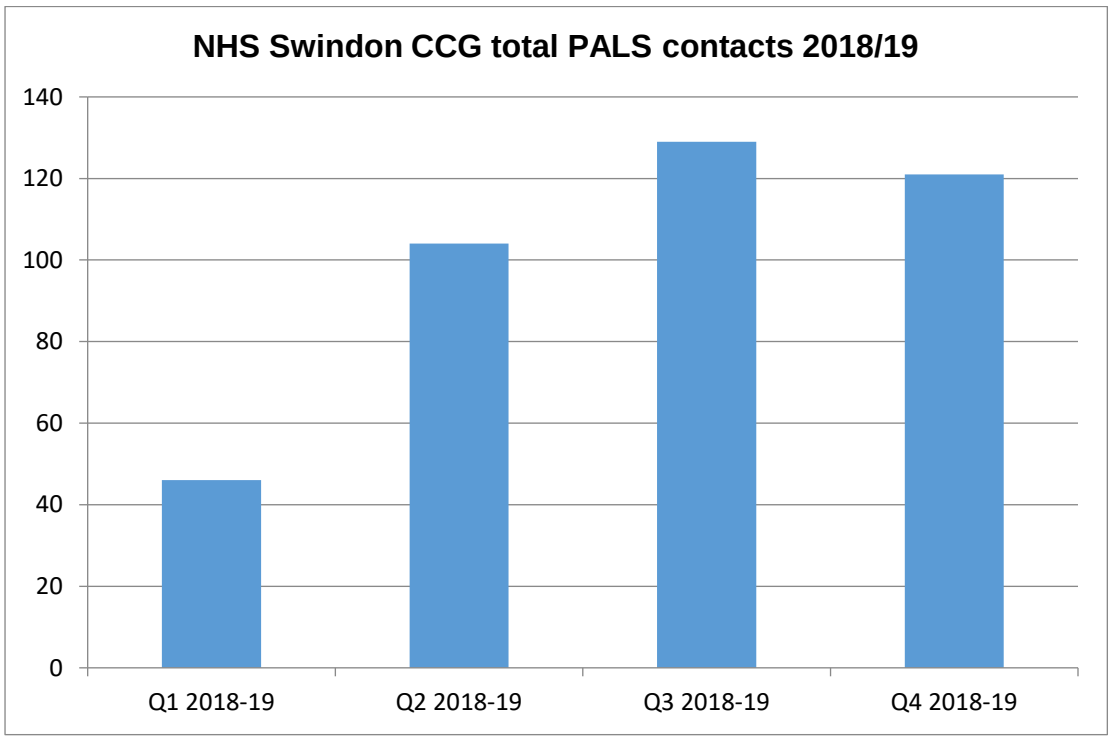
- Access and waiting = 51 percent
- Communication = 30 percent

- CCG financial issues/policy = 10 percent
- Clinical care = 5 percent
- Behaviour and attitude of staff = 5 percent

The graph below shows the total number of complaints received per quarter for the financial year 2018/19.



The graph below shows the total number of PALS concerns, comments, compliments received per quarter for the financial year 2018/19.



Outcomes of PALS concerns and formal complaints

You said	We listened
Patient Transport Advice Centre	
There is no process of appeal for patients found not eligible for patient transport, and who wish to challenge the decision. The only option is to raise a concern or complaint via the Patient Advice and Complaints Team.	An appeal process is now in place, in which decisions are reviewed by senior staff.
The Patient Transport Advice Centre works to a rigid script which does not allow the patient to give a full account of their needs.	The Patient Transport Advice Centre has reviewed its eligibility questionnaire and made changes to ensure it fully assesses individual need.
The Patient Transport Advice Centre introductory greeting asking patients to answer accurately and honestly gives a defensive and unfriendly tone from the outset.	The Patient Transport Advice Centre has changed this message to make it more patient friendly.
Referral Support Centre	
Long wait to get through to the Referral Support Centre.	The ongoing issue is caused by an increase in the number of electronic referrals from GPs.
Overall experience of using the Referral Support Centre has been extremely stressful – too much onus on the patient.	As of 1 August 2018, an external provider has been contracted by NHS Swindon CCG to answer the activation call. The Referral Support Centre then picks up the second call, once triaged. The aim is to increase call handler capacity and reduce waiting times.
Why the need for a second call back to book appointment.	The system of two phone calls is a necessary part of the process, as it gives the Referral Support Centre clinician time to ensure the GP referral has everything on it required to get the patient to the right place, first time. The CCG has asked if this can be done online but has been told it is not possible.
GPs not trained to complete the Musculoskeletal Assessment and Treatment Service (MATS) form and the reason for Referral Support Centre rejection of referral is time delaying.	GPs are now trained to attach the MATS referral form to referrals.

You said	We listened
Prescription Ordering Direct (POD) Patients report difficulty in getting through to the service. Patients report running out of medication because they cannot get through to the service. Call back is only offered in the mornings The afternoon message states service is busy and to call back later.	The Prescription Ordering Direct (POD) service has undertaken a recruitment drive and now has 18 members of staff covering Mondays, which is the busiest day of the week. The POD supervisors have provided refresher training for all staff to ensure call backs are completed for the morning messages. Call back is not offered in the afternoon due to capacity within the team.

Compliments

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

Swindon CCG's Prescription Ordering Direct:

- "I really do appreciate the service and help the Prescription Ordering Direct (POD) staff have given me. I also like the way you are told where you are in the queue waiting to be answered"
- "I think the POD service is absolutely brilliant."
- "POD staff could not be more helpful, polite and efficient."

Continuing Healthcare (CHC):

- "From the moment I spoke with the CHC Nurse Assessor I had confidence in their knowledge and capabilities. It was the first time I felt listened to and that someone had an understanding of my father's health difficulties."

Children's and Young People's Clinic – Swindon Health Centre:

- "It was such a relief to get an appointment so promptly and have such a lovely doctor give us much needed assurance. It made such a difference to our day and provided an outstanding service."

South West Ambulance Service NHS Foundation Trust:

- "All the paramedics who attended were just brilliant, thank you."

Patient Advice and Complaints Team:

- "Thank you for all your help and hard work sorting out my issue."

Organisational Development Strategy

The refreshed CCG Organisational Development (OD) Strategy was agreed by the Governing Body in July 2018. Positive progress has been made throughout the organisation in all categories of the OD Strategy and these have now been clustered and include the following themes:

- Workforce Health and Wellbeing – being a best employer with a healthy workforce
- Strategic Leadership for Performance – delivering on the operational plan and objectives
- Organisational Capability and Capacity – maximising staffing to deliver
- Leadership Behaviours – modelling behaviours that support empowerment and collaboration
- Organisational Structure and Change – being flexible enough for future system change
- System Leadership – playing an effective part in the wider system and STP footprint
- Clinical Networks – contributing to local, regional and national networks
- Acting for Continuous improvement – in all areas of the work we do

The overall Organisational Development Strategy has much work under way and will continue over the coming year.

The Organisational Development Strategy embraces the continued work within the local integrated care alliance, in which the CCG is developing strong partnerships across health and social care providers, other stakeholders and collaboratively driving change. The strategy acknowledges the close alliance with wider health, social care and education locally, and with Health Education England as work continues on producing a strong and sustainable workforce aligned to meet changing and challenging service needs.

Integrated Care

The journey towards integrated care
Working together across local health and social care organisations in Swindon, the CCG is making progress with this new collaborative way of working. This promises a better experience for patients, more efficient services and better value for money.

Current priorities
Removing organisational barriers, improving communication, working together to plan finances and provide patient services.

Better coordination between primary care, community services, hospitals and social care should mean a more positive experience for all.

There will need to be a big shift towards helping people to stay healthy and doing more to keep long term conditions, such as diabetes, under control, while also and preventing ill health in the first place. We must now push forward with these projects which will bring real benefits.

Chronic Obstructive Pulmonary Disease (COPD)
The community COPD team is working to develop a more clinically led pulmonary rehabilitation service, in which SBC and the GWH community team will come together to provide an enhanced service.

Regular community MDTs to discuss high risk patients
Multidisciplinary teleconferences have been introduced to discuss some of the most vulnerable patients in the community with long term conditions, including COPD, diabetes and heart failure. They are currently involving GPs and social care colleagues, and plan to soon include other healthcare professionals. These reviews aim to address issues early on, so patients are supported to stay well and out of hospital.

Diabetes Transformation Programme
The Swindon Diabetes Transformation Programme has implemented a team approach to Eclipse Case Management, a standalone medical record system that allows benchmarking and audit in long term conditions. It can help identify patients who are not meeting their diabetes treatment targets, such as blood pressure, cholesterol and blood sugar.

A structured education review has been undertaken and a range of two-hour diabetes structured education programmes are now being implemented, across daytime, evenings and weekends.

New diabetes guidelines have been developed with local clinicians to establish a consistent standard of providing diabetes care and have been implemented across hospital, community and primary care services.

The CCG has developed a Diabetes Multi-Disciplinary Service with a diabetes consultant, diabetes specialist nurses, dietician, psychologist and a pharmacist to provide support to the most complex diabetics in the community. The team use the Diabetes Eclipse Case Management system to identify the patients not meeting their treatment targets and the GP practice work in partnership to follow up.

There was a diabetes protected learning time event held in June 2018 to hear about the Eclipse diabetes system and how making changes to the management of patients can help the patient to meet their targets.

The multidisciplinary diabetic podiatry clinic is now established and provides both hospital and community healthcare.

Wellbeing and prevention
The Making Every Contact Count (MECC) programme has continued to be rolled out in Swindon, with 238 people now trained across SBC, GWH and other partners. Additional organisations in Swindon who have internal MECC trainers include GWH, CCG and Swindon Carers Centre.

The Falls Collaborative has commissioned The Otago Exercise Programme, to prevent falls in older people. It consists of a set of leg muscle strengthening and balance retraining exercises progressing in difficulty, and a walking plan.

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

Older Peoples' Transformation Programme

A CCG led initiative to improve the care older people receive when attending the Emergency Department at the GWH has been extended due to its overwhelming success.

Originally intended as a four week pilot project, a multidisciplinary team have been based in the department since the autumn to ensure that older people get assessed by a geriatrician as soon after arrival as possible.

Some of the improvements the team, which is headed up by a lead geriatrician, have seen so far include fewer ward moves, shorter waiting times for treatment to begin and swifter discharges from hospital.

The pilot will now run until the end of April 2019, with a decision on whether to extend being made once evaluated.

The CCG is progressing work on older people measures in line with recommendations from the British Geriatric Society.

A GP locally enhanced service for frailty is being developed which will support further development of the older peoples' pathway.

An Ageing Well Strategy is being developed with public health and social care. A consultation is planned across all age ranges, to enable a co-production approach, ensuring the strategy reflects the needs of the population.

Red bags improve care for older people

Following a successful trial run in 2017, the CCG has worked with Great Western Hospitals NHS Foundation Trust and South Western Ambulance Service to help older people move between care homes and hospital – and vice versa – with minimal delay and to try and minimise added stress or anxiety.

By giving care home residents a distinctive red bag – containing everything from medical notes and pyjamas to current medication and slippers – when being admitted to hospital, staff awaiting their arrival can begin providing care as soon as they come through the door.

The bag stays with the patient during their journey, as well as their stay in hospital, before returning with them to their care home.

There are 108 bags in circulation across Swindon, with each of the town's 24 care homes involved in the scheme.

The launch of the red bags has been positively received by staff and patients alike, with faster discharges, improved experiences and shorter waiting times for care to begin all being reported since the scheme became permanent.

Viv Zinyemba, Trust Lead for the Red Bag scheme, said: "It is so good to see how well this scheme has taken off.

"Patients, Trust staff and care home staff are all on board with the scheme and are completing the necessary documents to ensure that it runs smoothly for each patient.

"It is remarkable to see the reduction in hospital stays for patients with red bags and we hope that this will continue to improve as the scheme is rolled out further.

Engaging people and communities

The CCG is committed to ensuring it involves patients, carers and the public in everything it does to improve healthcare in Swindon and Shrivenham.

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

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

A fundamental principle of any CCG is to ensure that patients and members of the public are involved and are given the opportunity to have their say on matters relating to the healthcare that they and their families receive.

Swindon CCG is a strong advocate of this and has called upon the knowledge and expertise of its local population on numerous occasions over the last 12 months to help deliver improvements, implement positive change and seek assurance that the services being commissioned in Swindon meet the needs of people from all backgrounds and walks of life.

Although CCGs have an obligation to engage with local people, as set out in the Health and Social Care Act 2012, the unique insight that members of the public can bring to the commissioning table is something Swindon CCG would always willingly seek out, even if the legal binds were not in place.

Throughout 2018/19, Swindon CCG kept public and patient involvement at the forefront of its agenda, with the refresh of its Patient and Public Engagement Forum a clear example of its ongoing ambition to continually improve the way in which the local population not only interacts, but also influences what happens within the NHS.

The refreshed approach to engagement came after members of the former Patient and Public Involvement Forum spoke of their frustration with the current format, with many members saying the Forum had slowly developed into something of a soapbox in which the person who shouted the loudest received the most airtime to vent their personal complaints.

Taking this feedback on board, the CCG replaced the monthly meetings with quarterly business meetings, with a focused deep-dive session on a specific topic of healthcare, in which members can learn, question and scrutinise, planned in for the months in between.

To reflect the change, the Forum was renamed as the Patient and Public Engagement Forum in September 2018.

At the same time, the CCG made a conscious effort to increase the membership of the Forum, particularly with regards to gaining more representation from ethnic minority groups, younger people and those who had not previously been involved with the NHS.

Initial feedback to the changes has been overwhelmingly positive, with one member of the Forum saying: “The deep dive sessions have been an excellent addition over the past year. It is also encouraging that membership has increased, which is a reflection of the good engagement work going on.”

Some examples of the work that has taken place over the last year, which has benefited from the involvement of members of the public, include:

Supporting children with learning disabilities in hospital
The CCG forged a strong working relationship with Swindon SEND Families Voice – a support group for parents of children with learning disabilities – throughout 2018/19, which culminated in the implementation of a new scheme that offers support to young patients when visiting

hospital. Parents from the group had often spoken of the distress their child goes through when having to visit hospital and that a successful scheme at UK airports, in which children are given a lanyard to let others know they may need a bit of extra help and support, could help relieve this stress. Special lanyards were introduced at the Great Western Hospital in February 2019, making it the first in the country to do so.

Improving the pathway of care for children with autism
In June and July 2018, the CCG worked with Swindon Borough Council on hosting a series of public workshops, in which parents of children with autism spectrum disorder could talk directly to staff about the difficulties they faced when accessing healthcare, and the changes they would like to see. This invaluable feedback was taken on board and used to draw up a refreshed patient pathway, which addressed the issues many parents spoke of, such as long waiting times and a lack of consistency with staff.

Listening to Swindon's homeless community
Often overlooked when planning healthcare services, Swindon CCG decided that 2018 would be the year in which homeless people from across the town were given the opportunity to air their views on the challenges faced when accessing healthcare. To do this right, staff from all corners of the CCG cleared their diaries for a week in September to visit homeless people at all times of day and in the environments most familiar to them, such a soup kitchens, night shelters and communal breakfast gatherings. This engagement sparked many interesting and meaningful conversations which, in turn, have enabled the CCG to plan future services, such as free flu jabs and more drug and alcohol addiction services, that support people with no fixed abode to live healthier lives.

Producing new equality objectives and strategy
The Patient and Public Engagement Forum's first deep-dive session looked at inequalities in healthcare, with members using their own personal experiences to aid the CCG in producing a new five-year Equality and Diversity Strategy, as well as a set of equality objectives for the year ahead. Both documents were approved by the CCG's Governing Body at its meeting in February 2019.

Listening to the needs of people with learning disabilities
Over the last year, the CCG has taken a regular seat at Swindon's Learning Disability Partnership Board and has used the valuable opportunity to learn more about what people with learning disabilities want from their Easy Read documents. By engaging directly with the people who find Easy Read beneficial, the CCG has been able to go back and review its existing materials to incorporate the changes that people with learning disabilities would like to see.

Keeping patients up-to-date with changes in primary care
The last year has been one of considerable change for patients at five GP surgeries across Swindon, following the introduction of a centralised call centre to handle all incoming telephone calls. With the new arrangements causing several problems, such as difficulty booking appointments and long waits to speak to surgery staff, the CCG identified the need to keep patients fully informed of what was happening in their area. Working in partnership with the town's MPs, local councillors and Patient Participation Group leads, the CCG endeavoured to be as transparent as possible regarding the changes, while also providing regular updates to patients. As well as letters to patients' homes, the CCG also arranged for public meetings to be held and provided detailed updates at its Governing Body meetings, as well as the meetings of the Health and Wellbeing Board and Health Overview and Scrutiny Committee.

Consulting on proposed changes to maternity services
A three-month consultation on proposed changes to maternity services in Bath and North East Somerset, Swindon and Wiltshire took place between November 2018 and February 2019, and

saw the CCG work with colleagues from across the region, gathering the view of local people. A public event was held in Swindon in January 2019 for people to find out more about the changes, while an online survey designed to collect views received more than 1,700 responses during the 12 weeks in which it was live. The survey data is now being independently analysed and is expected to be made public in the summer.

Gathering views on the temporary closure of Swindon's Place of Safety Suite
To make a truly informed permanent decision on the future of the Swindon's Place of Safety Suite, the CCG, in partnership with Avon and Wiltshire Mental Health Partnership NHS Trust, appealed to local people to share their views. Throughout December 2018, nearly 200 people from across Swindon and the surrounding areas completed an online questionnaire on the closure, with the feedback used alongside the views of service users, which had been collected during the same period by Healthwatch Swindon, to help the CCG come to a final decision.

Making the NHS easier to understand
The NHS is known for using abbreviations and acronyms in its communications, which members of the Patient and Public Engagement (PPE) Forum told the CCG can often be confusing. To help make things clearer and easier to understand, the CCG produced a glossary of the most commonly used NHS jargon, which people can view on the CCG website and at meetings of the PPE Forum.

Improving the care of older people
At the CCG's Annual General Meeting (AGM) in July 2018, attendants were invited to take part in roundtable discussions on how care for older people in Swindon could be improved. Given the demographic of the AGM audience, the feedback gathered during the session proved invaluable, with many of the suggestions influencing the recently-introduced multidisciplinary team approach to caring for older people arriving at the Emergency Department at the Great Western Hospital. All feedback from the session is available to view on the CCG's website.

Supporting new members of the Patient and Public Engagement Forum
With more and more new members coming forward to join the CCG's Patient and Public Engagement Forum, it was decided – with the help of existing members – to produce an induction pack that could be shared with people ahead of their first PPE Forum meeting. The pack, which is available on the CCG website, contains important information, such as profiles of the CCG's Executive team, meeting dates and contact details, and has been positively received by old and new members alike. At the February 2019 meeting of the PPE Forum, one member claimed the induction pack was an excellent document.

The Health and Wellbeing Board

The Swindon Health and Wellbeing Board is made up of a collection of representatives from different organisations, including the NHS, the local authority officers and elected members and the voluntary sector, who work together on issues to do with being healthy and feeling well. The Board aims to find out what people in Swindon need to be healthy and feel well and work together to agree a strategy (plan) that will promote positive change towards making things happen. The Health and Wellbeing Strategy will help the Health and Wellbeing Board plan services to do with being healthy and feeling well and that makes it easier for everyone to get the care they need. The Board also aims to reduce the health differences between poorer and better off groups across Swindon (known as health inequalities).

The joint vision for people in Swindon is enshrined in the Health & Wellbeing Strategy

"To ensure that everyone lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities.'

The Health and Wellbeing Board's primary role is to provide strategic leadership to improve the health and wellbeing of Swindon and to reduce inequalities. It aims to:

- Ensure delivery of improved outcomes for the people of Swindon by bringing together national health and social care policy in conjunction with local priorities.
- Achieve democratic legitimacy and accountability, while empowering local people to take part in decision-making about local health and wellbeing.
- Ensure the development of integrated working across the health and care system.

The CCG is represented on the Board by the Deputy Chief Executive Officer (Swindon), the Clinical Chair and the Director of Nursing and Transformation.

Below are some of the agenda items discussed at the 2018/19 Board meetings:

- Swindon population projections
- Profile of domestic abuse in Swindon
- Local Safeguarding Children Board Business Plan
- Development of integrated care in Swindon
- Swindon Lesbian, Gay, Bisexual and Transgender (LGBT) Joint Strategic Needs Assessment 2018
- Clinical Commissioning Group feedback from the health homelessness survey
- Maternity Transformation – the approach to consultation
- Children's and Young People's Mental Health Transformation Plan
- Joint Strategic Needs Assessment Summary 2018/19
- Local area SEND inspection
- Long Term Plan public engagement

The Better Care Fund

The Better Care Fund (BCF) is one of the most ambitious programmes across the NHS and local government to date. It creates a local pooled budget to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services, and shifting resources into social care and community services for the benefit of the people, communities and health and care systems. In Swindon the Better Care Fund Plan is a summary of jointly agreed areas of priority and serves as a plan for integrated working and joint commissioning.

Part Two – Accountability report

Tracey Cox

Tracey Cox
Chief Executive

23 May 2019

Accountability Report
Corporate Governance Report

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

Members' report for 2018/19

The CCG's constitution sets out the arrangements made to ensure the CCG meets its responsibilities for commissioning high quality services for the people of Swindon and Shrivenham.

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

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

Member profiles

The CCG is led by an elected Clinical Chair. Dr Peter Mack was the CCG's Clinical Chair until January 2019, before being replaced by Dr Sarah Bruen who took over in an interim capacity. Elections for this post were held in April 2019 and Dr Bruen has now been elected into this post for a term of up to 4 year. The Clinical Chair attends the weekly Executive Management Team meetings of the CCG.

Three further elected GP members Dr Philip Mayes, Dr Steve Sewell and Dr Liz Alden represented our GP practices during the year. Since the end of the year they have stood down from the Governing Body. From April 2019 new GP members were welcomed: Dr Francis Campbell, Dr Mark Boothman, Dr Amanda Webb and Dr Jennie Carroll.

All GP Governing Body members attend the monthly Clinical Leadership Group (CLG) meetings. During the year, the CLG has provided a forum for active clinical debate, which has informed the decisions regarding priorities for the CCG. Throughout the year, the CLG received and provided feedback to the CCG's member GP practices.

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

Member practices

The CCG comprises 23 member practices across Swindon and Shrivenham, with all but one belonging to one of three partnership groups: Better Health Partnership, Wyvern Health Partnership and Brunel Health Group.

In total, there are 241,115 patients registered with a GP practice in Swindon and Shrivenham as of March 2019, up from 237,102 in March 2018. This represents a population increase of 1.7%.

Better Health Partnership	Abbey Meads Medical Practice	17,602	54,756
	Eldene Surgery	7,811	
	Moredon Medical Centre	12,175	
	Phoenix Surgery	4,549	
	Taw Hill Medical Practice	12,619	
Wyvern Health Partnership	Merchiston Surgery	13,897	75,171
	Kingswood Surgery	10,308	
	Hawthorn Medical Practice	12,335	

	Lawn Medical Centre	7,289	
	Ridgeway View Family Practice, Wroughton Health Centre	13,711	
	Old Town Surgery	8,733	
	Priory Road Medical Centre	8,898	
Brunel Health Group	Ashington House Surgery	10,707	98,876
	Carfax NHS Medical Centre	14,400	
	Elm Tree Surgery	7,172	
	Great Western Surgery	5,388	
	North Swindon Practice	14,952	
	Park Lane Practice	6,704	
	Ridge Green Medical Centre	11,031	
	Sparcells Surgery	4,526	
	Victoria Cross Surgery*	9,375	
	Westrop Surgery	14,621	
	Whalebridge Practice	12,312	12,312
	TOTAL	**241,115**	**241,115**

*Includes patients registered at Eldene Health Centre.

Composition of the Governing Body

The CCG's constitution outlines how the organisation will deliver its statutory duties. This was amended in 2016 to reflect changes in the commissioning of primary care services and the role of NHS England. The constitution has been widely consulted upon and can be viewed on the CCG's website. Paper copies can also be requested by calling 01793 683700. In November 2018, the CCG, along with Bath and North East Somerset and Wiltshire CCGs, adopted a new constitution which, was drafted to assist with closer joint working and streamlined governance arrangements. NHS England approved the revised constitution in March 2019.

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 CCG's committees is available via the CCG's website. Physical copies can also be requested by calling 01793 683700.

On 1 March 2019, Tracey Cox was appointed as Chief Executive of the Bath & North East Somerset, Swindon and Wiltshire CCGs and STP. In this role Tracey Cox has become the accountable officer for Swindon CCG. This appointment followed a decision taken by the three CCGs in October/November 2018 to appoint a single management team. Prior to this appointment, Tracey was the Accountable Officer at BaNES and interim Senior Responsible Officer for the STP.

As this role took on the responsibilities of the accountable officer for the CCG, a new Deputy Chief Executive role has been created in Swindon until the new single management team is in

place. As part of the streamlined governance arrangements, each of the CCGs has agreed to adopt the new Model CCG Constitution.

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).

Title	Name	Committee Chair
Clinical Chair	Dr Peter Mack (stepped down on 31/01/2019)	Chair of Clinical Leadership Group
Interim Clinical Chair	Dr Sarah Bruen (from 01/02/2019)	Chair of the Clinical Leadership Group
Chief Executive	Tracey Cox (from 01/03/2019)	
Accountable Officer	Nicki Millin (ceased 01/03/2019)	
Deputy Chief Executive (Swindon)	Nicki Millin (from 01/03/2019)	
Chief Financial Officer	Caroline Gregory	
Director of Nursing and Transformation	Gill May	
Chief Operating Officer (Non-voting)	Paul Vater	
Locality GP Representative	Dr Febin Basheer	
Locality GP Representative	Dr Sarah Bruen	
Locality GP Representative	Dr Phillip Mayes	Chair of the Quality and Performance Assurance Committee
GP Member	Dr Steve Sewell	
Salaried GP Representative	Dr Liz Alden	
Secondary Care Doctor	Dr Christine Vize	
Registered Nurse	Maggie Arnold	Chair of Integrated Governance Committee
Practice Manager	Sarah Francome (stepped down on 08/09/2018) – post currently vacant)	
Director of Public Health – Swindon Borough Council (Non-voting)	Cherry Jones	
Director of Adult Social Care – Swindon Borough Council (Non-voting)	Sue Wald	
Lay Member (public and patient involvement) and Operational Chair of Governing Body	Paul Byrnes	Chair of PPE Forum Chair of Primary Care Commissioning Committee
Lay Member (governance)	Ian James	Chair of the Audit Committee

Lay Member	Bill Fishlock	Chair of Remuneration and Nomination Committee Chair of Finance Committee

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 provided on the CCG's website.

Personal data related incidents

None occurred during the year.

Statement as to disclosure to auditors

Everyone who is a member of the CCG at the time the members' report 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 in preparing this report.

Modern Slavery Act

While the CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking, the organisation 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 shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed Tracey Cox to be the Accountable Officer of NHS Swindon CCG.

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

- The propriety and regularity of the public finances for which the Accountable Officer is answerable,
- 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, taking account of the application guidance contained in the Department of Health and Social Care Group Accounting Manual have been followed, and disclose and explain any material departures in the accounts;
- Prepare the financial statements on a going concern basis; and
- 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

Tracey Cox
Chief Executive

23 May 2019

Governance statement

Introduction and context

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

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

As of 1 April 2018, 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, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

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

Governance arrangements and effectiveness

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

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

Governing Body ensures the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically in accordance with the group's principles of good governance. Reporting to the CCG Governing Body are ten subgroups that enable it to discharge its responsibilities and manage its performance, quality and risk effectively:

- Audit Committee
- Remuneration and Nomination Committee
- Integrated Governance Committee
- Clinical Leadership Group
- Public and Patient Engagement Forum

- Quality and Performance Assurance Committee
- Swindon and Shrivenham Commissioning Forum (disbanded in December 2018)
- Council of Members (established in December 2018)
- A&E Delivery Board
- Finance Committee
- Primary Care Commissioning Committee

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

Dr Peter Mack stood down as Clinical Chair on 31 January 2019. Dr Sarah Bruen was appointed as the interim Clinical Chair on 1 February 2019. Sarah Francome, Practice Manager Representative, stood down from the Governing Body on 8 September 2018. The position remains vacant on the Governing Body. Dr Liz Alden returned from maternity leave in July 2018. During the year several of the GP representatives advised that they would be standing down from the Governing Body on 31 March 2019 due to their term of office expiring or for personal reasons.

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

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

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

Governing Body attendances 2018/19				
Name	Title	Total Meetings	Attended	%
Present				
Dr Peter Mack (stood down from Governing Body 31/01/19)	Clinical Chair	10	9	90%
Dr Philip Mayes	GP, Locality 3 Lead	13	13	100%
Dr Sarah Bruen	GP, Locality 1 Lead / Interim Clinical Chair	13	12	92%
Dr Febin Basheer	GP, Locality 2 Lead	13	12	92%
Dr Steve Sewell	GP Representative on the Governing Body	13	11	85%
Dr Liz Alden (returned from maternity leave July 2018)	Non-Principal GP Representative	10	7	70%
Paul Byrnes	Lay Member PPI	13	11	85%
Ian James	Lay Member Governance	13	13	100%
Bill Fishlock	Lay Member	13	11	85%
Maggie Arnold	Registered Nurse	13	12	92%
Christine Vize	Secondary Care Doctor	13	12	92%
Nicki Millin	Accountable Officer	13	13	100%
Caroline Gregory	Chief Financial Officer	13	12	92%
Gill May	Executive Nurse	13	12	92%
Paul Vater	Chief Operating Officer	13	13	100%
Sue Wald	Director of Adult Social Services (SBC)	13	8	62%
Cherry Jones	Director of Public Health (SBC)	13	12	92%
Sarah Francome (stood down from Governing Body on 08/09/18)	Practice Manager Representative	5	3	60%

Full attendance details are available on the CCG's website in the relevant committee meeting minutes.

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

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

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

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/Security Management reviews. The Committee received an update on the first 18 months operation of the Prescription Ordering Direct Service, a Cyber Security Report which detailed the arrangements in place across the CCG and Primary Care on Cyber security and a review of the Continuing Health Care (CHC) Brokerage Service with three options identified to improve the service going forward. The CCG's financial policies were reviewed and updated, consideration was given to risk assessments undertaken by the CCG in the event that there was a No Deal EU Exit and the annual effectiveness review of its performance during the year was undertaken.

Audit Committee attendances 2018/19				
Name	Title	**Total Meetings**	**Attended**	**%**
Present				
Ian James	Lay Member (Chair), Swindon CCG	7	7	100%
Maggie Arnold	Registered Nurse, Swindon CCG	7	6	86%
Dr Febin Basheer	Governing Body GP Representative, Swindon CCG	7	2	29%
Bill Fishlock	Lay Member, Swindon CCG	7	6	86%
Dr Peter Swinyard	GP Representative	7	5	71%
Caroline Gregory	Chief Financial Officer, Swinfdon CCG	7	7	100%
Nicki Millin	Accountable Officer (Deputy Chief Executive (Swindon) from 1 March 2019), Swindon CCG	7	6	86%
Yvonne Knight	Head of Corporate Governance	7	2	29%
Chris Hackett	Grant Thornton	3	1	33%
Alex Walling	Grant Thornton	7	2	29%
Sophie Morgan-Bower	Grant Thornton	7	3	43%
Lynne Barber	Price Waterhouse Coopers	2	1	50%
Craig Sullivan	Price Waterhouse Coopers	4	3	75%
Nadine Wachuku-King	Price Waterhouse Coopers	4	3	75%
Rosie Nightingale	Price Waterhouse Coopers	7	2	29%
Will Smith	TIAA	7	2	29%
Andrew Morley	TIAA	4	2	50%
David Foley	TIAA	3	2	67%
Hayley Cobb	TIAA	2	2	100%
Tony Hall	TIAA	1	1	100%

In accordance with the Audit Committee's Terms of Reference other members of CCG staff attend on an as required basis.

Full attendance details are available on the CCG's website in the relevant committee meeting minutes.

Remuneration and Nomination Committee which is accountable to the CCG's Governing Body and makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for senior management and for people who provide services to the group. The committee oversees and provides assurance on senior management and Governing Body terms and conditions outside NHS Agenda for Change.

Renumeration Committee attendances 2018/19				
Name	Title	**Total Meetings**	**Attended**	**%**
Present				
Bill Fishlock	Lay Member	5	3	60%
Paul Byrnes	Lay Member PPI	5	3	60%
Ian James	Lay Member Governance	5	5	100%
Dr Peter Mack (stood down from Governing Body 31/01/19)	Clinical Chair	3	3	100%
Maggie Arnold	Registered Nurse	5	5	100%
Christine Vize	Secondary Care Doctor	5	4	80%
Dr Sarah Bruen	GP Representative on the Governing Body	2	1	50%

Full attendance details are available on the CCG's website in the relevant committee meeting minutes.

The committee met four times during the year. The main topics of discussion were very senior managers and Governing Body member remuneration, terms and conditions for the new Chief Executive post and the appointment of the interim Clinical Chair.

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

- Risk Management Panel
- Information Governance Steering Group.

Both committees have reported as required and no concerns have been raised in respect of their functioning.

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: safeguarding, diabetes and mental health services.

Integrated Governance Committee attendances 2018/19				
Name	Title	**Total Meetings**	**Attended**	**%**
Present				
Maggie Arnold	Registered Nurse (Chair)	6	5	83%
Dr Febin Basheer	GP, Locality 2 Lead	1	1	100%
Paul Byrnes	Lay Member PPI	6	3	50%
Ian James	Lay Member Governance	6	6	100%
Dr Peter Mack	Clinical Chair (stepped down 31/01/19)	5	4	80%
Gill May	Executive Nurse	6	2	33%
Dr Steve Sewell	GP Representative on the Governing Body	6	5	83%
Paul Vater	Chief Operating Officer	6	4	67%
In Attendance				
Rachel Cooke	Corporate and Information Governance Co-ordinator (minute taker)	6	5	83%
Yvonne Knight	Head of Governance	2	0	0%
Jason Lindsey	Company Secretary	2	2	100%

Full attendance details are available on the CCG's website in the relevant committee meeting minutes.

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

Quality & Performance Assurance Committee - Attendances 2018 / 2019

Name	Title	Total Meetings	Attended	%
Present				
Dr Philip Mayes	GP Governing Body Member - Chair	12	11	92%
Gill May	Executive Nurse / Director of Nursing & Transformation	12	9	75%
Dr Christine Vize	Secondary Care Doctor	12	9	75%
Dr Liz Alden	Non-Principal / Salaried GP	8	8	100%
Maggie Arnold	Registered Nurse	12	11	92%
Paul Byrnes	Lay Member PPI	12	6	50%
Caroline Gregory	Chief Financial Officer	12	7	58%
Paul Vater	Chief Operating Officer	12	8	67%

Full attendance details are available on the CCG's website in the relevant committee meeting minutes.

Information Governance

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

The Toolkit has been developed in response to The National Data Guardian (NDG) 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' DSP Toolkits is shared with the Care Quality Commission, NHS England and NHS Improvement. The DSP 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 DSP Toolkit with their status displayed available for commissioners, partner organisations and the public.

Swindon CCG has submitted a DSP Toolkit and has achieved the required standards.

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

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

The CCG continues to develop information risk assessment and management procedures to ensure a fully embedded information risk culture throughout the organisation. During 2018 / 2019 the CCG reported two incidents via the DSP Toolkit. One was not required to be reported to the ICO whilst the other incident was reportable and the ICO was notified, however the ICO confirmed that no further action was required. The CCG focused on the need to ensure that Data Protection Impact Assessments were undertaken for any new project or service change.

Clinical Leadership Group (CLG): the role of this group is to develop the vision and strategy of the CCG for ratification by Governing Body. The annual commissioning plan to reflect CCG commissioning priorities, internal engagement with members and opportunities for practices to take on leadership roles in service redesign. During the year CLG has held several workshop sessions covering urgent/ambulatory care leading into winter, mental health services, children's services, digital and the prevention programme.

Clinical Leadership Group attendances 2018/19				
Name	Title	Total Meetings	Attended	%
Present				
Dr Peter Mack (stood down from Governing Body 31/01/19)	Clinical Chair	9	6	67%
Dr Liz Alden (returned from maternity leave July 2018)	Non-Principal GP Representative	8	7	88%
Dr Sarah Bruen	GP, Locality 1 Lead / Interim Clinical Chair	11	9	82%
Dr Febin Basheer	GP, Locality 2 Lead	11	10	91%
Dr Philip Mayes	GP, Locality 3 Lead	11	9	82%
Dr Steve Sewell	GP Representative on the Governing Body	11	8	73%
Paul Byrnes	Lay Member PPI	11	8	73%
Ian James	Lay Member Governance	11	7	64%
Nicki Millin	Accountable Officer	11	9	82%
Caroline Gregory	Chief Financial Officer	11	6	55%
Gill May	Executive Nurse	11	5	45%
Paul Vater	Chief Operating Officer	11	9	82%
Cherry Jones	Director of Public Health (SBC)	11	7	64%
Frances Campbell	GP Clinical Evidence Fellow	11	3	27%
Caroline Ward	GP Clinical Evidence Fellow	11	5	45%
Sarah Francome (stood down from Governing Body on 08/09/18)	Practice Manager Representative	5	3	60%

Full attendance details are available on the CCG's website in the relevant committee meeting minutes.

Swindon and Shrivenham Commissioning Forum: the role of this group is to develop the vision and strategy of the CCG for ratification by Governing Body. The annual commissioning plan to reflect CCG commissioning priorities, internal engagement with members and opportunities for practices to take on leadership roles in service redesign. During the year CLG has held several workshop sessions covering Urgent/Ambulatory Care Leading into Winter, Mental Health Services, Children's Services, Digital and the Prevention Programme.

The Public and Patient Engagement Forum: During 2018/19, the Patient and Public Involvement Forum was rebranded as the Patient and Public Engagement Forum.

Three meetings (April, May and June) of the old format were held during 2018/19, with a further four meetings (September, October, November and February) of the new format also taking place.

The meetings were either a quarterly business meeting, in which regular items such as approval of minutes, public questions, risk and performance updates and engagement activity were discussed, or a deep-dive session, in which members focused their attention on a single topic relating to a specific area of healthcare.

Topics of the deep dive sessions during 2018/19 included equality in healthcare and prevention and public health.

Other items considered by members during the quarterly business meetings included healthcare of homeless people, non-emergency patient transport, the new Patient and Public Engagement Forum induction pack.

Patient and Public Engagement Forum attendances (2018/19)

Patient and Public Engagement Forum attendances 2018/19				
Name	Title	Total Meetings	Attended	%
Present				
Paul Byrnes	Lay Member (Chair), Swindon CCG	8	8	100%
Ian James	Lay Member, Swindon CCG	8	7	88%
Gill May	Director of Nursing and Transformation, Swindon CCG	8	7	88%
Ruth Atkins	Head of Communications and Engagement, Swindon CCG	8	7	88%
Shaun Dix	Communications and Engagement Manager, Swindon CCG	8	7	88%
Susanna Jones	Chief Executive, Swindon Carers Centre	8	7	88%
Rosemarie Phillips	Member of the public	8	5	63%
Joe Backshell	Member of the public	8	6	75%
Michael Keenan	Chief Development Officer, Threshold Housing Link	8	6	75%
Michael Bowen	Member of the public	8	4	50%
Chris Woodward	Public Health Manager, Swindon Borough Council	8	3	38%
Tony Kendall	Member of the public	8	4	50%
Carol Willis	Team Manager, Healthwatch Swindon	8	3	38%
Nazma Bibi Ramruttun	Member of the public	8	4	50%
Moya Pinson	Member of the public	8	5	63%
Pamela Forde	Member of the public	8	2	25%
Lynnette Glass	Quality Lead for Projects, Swindon CCG	8	1	13%
Jason Lindsey	Company Secretary, Swindon CCG	8	0	0%
Jason Ferris	Communications Officer, Healthwatch Swindon	8	1	13%
Jo Osorio	Development Officer, Healthwatch Swindon	8	0	0%
Fiona Dickens	Public Health Programme Manager, Swindon Borough Council	8	1	13%
Peter Kent	Live Well Manager, Swindon Borough Council	8	1	13%
Helen Rankin	Operations Director, Swindon Carers Centre	8	1	13%
Annelies Willerton	Screening, Immunisation and Health Inequalities Specialist, Virgin Care Limited	8	1	13%
Caroline Coles	Deputy Company Secretary, Great Western Hospitals NHS Foundation Trust	8	1	13%
Michelle Coleman	Patient Engagement Coordinator, Medvivo	8	1	13%
Sarah Adams	Patient Representative, Swindon SEND Families Voice	8	2	25%
Charlotte Cobb	Patient Representative, Swindon SEND Families Voice	8	2	25%
Samantha Wathen	Member of the public	8	1	13%
Ann Mooney	Member of the public	8	1	13%
Harry Dale	Member of the public	8	2	25%
Steve Hemmings	Member of the public	8	2	25%
Fiona Prinzi	Deputy Chief Executive, Swindon Carers Centre	8	1	13%

Full attendance details are available on the CCG's website in the relevant committee meeting minutes.

The **A&E Delivery Board** (A&EDB) brings together partner organisations with a common aim: of improving the health and healthcare experience of the people of Swindon and Shrivenham,

and from the catchment area of North Wiltshire within the resources made available. The A&EDB meets monthly with the aim of providing a strategic delivery and monitoring forum for health and social care partners to ensure operational resilience, cancer standards and referral to treatment requirements are achieved for local health and social care systems.

The Primary Care Commissioning Committee (PCCC) meet quarterly and is made up of key staff from the CCG, NHS England, Wessex Local Medical Committee, Public Health and Swindon Borough Council along with both practice manager and GP representation. There are lay members (Chair) on the PCCC and Healthwatch Swindon also have a place on the Committee. Members of the public are invited to attend the "open" part of the meeting. Topics discussed at the meetings include quality and finance reporting. The operational part of the meeting discusses matters concerning member practices. This includes list closures and practice mergers, progress with the GP Forward View Delivery Plan, practice boundary review, extended access primary care services, primary care engagement, system working across BaNES, Swindon and Wiltshire CCGs and a review of risks.

Primary Care Commissioning Committee attendances 2018/19				
Name	Title	**Total Meetings**	**Attended**	**%**
Present				
Paul Byrnes	Lay Member (Chair), Swindon CCG	7	5	71%
Ian James	Lay Member, Swindon CCG	7	7	100%
Dr Peter Mack	Clinical Chair, Swindon CCG	7	7	100%
Dr Sarah Bruen	Governing Body GP Representative, Swindon CCG	7	6	86%
Sarah Francome	Governing Body Practice Manager Representative, Swindon CCG	4	1	25%
Nicki Millin	Accountable Officer, Swindon CCG	7	6	86%
Caroline Gregory	Chief Financial Officer, Swindon CCG	7	6	86%
Gill May	Director of Nursing and Transformation, Swindon CCG	7	3	43%
Dr Gareth Bryant	Wessex LMC Executive Representative	7	7	100%
Cherry Jones	Director of Public Health, Swindon BC	7	2	29%
Debra Elliott	Director of Commissioning. NHSE South Central	1	1	100%
Nikki Holmes	Head of Primary Care, NHSE South Central	1	1	100%
Carol Willis	Team Manager, Healthwatch Swindon	3	1	33%
Jo Osorio	Healthwatch, Swindon	5	3	60%
Kate Liddington	Associate Director, Primary Care, Swindon CCG	7	4	57%

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

Finance Committee: to provide advice and support to the Governing Body, and to the Accountable Officer in scrutinising and monitoring the delivery of key financial targets and priorities as outlined in the CCG's strategic and operational plans. It also ensured that any risks associated with achieving these priorities and targets were reported properly to the Governing Body and tested the robustness of any mitigating actions. Highlights of the work during 2018/19 included reviewing and recommending approval to the Governing Body of primary care applications for transformation funding.

Finance Committee attendances 2018/19				
Name	Title	**Total Meetings**	**Attended**	**%**
Present				
Ian James	Lay Member	4	4	100%
Bill Fishlock	Lay Member	4	4	100%
Dr Febin Basheer	GP / Locality Chair	4	3	75%
Maggie Arnold	Registered Nurse (Chair)	4	4	100%
Caroline Gregory	Chief Financial Officer	4	4	100%
Nicki Millin	Accountable Officer	4	4	100%

Full attendance details are available on the CCG's website in the relevant committee meeting minutes.

Audit Panel: this panel provides advice and support to the Governing Body on the appointment of the CCG's external auditor. It ensures that any risks associated with achieving this are reported promptly to the Governing Body and will test the robustness of any mitigating actions. The panel did not meet during 2018/19.

Relation with shareholders

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

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

UK Corporate Governance Code

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

Discharge of statutory functions

Considering recommendations of the 1983 Harris Review, the 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, we 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

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

This is enabled and supported by a comprehensive system of internal controls aligned to management systems, corporate planning, clinician-led commissioning and strategy development. The Governing Body recognises the pervasive nature of risk and considers effective risk management to be an integral part of good management practice. The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk and to apply sound governance arrangements.

The CCG's approach to managing risk is outlined in its Risk Management Strategy, which explains how risks are identified, evaluated, scored and monitored within the organisation. The CCG reviewed and updated this strategy during 2016/17 to reflect internal changes that have come about from the creation of a Risk Management Panel which provides more oversight and scrutiny of risks. The next review is due in March 2019.

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

Capacity to Handle Risk

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

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

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

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

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

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

Risk assessment

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

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

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

Each risk includes:

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

The CCG has a Quality and Equality Impact Assessment (QEIA) process in place which provides the framework to ensure compliance with its statutory obligations and to identify any risks to the organisation. Impacts are also assessed through the cover sheets for all reports that are presented to the Governing Body and other committees of the CCG to ensure it is integral to planning and implementation. The CCG has an active framework for patient and public engagement and actively attends the Health and Wellbeing Board. A network of patient participation groups and regular events seek the views of patients and the public.

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

The GBAF allows the CCG to determine where to make the most efficient use of its resources and to address identified issues to improve the quality and safety of care. It is the role of the Governing Body to focus on those risks and events which may compromise the achievement of the CCG's strategic objectives and support an organisational culture that allows the organisation to anticipate and respond appropriately to adverse events.

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

The full Risk Register is reviewed monthly by the Risk Management Panel, bi-monthly by the Integrated Governance Committee and quarterly by the Audit Committee. The highest scoring risks are reported regularly to the Governing Body, along with the strategic risks contained within the GBAF. The GBAF is a key source of evidence that links strategic objectives to risks and assurances and is one of the main tools the CCG uses in discharging its overall responsibility for internal control.

The CCG actively deters risks through the adoption of robust counter fraud and security management methodology. The CCG has a contract with TIAA to provide counter fraud management. The CCG rated itself as green against the national standards for counter fraud and security management in 2018/19.

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

The top three strategic risks identified during 2018/19 were:

1. Diabetes - The non-delivery of the Diabetes Transformation Programme 2017/18 could potentially result in poor outcomes for patients and the non-delivery of the CCG

Improvement Assurance Framework (IAF). Workforce challenges, including a high number of vacancies, are preventing implementation of the Diabetes Transformation Programme.

2. Provider elective performance (including RTT) - Increases in patient waiting times with/without non-achievement of constitutional targets, this can be due to limited capacity and/or unexpected demand. This can result in patients having to wait longer for appointments or admissions and the CCG not fulfilling constitutional rights.

3. Managing acute demand for non-elective activity - Increased demand on non-elective acute services and delays in discharge impact patient flow, reduce ability to achieve NHS Constitutional targets (4 hr performance 90% by Q3) and patient experience and safety may be compromised.

The Governing Body was kept informed at each meeting on progress against mitigating actions to ensure these risks did not materialise or the impact of these were minimised in year.

The diabetes risk improved during the year and its risk score was lowered in December 2018, after some improvement seen for patients against primary care indicators, with evidence through the National Diabetes Audit and Medicines Management work.

The second risk relating to provider elective performance remains stable with several actions underway. The waiting list is running at a lower level than 31 March 2018, and the CCG anticipate that by 31 March 2019 the national target of reducing waiting lists should be achieved. In addition to this, the CCG has worked closely with Great Western Hospital NHS Foundation Trust to clear corneal eye grafts, where patients had been waiting for longer than 52 weeks. The referral to treatment compliance against the national standard of 92 percent of patients waiting less than 18 weeks, will be missed. The percentage compliance will appear to have deteriorated when compared to 31 March 2018, due to GWH recalculating the method of calculation, in agreement with NHS Improvement. The CCG encouraged patients to opt for shorter waiting times through using independent providers. In addition to this, new independent provider capacity has been added within both ophthalmology and urology this year, to help support pressurised specialties within the hospital.

The final risk for managing acute demand for non-elective activity improved during the year. The quality element of this risk was closed in August 2018 due to correlation between work taking place around length of stay and medically fit for discharge (MFFD) which was reducing the pressure and crowding in the Emergency Department. The activity flow and constitutional target elements of the risk were merged in October 2018 and the risk is now focused on increased demand for non-elective services.

Other sources of assurance

Internal Control Framework

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

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

The CCG's system of internal control has been in place for the year ended 31 March 2019, and up to the date of approval of the Annual Report and Accounts.

Swindon CCG has annually reviewed its performance against the NHSE Financial Control Environment. In May 2018, NHSE 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 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 CCGs Annual Report.

This assessment was endorsed by the CCGs Governing Body and 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 revised statutory guidance on managing conflicts of interest for CCGs (published June 2016) requires CCGs to undertake an annual internal audit of conflicts of interest management. To support CCGs to undertake this task, NHS England has published a template audit framework.

The CCGs internal auditors carried out an audit on managing conflicts of interest which was presented to the May 2018 Audit Committee meeting.

Overall, the audit was generally positive, with some low level findings around inconsistencies with monitoring conflicts in contracts, the recording of declared interests at commissioning meetings and the recording of some interests on the register. A follow-up audit review was carried out and presented to the Audit Committee in January 2019, which confirmed that all the findings arising from the earlier audit had been addressed. The review identified one low level risk regarding the correct recording of a conflict declared at a contract board meeting. As a result, staff were reminded of the correct procedure for recording conflicts declared at meetings.

Data Quality

Regular reports are presented to the Governing Body to provide assurance on all CCG activities and include, but are not limited to; strategic planning, patient safety and quality of clinical care, organisation development, performance management and the achievement of national and local

NHS targets, financial management reports, patient engagement, stakeholder engagement, emergency planning, compliance with the NHS Constitution and identified risks and actions.

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

Information Governance

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

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

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

The CCG continues to develop information risk assessment and management procedures to ensure a fully embedded information risk culture throughout the organisation. During 2018/19 the CCG had no incidents involving data loss or confidentiality breaches. It focused on the need to ensure robust data sharing agreements were in place between its partner organisations and privacy impact assessments are being undertaken for any service changes.

Business Critical Models

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

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

- It is nationally mandated for the CCG to use NHS Shared Business Services for the provision of back office financial services. These services are provided to the CCG under a contract

between NHS England and NHS Shared Business services. The CCG places reliance on NHS England to manage this contract and report back on any control issues identified.

- The CCG has sub-contracted the management of continuing health care claims to Care Home Selection. These services are provided under contract and are subject to regular performance management. The CCG reviews the performance of this service level agreement monthly.
- The CCG sub-contracts the provision of several its corporate services to the South Central and West Commissioning Support Unit (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 (SAR) 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 SBC for the provision of community, mental health, and children's services. Specific services within this arrangement predominantly relating to the management of out of hospital care are managed through the Better Care Fund. This is formalised through a Section 75 agreement and performance is reviewed in year through the Joint Commissioning Group who report up to the CCG's Governing Body.

Control Issues

During 2018/19, the CCG has formally reported one control issue to NHSE:

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

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

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

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

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

The CCG continues to 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 BaNES CCGs during 2017/18. The service went live during May 2019. The service from the new provider has been expanded to include additional clinical triage and is expected to expand and develop over time to support greater use of digital referral and triage. This is expected to lead to greater service capacity.
- The CCG has commissioned the CSU to provide several services since it commenced in 2013. An extension to the contract has been negotiated in year to ensure that the services continue to provide value for money. Additional support was commissioned during the year to help support the CCG's referral support service 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.

- A new provider contract will commence from 1 June 2019 for the provision of non-emergency patient transport. The service has been re-procured jointly with BaNES, Wiltshire and Gloucestershire CCGs.
- A new provider contract will commence from 1 April 2019 for the provision of extended access and out of hour services in Swindon. This new service will integrate services that were previously operated separately and so will improve resilience and allow 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 GWH and from April 2019 one joint team will now provide the IT support. The CCG is also rolling out one network for primary care and this will help to make this service more efficient and effective going forwards.
- The CCG has procured an on-line consultation solution following a joint procurement exercise with BaNES and Wiltshire CCGs. This will enable the development of an on-line offering from GPs to patients. This is expected to go live during 2019/20.

The CCG was faced with a very challenging financial position again at the start of 2018/19 and it needed to deliver a QIPP programme of £7.8m to secure financial balance and deliver its target surplus. The CCG focused its efforts on a few key schemes setting sizeable efficiency targets for Prescribing, alignment of Clinical Policies and delayed discharges. Overall QIPP is expected to deliver at 98% for the year.

The CCG has met its financial target to breakeven in year. 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 work plan to address identified risks.
- A member of the executive board is proactively and demonstrably responsible for tackling fraud, bribery and corruption.
- Appropriate action is taken regarding any NHS Protect quality assurance recommendations and progress is overseen by the Audit Committee.
- The CCG undertakes an annual assessment against its compliance with national standards for Counter Fraud. For 2018/19, it has scored itself as 'green' which means in most areas it is compliant.

Head of Internal Audit Opinion

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

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

The key factors that contributed to their opinion included:

- Completion of 8 internal audit reviews in year
- Identifying 2 high risk, 8 medium and 6 low rated findings;
- The High Cost Care packages review was rated high risk overall with 1 high rated finding, relating to the lack of a robust pathway for managing and reviewing specialist care plans.
- The 16 risk rated findings issued in year were split between 11 relating to control design and 5 relating to operating effectiveness
- There are 2 outstanding recommendations, one dating back to 2016/17 which relates to obtaining missing consent forms for CHC and FNC patients and another from 2018/19 for IT systems.

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

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 higher compared to last year
- there are slightly more medium risk recommendations
- all bar one of the 21 recommendations raised last year has been implemented

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

Area of Audit	**Report classification**
Core finance	Low
Due diligence	Medium
QIPP	Low
Corporate Governance	Low
Safeguarding	Medium
GDPR action plan	Medium
High Cost Care Packages	High

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

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

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

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

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

Conclusion

There was one significant control issue identified in-year and this was raised with NHS England which related to the non-delivery of the CCG's constitutional targets. See the Performance Report from page 24.

Tracey Cox

Tracey Cox
Chief Executive

23 May 2019

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 74.

Policy on the remuneration of senior managers

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

The pay and terms and conditions of other managers and staff members are covered by Agenda for Change. The Remuneration Committee is responsible for approving the Remuneration Policy of the CCG, which determines payment to GPs (as Governing Body members and clinical leads) and practice managers (as Governing Body members).

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

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

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

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

	Term of office	Notice period
Clinical Chair	4 years (maximum 8 years)	6 months
Lay Members	4 years (No maximum term)	3 months
Registered Nurse	4 years (No maximum term)	3 months
Secondary Care Doctor	4 years (No maximum term)	3 months

Locality Chairs	2 years initially and then 4 years (no maximum term)	3 months
Practice Manager representative	4 years (No maximum term)	3 months
Chief Executive	Permanent	6 months
Deputy Chief Executive (Swindon)	Permanent	6 months
Executive Nurse	Permanent	6 months
Chief Financial Officer	Permanent	6 months
Chief Operating Officer	Permanent	3 months

Senior manager remuneration (including salary and pension entitlements) 2018/19
(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	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	Secondary Care Doctor	10 – 15	-	10 – 15
Maggie Arnold ❻	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 1st March 2019. Salary figures included within the table above include the CCG share for the period 1st March – 31st 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 1st March – 31st 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 28th February. From the 1st 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 31st January 2019.

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

❺ Sarah Francome stood down from her role as Practice Manager representative on 30th 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, The 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.

Senior manager remuneration (including salary and pension entitlements) 2017/18
(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				
Nicki Millin	Accountable Officer	120 - 125	27.5 - 30	145 - 150
Caroline Gregory	Chief Financial Officer	100 - 105	40 - 42.5	140 - 145
Paul Vater ❶	Chief Operating Officer	80 - 85	7.5 – 10.0	90 - 95
Gill May	Executive Nurse	100 - 105	60 – 62.5	160 - 165
Salaries and allowances of senior officers				
Dr Peter Mack	Clinical Chair	40 - 45	72.5 - 75	115 - 120
Dr Elizabeth Alden	Salaried GP Representative	15 - 20	10 – 12.5	25 - 30
Dr Sarah Bruen	Locality GP Chair	15 - 20	12.5 - 15	30 - 35
Dr Philip Mayes ❹	Locality GP Chair	15 - 20	5 – 7.5	20 - 25
Sarah Francome	Practice Manager Representative	10 - 15	27.5 – 30	35 - 40
Ian James	Lay Member	15 - 20	0	15 - 20
Christine Vize ❷	Secondary Care Doctor	10 - 15	0	10 - 15
Maggie Arnold ❸	Registered Nurse	5 - 10	0	5 - 10
Paul Byrnes	Lay Member	15 - 20	0	15 - 20
William Fishlock	Lay Member	5 - 10	0	5 - 10
Dr Stephen Sewell	Locality GP Representative	15 - 20	2.5 - 5	20 - 25
Dr Febin Basheer	GP Representative	15 - 20	52.5 - 55	70 - 75

❶ Paul Vater was appointed on 5 June 2017

❷ Dr Christine Vize was appointed on 25 May 2017

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

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

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

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; less the employee's contributions.

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

Pension benefits as at 31 March 2019 (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 ❶	Chief Executive	7.5 - 10	20 – 22.5	50 - 55	125 - 130	671	950	241
Caroline Gregory	Chief Financial Officer	2.5 – 5	2.5 – 5	35 – 40	85 – 90	560	699	108
Paul Vater	Chief Operating Officer	-	-	30 – 35	100 – 105	700	764	30
Nicki Millin ❷	Accountable Officer / Deputy Chief Executive (Swindon)	0 – 2.5	-	50 – 55	130 – 135	886	1,035	105
Gill May	Executive Nurse	0 – 2.5	2.5 – 5	45 – 50	140 - 145	921	1,063	101
Dr Peter Mack	Clinical Chair	0 – 2.5	0 – 2.5	10 – 15	35 – 40	229	271	29
Dr Liz Alden ❷	Salaried GP Representative	0 – 2.5	-	10 – 15	25 – 30	136	166	24
Sarah Francome ❷	Practice Manager Representative	0 – 2.5	-	10 – 15	20 – 25	195	221	19
Dr Sarah Bruen	Locality GP Chair / interim clinical chair	0 – 2.5	0 – 2.5	5 – 10	10 – 15	61	81	16
Dr Stephen Sewell	Locality GP Representative	0 – 2.5	-	0 – 5	10 – 15	81	95	10
Dr Febin Basheer	GP Representative	0 – 2.5	-	5 – 10	10 – 15	70	85	11

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
❷ The factors used to calculate a CETV increased on 29 October 2018. These factors have been used to calculate the real increase in CETV. This has had no impact on the real increase in pension benefits in year.

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

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

❶ Paul Vater was appointed on 5th June 2017.

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

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

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

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

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

During 2017/18 the CCG introduced a defined contribution scheme as an alternative pension scheme to comply with the auto enrolment obligations under the Pensions Act 2008. Employees who are not eligible to join the NHS Pension Scheme may be eligible to join the alternative scheme. Individuals in the scheme received an employer contribution of 3 percent in 2018/19 (2017/18 1 percent). Maggie Arnold on the governing body was a member of the scheme in 2017/18 but has since opted out.

Cash Equivalent Transfer Value

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the members' accrued benefits and any contingent spouse's pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefit accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued because of their membership of the pension scheme. This may be for more than just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member because of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of period.

Pay multiples (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 2018/19 was £120,000 - £125,000 (2017/18: £120,000 - £125,000). This was 3.3 times (2017/18: 3.3 times) the median remuneration of the workforce, which was £36,644 (2017/18: £36,773). The remuneration of the highest paid director is calculated on an annualised full time equivalent basis and so may be different to the amount paid if they work part time. Please refer to note 4 'Employee benefits and staff numbers' in the Financial Statements for more details on staff movements and costs.

In 2018/19, nil employees (2017/18: nil) received remuneration more than the highest-paid director. Remuneration ranged from £13,000 to £123,000 (2017/18: from £15,000 to £121,000).

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 98.

At 31 March 2019, the number of senior managers by Agenda for Change bands were:

Agenda for Change Band	Number of Senior Managers
Very Senior Manager	4
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 2019, the CCG had 123 employees, excluding Governing Body members. The workforce is made up of employees from a wide range of professional groups. Of the 123 employees, 108 are permanently employed. 15 staff were employed on fixed term or bank contracts.

Staff costs	2018/19		
	Total	Permanent Employees	Other
	£'000	£'000	£'000
Employee Benefits			
Salaries and wages	4,435	4,115	320
Social security costs	440	440	0
Employer Contributions to NHS Pension scheme	541	541	0
Other pension costs	1	1	0
Apprenticeship Levy	7	7	0
Other post-employment benefits	0	0	0
Other employment benefits	0	0	0
Termination benefits	0	0	0
Gross employee benefits expenditure	**5,424**	**5,104**	**320**

Staff composition

The table below shows the gender breakdown as at 31 March 2019.

	Female Headcount	Male Headcount	Total
Governing Body Members*	9	6	15
All other CCG staff	93	20	113
Total	104	26	130

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

Sickness absence data

The organisation has an approved policy and associated procedure to help with the management of sickness absence.

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

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

Staff sickness, absence and ill health retirements

This table shows the rolling 12-month absence rate from 1 January 2018 to 31 March 2019.

	Sum of FTE Days Sick	Sum of FTE Days Available	Average Annual Sick Days per FTE	Occurences (months of data)	Average FTE
NHS Swindon CCG	1,285	35,898	8.1	12	98.4

Period covered: January to December 2018

NHS Digital Statistics

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

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

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

There were no ill-health retirements during 2018/19 (2017/18: nil).

Staff turnover (headcount) averaged 13.9% for the year 1 April 2018 to 31 March 2019.

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

Staff Numbers

The average number of people employed by the CCG during 2018/19 on a Whole Time Equivalent basis was 98 (2017/18; 83).

	Permanently employed	Other
	96.27	2.14
Analysed as:		
Scientific and Technical	6.97	0.00
Administrative and Clerical	78.86	1.02
Allied Health Professionals	0.49	0.00
Medical and Dental	1.36	1.13
Nursing and Midwifery Registered	8.59	0.00

Staff Policies/Disabled employees

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

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

The CCG publishes its employee profile by each of the nine protected characteristics. This helps the organisation to identify and address areas of under-representation in a systematic manner as and when opportunities arise. On a quarterly basis, the Executive Management Team receive a report on the workforce profile.

Staff Partnership Forum

Each area of the CCG is represented at the Staff Partnership Forum and members play an active role in engaging staff and encouraging wellbeing. There is ongoing work to ensure that this forum is utilised to its potential in representing all staff in the organisation in a positive, constructive and challenging way.

Recent work has seen the Forum commence work on a total site no smoking ban.

Employee consultation

In September/October 2018, the CCG undertook an annual staff engagement survey and the resulting analysis and survey report has been considered by the Executive Management Team. The results of the survey were used to develop an action plan with broad staff involvement to address any areas of improvement identified through the survey.

Training Hub (Swindon)

The Swindon Training Hub has continued to develop over the last year and has an excellent relationship with colleagues from Wiltshire and Bath & North East Somerset Training Hubs. The three hubs work on collective projects wherever possible and keenly share knowledge and expertise in primary care and community care education.

The CCG was thrilled to host a practice nurse conference in January 2019, with another already planned for June 2019. In addition, practice nurses have been supported in their continuing professional development through management of Health Education England (HEE) funds for another year. This upskilling in physical assessment and clinical reasoning, along with clinically specific training, has enabled more nurses to work towards advanced levels of practice, and equip them to work as advanced practitioners.

Training has been in place to accommodate a steady increase in the number of non-medical prescribers trained. The training which has been available to nurses and paramedics working in primary care supports a first contact practitioner workforce.

The Training Hub, in collaboration with the CCG and the Great Western Hospital, has commenced recruitment for a GP portfolio career option for GPs wanting to undertake clinical work, research and education.

The Training Hub continues to support practices to offer student placements for a wide variety of students and trainees. Primary care offers an exciting career pathway for GP's, nurses, therapists, pharmacists and paramedics. The programme of work supports all these student groups to gain the best possible student experience and to consider primary care as a first choice option.

The Training Hub works with the CCG Primary Care Commissioning Team to ensure alignment of the educational provision to deliver the 5 year forward view and overall Primary Care strategy.

Staff wellbeing

The CCG has continued to focus on staff wellbeing during 2018/19 and has 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 way of working policy.

The CCG has built its range of resources for staff and provides information on health and safety, back care, managing stress, improving resilience and general wellbeing. There is an active lunch time walking group and support is given to all promotions in relation to healthy lifestyles, such as One You. The CCG is actively working to maintain its wellbeing standards and has a zero tolerance approach towards bullying and harassment.

The CCG has previously achieved the Swindon Carers Employers Award, highlighting its commitment to supporting our staff. The CCG is now acting in a mentoring capacity for other employers undertaking the award in the town.

Mandatory training, which contributes to keeping staff safe runs between 98 percent and 100 percent compliance. Induction training for all new recruits includes meeting with the wellbeing lead to ensure that all available support is understood.

Trade Union Facility Time

The Department of Health and Social Care (DHSC) 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 arm's length bodies within Statutory Instrument 328.

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

The CCG did not have any employees who were relevant union officials during the year (2017/18: nil).

Expenditure on consultancy

The CCG spent £464k on consultancy during the year (2017/18: £115k). 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 (2017/18: 1).

Exit packages

The CCG had no exit packages in 2018/19.

Parliamentary Accountability and Audit Report

Swindon CCG is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements at the end of this report. An audit certificate and report is also included in this Annual Report from page 111.

Part Three – Financial Statements

Tracey Cox

Tracey Cox
Chief Executive

23 May 2019

Part Three – Audit opinion

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

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of NHS Swindon CCG (the 'CCG') for the year ended 31 March 2019, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and 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 2018-19.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the CCG as at 31 March 2019 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 2018-19; 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.

Conclusions relating to going concern

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

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

Other information

The Accountable Officer is responsible for the other information. The other information comprises the information included in the Annual Report and Accounts, 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 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 2018-19 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 and Accounts 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 72 to 73, 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 Audit Committee 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 2019.

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 November 2017, as to whether in all significant respects, the CCG had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General

determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the CCG put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019, and to report by exception where we are not satisfied.

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

Report on other legal and regulatory requirements – Certificate

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

Use of our report

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

Alex Walling

Alex Walling, Key Audit Partner

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

Bristol

24 May 2019

Part 3 – Primary Statements and notes to the Accounts

NHS Swindon CCG - Annual Accounts 2018-19

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The Primary Statements:

Notes to the Accounts

Statement of Comprehensive Net Expenditure for the year ended 31 March 2019

	Note	2018-19 £'000	2017-18 £'000
Income from sale of goods and services	2	(3,143)	(1,296)
Other operating income	2	-	(249)
Total operating income		**(3,143)**	**(1,545)**
Staff costs	4	5,424	4,538
Purchase of goods and services	5	314,344	298,210
Depreciation and impairment charges	5	474	211
Provision expense	5	480	(49)
Other Operating Expenditure	5	564	335
Total operating expenditure		**321,286**	**303,245**
Net Operating Expenditure		**318,143**	**301,700**
Finance income		-	-
Finance expense		-	-
Net expenditure for the year		**318,143**	**301,700**
Net (Gain)/Loss on Transfer by Absorption		**-**	**-**
Total Net Expenditure for the Financial Year		**318,143**	**301,700**
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		**318,143**	**301,700**

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 2019

	Note	2018-19 £'000	2017-18 £'000
Non-current assets:			
Property, plant and equipment	13	447	635
Intangible assets	14	460	361
Investment property	15	-	-
Trade and other receivables	17	-	-
Other financial assets	18	-	-
Total non-current assets		**907**	**996**
Current assets:			
Inventories	16	1,051	798
Trade and other receivables	17	1,610	4,386
Other financial assets	18	-	-
Other current assets	19	-	-
Cash and cash equivalents	20	25	54
Total current assets		**2,686**	**5,238**
Non-current assets held for sale	21	**-**	**-**
Total current assets		**2,686**	**5,238**
Total assets		**3,593**	**6,234**
Current liabilities			
Trade and other payables	23	(22,364)	(21,420)
Other financial liabilities	24	-	-
Other liabilities	25	-	-
Borrowings	26	-	-
Provisions	30	(749)	(439)
Total current liabilities		**(23,113)**	**(21,859)**
Non-Current Assets plus/less Net Current Assets/Liabilities		**(19,520)**	**(15,625)**
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		**(19,520)**	**(15,625)**
Financed by Taxpayers' Equity			
General fund		(19,520)	(15,625)
Revaluation reserve		-	-
Other reserves		-	-
Charitable Reserves		-	-
Total taxpayers' equity:		**(19,520)**	**(15,625)**

The notes on pages 121 to 154 form part of this statement.

The governing body has delegated the approval of these financial statements to the audit committee.
The financial statements on pages 117 to 154 were approved by the Audit Committee on 23/05/2019 and signed on its behalf by:

Tracey Cox

Chief Executive
Tracey Cox

Caroline Gregory

Chief Financial Officer
Caroline Gregory

Statement of Changes In Taxpayers Equity for the year ended 31 March 2019

	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 between reserves in respect of assets transferred from closed NHS bodies	-	-	-	-
Impact of applying IFRS 9 to Opening Balances	-			-
Impact of applying IFRS 15 to Opening Balances	-			-
Adjusted NHS Clinical Commissioning Group balance at 31 March 2018	**(15,625)**	-	**-**	**(15,625)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2018-19				
Net operating expenditure 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 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	**(318,143)**	-	**-**	**(318,143)**
Net funding	314,248	-	-	314,248
Balance at 31 March 2019	**(19,520)**	-	**-**	**(19,520)**

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2017-18				
Balance at 01 April 2017	**(12,561)**	-	**-**	**(12,561)**
Transfer of assets and liabilities from closed NHS bodies as a result of the 1 April 2013 transition	**-**	-	**-**	**-**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2018	**(12,561)**	-	**-**	**(12,561)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2017-18				
Net operating costs for the financial year	(301,700)			(301,700)
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	**(301,700)**	-	**-**	**(301,700)**
Net funding	298,636	-	-	298,636
Balance at 31 March 2018	**(15,625)**	-	**-**	**(15,625)**

The notes on pages 121 to 154 form part of this statement.

Statement of Cash Flows for the year ended 31 March 2019

	Note	2018-19 £'000	2017-18 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(318,143)	(301,700)
Depreciation and amortisation	5	304	211
Impairments and reversals	5	170	0
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		(254)	(327)
(Increase)/decrease in trade & other receivables	17	2,776	(2,220)
(Increase)/decrease in other current assets		-	-
Increase/(decrease) in trade & other payables	23	944	6,044
Increase/(decrease) in other current liabilities		-	-
Provisions utilised	30	(170)	(145)
Increase/(decrease) in provisions	30	480	(49)
Net Cash Inflow (Outflow) from Operating Activities		**(313,893)**	**(298,186)**
Cash Flows from Investing Activities			
Interest received		-	-
(Payments) for property, plant and equipment		(157)	(64)
(Payments) for intangible assets		(228)	(340)
(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		**(385)**	**(404)**
Net Cash Inflow (Outflow) before Financing		**(314,278)**	**(298,590)**
Cash Flows from Financing Activities			
Grant in Aid Funding Received		314,248	298,636
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		**314,248**	**298,636**
Net Increase (Decrease) in Cash & Cash Equivalents	20	**(30)**	**46**
Cash & Cash Equivalents at the Beginning of the Financial Year		55	9
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		**25**	**55**

The notes on pages 121 to 154 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 2018-19 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 CareGroup

[Not Applicable]

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 clinical commissioning group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the scheme, 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

The transition to IFRS 15 has been completed in accordance with paragraph C3 (b) of the Standard, applying the Standard retrospectively recognising the cumulative effects at the date of initial application.

In the adoption 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 sources of Revenue for the CCG include rebates from prescribing companies and intra-NHS transactions between different DHSC body 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.

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 initially 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.

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

At each reporting period end, the clinical commissioning group checks whether there is any indication that any of its 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 to fair value due to the high turnover of stocks. Inventories are now being recognised by the CCG due to the stocks for wheelchairs and Integrated Community Equipment Service (ICES) being provided under a S75 with Swindon Borough Council. The responsibility for safe keeping and maintenance of the stock system and for counting lies with Swindon Borough Council.

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

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.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised. 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 DHSC 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.

2017-18, Accounting Policy pre IFRS 9 Application:

In 2017/18 at the end of the reporting period, the clinical commissioning group followed a different approach; assessed whether any financial assets, other than those held at ‘fair value through profit and loss’ were impaired. Financial assets were impaired and impairment losses recognised if there was objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which had an impact on the estimated future cash flows of the asset.

the present value of the revised future cash flows discounted at the asset’s original effective interest rate. The loss would have been recognised in expenditure and the carrying amount of the asset is reduced through a provision for impairment of receivables. No losses were recognised in 2017/18. Had the policy adopted in 18/19 been followed in 17/18, no impairments would have been recognised.

1.28 Financial Liabilities

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

1.28.1 Financial Guarantee Contract Liabilities

[Not Applicable]

1.28.2 Financial Liabilities at Fair Value Through Profit and Loss

[Not Applicable]

1.28.3 Other Financial Liabilities

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

1.29 Value Added Tax

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

1.30 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

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

1.33.1 Critical accounting judgements in applying accounting policies

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

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

1.33.2 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 the absence of recently observed market prices, future-oriented 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, and long-term employee benefit liabilities such as pension obligations. 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.

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 DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2018-19. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2020-21, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases – The Standard is effective 1 April 2020 as adapted and interpreted by the FReM. Application of this standard has been deferred to 2020/21 and is therefore not applicable in 2019/20.
- 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.

Other Operating Revenue

	2018-19 Total £'000	2017-18 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	**3**	**1**
Non-patient care services to other bodies	**2,842**	**1,295**
Patient transport services	**-**	**-**
Prescription fees and charges	**-**	**-**
Dental fees and charges	**-**	**-**
Income generation	**-**	**-**
Other Contract income	**298**	**-**
Recoveries in respect of employee benefits	**-**	**-**
Total Income from sale of goods and services	**3,143**	**1,296**
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	-	-
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	-	249
Total Other operating income	**-**	**249**
Total Operating Income	**3,143**	**1,545**

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

Source of Revenue	Education, training and research £'000	Non-patient care services to other bodies £'000	Patient transport services £'000	Prescription fees and charges £'000	Dental fees and charges £'000	Income generation £'000	Other Contract income £'000	Recoveries in respect of employee benefits £'000
NHS	-	2,445	-	-	-	-	19	-
Non NHS	3	397	-	-	-	-	278	-
Total	**3**	**2,842**	**-**	**-**	**-**	**-**	**297**	**-**

Timing of Revenue	Education, training and research £'000	Non-patient care services to other bodies £'000	Patient transport services £'000	Prescription fees and charges £'000	Dental fees and charges £'000	Income generation £'000	Other Contract income £'000	Recoveries in respect of employee benefits £'000
Point in time	-	1,134	-	-	-	-	-	-
Over time	3	1,708	-	-	-	-	297	-
Total	**3**	**2,842**	**-**	**-**	**-**	**-**	**297**	**-**

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 yet completed at the reporting date

	2018-19 Total £000s	Revenue expected from NHSE Bodies £000s	Revenue expected from Other DHSC Group Bodies £000s	Revenue expected from Non-DHSC Group Bodies £000s
Not later than 1 year	52	-	-	52
Later than 1 year, not later than 5 years	82	-	-	82
Later than 5 Years	-	-	-	-
Total	**134**	**-**	**-**	**134**

4. Employee benefits and staff numbers

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**

4.1.1 Employee benefits — Total — 2017-18

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

4.1.2 Recoveries in respect of employee benefits

	Permanent Employees £'000	Other £'000	2018-19 Total £'000	2017-18 Total £'000
Employee Benefits - Revenue				
Salaries and wages	**-**	**-**	**-**	**-**
Social security costs	**-**	**-**	**-**	**-**
Employer contributions to the NHS Pension Scheme	**-**	**-**	**-**	**-**
Other pension costs	**-**	**-**	**-**	**-**
Other post-employment benefits	**-**	**-**	**-**	**-**
Other employment benefits	**-**	**-**	**-**	**-**
Termination benefits	**-**	**-**	**-**	**-**
Total recoveries in respect of employee benefits	**-**	**-**	**-**	**-**

4.2 Average number of people employed

	2018-19			2017-18		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	96.27	2.14	**98.41**	80.00	3.00	**83.00**
Of the above:						
Number of whole time equivalent people engaged on capital projects	-	-	-	-	-	-

4.4 Exit packages agreed in the financial year

	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	-	-	-	-	-	-

	2017-18 Compulsory redundancies		2017-18 Other agreed departures		2017-18 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	-	-	-	-	-	-

	2018-19 Departures where special payments have been made		2017-18 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

	2018-19 Other agreed departures		2017-18 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	-	-	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval*	-	-	-	-
Total	-	-	-	-

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.

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

4.5.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 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 latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 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 2018-19, employers' contributions of £558k were payable to the NHS Pensions Scheme (2017-18: £461k) at the rate of 14.38% of pensionable pay.

4.5.3 Defined Contribution Pensions
The CCG contributed to an alternative pension scheme during 2018-19 as a result of "auto enrolment" under the Pensions Act 2008. This pension is offered to staff who are not eligible to join the NHS Pension scheme. These staff are enrolled in a defined contribution pension scheme called "NEST" (https://www.nestpensions.org.uk/). In 2018/19 employee contributions were 3% and employer contributions 2%. This will increase to a maximum of 5% employee and 3% employer in 2019/20.

5. Operating expenses

	2018-19 Total £'000	2017-18 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	2,294	1,603
Services from foundation trusts	179,968	169,152
Services from other NHS trusts	19,703	19,061
Provider Sustainability Fund (Sustainability Transformation Fund 1718)	-	-
Services from Other WGA bodies	20	3
Purchase of healthcare from non-NHS bodies	46,420	41,530
Purchase of social care	-	-
General Dental services and personal dental services	-	-
Prescribing costs	30,961	33,004
Pharmaceutical services	-	-
General Ophthalmic services	-	-
GPMS/APMS and PCTMS	29,601	28,166
Supplies and services – clinical	795	816
Supplies and services – general	338	996
Consultancy services	464	115
Establishment	788	774
Transport	1,692	1,843
Premises	871	964
Audit fees	43	43
Audit related assurance services	10	-
Other non statutory audit expenditure		
· Internal audit services	51	51
· Other services	-	-
Other professional fees	1	-
Legal fees	84	56
Education, training and conferences	240	33
Funding to group bodies	-	-
CHC Risk Pool contributions	-	-
Total Purchase of goods and services	**314,344**	**298,210**
Depreciation and impairment charges		
Depreciation	175	188
Amortisation	129	23
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	**474**	**211**
Provision expense		
Change in discount rate	-	-
Provisions	480	(49)
Total Provision expense	**480**	**(49)**
Other Operating Expenditure		
Chair and Non Executive Members	235	222
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	178	94
Non cash apprenticeship training grants	-	-
Other expenditure	150	19
Total Other Operating Expenditure	**563**	**335**
Total operating expenditure	**315,861**	**298,707**

Purchase of healthcare from Non-NHS bodies includes £16.9m (2017/18: £16.6m) of contributions to Swindon Borough Council (SBC) for services provided via contractual arrangements under Section 75 of the National Health Service Act 2006 or where SBC is the service provider.

The external audit fee for 2018/19 excluding VAT was £35,890.

The external auditor's liability for external audit work carried out for the financial year 2018/19 is limited to £2,000,000.

6.1 Better Payment Practice Code

Measure of compliance	2018-19 Number	2018-19 £'000	2017-18 Number	2017-18 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	6,068	87,185	6,904	73,131
Total Non-NHS Trade Invoices paid within target	6,010	86,525	6,834	73,013
Percentage of Non-NHS Trade invoices paid within target	**99.04%**	**99.24%**	**98.99%**	**99.84%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,220	206,530	2,446	191,913
Total NHS Trade Invoices Paid within target	2,210	206,514	2,374	191,903
Percentage of NHS Trade Invoices paid within target	**99.55%**	**99.99%**	**97.06%**	**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 2018-19 (2017-18: nil)

7 Income Generation Activities

The CCG does not have any income generation activities to report in 2018-19.

8. Investment revenue

The CCG had no Investment revenue in 2018-19 or 2017-18.

9. Other gains and losses

The CCG had no Other gains and losses in 2018-19 or 2017-18.

10.1 Finance costs

The CCG had no Finance costs in 2018-19 or 2017-18.

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

The CCG has no gains or losses on transfer by absorption in 2018-19 or 2017-18.

12. Operating Leases

12.1 As lessee

12.1.1 Payments recognised as an Expense

	2018-19				2017-18			
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payments recognised as an expense								
Minimum lease payments	-	373	-	**373**	-	434	1	**435**
Contingent rents	-	-	-	**-**	-	-	-	**-**
Sub-lease payments	-	-	-	**-**	-	-	-	**-**
Total	**-**	**373**	**-**	**373**	**-**	**434**	**1**	**435**

12.1.2 Future minimum lease payments

	2018-19				2017-18			
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payable:								
No later than one year	-	153	-	**153**	-	149	-	**149**
Between one and five years	-	650	-	**650**	-	634	-	**634**
After five years	-	-	-	**-**	-	169	-	**169**
Total	**-**	**803**	**-**	**803**	**-**	**952**	**-**	**952**

The Pierre Simonet Building future lease payments has been included above.
The CCG does not have a lease for other NHS Property services premises.

12.2 As lessor

12.2.1 Rental revenue

The CCG had no rental revenue to report in 2018-19 or 2017-18.

12.2.2 Future minimum rental value

The CCG had no minimal rental value to report in 2018-19 or 2017-18.

13 Property, plant and equipment

2018-19	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 2018	**-**	**-**	**-**	**-**	**104**	**-**	**1,041**	**44**	**1,189**
Addition of assets under construction and payments on account				-					-
Additions purchased	-	-	-	-	-	-	155	2	157
Additions donated	-	-	-	-	-	-	-	-	-
Additions government granted	-	-	-	-	-	-	-	-	-
Additions leased	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Reclassified as held for sale and reversals	-	-	-	-	-	-	-	-	-
Disposals other than by sale	-	-	-	-	-	-	(231)	-	(231)
Upward revaluation gains	-	-	-	-	-	-	-	-	-
Impairments charged	-	-	-	-	-	-	(170)	-	(170)
Reversal of impairments	-	-	-	-	-	-	-	-	-
Transfer (to)/from other public sector body	-	-	-	-	-	-	-	-	-
Cumulative depreciation adjustment following revaluation	-	-	-	-	-	-	-	-	-
Cost/Valuation at 31 March 2019	**-**	**-**	**-**	**-**	**104**	**-**	**795**	**46**	**945**
Depreciation 01 April 2018	**-**	**-**	**-**	**-**	**42**	**-**	**500**	**12**	**554**
Reclassifications	-	-	-	-	-	-	-	-	-
Reclassified as held for sale and reversals	-	-	-	-	-	-	-	-	-
Disposals other than by sale	-	-	-	-	-	-	(231)	-	(231)
Upward revaluation gains	-	-	-	-	-	-	-	-	-
Impairments charged	-	-	-	-	-	-	-	-	-
Reversal of impairments	-	-	-	-	-	-	-	-	-
Charged during the year	-	-	-	-	13	-	154	8	175
Transfer (to)/from other public sector body	-	-	-	-	-	-	-	-	-
Cumulative depreciation adjustment following revaluation	-	-	-	-	-	-	-	-	-
Depreciation at 31 March 2019	**-**	**-**	**-**	**-**	**55**	**-**	**423**	**20**	**498**
Net Book Value at 31 March 2019	**-**	**-**	**-**	**-**	**49**	**-**	**372**	**26**	**447**
Purchased	-	-	-	-	49	-	372	26	447
Donated	-	-	-	-	-	-	-	-	-
Government Granted	-	-	-	-	-	-	-	-	-
Total at 31 March 2019	**-**	**-**	**-**	**-**	**49**	**-**	**372**	**26**	**447**
Asset financing:									
Owned	-	-	-	-	49	-	372	26	447
Held on finance lease	-	-	-	-	-	-	-	-	-
On-SOFP Lift contracts	-	-	-	-	-	-	-	-	-
PFI residual: interests	-	-	-	-	-	-	-	-	-
Total at 31 March 2019	**-**	**-**	**-**	**-**	**49**	**-**	**372**	**26**	**447**

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 2018	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Revaluation gains	-	-	-	-	-	-	-	-	-
Impairments	-	-	-	-	-	-	-	-	-
Release to general fund	-	-	-	-	-	-	-	-	-
Other movements	-	-	-	-	-	-	-	-	-
Balance at 31 March 2019	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

13 Property, plant and equipment cont'd

13.1 Additions to assets under construction

The CCG had none in 2018-19 or 2017-18

13.2 Donated assets

The CCG had none in 2018-19 or 2017-18

13.3 Government granted assets

The CCG had none in 2018-19 or 2017-18

13.4 Property revaluation

The CCG had none in 2018-19 or 2017-18

13.5 Compensation from third parties

The CCG had none in 2018-19 or 2017-18

13.6 Write downs to recoverable amount

The CCG had none in 2018-19 or 2017-18

13.7 Temporarily idle assets

The CCG had none in 2018-19 or 2017-18

13.8 Cost or valuation of fully depreciated assets

The CCG had none in 2018-19 or 2017-18

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

2018-19	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 2018	408	**-**	**-**	**-**	**-**	**408**
Additions purchased	228	-	-	-	-	**228**
Additions internally generated	-	-	-	-	-	**-**
Additions donated	-	-	-	-	-	**-**
Additions government granted	-	-	-	-	-	**-**
Additions leased	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	**-**
Reclassified as held for sale and reversals	-	-	-	-	-	**-**
Disposals other than by sale	(53)	-	-	-	-	**(53)**
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 2019	**583**	**-**	**-**	**-**	**-**	**583**
Amortisation 01 April 2018	47	**-**	**-**	**-**	**-**	**47**
Reclassifications	-	-	-	-	-	**-**
Reclassified as held for sale and reversals	-	-	-	-	-	**-**
Disposals other than by sale	(53)	-	-	-	-	**(53)**
Upward revaluation gains	-	-	-	-	-	**-**
Impairments charged	-	-	-	-	-	**-**
Reversal of impairments	-	-	-	-	-	**-**
Charged during the year	129	-	-	-	-	**129**
Transfer (to) from other public sector body	-	-	-	-	-	**-**
Cumulative amortisation adjustment following revaluation	-	-	-	-	-	**-**
Amortisation At 31 March 2019	**123**	**-**	**-**	**-**	**-**	**123**
Net Book Value at 31 March 2019	**460**	**-**	**-**	**-**	**-**	**460**
Purchased	460	-	-	-	-	**460**
Donated	-	-	-	-	-	**-**
Government Granted	-	-	-	-	-	**-**
Total at 31 March 2019	**460**	**-**	**-**	**-**	**-**	**460**

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 2018	**-**	**-**	**-**	**-**	**-**	**-**
Revaluation gains	-	-	-	-	-	**-**
Impairments	-	-	-	-	-	**-**
Release to general fund	-	-	-	-	-	**-**
Other movements	-	-	-	-	-	**-**
Balance at 31 March 2019	**-**	**-**	**-**	**-**	**-**	**-**

14 Intangible non-current assets cont'd

14.1 Donated assets

The CCG had none in 2018-19 or 2017-18

14.2 Government granted assets

The CCG had none in 2018-19 or 2017-18

14.3 Revaluation

The CCG had none in 2018-19 or 2017-18

14.4 Compensation from third parties

The CCG had none in 2018-19 or 2017-18

14.5 Write downs to recoverable amount

The CCG had none in 2018-19 or 2017-18

14.6 Non-capitalised assets

The CCG had none in 2018-19 or 2017-18

14.7 Temporarily idle assets

The CCG had none in 2018-19 or 2017-18

14.8 Cost or valuation of fully amortised assets

The CCG had none in 2018-19 or 2017-18

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 2018-19 or 2017-18

16 Inventories

	Drugs	Consumables	Energy	Work in Progress	Loan Equipment	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Balance at 01 April 2018	**-**	**-**	**-**	**-**	**798**	**-**	**798**
Additions	-	-	-	-	432	-	432
Inventories recognised as an expense in the period	-	-	-	-	(179)	-	(179)
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 2019	**-**	**-**	**-**	**-**	**1,051**	**-**	**1,051**

The stock relates to joint arrangements under a Section 75 agreement with Swindon Borough Council for wheelchairs and Integrated Care and Equipment Services (ICES). The £432k inventory additions are made up of £204k of wheelchair stock (100%) and £228k of the ICES stock in line with contributions to the pool (38%).

17.1 Trade and other receivables

	Current 2018-19 £'000	Non-current 2018-19 £'000	Current 2017-18 £'000	Non-current 2017-18 £'000
NHS receivables: Revenue	49	-	647	-
NHS receivables: Capital	-	-	-	-
NHS prepayments	1,224	-	2,474	-
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	137	-	523	-
Non-NHS and Other WGA receivables: Capital	-	-	-	-
Non-NHS and Other WGA prepayments	145	-	611	-
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	55	-	131	-
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	**1,610**	**-**	**4,386**	**-**
Total current and non current	**1,610**		**4,386**	
Included above:				
Prepaid pensions contributions	**-**		**-**	

The majority of trade is with NHS England. As NHS England is funded by the Government to provide funding to CCGs to commission services, no credit scoring of them is considered necessary.
References to "WGA" relate to balances included in the Governments Whole of Government Accounts exercise.

17.2 Receivables past their due date but not impaired

	2018-19 DHSC Group Bodies	2018-19 Non DHSC Group Bodies	2017-18 DHSC Group Bodies	2017-18 Non DHSC Group Bodies
	£'000	£'000	£'000	£'000
By up to three months	11	23	331	15
By three to six months	-	-	25	6
By more than six months	25	20	2	19
Total	**36**	**43**	**358**	**40**

17.3 Impact of Application of IFRS 9 on financial assets at 1 April 2018

	Cash and cash equivalents	Trade and other receivables - NHSE bodies	Trade and other receivables - other DHSC group bodies	Trade and other receivables - external	Other financial assets	Total
	£000s	£000s	£000s	£000s	£000s	£000s
Classification under IAS 39 as at 31st March 2018						
Financial Assets held at FVTPL	-	-	-	-	-	-
Financial Assets held at Amortised cost	54	647	-	523	-	1,224
Financial assets held at FVOCI	-	-	-	-	-	-
Total at 31st March 2018	**54**	**647**	**-**	**523**	**-**	**1,224**
Classification under IFRS 9 as at 1st April 2018						
Financial Assts designated to FVTPL	-	-	-	-	-	-
Financial Assets mandated to FVTPL	-	-	-	-	-	-
Financial Assets measured at amortised cost	54	647	-	523	-	1,224
Financial Assets measured at FVOCI	-	-	-	-	-	-
Total at 1st April 2018	**54**	**647**	**-**	**523**	**-**	**1,224**
Changes due to change in measurement attribute	-	-	-	-	-	-
Other changes	-	-	-	-	-	-
Change in carrying amount	**-**	**-**	**-**	**-**	**-**	**-**

17.4 Movement in loss allowances due to application of IFRS 9

There was no movement in loss allowances due to the application of IFRS 9.

18 Other financial assets

18.1 Current

The CCG had none in 2018-19 or 2017-18

18.2 Non-current

The CCG had none in 2018-19 or 2017-18

18.3 Expected Credit Losses on Financial Assets

	2018-19 In Other Bodies Share Capital & other investments £'000
Expected Credit Losses:	
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 2018-19 or 2017-18

19 Other current assets

The CCG had none in 2018-19 or 2017-18

20 Cash and cash equivalents

	2018-19 £'000	2017-18 £'000
Balance at 01 April 2018	55	9
Net change in year	(30)	46
Balance at 31 March 2019	**25**	**55**
Made up of:		
Cash with the Government Banking Service	25	55
Cash with Commercial banks	-	-
Cash in hand	-	-
Current investments	-	-
Cash and cash equivalents as in statement of financial position	**25**	**55**
Bank overdraft: Government Banking Service	-	-
Bank overdraft: Commercial banks	-	-
Total bank overdrafts	**-**	**-**
Balance at 31 March 2019	**25**	**55**
Patients' money held by the clinical commissioning group, not included above	**-**	**-**

21 Non-current assets held for sale

The CCG had none in 2018-19 or 2017-18

22 Analysis of impairments and reversals

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

	2018-19 £'000	2017-18 £'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	**(170)**	**-**
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	**(170)**	**-**

Details of material impairment losses and reversals can be found in the Losses and special payments note.

22.2 Analysis of impairments and reversals: Intangible assets

The CCG had none in 2018-19 or 2017-18

22 Analysis of impairments and reversals cont'd

22.3 Analysis of impairments and reversals: investment property

The CCG had none in 2018-19 or 2017-18

22.4 Analysis of impairments and reversals: inventories

The CCG had none in 2018-19 or 2017-18

22.5 Analysis of impairments and reversals: financial assets

The CCG had none in 2018-19 or 2017-18

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

The CCG had none in 2018-19 or 2017-18

22.7 Analysis of impairments and reversals: totals

	2018-19 £'000	2017-18 £'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	**-**	**-**

The CCG has carried out a review of the assets capitalised and has impaired the value of a licence agreement. The CCG has determined that the carrying value of the asset should be recognised as nil due to obsolescence.

23 Trade and other payables	Current 2018-19 £'000	Non-current 2018-19 £'000	Current 2017-18 £'000	Non-current 2017-18 £'000
Interest payable	-	-	-	-
NHS payables: Revenue	1,953	-	4,458	-
NHS payables: Capital	-	-	-	-
NHS accruals	1,005	-	965	-
NHS deferred income	-	-	-	-
NHS Contract Liabilities	-	-	-	-
Non-NHS and Other WGA payables: Revenue	7,036	-	6,924	-
Non-NHS and Other WGA payables: Capital	-	-	-	-
Non-NHS and Other WGA accruals	9,259	-	6,845	-
Non-NHS and Other WGA deferred income	-	-	-	-
Non-NHS Contract Liabilities	-	-	-	-
Social security costs	68	-	58	-
VAT	-	-	-	-
Tax	58	-	49	-
Payments received on account	-	-	-	-
Other payables and accruals	2,985	-	2,121	-
Total Trade & Other Payables	**22,364**	**-**	**21,420**	**-**
Total current and non-current	**22,364**		**21,420**	

There are no liabilities due in future years under arrangements to buy out the liability for early retirement over 5 years.
References to "WGA" relate to balances included in the Governments Whole of Government Accounts exercise.
Other payables include £86k outstanding pension contributions at 31 March 2019 (2017-18: £73k)

23.1 Impact of Application of IFRS 9 on financial liabilities at 1 April 2018

	Trade and other payables - NHSE bodies £000s	Trade and other payables - other DHSC group bodies £000s	Trade and other payables - external £000s	Other borrowings (including finance lease obligations) £000s	Other financial liabilities £000s	Total £000s
Classification under IAS 39 as at 31st March 2018						
Financial Assets held at FVTPL	-	-	-	-	-	-
Financial Assets held at Amortised cost	5,423	-	15,890	-	-	21,313
Total at 31st March 2018	**5,423**	**-**	**15,890**	**-**	**-**	**21,313**
Classification under IFRS 9 as at 1st April 2018						
Financial Liabilities designated to FVTPL	-	-	-	-	-	-
Financial Liabilities mandated to FVTPL	-	-	-	-	-	-
Financial Liabilities measured at amortised cost	5,423	-	15,890	-	-	21,313
Financial Assets measured at FVOCI	-	-	-	-	-	-
Total at 1st April 2018	**5,423**	**-**	**15,890**	**-**	**-**	**21,313**
Changes due to change in measurement attribute	-	-	-	-	-	-
Other changes	-	-	-	-	-	-
Change in carrying amount	**-**	**-**	**-**	**-**	**-**	**-**

"FVTPL" stands for "Fair Value through Profit & Loss"
"FVOCI" stands for "Fair Value through Other Comprehensive Income"

24 Other financial liabilities

The CCG had none in 2018-19 or 2017-18

25 Other liabilities

The CCG had none in 2018-19 or 2017-18

26 Borrowings

The CCG had none in 2018-19 or 2017-18

27 Private finance initiative, LIFT and other service concession arrangements

The CCG had none in 2018-19 or 2017-18

28 Finance lease obligations

The CCG had none in 2018-19 or 2017-18

28.1 Finance leases as lessee

The CCG had none in 2018-19 or 2017-18

29 Finance lease receivables

The CCG had none in 2018-19 or 2017-18

29.1 Finance leases as lessor

The CCG had none in 2018-19 or 2017-18

29.2 Rental revenue

The CCG had none in 2018-19 or 2017-18

30 Provisions

	Current 2018-19 £'000	Non-current 2018-19 £'000	Current 2017-18 £'000	Non-current 2017-18 £'000
Pensions relating to former directors	-	-	-	-
Pensions relating to other staff	-	-	-	-
Restructuring	-	-	-	-
Redundancy	-	-	-	-
Agenda for change	-	-	-	-
Equal pay	-	-	-	-
Legal claims	-	-	-	-
Continuing care	241	-	439	-
Other	508	-	-	-
Total	**749**	**-**	**439**	**-**
Total current and non-current	**749**		**439**	

	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 2018	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**439**	**-**	**439**
Arising during the year	-	-	-	-	-	-	-	50	508	558
Utilised during the year	-	-	-	-	-	-	-	(170)	-	(170)
Reversed unused	-	-	-	-	-	-	-	(78)	-	(78)
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 2019	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**241**	**508**	**749**
Expected timing of cash flows:										
Within one year	-	-	-	-	-	-	-	241	508	749
Between one and five years	-	-	-	-	-	-	-	-	-	-
After five years	-	-	-	-	-	-	-	-	-	-
Balance at 31 March 2019	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**241**	**508**	**749**

Continuing Care - This provision relates to existing retrospective applications which may demonstrate eligibility for Continuing Healthcare (CHC) that have not yet been agreed by the CHC panel. Under the Accounts Direction issued by NHS England for 2015-16, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before the establishment of the clinical commissioning group. However, the legal liability remains with the CCG. The total value of the legacy NHS Continuing Healthcare provisions accounted for by NHS England on behalf of this CCG at 31 March 2019 is £347k. (2018 - £0.9m). NHS England is responsible for meeting any Income Tax payments relating to these claims.

Other - This includes two separate provisions:

- A provision for £100k relating to a VAT risk reserve associated with NHS 111, whereby the CCG has entered into a risk share for 50% of potentially unrecoverable VAT.
- The CCG commissioned a third-party non-nhs provider to undertake the Continuing Health Care 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 value of £408k relates to the financial years 2016/17 to 2018/19 inclusive.

31 Contingencies

	2018-19 £'000	2017-18 £'000
Contingent liabilities		
Equal Pay	-	-
NHS Resolution Legal Claims	-	-
Employment Tribunal	-	-
NHS Resolution employee liability claim	-	-
Redundancy	-	-
Continuing Healthcare	260	261
Amounts recoverable against contingent liabilities	-	-
Net value of contingent liabilities	**260**	**261**
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

	2018-19 £'000	2017-18 £'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:

	2018-19 £'000	2017-18 £'000
In not more than one year	6,780	1,484
In more than one year but not more than five years	19,669	1,199
In more than five years	4,664	2,376
Total	**31,113**	**5,059**

33 Financial instruments

33.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because the CCG is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The clinical commissioning group has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the clinical commissioning group in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the CCGs standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the CCG and internal auditors.

33.1.1 Currency risk

The CCG is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The CCG has no overseas operations. The CCG therefore has low exposure to currency rate fluctuations.

33.1.2 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.

33.1.3 Liquidity risk

The CCG is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The CCG draws down cash to cover expenditure, as the need arises. The NHS clinical commissioning group is not, therefore, exposed to significant liquidity risks.

33 Financial instruments cont'd

33.2 Financial assets

	Financial Assets measured at amortised cost 2018-19 £'000	Equity Instruments designated at FVOCI 2018-19 £'000	Total 2018-19 £'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	13		13
Trade and other receivables with other DHSC group bodies	125		125
Trade and other receivables with external bodies	48		48
Other financial assets	-		-
Cash and cash equivalents	25		25
Total at 31 March 2019	**211**	**-**	**211**

33.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2018-19 £'000	Other 2018-19 £'000	Total 2018-19 £'000
Loans with group bodies	-		-
Loans with external bodies	-		-
Trade and other payables with NHSE bodies	294		294
Trade and other payables with other DHSC group bodies	9,294		9,294
Trade and other payables with external bodies	9,664		9,664
Other financial liabilities	2,986		2,986
Private Finance Initiative and finance lease obligations	-		-
Total at 31 March 2019	**22,238**	**-**	**22,238**

34 Operating segments

	Gross expenditure £'000	Income £'000	Net expenditure £'000	Total assets £'000	Total liabilities £'000	Net assets £'000
Commissioning	321,285	(3,143)	318,143	3,593	(23,113)	(19,520)

The CCG considers it has only one segment, the Commissioning of Healthcare Services. There are no reconciling items between Operating segments and the Statement of Financial Position (SOFP) and 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 2018-19				Amounts recognised in CCGs books 2017-18			
			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	0	34	21,356	21,356	0	716	21,780	21,780

The CCG jointly commissions a number of Adult, Mental Health and Children's services with Swindon Borough Council via contractual agreements subject to Section 75 of the National Health Service Act 2006. Under these arrangements the CCG has made payments totalling £21.4m (2017-18: £21.6m), during the year of which £13.9m flowed through Swindon Borough Council in year.

Contributions by both parties are made to a Better Care Fund and also to other organisation aligned funds. Overspends are aligned to the Commissioner of respective services. All services are paid for directly by the CCG.

The Budgets are jointly controlled by the Joint Commissioning Board and claims / expenditure are monitored and approved by this committee. Swindon Borough Council is identified as the Lead Commissioner and so the CCG recognises only its contributions to these arrangements.

35.2 Interests in entities not accounted for under IFRS 10 or IFRS 11

The CCG had none in 2018-19 or 2017-18

36 NHS Lift investments

The CCG had none in 2018-19 or 2017-18

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. The related payment transactions with Swindon Borough Council (SBC) total £17.9m. Details of payments made to GP's for their services to the CCG are included in the Remuneration report (see Annual report page 104). 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 (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)

The Department of Health is regarded as a related party. During the year the clinical commissioning group has had a significant number of material transactions with entities for which the Department is regarded as the parent Department.
Great Western Hospitals NHSFT
South Western Ambulance NHSFT
Oxford University Hospitals NHSFT
NHS England
Gloucestershire Hospitals NHSFT
Avon and Wiltshire Partnership NHS Trust
North Bristol NHSFT
South Central and West CSU
NHS Property Services

In addition, the CCG has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Swindon Borough Council. As part of BSW STP in 18/19 we have 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
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.

2017-18 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, Managing Partner of Westrop Medical Practice. Transactions for Westrop Surgery	1,579	-	168	-
Dr E Alden, GP Representative, Chair of Swindon GP Education Trust, Training Programme Director, Health Education South West (HESW), Member and Education Lead, Severn Faculty RGCP. Transactions for Taw Hill Medical Practice.	1,496	-	27	-
Dr P Mack, Governing Body, CCG Clinical Chair, Clinical leadership Group, Locality 2 GP chair, Commissioning for Quality Committee Chair, GP senior partner at Moredon. Transactions for Moredon Medical Centre.	1,396	-	86	-
Dr P Mayes, Governing Body, Clinical Leadership Group, Locality 1 GP Chair, Integrated Governance and Quality Assurance Committee. GP partner at Kingswood. Spouse employee of SBC. Transactions for Kingswood Surgery.	1,268	-	68	-
S Francome, Practice Manager Representative. Transactions for Taw Hill Medical Practice.	1,496	-	27	-
Dr S Sewell, Locality GP Representative. GP Partner at Ridgeway View Medical Practice. Transactions for Ridgeway View Medical Practice	1,918	-	147	-
Dr F Basheer, GP Representative. Transactions for Victoria Cross Surgery	864	-	55	-
C Jones, Director of Public Health, Swindon Borough Council. Transactions for Swindon Borough Council.	15,212	(143)	2,688	(473)
S Wald, Director of Adult & Social Services, Swindon Borough Council. Transactions for Swindon Borough Council.	15,212	(143)	2,688	(473)

38 Events after the end of the reporting period

None.

39 Third party assets

The CCG had none in 2018-19 or 2017-18.

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:

	2018-19 Target	2018-19 Performance	2017-18 Target	2017-18 Performance
Expenditure not to exceed income	321,696	321,670	305,374	303,650
Capital resource use does not exceed the amount specified in Directions	385	385	405	404
Revenue resource use does not exceed the amount specified in Directions	318,169	318,143	303,424	301,700
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	5,083	4,949	5,021	4,934

During 2018-19 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 2019-20. At the 31 March 2019 £1,223k 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 £318,169k for 2018-19, and the CCG achieved an underspend of £26k against this target.

The target for administration costs was set at £5,083k and the CCG achieved an underspend of £134k.

The CCG met all financial performance targets set for 2018/19.

41 Analysis of charitable reserves

The CCG had none in 2018-19 or 2017-18.

42 Effect of application of IFRS 15 on current year closing balances

The CCG has reviewed the impact of the implementation of IFRS 15 and considers that the applicable changes do not have a material impact on the CCG accounts.

4. Employee benefits and staff numbers

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	4,435
Social security costs	282	-	282	159	-	159	441	-	441
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	**3,112**	**187**	**3,299**	**1,993**	**134**	**2,127**	**5,105**	**320**	**5,425**
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	-	-	-	-	-	-	-
Total - Net admin employee benefits including capitalised costs	**3,112**	**187**	**3,299**	**1,993**	**134**	**2,127**	**5,105**	**320**	**5,425**
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-
Net employee benefits excluding capitalised costs	**3,112**	**187**	**3,299**	**1,993**	**134**	**2,127**	**5,105**	**320**	**5,425**

4.1.1 Employee benefits

	Admin			Programme			Total		2017-18
	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	2,243	355	2,598	1,110	23	1,133	3,353	379	3,732
Social security costs	252	-	252	110	-	110	362	-	362
Employer contributions to the NHS Pension Scheme	307	-	307	136	-	136	443	-	443
Other pension costs	-	-	-	-	-	-	-	-	-
Apprenticeship Levy	3	-	3	-	-	-	3	-	3
Other post-employment benefits	-	-	-	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-	-	-	-
Termination benefits	-	-	-	-	-	-	-	-	-
Gross employee benefits expenditure	**2,805**	**355**	**3,160**	**1,356**	**23**	**1,379**	**4,161**	**379**	**4,540**
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	-	-	-	-	-	-	-
Total - Net admin employee benefits including capitalised costs	**2,805**	**355**	**3,160**	**1,356**	**23**	**1,379**	**4,161**	**379**	**4,540**
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-
Net employee benefits excluding capitalised costs	**2,805**	**355**	**3,160**	**1,356**	**23**	**1,379**	**4,161**	**379**	**4,540**

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 2018-19 Number	Total Value of Cases 2018-19 £'000	Total Number of Cases 2017-18 Number	Total Value of Cases 2017-18 £'000
Administrative write-offs	1	170	-	-
Fruitless payments	1	150	2	6
Store losses	-	-	-	-
Book Keeping Losses	-	-	-	-
Constructive loss	-	-	-	-
Cash losses	-	-	-	-
Claims abandoned	-	-	-	-
Total	**2**	**320**	**2**	**6**

During 2018-19 the CCG wrote off a risk stratification tool. The impairment was due to obsolescence.

The CCG has also written off a receivable from a third-party non-nhs provider. The provider is in administration and recovery is deemed unlikely. The CCG continues to pursue all options open to it.

Special payments

	Total Number of Cases 2018-19 Number	Total Value of Cases 2018-19 £'000	Total Number of Cases 2017-18 Number	Total Value of Cases 2017-18 £'000
Compensation payments	-	-	-	-
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	-	-	-	-