NHS
Wiltshire
Clinical Commissioning Group

Annual Report and Accounts 2019/2020

Wiltshire Clinical Commissioning Group

The Wiltshire CCG website has now been archived.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

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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 shaping health services for the people of Wiltshire, please visit the new website for the single Bath and North East Somerset, Swindon and Wiltshire CCG at www.bswccg.nhs.uk

Part One – Performance Report

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

25 June 2020

Performance Report

Overview

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

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

Accountable Officer statement

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

Working as a single CCG

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

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

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

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

Performance during the year

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

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

Public engagement highlights of our year

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

Our Health Our Future

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

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

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

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

Development of a BSW-wide citizens panel

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

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

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

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

Transforming Maternity Services Together

The proposal to change the way maternity services are delivered across the region 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. We engaged widely across

BSW and more than 2,400 people took part in public consultation between 12 November 2018 and 24 February 2019.

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

The proposal to change maternity services was approved by the joint BSW Governing Bodies on 16 January 2020 and implementation of the proposal has begun.

Primary Care Networks

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

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

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

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

A focus on the Wiltshire locality

New red bag scheme

A new innovative red bag scheme launched on 1 August 2019 was designed to help care home residents in Salisbury who are admitted to hospital, receive improved care and reduce their length of stay in hospital.

The red bag is a simple initiative that enables a smooth handover from the care home to the ambulance and then to the hospital staff because all of the patient's information and personal belongings are together in the red bag.

While in hospital a patient will see different clinicians in different parts of the hospital. Their red bag stays with them throughout this journey meaning that those caring for them have immediate access to their up to date medical information and medication and the patient keeps their personal items with them.

The red bag stays with the patient until they are ready to go back to their care home and includes a copy of their discharge summary to help the care home staff to provide continuity of care for their resident.

Trailblazer programme

In July 2019, Wiltshire Council, Wiltshire CCG and Bath and North East Somerset CCG heard their bid for funding to be part of NHSE's Mental Health Support Team (MHST) Trailblazer programme was successful.

The programme had already been implemented in Swindon and had been successfully rolled out in a number of other areas across the country. Pupils across B&NES and Wiltshire began to benefit from the second wave from January 2020.

The scheme sees MHSTs working directly in selected schools and colleges across the region by providing on-site access to early mental health support.

The teams provide early intervention for mild to moderate mental health issues, such as exam stress, low mood or friendship difficulties as well as providing support to staff. They also act as a link with local specialist children and young people's mental health services ensuring, if appropriate, that pupils can access more intensive support.

Prescription Ordering Direct Service

During the year the Prescription Ordering Direct (POD) service provided improved clinical quality to the repeat prescription process. Wiltshire was recognised as having the highest clinical input in POD services across the country.

The POD service released GP time by managing prescription queries when people called the service, reducing the need for queries on every issue of a prescription and ensuring patients attended for appropriate medication reviews. The POD service also reduced unnecessary ordering and reduced the amount of wasted medicines.

The Covid-19 pandemic

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

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

response across primary care, community providers, care homes, hospices, as well as acute settings.

At a strategic and system-wide level, the CCG's Chief Executive, along with the Senior Leadership Team, worked with their counterparts from local acute and community providers, emergency services and local authorities to co-ordinate planning and the wider response to emerging issues. Close contact was maintained with NHS England and Improvement and Public Health England in the South West to escalate issues and provide local feedback to national guidance and priorities.

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

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

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

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

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

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

The priorities will:

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

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

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

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

Who we are and what we do

Our role

As a clinically-led statutory NHS Body, Wiltshire CCG was responsible for planning and commissioning health care services for our local area to achieve the best possible health outcomes for our local population, acting effectively, efficiently and economically. This has been done by assessing local needs, agreeing priorities and strategies, and then buying services on behalf of our population from a range of providers whilst constantly responding and adapting to changing local circumstances.

Being led by local doctors and elected members, lay members and a nurse – all of whom are close to patients and their needs – enabled Wiltshire CCG to improve the quality of care provided to all the people of Wiltshire. We have been supported by a very experienced team of dedicated NHS professionals.

Our vision

In the early part of 2019/20, our vision was to ensure the provision of a health service which is high quality, effective, clinically-led and local:

The right healthcare, for you, with you, near you

We were committed to:

- delivering healthcare that meets the needs of Wiltshire people
- consulting and engaging with the population to enable them to be involved in decisions about the delivery of their NHS services
- delivering care to people in their own homes or as close to home as possible

Towards the end of 2019/20 we embarked on agreeing a vision for the new CCG:

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

Our vision, the result we want to achieve for local people, informs the present and inspires the action needed to make change happen. It is underpinned by three core principles:

1. Collective voice – working together in collaboration as one whole system
2. Healthy communities – empowering people to lead on their health with their families, their communities and health professionals
3. Stories and strengths – holding people's strengths, stories and experiences, and what matters to them at the heart of our system

Our values

The values we were working to in early 2019/20 were:

- Transparent
- Accountable
- Committed
- Clinically-led
- Respectful of others
- Honest and have integrity
- Focused on localism
- Innovative

Towards the end of 2019/20 colleagues across the three merging organisations developed five core values which will underpin the way we will work and help to guide our actions and the decisions we make for local people and communities:

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

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

During 2019, Bath and North East Somerset, Swindon and Wiltshire CCGs announced their intention to merge into a single organisation on 1 April 2020. This followed several years of closer joint working and followed both local and national direction of travel described in the NHS Long Term Plan.

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

Working as a single CCG will allow us to concentrate on supporting people to stay healthy and tackle the causes of illness. We value the diversity of our growing population, but we know there are huge social and economic inequalities and differences across BSW. We are aiming to reduce variation in care and standardise best practice so everyone can access high quality treatment and services, regardless of where they live. Some of the service improvements we have already been delivering together are highlighted throughout this report.

From 1 April 2020, BaNES, Swindon and Wiltshire CCG will serve a combined population of 944,000 people and have a core budget of over £1.236 billion, plus delegated authority for primary medical care services. Working together will also allow us to meet financial challenges, for example through economy of scale cost-savings and the streamlining of governance and administration which means we can invest more of our budget into frontline services.

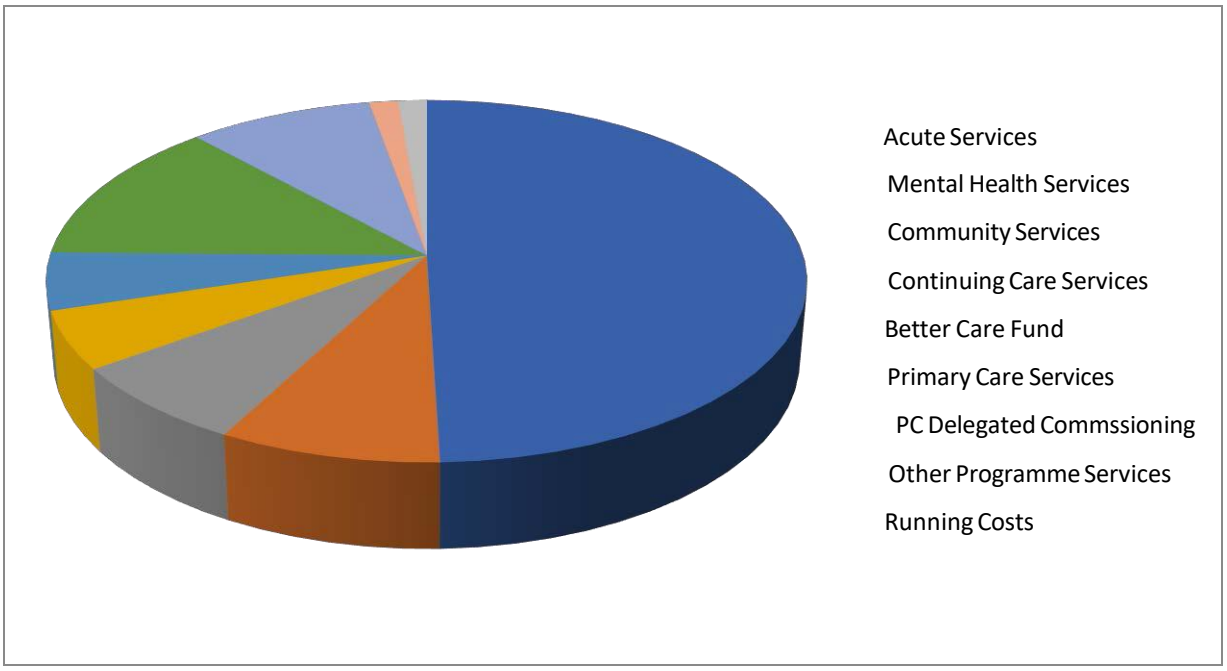
We have already seen many of the benefits of operating as a merged organisation in some of the most challenging times this country has seen. Our response to the Covid-19 pandemic has been supported by our joined up teams and enabled all parts of the system to access the right level of support and expertise.

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

We engaged with our members, the public and wider stakeholders over summer 2019 before submitting our application to merge in the autumn. Following approval by NHSE, we continued to engage with our GP members to agree the details of creating a merged organisation before they voted and supported our merger proposals in late autumn 2019.

Where the money goes

The CCG received £740.2 million in 2019/2020 to buy a full range of health services for local residents. The major providers for Wiltshire were - for acute services, Salisbury NHS Foundation Trust (SFT), Great Western Hospitals NHS Foundation Trust (GWH) and Royal United Hospitals NHS Foundation Trust (RUH), for mental health services, Avon and Wiltshire Partnership NHS Trust and for community services, Wiltshire Health and Care Limited Liability Partnership. These contracts represented approximately 51 percent of the CCG's annual spend. The pie chart below shows the spend areas for Wiltshire CCG.



2019/20

Acute Services	50%	358.853
Mental Health Services	8%	59.856
Community Services	7%	52.402

Continuing Care Services	5%	37.440
Better Care Fund	5%	37.013
Primary Care Services	13%	93.521
PC Delegated Commissioning	9%	65.260
Other Programme Services	2%	10.270
Running Costs	1%	10.063
		724.679

Our population and their health

There are more than 488,400 people living in Wiltshire 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 worked closely with Wiltshire Council public health team to understand the health issues and needs amongst local communities. This included a yearly assessment of health needs based on available evidence, called the Joint Strategic Needs Assessment (JSNA).

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

21per cent of people are aged over 65 years
25 per cent of people died from cardiovascular disease
145,600 people (13 per cent) in Wiltshire live in the nationally least deprived quintile of areas
It is estimated that 260,000 (65.8per cent) adults in Wiltshire are carrying excess weight. This is similar to England (64.8)

Working together to improve health and care

We believe that health in Wiltshire 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.

We have increasingly worked together at both a local and system level to develop and improve services.

At a local level we have established an Integrated Care Alliance in Wiltshire which brings together colleagues from the Great Western Hospitals Foundation Trust; Wiltshire Council; primary care; Salisbury NHS Foundation Trust; Royal United Hospital Bath; Wiltshire Health and Care; Virgin Care; Avon and Wiltshire Mental Health Partnership NHS Trust, Medvivo; Healthwatch Wiltshire and the voluntary sector.

We have increasingly worked together and shared resources and expertise in commissioning activities including service development, re-design and re-procurement. Specific examples include:

Maternity services – as our response to the Better Birth recommendations and to improve experience for women, babies and families, we created a clinically led BSW Local Maternity System. Over the past two years, we have reviewed maternity provision across BSW to drive service transformation at scale, focussing on a review of birthplace options to improve parity of choice, and the development of transitional care, and successfully bidding for funding to deliver innovative solutions and improvements in care.

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

Integrated care in Wiltshire

Below is an example of integrated care in Wiltshire.

A project started in the year to roll out an integrated Comprehensive Geriatric Assessment (CGA) across care homes, community and acute trusts over the coming year. This would link with the CCG's Cathedral Care Home project and would incorporate end of life planning.

End of life care has been a key area of focus for Wiltshire CCG and Wiltshire Council. A joint strategy was first published in 2014 and since this time significant progress has been made through working collaboratively with providers to develop a range of care and support services. National and local guidelines and policies, best practice models, patient feedback and insights from health and social care professionals influenced the development of the current strategy.

The continuing key priorities are:

- For individuals to be able to access appropriate, high quality care at all times, to include access to information, education and support to inform decision making and choice relating to end of life care
- To provide improved patient, carer and family centred care; To develop a community approach to end of life care with flexibility of services
- To ensure individuals are empowered to plan for their end of life care
- To ensure all providers are competent in delivering high quality end of life care
- To support the people of Wiltshire to be cared for and die in their preferred place of care.

Although significant progress has been made in recent years there are still important areas for development. With this in mind, the implementation plan sets out to embed the ambitions and recommendations through:

1. Personalised care planning
2. Shared Records
3. Evidence and information
4. Involving and supporting carers
5. Education and training

6. 24/7 Access
7. Informing Co-design of services
8. Leadership

Continuing to learn and enhance work in a joined-up manner across health, social care and the voluntary sector was fundamental to our approach. In an environment where funding is constrained, we made best use of available resources to deliver on our priorities and obtain value for money.

Going forward, consideration will be given to a system wide approach, working at scale across the BaNES, Swindon and Wiltshire (BSW) footprint. Adopting this approach will support collaborative working between the three localities and the direction set by the BSW Commissioning Alliance. Realisation of this ambition will also inform the development of our current strategy with the opportunity to establish an End of Life Care strategy across BSW.

BSW Partnership (Sustainability and Transformation Partnership)

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

During 2019/20, there have been several developments across BSW which will help our partnership as we develop towards an Integrated Care System. These include:

- Appointment of a new BSW Partnership independent Chair to help deliver goals outlined in BSW's Five Year Plan
- Roll out of cross-BSW Trailblazer scheme to improve access for school pupils to specially trained mental health practitioners
- A cross-region public engagement exercise – Our Health, Our Future – to gather public views on the future of health and care services. This feedback also informed the development of the BSW Five Year Plan
- Development of a cross-BSW Integrated health and care strategy
- Ongoing development 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
- Agreeing six strategic priorities to work on together:

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

Key issues and risks

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

Maintaining financial stability and delivery of financial targets

The scale of financial challenge remained in 2019/20 despite significant progress in previous years and there was a risk for BSW that we would be unable to make appropriate progress in addressing the sustainability of individual organisations and the collective system's financial position.

Under the leadership of the new BSW Executive Directors, significant progress has been made to develop a refreshed financial recovery plan for all partners. Owned by all the constituent organisations within BSW and monitored by the BSW Partnership Executive Team and Sponsoring Board, it forms part of our 5 year Long Term Plan. The three individual CCGs have benefited from joint working in 2019/10 whilst planning for merger in April 2020 and we are now in a position to deliver the benefits we identified – see our Long Term Plan which provides more details (page 8 for the benefits).

Managing Demand for services within planned levels

In recent years we have seen growth in demand for services which challenged the capacity of providers to deliver and the CCGs to finance. In 2019/20, we set out our demand management plans with a BSW focus on frailty and pursuing the opportunities to deliver best practice care - following a Right Care approach but there was a risk that demand would be higher than we had planned with our providers.

We were largely successful in managing demand working on a BSW basis although there is some variation across the patch. Overall in 2019/20 GP referrals remained static; outpatient attendances were lower than planned; overall elective/ planned activity was lower than our plan, although day cases were higher than planned. Attendances at accident and emergency departments and emergency admissions to hospital were lower than we planned although 4 hour performance continued to be challenging.

Organisational Change may be distracting

We identified in our joint Operating Plan that there was a risk that we would be distracted by organisational change during transition and as a result the pace of transformational change would

be slower than we required. However, we tied the merger and transformational work closely together and made rapid progress with both.

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

System Behaviours and Relationships

In our BSW Operating Plan for 2019/20, we identified a risk that relationships might deteriorate, and behaviours undermine collaborative working across boundaries.

During the last 12 months, our System Transformation Partnership and system relationships have been supported by a range of organisational development activities including workshops and development sessions. We have developed a shared vision for BSW, and we have developed a Long Term Plan for BSW together. We have also set out our aspirations to become an Integrated Care System. See pages 9 and 10 for more information about our vision and priorities for the next 5 years.

Recovering areas of poor performance and maintaining good performance

We were concerned that we might struggle to recover our A&E 4 hour performance and referral to treatment access times during 2019/20. As anticipated, due to very high levels of demand and shortages of workforce in some key areas, we have struggled to meet some of the NHS constitutional targets. This will continue to be a challenge into 2020/21. The focus of our 5 year plan is on improving the health and wellbeing of our population across all age groups and changing the way we deliver services to meet the needs of our ageing population by expanding support in the community to maintain independence and speeding up discharge from hospital when this is needed. By working together with our system partners in BSW, we plan to improve access and outcomes for our population.

Going Concern

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

To achieve financial balance, the CCG was required to deliver £15 million of financial savings and efficiencies for the year and delivered £14.5m (96.4 per cent). 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:

- Urgent care: £2.1m including Homefirst (+)
- Elective demand management: £3.5m including musculoskeletal single point of access
- Medicines management: £3.8m
- Other £5.1m – including Contractual Efficiencies and Continuing Healthcare schemes

Improvements on internal control processes

- The CCG had continued to improve its performance by using the revised version of the NHSE self-assessment tool, 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 processed in place to manage risk.
- This self-assessment was expanded to cover the overall control environment and included financial control, planning and governance, contracts, system-wide performance, Governing Body and Project Management Office (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 (SCWCSU). 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 Audit committee was undertaken during 2019/20, 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 regularly assessed the viability of its non-NHS providers using an accredited independent company and reported back to the Finance Committee at every meeting to ensure risks were raised and where appropriate continuity arrangements discussed.

Changes in risk management

The Deputy Financial Officer attended 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 2018 Governing Body and the plan for 2019/20 was taken to the Governing Body in February 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 referred to the CCG's Risk Register and Assurance Framework when developing its programme for 2019/20 because of having undertaken reviews of safeguarding, corporate governance, General Data Protection Regulation (GDPR), high cost packages of care, Quality, Innovation, Productivity and Prevention (QIPP) project management, due diligence of providers and conflicts of interest. Findings were fed back through to the Audit Committee which monitored implementation throughout the year.

The CCG reviewed its prime financial policies and scheme of delegation to ensure it was up-to-date and reflected current arrangements.

Performance report

Performance analysis

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

2019/20 year end performance summary

NHS Oversight Framework

The NHS Oversight Framework for 2019/20 replaced the CCG Improvement and Assessment Framework (IAF). NHSE and NHS Improvement (NHSEI) aligned their operating models to support system working. 2019/20 was a transitional year, with NHSE/I regional teams coming together to support local systems like BSW. This new approach to oversight set out how regional teams reviewed performance and identified support needs across sustainability and transformation partnerships (STPs) and integrated care systems (ICSs).

As required by law, the annual assessment of CCGs by NHSE continued in 2019/20. It is a judgement, reached by considering a CCG's performance in each of the indicator areas over the full year and balanced against the financial management and qualitative assessment of the leadership of the CCG. Formally NHSE will continue to assess how CCGs work with others (including their local Health and Wellbeing Boards) to improve quality and outcomes for patients.

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

The NHSE/I regional team will determine how frequently they will review CCGs and providers' support needs and segmentation based on their performance against the metrics in the assessment framework. These will include quality of care, population health, financial performance and sustainability, and delivery of national standards.

In 2019/20 the BSW CCGs were offered targeted support with improving performance of constitutional measures and working with the CCGs in preparing for the merger. The 2019/20 annual assessment process reflected a transition year between the CCG Improvement and Assessment Framework and the NHS Oversight Framework as the Long Term Plan metrics that will be a key part of the new framework were in development. Wiltshire CCG maintained its Good overall rating from 2018/19 supported by Good ratings for Quality of Leadership and Financial Management.

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

- Quality of care – see Quality, engagement, health inequality and strategy (page 31)
- Population Health – see Who we are and what we do (page 11)
- Financial Performance – follows below in this section
- Sustainability – see Sustainable development (page 46)
- Delivery of National Standards – follows below in this section

Performance reporting and management

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

We have developed a new performance report appropriate for both CCG and STP use; the BSW Performance, Quality, Finance and Activity report.

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

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

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

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

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

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

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

Delivery of National Standards

One of the key pledges in the NHS Constitution is the right of everyone to access the care they need in the NHS. Many services operate across the BSW footprint so we are showing the performance across all three CCGs (our localities going forwards) within BSW and provide some insight into the challenges and how they have been responded to across the year – 2019/20.

Figures quoted are the most recent available with benchmarking data. The NHS response to the Covid-19 situation in March 2019 has impacted some of the year end results and they may not be reflective of performance across the year.

Performance delivery of the national standards was managed by our quality team who worked with providers to ensure patient safety was not compromised during times of increased pressure in A&E and that waiting lists were managed in a way that maximised patient safety and clinical effectiveness.

Clinically-led review of NHS Access Standards

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

Access to Urgent Care

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

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

BaNES, Swindon and Wiltshire CCGs participated in three Local A&E Delivery Boards each managing the system around one of our main acute hospitals; GWH, RUH and SFT, and more recently we held a Winter Risk Summit covering all of BSW. These boards have enabled a collaborative focus on performance of the urgent care systems, setting and reviewing improvement programmes with local targets for all providers and systems.

National Standard	Period reported	Target	Performance		BSW Total			Wiltshire CCG		
			England	South West		vs Eng	vs SW		vs Eng	vs SW
Percentage of patients admitted, transferred or discharged from A&E within 4 hours*	Q4	95%	82.8%	75.4%	82.0%			88.2%		
Ambulance Response Times (minutes) Cat 1 Mean	total 2019/20	7.0	7.3	7.1	7.1			8.2		
Ambulance Response Times (minutes) Cat 1 90th percentile	total 2019/20	15.0	13.4	13.0	13.2			15.8		
NHS111 Answered in 60 seconds	Feb 2020	95%	69.8%	56.8%	56.4%			BSW shared service, so no CCG breakdown.		

NHS111 % Calls clinically triaged	Feb 2020	50%	90.1%	82.0%	81.8%			

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

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

Throughout 2019/20, the local systems were not able to meet the national A&E four-hour target. However, the national average rate for Q4 demonstrated that the target is not being achieved across the country. Wiltshire (SFT) performance was above England and the South West in Q4.

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

Ambulance response times for people with the most serious conditions (Category 1) are measured as a mean response time and at the 90th percentile which measures delivery on the 'every call counts' principle of the current standards which were introduced in 2017. For Wiltshire patients' performance was consistently just outside the national targets across the year. Wiltshire has a significant rural population which makes these targets more difficult to meet than for urban areas. Performance is impacted by the activity levels and in 2019/20 incidents were 5.6 per cent above contracted plan and 3.6 per cent over 2018/19 incidents.

The number of calls to NHS 111 answered within 60 seconds was below the expected level. While performance had been below target, throughout the year, the extent of the variance had grown during winter, so this is not reflective of the year-to-date performance. The level of clinical triage was very good, though, as performance is significantly above the 50 per cent target at 81.8 per cent. The NHS 111 service was re-procured jointly by BaNES, Swindon and Wiltshire CCGs in 2017/18 and went live in May 2019 as part of the Integrated Urgent Care Service. The service is continuing to develop capacity already including additional clinical triage and further stages will expand and develop the use of digital referral and triage.

Access to Planned Care

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

National Standard	Period reported	Target	Performance		BSW Total		Wiltshire CCG	
			England	South West	vs Eng	vs SW	vs Eng	vs SW

National Standard	Period reported	Target	Performance		BSW Total			Wiltshire CCG		
			England	South West		vs Eng	vs SW		vs Eng	vs SW
Referral To Treatment Overall Waiting List % growth March 2019	Feb 2020	0.0%	5.0%	3.4%	6.1%			5.2%		
Patients waiting 18 weeks or less from referral to hospital treatment	snapshot Feb 2020	92.0%	83.1%	81.5%	85.2%			87.5%		
Patients waiting over 52 weeks for treatment^	snapshot Feb 2020	0	1,724	419	27			10		
Patients waiting six weeks or more for Diagnostics	snapshot Feb 2020	1.0%	2.8%	5.7%	5.7%			5.0%		
Patients seen within two weeks of a referral for suspected Cancer	Q3 2019/20	93.0%	91.5%	88.9%	92.2%			92.8%		
People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	Q3 2019/20	85.0%	77.5%	78.6%	81.3%			80.9%		

^ Comparison weighted by overall RTT waiting list

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

The overall waiting list has grown by 1,582 patients (5.2 per cent) to 31,854 BSW patients waiting for treatment by February 2020 (from March 2019). The waiting list at the RUH (for all BSW patients) has grown by 2,893 patients to February 2020 and is the main driver of growth seen for BaNES and Wiltshire CCGs waiting lists. The largest increasing specialties were “Other” (including pain, paediatrics and some specialist cancer surgery) by 1251, Ear Nose and Throat (ENT) by 727, Urology by 471and Cardiology by 428. Though we wanted to manage the increase in waiting list size we also recognised positive growth in referrals following a successful Cancer campaign such as the promotion of bowel cancer last year.

In February 2020, 3,997 Wiltshire patients had been waiting over 18 weeks. This was reported as 87.5 per cent of patients waiting 18 weeks or less and although the 92 per cent standard has not been achieved, Wiltshire had performed better than England (83.1 per cent) and the South West (81.5 per cent).

We also monitored the very long waiters and, at the end of February 2020, 10 Wiltshire patients had been waiting over 52 weeks for treatment, three at RUH and five at GWH in area and with one each at North Bristol Trust and University Hospital Southampton. We benchmarked this performance by looking at 52 week waiters as a proportion of the overall waiting list and Wiltshire compared well to England and the South West. GWH long waiters were due to patient choice, operational issues and changing their patient tracking list (PTL) methodology.

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

- Tele-dermatology – in summer 2019 a virtual triage service was put in place at the RUH, enabling consultants to view high quality images taken in general practice.
- Recruitment - providers constantly focussed on recruitment to support their capacity
- Waiting list initiatives – additional clinics in ENT at the RUH and GWH supported long waiters to be seen
- Review of the outpatient model is underway across BSW. This is a national initiative to ensure we make best use of resources and technology.

Diagnostic waiting times have been challenging in the BSW system following on from 2018/19 and the one per cent target had not been met by the CCG in any month of the year. In February, SFT met the target with 0.1 per cent breaches, while GWH (5.4 per cent) and RUH (8.5 per cent) did not meet the target. England (2.8 per cent) and South West (5.7 per cent) results were also below the target.

It should be noted though that 95 per cent of BSW patients were waiting less than 6 weeks and diagnostics for urgent cases including cancer were prioritised so patients were not all seen in the order referred.

To improve resilience and capacity the RUH undertook an equipment replacement programme for CT and MRI which had an impact on capacity during the year and should support the future. Demand also increased particularly for CT and Echoes. At GWH overall performance has improved significantly across 2019/20 with waiting list recovery plans delivered in CT, MRI, Echocardiography and Ultrasound. Peripheral Neurophysiology was the worst performing test in February 2020.

In Q3 of 2019/20 (cancer measures were reported monthly, but performance was considered on a quarterly basis) 92.8 per cent of Wiltshire patients referred for suspected cancer were seen within 2 weeks. This was better than the England average but just below the national standard. Of those requiring treatment, 80.9 per cent were treated within 62 days of referral, again above the England average but below the national standard.

Wiltshire CCG belonged to the Somerset, Wiltshire Avon and Gloucestershire Cancer Alliance (SWAG). The Alliance includes commissioners and providers and NHSEI and focuses on achieving the key ambitions of the cancer part of the NHS Long Term Plan. Specific actions in 2019/20 included:

- Piloting of the Rapid Diagnostic Services model for patients with vague symptoms which could be cancer but do not fall into existing pathway arrangements
- Working with local authorities to help improve awareness among the public of the signs and symptoms of cancer
- Supporting and enabling the use of the Quantitative Faecal Immunochemical (qFIT) test in primary care to increase the proportion of symptomatic patients being diagnosed with colorectal cancer at an earlier stage
- Continuation of BSW STP cancer forum and information-sharing to help ensure awareness and understanding of issues, solutions and best practice across the STP footprint
- Support to GP practices from MacMillan GPs, Cancer Research UK, Cancer Alliances and CCG, to assist in early identification of patients with potential cancer
- Work with local trusts to implement national optimal timed cancer pathways
- Development and implementation of improved services for patients living with and beyond cancer, through the Personalised Care and Support agenda.

Access to Mental Health

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

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

National Standard	Period reported	Target	Performance		BSW Total			Wiltshire CCG		
			England	South West		vs Eng	vs SW		vs Eng	vs SW
Improving Access to Psychological Therapies – access rate	Q3 2019/20	Q4 5.5%	4.61%	4.47%	4.72%			4.16%		
Improving Access to Psychological Therapies – recovery rate	Q3 2019/20	50%	50.9%	48.9%	51.8%			50.9%		
People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Q3 ** 2019/20	50%	74.4%	74.5%	80.0%			60.0%		
Access to Children and Young People's Mental Health Services	Q3 ** 2019/20	33%	34.2%	29.8%	32.4%			34.0%		
Children and Young People Eating Disorders: seen within four weeks for non-urgent cases.	Q3 2019/20	95%	86.9%	87.0%	91.3%			92.9%		
Estimated diagnosis rate for people with dementia (diagnoses as % of prevalence)	Mar-20	66.7%	67.4%	61.8%	62.6%			64.7%		

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

Psychological therapies services are our community talking therapies service including group and 1:1 sessions. There was a national directive to increase the capacity of this service over the last few years while including specific services to support people with long term conditions. The Wiltshire service is working with the CCG towards delivering the additional capacity, including the introduction of additional trainee posts.

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

Access to children and young people's mental health services, similar to adult's psychological therapies, measures access against an expected prevalence of need. We have co-created a range of services sitting alongside our traditional Child and Adolescent Mental Health (CAMHS) provision including an online support service and Wiltshire is performing well with higher access than the overall South West though we were just below England.

There was a national directive to redevelop eating disorder services for children and young people and ensure all routine referrals were seen within four weeks from the end of 2019/20. The Wiltshire service at 92.9 per cent was just under the new national standard but is ahead of the England and South West position.

Wiltshire CCG has not met the national standard for the dementia diagnosis rate, though Wiltshire has seen increasing numbers of diagnoses the prevalence is increasing faster. BSW localities all have ongoing improvement plans. The BSW CCGs appointed a joint DDR (dementia diagnosis rate) quality improvement practitioner to help support primary care and continue to ensure that patients and their families can access support when they need it.

Financial performance

Wiltshire CCG achieved all its financial duties in 2019/20 except for revenue resource used on specified matters (delegated allocation) in the table below. The CCG ended the year with a surplus of £0.005m on revenue resource use, in line with NHSEI expectation. The CCG's bring forward surplus was £14.884m, therefore the carry forward surplus is £14.889m.

The CCG delegated responsibility for primary care and was required not to spend more than its allocation for this service. The CCGs allocation for primary care was reduced by £1.9m for the establishment of the GP indemnity scheme. This created a funding gap which was notified to NHSE in the 2019/20 planning stage. The shortfall was reduced by underspending in other delegated primary care areas including the role reimbursement scheme. This was demonstrated in the table below and within the Annual Accounts showing an overspend of £429k against the delegated primary care allocation.

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

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

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

Duty	Target £'000s	Actual Performance £'000s	Achievement
Expenditure not to exceed income	727,651	727,646	(5)

Capital resource use does not exceed the amount specified in Directions	-	-	-
Revenue resource use does not exceed the amount specified in NHS Directions	725,310	725,305	(5)
Capital resource use on specified matter(s) does not exceed the amount specified in NHS Directions	-	-	-
Revenue resource use on specified matter(s) does not exceed the amount specified in NHS Directions	64,831	65,260	429
Revenue administration resource use does not exceed the amount specified in Directions– running costs	10,911	10,059	(852)

Better Care Fund and Performance

The Better Care Fund (BCF) was established in 1 April 2015, in line with NHSE and Local Government Association directions. The CCG managed the Better Care Fund (BCF) jointly with Wiltshire Council.

The BCF is governed by a Section 75 agreement between the CCG and the Council. The Health and Wellbeing Board, which oversees the work of the fund, is seen as effective with strong leadership across the system through the Joint Commissioning Board that ensures a shared focus.

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

In 2019/20, Wiltshire CCG contributed £33,141,000 to the Better Care Fund (2018/19; £31,776,000). This included an additional in-year allocation from NHSE of £613,000. Wiltshire Council contributed £18,286,878 (2018-19; £18,570,000). At 31 March 2019, Wiltshire CCG held liabilities of £434k relating to Better Care Fund schemes (2018/19; £156k).

An annual review of schemes and was undertaken in quarter four of 2018/19 to support budget planning for the year. The effectiveness of the schemes is monitored throughout the year through a formal process of performance and financial reporting through the CCG's Finance and Performance Committee and other meetings.

How risk and uncertainty are corrected

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

Regular scrutiny of performance takes place at contract meetings with providers, in which they are 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.

Quality, engagement, health inequality and strategy

We have worked to ensure that we comply with the statutory duties laid down in the National Health Service Act 2006 (as amended).

In this section, we have reflected on our duties under:

- Improvement in quality of services
- Patient and public involvement and consultation
- Reducing inequalities
- Contribution to the delivery of joint health and wellbeing strategies

Improvement in quality of services

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

Patient Experience

All feedback received is valued and acted on and concerns and complaints are viewed as a rich source of information.

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

We ensure that any concern or complaint raised by an individual is dealt with compassionately, effectively and in a timely manner.

In 2019/20, we received a total of 71 complaints. Most individuals choose to provide feedback directly to the provider of their care if they are either satisfied or unhappy. This explains the low number received by the CCG. We monitor all feedback received directly by providers in contract monitoring meetings to identify themes and trends.

There have been 894 patient advice and liaison service (PALS) contacts received directly by the CCG.

We work proactively with providers where complaints or concerns are raised to ensure that service improvements, where required, are implemented. We continue to monitor performance and quality standards through regular performance meetings with all providers.

Contact details for submitting feedback can be found on the CCG website:
https://bswccg.nhs.uk/contact-us/compliments-and-complaints

Complaints

The CCG welcomes all comments and feedback about its role in commissioning services on behalf of the people of Wiltshire and aims to provide a clear, simple and easy to understand

process for managing patient experience feedback, which is fair and impartial, widely publicised and accessible to all.

The CCG also has a role in signposting people to the appropriate providers of NHS care regarding complaints and ensuring people are aware of both the provider's advocacy systems and the independent advocacy service The Advocacy People at PO Box 375, Hastings, East Sussex, TN34 9HU, telephone 0300 343 5733.

Complaints or concerns raised with the CCG regarding our commissioned providers are generally signposted to these organisations. During 2019/20 the CCG received 44 formal complaints relating to either commissioning or CCG provided services. The services with the highest number of complaints were Referral Management Centre (RMC) (11), Continuing Healthcare (CHC) (10), Prescription Ordering Direct (POD) (7) and Individual Funding Requests (IFR) (5). The main themes were being unable to access the service (RMC and POD), management and administration (CHC), and IFR (clinical policy).

Compliments

In addition to using complaints and comments to support its role in commissioning services, the CCG is delighted to receive compliments and positive feedback that help to demonstrate where things have gone well and where lessons about good practice can be shared.

The CCG received 24 compliments this year, with the POD service receiving the highest number (11) and CHC receiving 5. The main themes were attitude of staff, management and administration.

Safeguarding

Following the publication of national statutory guidance, Wiltshire became an early implementer of the new partnership arrangements for safeguarding children. The Director of Nursing sits on the executive board with the Director of Adult and Children Social Care and a very senior Police Officer.

The new model has been in place for over a year now and is establishing and embedding the values and processes of the new board. Full details can be found in this link to the plan http://www.wiltshirescb.org.uk/wp-content/uploads/2019/02/Wiltshire-Safeguarding-Plan-PDF.pdf

At the heart of the work of the SVPP is one simple proposition: Children, young people and adults live in families and local communities; these can be sources of support and safety or of danger and risk. Our approach to safeguarding and protecting our community is focused around where

people live and with whom – it's an approach which has 'Think Family, Think Community' at its heart**.** The SVPP will be served by three subgroups:

1. **A quality and impact group** which focusses on delivering a quality assurance function, developing and driving an approach to quality and impact that can work in children's, adults and the CSP worlds and, most importantly, can work where they interface.

2. **A practice review group** that oversees the Rapid Review process and Child Safeguarding Practice Reviews and any other multi-agency audits into children's services as needed.

3. **The voice of the user and of local people**. There is currently a Young People's Safeguarding Board which informs the work of the WSCB, and a Service Users Group and a Carers Network developed under the WSAB.

Designated Professionals in partnership with BaNES and Wiltshire CCGs have developed a single set of performance measures so that we can be assured that all the services we commission are effectively undertaking their safeguarding responsibilities.

The Designated Nurse Safeguarding Children has established a forum for Safeguarding Named Professionals to share good practice, training resources and to learn from each other.

The Designated Nurse Safeguarding Children sits on FACT (Families and Children's Transformation). This joint, multi-agency programme aims to jointly transform current arrangements for children's services across the board.

The Safeguarding Team are working to improve communication of risk and the quality of safeguarding within Primary care. The appointment of 2 Primary Care Safeguarding Specialist Nurses in September 2019 is having a positive impact on training, support and practice for our colleagues in Primary Care.

The Designated Dr Safeguarding Children chairs the Practice Review Group and the Safeguarding Team have been active in their contribution to Domestic Homicide review and both Adults and Children's Safeguarding Reviews which are detailed in the Annual Reports for Safeguarding Children and Adults. A Looked After Children Annual Report is also available as a separate document.

Children's continuing care and Special Educational Needs or Disability (SEND)

In 2019/20 Wiltshire CCG successfully recruited to our Designated Clinical Officer post, a position which is key to ensuring that we are meeting the health needs of our children and young people with Special Educational Needs and/ or Disability. We collaborated with the Local Authority and Wiltshire Parent Carer Council to produce a new local SEND inclusion strategy which saw us conducting several co-creation events with parent carers and stakeholders from across Wiltshire. As a result of this work the following key priority areas have been identified:

1. Developing holistic plans with children/young people
2. Inclusion and removing exclusion in education
3. Inclusion and wellbeing in the community
4. Improving the range and quality of provision
5. Achievement and Progress

6. Well planned transitions

In 2019 our Wiltshire Autism Assessment Service was launched, providing children and young people with a NICE compliant autism assessment pathway that has received positive feedback from parent carers. We have seen significant increases in demand for this service and so we need to work in 2020/21 to address this in order to minimise impact on waiting times. We have reviewed and revised our provision for specialist mental health support for children, which has resulted in a system which aims to improve access and enable parents and children to self-refer for support.

Towards the end of 2019/20 BSW CCG and Wiltshire Council jointly approved an extension to the Wiltshire Children's Community Healthcare Services contract, held by Virgin Care. This will provide a further period of stability for the service upon which they can build upon transformations already delivered and continue to develop and improve services for our local population.

Numbers of children with continuing care have remained stable and we look forward in 2020/21 to continuing to work alongside colleagues in the local authority to improve alignment or children's continuing care annual reviews with other assessments. Work is ongoing to develop our personal health budget offer for this group of children and young people. Also, over the next year we will be looking at the ongoing offer of support to children and young people with autism, we will be undertaking work to better understand the clinical nursing needs of children in special schools and looking to improve health involvement in annual EHCP reviews.

Exceptional Funding Requests (EFR)

The EFR Team logged and processed 100 per cent of all applications within 30 days of receipt. All Prior Approval applications are reviewed and completed, and letters sent with the decision within 30 days of review. The EFR Team communicated 93 per cent of the decisions from the EFR Monthly Panel within 10 working days.

An external audit of PA and IFR processes was carried out in March 2019 by our auditors, KPMG. The audit noted that based on their review of Exceptional Funding Requests, "there was a robust process, with well-designed internal controls in place to ensure that funding requests are processed equitably and in line with the CCG policies". The audit conclusion was 'significant assurance with minor improvement opportunities.' Minor recommendations were made and have all since been implemented. These were predominantly linked to ensuring correspondence relating to the outcome of IFR decisions were descriptive, giving full explanations of why funding was not approved.

From 1 April to 31 December 2019 the IFR Team received 399 applications for exceptional funding of treatments for children and adults. Of these, 82 were approved by clinicians under the EFR process. The EFR team also received 4074 applications for prior approval of treatments of which 2675 were approved.

Applications for funding will be declined if they do not meet the local policies, current policies can be found at: https://bswccg.nhs.uk/your-health/what-we-do-and-don-t-fund

Throughout the year Wiltshire CCG developed a collaborative working relationship with BaNES and Swindon CCG's and has been aligning as many clinical policies as possible ready for the BSW merger in 2020.

Complex discharges

Unnecessarily prolonged stays in hospital can result in several problems for individuals, such as risk of infection, sleep deprivation and episodes of acute confusion. National research has found that for those most at risk, a stay in hospital of over 10 days may cause additional problems.

To help reduce health inequalities prolonged hospital stays for those with complex packages of care are avoided, we have been working with the RUH to ensure that people are able to leave hospital as soon as they are well enough. We will work towards a 'Joint Protocol for Adult Discharge Pathways for Health and Social Care and Associated Funding Arrangements', which helps to ensure that discharges aren't delayed due to funding issues.

We work hard to ensure that people who are nearing the end of their life and have Continuing Health Care Fast Track funding had their packages of care arranged as soon as possible. In January 2019, we reviewed the process for assessing eligibility and completed an audit to ensure that we are following the National framework correctly.

We have been working with our other CCG colleagues who border on our catchment area to ensure a robust process for escalation of delayed discharges.

We have developed a pathway for our complex brain injury patients to ensure access to specialist rehabilitation in a timely way.

Quality Assurance

Commissioning for Quality and Innovation (CQUIN) is offered on an annual basis to all commissioned services. CQUINs account for 1.25 per cent of a provider's total income for agreed quality improvement schemes and allow our partners to work at scale to facilitate change. The aim of the CQUIN scheme is to make sure quality is always part of the discussion between commissioners and providers. Providers of acute hospitals and ambulance, community and mental health services that use standard national contracts are also required to have a CQUIN scheme.

Further information about the national CQUIN schemes for 2019-20 can be accessed via the NHSE CQUIN website: https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20/

Highlights from this year's CQUINs include:

- Improving the uptake of the flu vaccination for frontline clinical staff
- Antimicrobial Resistance Lower Urinary Tract Infections in Older People and Antibiotic Prophylaxis in
- Colorectal Surgery
- Three High Impact Actions to Prevent Hospital Falls
- Same Day Emergency Care Pulmonary Embolus/Tachycardia/Community Acquired Pneumonia
- Improved Discharge Follow Up in Mental Health Services
- Promoting that our providers offer screening, advice and referral interventions for smoking and alcohol

The system-wide CQUIN panel, which includes quality lead representation from BaNES, Swindon and Wiltshire CCGs, has furthered a collaborative review of the providers of CQUINs. This has supported an improved understanding of work streams and outcomes across the wider health community.

Patient Safety

We have a responsibility to ensure that the services we commission are safe. We strive to ensure that individuals are not harmed when receiving healthcare, though occasionally, a Serious Incident or Patient Safety Incident occurs.

All serious incidents reported by provider organisations are reviewed at our Serious Incident Panel to ensure that a robust investigation is undertaken. Feedback is given to the provider organisation to promote learning and help prevent the incident from happening again in the future. We review whether there are any:

- Lessons that could be learnt by another organisation
- Learnings about strengths and weaknesses of the wider system
- Quality Improvement projects that could be undertaken or any issues that require further research and development

Quality Improvement

Stroke

The CCG established a Stroke Service Improvement Collaborative in 2018, which has been meeting throughout 2019/20. The Collaborative has brought together leaders from Wiltshire, B&NES and Swindon, West Hampshire and Dorset CCGs, Medvivo, South Western Ambulance Service, Wiltshire Council Public Health, Wiltshire Health and Care, Salisbury Foundation Trust, Royal United Hospital Foundation Trust (Bath), Great Western Hospital Foundation Trust (Swindon), the Stroke Association, Age Concern and Virgin Community Services (B&NES) and importantly, patients with experience of Stroke, to review the entire pathway and work together to deliver improvements.

The Collaborative was envisioned as a time limited forum and has used Quality Improvement methodology, audit and peer review to support improvements in a range of areas, including in the rate of patients receiving thrombolysis, consistent use of data to drive change, developing relationships across organisations and teams and the design of a 'model pathway'. With the inclusion of Stroke as a key part of the NHS Long Term Plan, the Collaborative has laid an excellent foundation to support the delivery of the national ambitions and therefore it goes forward as a key work stream into 2020-21. The Collaborative will work seamlessly with the Integrated Stroke Delivery Network when it becomes established across the regional area.

CaTHEDRAL

The CCG recognises that nursing and residential Care Homes *are* home, to the people that live in them, and that many care home providers are providing excellent care for their residents. There are, however, always opportunities to work together to improve and following a review of national initiatives and Vanguard projects, the CCG has been working throughout 2019/20 with providers across Wiltshire on the Care homes Transformation and Health-partnerships, Education, Development, Removing bArriers and Learning (CaTHEDRAL) () project. The project has taken a Quality Improvement approach and has been coordinated by the CCG but led by individuals across organisations working to deliver care across Wiltshire. The aim of the project was to "**To build on successful local and national initiatives in order to promote and enable safe and effective care for care home residents, through a person centred approach".** To support the aim, the project developed objectives of:

1. Standardising processes and reducing unwarranted variation in comprehensive assessment of the needs of care home residents.
    - This will improve person centred care planning and risk management
2. Reducing the numbers of unnecessary emergency hospital attendances from care homes

3. Reducing the numbers of unnecessary admissions to hospital from care homes
4. Reducing the length of stay in hospital for care home patients following an admission
5. Reducing the incidents of acquired infection in care homes
6. Enhancing staff capability and competence in care homes to deliver:
    - Improved capacity for quality improvement
    - A more consistent and sustainable workforce
    - A workforce capable of meeting the increasingly complex needs of patients

The delivery of the project focussed on three key work streams:

1. **Implementing the Hospital Transfer Pathway** – this is the use of standardised information across all providers and a 'red bag' for patient's belongings and documentation should a care home resident require admission to hospital. As a nationally validated model, expectations were that Wiltshire should see the same benefits as elsewhere across the country of reduced length of stay in hospitals. In addition, the team had an ambition to promote best practice care planning in order to support reduction of inappropriate admissions to hospital.
2. **Implementation of the 'To Dip or Not to Dip' project -** The most prevalent reason for admission to hospital from a care home is Urinary Tract Infections (UTI). Many of these cases have not been appropriately diagnosed or should not require admission to hospital. This work stream therefore focusses on supporting providers (including primary care and out of hours urgent care) to improve diagnosis of UTI people over 65yrs of age, to ensure the diagnosis is appropriate and antibiotics are prescribed in line with NICE requirements.
3. **Workforce capability development** – this work stream includes an approach built from engagement with Wiltshire stakeholders, with the aim of developing capability and capacity of staff to develop and lead quality improvement processes and projects within their own organisation. This work stream is expected to improve relationships between care home and NHS providers so that the important role of care homes in the health system is appropriately recognised and valued.

The project is currently in evaluation stage. Early data on antibiotic prescribing and treatment of UTIs is very encouraging, and providers are reporting that the Red Bags are working well with lots of examples of the difference these are making to the residents themselves. There have been challenges with the project, which have impacted on some of the ambitions, these will be fully explored within the evaluation. Although this project is coming to a close, many people involved will take forward the newly built relationships and positive collaborative working to ensure continued benefits for years to come.

Research and development

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

Optimising our use of medicines

Medicines play a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. In an era of significant economic, demographic and technological challenge it is crucial that patients get the best quality outcomes from their medicines.

To date, the focus of the CCG Medicines Optimisation team has been on the delivery of evidence-based medicine and cost-effective drug choices. We are currently developing a robust Area Prescribing Committee with partner organisations as we move towards becoming BaNES, Swindon and Wiltshire CCGs (BSW). The influences on prescribing practice are multifactorial and, other than patient demographics, include influences from secondary care and other partner services, influence from the Pharmaceutical Industry, patient beliefs and expectations, influence from peers and the available skill mix to manage change in prescribing practice.

Our work will continue and strengthen our engagement with partner organisations in the development of a joint policy across the whole health and social care economy with leadership for implementation provided by the specialists for each therapeutic area e.g. diabetes and respiratory.

A new emphasis is required to deliver Medicines Optimisation which aims to engage with patients to better understand their issues around medicines and to co-develop solutions that support them with taking their medicines. There will be specific focus around medicines use in care homes and in the over 75s because of our demographics and the known adverse impact of high medicine usage in the frail elderly population (polypharmacy).

The Prescription Ordering Direct (POD) repeat prescription telephone service continues on behalf of seven practices across Wiltshire (~20 per cent of Wiltshire's population). Patients 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, thus preventing medication wastage and supporting compliance. The team always has clinical supervision from pharmacists, allowing additional clinical and cost-effective interventions to support GPs, Nurses and Pharmacists working in primary care. We have also conducted clinical audit work to ensure the safe provision of medicines, for example, reviewing appropriate use of antibiotics.

Equality and Diversity

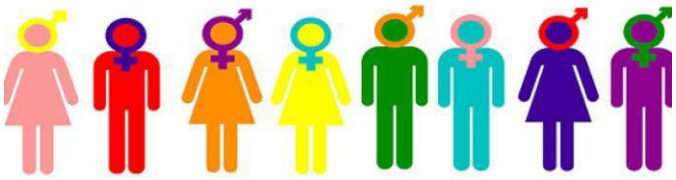
Our work is always carried out in line with the Equality Act 2010, and in accordance with Section 14T of the Health and Social Care Act 2012, and we are committed to eliminating all forms of discrimination, providing equal opportunities and protecting the human rights of those living in Wiltshire. We recognise and value the diversity of our communities and believe that equality is pivotal to the commissioning of modern, high quality health services.

Using Equality Impact Assessments, we have adopted a robust approach that ensures that the impact of decisions which may affect individuals are analysed before their implementation. This tool allows us to assess the impact of our proposals on each of the nine protected groups which are highlighted in the Equality Act 2010, which in turn enables us to guarantee that our services result in high-quality health care that is fair, accessible to all and meets the needs of our diverse communities. Equality impact assessments are an important part of commissioning projects, and ours were published on the archived CCG website.

We have required all our healthcare service providers to comply with the Equality Act, Human Rights Act and the NHS Constitution. This has included ensuring that providers are assessed on equalities performance at all stages in procuring a contract and during our quality assurance programme receiving evidence that the organisations are making them accessible and that they meet the needs of the community.

As the number of CCG employees has been below the threshold of 150, we were not required to publish equality data about our staff as it is difficult to publish some aspects of the data without compromising staff confidentiality. All our staff are required to undertake three yearly training on equality and diversity.

We are committed to improving our Equalities Data, Intelligence data, and our use of equality analysis data in our commissioning cycle. To help improve our equality data, we are building stronger relationships with protected groups and communities to better understand and fulfil their needs.



Reducing health inequality

We are committed to engaging with a diverse range of local groups and communities and ensuring their voice, experiences and needs inform our plans and the changes we make to services.

As part of the Mental Health Transformation Workstream 'Thrive,' we proactively sought the views of groups of people through the use of Large Group Interventions, where along with members of the public and service users, we also sought views on mental health services from other local groups, including 3rd sectors organisations.

When we consulted on our proposal to transform maternity services, we made efforts to share and discuss the proposal with seldom heard groups, including parent carers, parents with learning disabilities and young parents.

During our engagement activities this year, we have had wide-ranging support from local groups and services who support and represent different communities, including Off the Record, the Carers' Centre, Bath Ethnic Minority Senior Citizens Association (BEMSCA), Curo, Your Say Advocacy, Southside Family Project, Creativity Works, Gay West, Deaf Plus, Vision Plus, University of Bath, Bath Spa University and Bath College.

Engaging people and communities

Wiltshire CCG has been committed to placing patients and the public at the heart of everything we do. In doing so, we have sought to respond to the needs and wishes of the public and ensure that public, patient and carer voices are at the centre of healthcare services – from planning to delivery, and in the way involvement is reported and communicated.

We have a duty under the National Health Service Act 2006 (as amended) to engage, involve and consult patients and the public. For CCGs this duty is outlined in section 14Z2 of the Act and guidance from the Department of Health, National Institute for Clinical Excellence and the Care Quality Commission give further direction on how to meet all the requirements of the Act.

During 2019/20 we have engaged as a partnership across our health and social care system. In doing so we have worked with a range of organisations to maintain a dialogue with communities through a period of intense change and challenge. The outputs of these conversations provide a basis for decisions about how services are developed during 2019/20 by future health and social care systems, as well as informing continuous quality improvement.

Each of the 18 community areas in Wiltshire has an Area Board with devolved executive functions, and a local Health and Wellbeing Board. Area Board meetings have been attended by CCG executives and commissioners, councillors, professionals, local voluntary organisations and service users and carers. They are used as forums for engaging on priorities and service changes, setting local joint strategic needs priorities, and focussing on adult health and social care transformation.

Health and Care Forums are mandated by the Area Boards and they gather together people and special interest groups working in communities to discuss issues and promote health and wellbeing locally. We have attended Health and Social Care Forums throughout the year in Warminster, Chippenham, Calne and Tidworth, and the newly reformed forum in Tisbury.

Examples of partnership engagement and consultation projects undertaken during 2019/20 to support the BaNES, Swindon and Wiltshire (BSW) system priorities include:

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. We engaged widely across BSW and more than 2,400 people took part in public consultation between 12 November 2018 and 24 February 2019.

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

The proposal to change maternity services was approved by the joint BSW Governing Bodies on 16 January 2020 and implementation of the proposal has begun.

Public engagement undertaken for implementation

Working in partnership with our Maternity Voices Partnership group we continue to meet with mums and families to talk about the changes to the services and how it will affect them. Workshop sessions were held in March Paulton and Trowbridge to begin to co-design the future of postnatal care and develop the community hub model for maternity services (further events were planned for Chippenham, Bath and Frome but were delayed due to the Covid-19 pandemic.

Our Health Our Future

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

The Our Health Our Future campaign hit the road in June 2019 and, for the following six weeks, members of the communications and engagement teams from Bath and North East Somerset, Swindon and Wiltshire CCGs visited towns and villages, as well as markets, shopping centres, universities, colleges and community meetings, throughout the region to ask people of all ages three simple questions:

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

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

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

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

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

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

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

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

Transformation of mental health services across B&NES, Swindon and Wiltshire

BSW CCGs are working with our many partners across the health and care system, as well as with other public services, with the aim of improving the mental health and wellbeing of our local communities. Key to taking this work forward is a commitment to develop shared priorities and proposals with individuals, patients, their families and representatives of organisations with a strong interest in mental health.

Public engagement undertaken

Continuing our engagement with community organisations and professionals, we held a second Large Group Intervention event on 19 June 2019 in the Oasis Centre in Swindon. Around 150 people came together for a day of facilitated sessions focussing on developing a Thrive model of care for the region.

Our Health Our Future citizens panel

This year saw the first steps taken to set up a citizen's panel for BSW CCGs – a new way of engaging with people from B&NES, Swindon and Wiltshire to get their views of health and care issues. Building on our successful engagement campaign over the summer 2019, we have called this panel the Our Health Our Future panel.

The Our Health Our Future Panel will be an online panel made up of a representative sample of the population from across our region. We are aiming for the initial panel to be made up of 1000 members who will take part in regular surveys throughout the year as well as form focus groups from time to time. We are committed to ensuring vulnerable, disadvantaged and seldom-heard groups have representation on the panel and will carry out targeted recruitment to achieve this. Full reports of every survey will be publicly available, and insights gained from the panel will be used to inform our decision making, strategy, service design and service change.

Public engagement undertaken

We are working with independent market research specialists Jungle Green to develop our panel and face to face recruitment for panel members began in January 2020.

Recruitment activity has taken place around the region including Bath, Twerton, Midsomer Norton, Swindon, Devizes, Marlborough, Trowbridge, Salisbury, Chippenham, Warminster and Royal Wootton Bassett. As well as these major towns, teams will be out and about in smaller towns and villages until around the end of March 2020 to ensure we have a representative panel.
As well as signing up for the panel, people are being asked to complete a short survey that includes demographic information and some questions on general health and social care issues. The results will give us a benchmark for measuring the impact of new initiatives and changes to service delivery.

We plan to survey the panel four times a year on a range of topics as determined by commissioners and partners.

Primary Care Networks

Before the establishment of Primary Care Networks in July 2019 we engaged with both our GP membership and our Patient Participation Groups (PPG) to help them understand the rationale and implementation process, and to give them the opportunity to shape the networks in a way that best suited their communities.

Public engagement undertaken

In April 2019 Healthwatch Wiltshire jointly facilitated a workshop session for Patient Participation Groups from around the county. Almost 40 PPG members and practice managers attended the event. Following a presentation about the fundamentals of PCNs, Healthwatch volunteers facilitated table discussions asking the following questions:

1. What do you think of the concept of Primary Care Networks?
2. What opportunities and benefits could working together have?
3. Are there any potential barriers or difficulties?
4. How can Healthwatch and the CCG engage with you and the public about this going forward?

The group could see the advantages of PCNs for communities including reduced waiting times, more opportunities for individual care and more connected working between health and care organisations benefiting patients.

Issues raised included problems with transport in rural areas, managing the expectations of patients and the security of data when sharing medical records. Also highlighted was the need to make sure that people and communities understand the way a PCN works and that patients might be directed to a nurse, paramedic or pharmacist instead of always seeing a GP.

The findings and comments from this session have been fed back into our communications about PCNS and our work with individual PCNs across the region.

Other types of communication

The CCG has used a wide range of communication channels to ensure patients and the public are kept informed of its work. These channels have included:

- A monthly newsletter
- A quarterly PPG newsletter
- Twitter and Facebook
- Webpages
- Media briefings
- MP briefings
- Public health campaigns – local and national initiatives
- Paid-for advertising
- Leaflets and posters

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

Between January and March 2020, the CCG undertook a self-assessment to review its work to engage with the people and communities it is responsible for commissioning services for. Building a positive relationship with patients and communities is a key commitment of the Five Year Forward View and the Long Term Plan and the CCG knows that better 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 July 2020.

The CCG scored 6 (amber) for 2019.

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

Health and wellbeing strategy

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

We worked closely with Wiltshire Council to fulfil our statutory duty to produce a joint health and wellbeing strategy and a joint strategic needs assessment for our local population.

In September 2019, Wiltshire's Health and Wellbeing Board agreed to a new Joint Health and Wellbeing Strategy.

The Health and Wellbeing Strategy is a shared strategy, which aims to improve the health and wellbeing of the local population, reduce inequalities and promote the integration of services. It uses the analysis and data from the Joint Strategic Needs Assessment (JSNA), to help identify and agree the key ambitions for our population which as a Health and Wellbeing Board we will work together to deliver. It does not list everything that all organisations will be doing to improve health and wellbeing. Instead it focuses on where the Health and Wellbeing Board can add value and sets out our vision for integrated working for the future.

The purpose of the strategy is to enable:

- All health and wellbeing partners to be clear about our agreed priorities for the next four years
- All members of the HWB to embed the priorities within their own organisations and ensure they are reflected in their commissioning and delivery plans
- A joined-up approach towards commissioning to deliver against these priorities
- The HWB to hold organisations to account for their actions towards achieving the objectives and priorities in the strategy

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

During 2019/20 four Health and Wellbeing meetings were held in May, July and September 2019 and January 2020. The other meeting in November 2019 was cancelled.

The focus for 2019/20 was:

- The Better Care Fund
- A co-produced review of learning disability service delivery
- The delivery of Wiltshire's End of Life Care Strategy for adults
- Support for those living with Parkinson's
- The maternity consultation
- Child and Adolescent Mental Health Services Transformation

Sustainable development

Background and accountability

Wiltshire CCG acknowledged the responsibility to its patients, local communities and the environment to take steps to lessen our impact and the impact of the decisions we made and the contracts we put in place for healthcare. We had an obligation to work in a way that has a positive effect on the communities we served. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of rising costs of natural resources. Demonstrating that we consider the social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

We recognised the impact of commissioning and procurement decisions on the carbon footprint of the NHS and we worked to minimise our use of scarce resources to contribute to the overall reduction of the NHS. All staff had a part to play, through commissioning and day-to-day CCG operations.

Sustainability planning and partnerships

As a commissioning and contracting organisation, we needed effective contract mechanisms to deliver our ambitions for sustainable healthcare delivery. The NHS policy framework already sets the scene for commissioners and providers to operate in a sustainable manner. Crucially for us as a CCG, evidence of this commitment was needed to be provided in part through contracting mechanisms.

Working with several local GP practices, we have been tackling the wastage of unused medicines that cost the NHS £2.7million every year in Wiltshire. Our aim was to ensure that patients were receiving the correct quantity of medication that they needed in a timely manner, to help reduce the amount of prescription waste in our area. Our Prescription Ordering Direct service for Wiltshire patients covers seven practices, providing an easy way to order repeat prescriptions from home, removing the need to go into the GP Surgery or pharmacy. A trained coordinator will discuss the patient's needs and ensure only the medication required is ordered. For more information about the Prescription Ordering Direct service visit https://www.bswccg.nhs.uk/your-health/hospital-care/prescription-ordering-direct-pod

The BSW Partnership (Sustainability and Transformation Partnership) focuses on shared challenges and opportunities across the wider geographical footprint. This is place-based planning that is not limited by organisational boundaries. The collective plan drives greater efficiency and improvements in quality across the health and care system, reducing variation and refreshing patterns of clinical care with community based integrated care. We have stated priorities for 2020/21 in sustainable secondary care services and developing sustainable communities. For services to be sustainable, we also need to get better at preventing disease, not just treating it and encourage everyone to focus on being well and to manage their own care.

Sustainability policy

We continued to determine our vision for sustainability and responsibility for delivery, working with NHS Property Services and our partners in the delivery of healthcare for the growing population of Wiltshire. We considered commissioning, general operations and travel and reflected actions in relevant plans as we worked with partners and networks to facilitate integration. This included embedding social and environmental sustainability across CCG policy development, business

planning and in commissioning to meet our obligations under the Climate Change Act 2008 and the Public Services (Social Value) Act 2012 and demonstrate our commitment as a socially responsible employer. We did not use the Sustainable Development Assessment Tool (SDAT) tool but will be considering this for the future.

Local sustainability arrangements

At the end of 2019/20, we were one of two tenants in Southgate House in Devizes. This property is owned by NHS Property Services who manage waste collection, energy and water provision. We worked with NHS Property Services to establish an appropriate method to apportion waste and utility usage between the tenants on the basis of percentage occupancy. As Southgate House is an old building, we and NHS Property Services continued to discuss where appropriate investment may be made on sustainability projects to improve the facility. We continued to work in association with NHS Property Services and the other tenant, to assess risks, enhance our performance and reduce our environmental impact, including against carbon reduction and climate change adaptation objectives.

Separately, the CCG also considered how our day-to-day operations can have a stronger focus on sustainability. We already had central waste arrangements, rather than waste bins at each desk, with both confidential and non-confidential paper waste being collected by a shredding contractor for recycling. Staff were expected to use centralised printing facilities which are energy and ink efficient where it is necessary to print documents. We had access to and regularly used video and telephone conferencing equipment to reduce the need to travel to meetings. As an organisation that acknowledged its responsibility towards creating a sustainable future, we ran awareness campaigns that promoted the benefits of sustainability to our staff.The CCG continued to encourage waste recycling and the CCG had eagerly taken up the opportunities now in place to recycle their milk bottle tops and crisp packets in addition to our standard waste recycling. It is often small things that can make a difference and the CCG continued to identify single use plastics and work to replace them with reusable or recyclable products.

NHS Property Services is now able to use waste for heat recovery which has further reduced the amount of waste going to landfill.

Southgate House benefits from a shower facility and staff were encouraged to cycle to work. The CCG ran a People's Group which organised events to drive a holistic approach to health and wellbeing and encouraged staff to use the outside spaces on site for meetings and relaxation. The CCG placed a strong emphasis on prevention of ill health and health promotion and initiatives occurring throughout the year.

Performance and progress

Energy

We spent £44,408 on energy in 2019/20, which although a reduction on 2018/19 spend remained a substantial cost increase on the reported spend for 2017/18. Gas and electricity use has reduced more than the spend as a percentage and needs to be understood why this is the case.

Resource		2015/16	2016/17	2017/18	2018/19	2019/20
Gas	Use (kWh)	179,167	151,697	170,326	207,546	169,372
	tCO_2e	37.1	31.7	36.1	44.1	35.2
Oil	Use (kWh)	0	0	0	0	0

	tCO_2e	0	0	0	0	0
Coal	Use (kWh)	0	0	0	0	0
	tCO_2e	0	0	0	0	0
Electricity	Use (kWh)	293,077	302,489	290,998	260,554	231,175
	tCO_2e	168	156	130		73
Green Electricity	Use (kWh)	0	0	0	0	0
	tCO_2e	0	0	0	0	0
Total Energy CO_2e		206	188	166	136	
Total Energy Spend		£34,704	£33,237	£34,468	£47,001	£44,458

Paper

The movement to a paperless NHS can be supported by staff reducing the use of paper at all levels, this reduces the environmental impact of paper, reducing cost of paper to the NHS and can help improve information security. It is estimated that Wiltshire CCG used 3.39 tonnes of paper during 2019/20 (cost £4,342) which is a reduction against 2018/19 from 3.6 tonnes at a cost of £5,266.

Water

Our water usage has decreased during 2019/20 which was pleasing given that our proportional usage of Southgate House has increased. The cost of the water supply and sewerage hasn't, however, reduced to reflect the decreased use and needs to be understood why this is the case.

Water		2015/16	2016/17	2017/18	2018/19	2019/20
Mains	m^3	800	892	1,097	1,032	882
	tCO_2e	0.73	0.82	1	0.94	0.8
Water and Sewerage Spend		£3,335	£3,682	£2,992	£7,229	£7,165

Travel

We can improve local air quality and improve the health of our community by promoting active travel to our staff, through our providers and to the patients and public who use the services we commission. We support a culture for active travel to improve staff wellbeing and reduce sickness. Air pollution, accidents and noise all cause health problems for our local population, patients, staff and visitors and are caused by cars, as well as other forms of transport.

Business travel continues to increase which is expected to be addressed through a significant shift to home based working.

Category	Mode	2015/16	2016/17	2017/18	2018/19	2019/20
Business Travel	miles	105,347	78,256	68,996	100,732	115,276
	tCO_2e	38.1	28.28	26.24	37.1	39.8
Total cost of business travel	£	56,240	55,289	57,802	56,410	64,554

Part Two – Accountability report

Tracey Cox
Chief Executive

25 June 2020

Accountability Report
Corporate Governance Report

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

Members' report for 2019/20

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

In October 2019, NHSE approved the BSW CCGs application for merger from 1 April 2020. Work on approving a new single constitution for the BSW CCG began in November 2019.

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

Member profiles

The CCG was led by an elected Clinical Chair, Dr Richard Sandford-Hill throughout 2019/20.

The Governing Body included the three GP Locality Chairs, Dr Andrew Girdher for North and East Wiltshire, Dr Toby Davies for Sarum and Dr Catrinel Wright for West Wiltshire.

Wiltshire CCG Governing Body included three Lay Members. Lay Member for Audit and Governance was Peter Lucas, Lay Member for Patient and Public Involvement and Vice Chair until December 2019 was Christine Reid OBE, Julian Kirby was Lay Member taking on the role of Vice Chair from December 2019.

Dr Mark Smithies, Secondary Care Doctor, left the CCG in September 2019. No replacement was appointed for the period up to the end of the financial year. Dina McAlpine, Director of Quality and Nursing also held the role of Registered Nurse for Wiltshire CCG until her departure in June 2019. From July 2019, Gill May BSW Executive Director of Nursing and Quality took on the role of Registered Nurse.

As part of the Commissioning Alliance and merger with BaNES CCG and Swindon CCG, Wiltshire CCG Chief Executive, Chief Finance Officer and Director of Nursing and Quality have been shared appointments during 2019/20.

Under the new commissioning alliance arrangement, which involved a single Chief Executive overseeing the three CCGs, the former Wiltshire CCG Accountable Officer role was updated and replaced with a new position which had the title of Deputy Chief Executive – Wiltshire.

Dr Richard Sandford-Hill, Clinical Chair

Richard qualified from St. George's Hospital Medical School in 1988. In 1994, after completing his General Practice training in West Dorset, Richard became a partner in the Market Lavington Surgery, where he has been a senior partner since 2006. Richard's specific clinical interests include minor surgery and palliative care.

Dr Andrew Girdher, GP Chair North and East Wiltshire

Andrew is a GP Partner at Box Surgery and is the Chair of the North and East Wiltshire locality group. He has first-hand knowledge of what works in Primary Care and has an extensive understanding of population-based services. Andrew is the CCG lead for Diabetes in Wiltshire, the GP Federation in North Wiltshire and is also the Sustainability and Transformation Partnership

lead for Primary Care. He is an established trainer and a GP Appraiser. He represents Wiltshire CCG at the Royal United Hospital in Bath for the Clinical Commissioning Reference Board.

Dr Toby Davies, GP Chair Sarum

Toby qualified in 1985 at Birmingham University and completed his GP training in Devon after working in Australia. Since 1994 he has been a partner at the Castle Practice in Ludgershall, Wiltshire, and his specialisms include asthma, cardiology and minor surgery.

Dr Catrinel Wright, GP Chair West Wiltshire

Catrinel qualified in 1996 and worked in a variety of hospitals in England and Scotland before completing GP training in West Sussex. Her interest in quality improvement has led her to become a GP Specialist Advisor for the Care Quality Commission and more recently, a GP Appraiser for NHSE. Catrinel's clinical special interests are Dermatology and Minor Surgery.

Peter Lucas, Lay Member Audit and Governance

Peter's background is in industry, commercial and investment banking and local community activities. His involvement in the NHS began as chair of the Patient Partnership Group of his local GP practice before holding several roles with health authorities in the south west.

Christine Reid OBE, Lay Member Patient and Public Involvement (until 31 December 2019)

Christine served as a councillor in Wiltshire until 1998 during which time she held many health related roles. She also served on the national Local Government Association as lead member for rural local authorities and was awarded the OBE for this work. Christine has an ongoing interest in mental health services, carer services, delivering the equality and diversity agenda, and working with stakeholders.

Julian Kirby, Lay Member and Vice Chair

Julian worked in various Ministry of Defence establishments before joining the Wiltshire Constabulary in the mid-eighties. In 2006 he was appointed Divisional Commander for the County Division and he was a member of the Wiltshire Public Service Board, the Wiltshire Assembly and Chair of the Wiltshire Community Safety Partnership. Julian was appointed Assistant Chief Constable, South Wales in 2010 and he was Chair of the South Wales Local Resilience Forum with responsibility for the coordination of multi-agency business continuity and disaster recovery. On retiring from policing Julian joined Age UK Salisbury in 2014. Julian is passionate about addressing the health and care challenges facing older people.

Dr Mark Smithies, Secondary Care Doctor (until 30 September 2019)

Mark qualified in 1981 at the University of London. Prior to becoming Director of Intensive Care at the University Hospital of Wales, in Cardiff, he was a consultant in Intensive Care at Guys Hospital in London.

Tracey Cox, Chief Executive

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

Caroline Gregory, Chief Finance Officer

Caroline has more than 20 years of NHS experience and has spent more than 80 per cent of that period at senior management and board level. Caroline's extensive career with numerous provider and commissioner organisations across the Thames Valley region has provided her with an in-

depth knowledge of a range of key NHS areas, such as mental health, community services, learning disabilities and primary care groups.

Gill May, Director of Nursing and Quality

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

Member practices

The CCG comprised 47 member practices. From June 2019, with the establishment of the Primary Care Networks, the member practices were set up as follows:

	Primary Care Network	Member Practices	Population Served
SARUM	Sarum West (Includes Courtyard Surgery 2,776)	Sixpenny Handley The Orchard Partnership Tisbury Surgery Mere Surgery Silton Surgery Hindon Surgery Courtyard Surgery	31,022
	Sarum South	Downton Surgery Harcourt Medical Centre Salisbury Medical Practice Whiteparish Surgery Three Chequers	78,581
	Sarum North	Barcroft Medical Practice Castle Practice St Melor House Surgery	41,285
WEST	Devizes (Excl. Courtyard Surgery, 2,776 patients)	Market Lavington Surgery Lansdowne Group Practice St James Surgery Southbroom Surgery	31,099
	Trowbridge	Lovemead Group Practice Trowbridge Health Centre	48,658
	BoA and Melksham	Giffords Primary Care Centre Spa Medical Centre Bradford on Avon and Melksham Health Centre	46,635
	Westbury and Warminster	The Avenue Surgery White Horse Health Centre	39,797
NEW	Chippenham (includes Corsham and Box)	Hathaway Medical Centre Rowden Medical Centre Lodge Surgery Porch Surgery Box Surgery	62,801
	Calne	Patford House Partnership Northlands Surgery Jubilee Fields Surgery	27,098

	North Wiltshire Border Locality (Malmesbury, Tolsey, Royal Wootton Bassett, Purton and Cricklade)	Malmesbury Medical Partnership Tolsey Surgery Purton Surgery Tinkers Lane Surgery New Court Surgery Cricklade Surgery	50,484
	East Kennet	Kennet and Avon Medical Partnership Ramsbury and Wansborough Surgery Burbage Surgery Old School House Surgery	34,036

Composition of the Governing Body

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

The membership of the Wiltshire CCG Governing Body, effective from 1 April 2019 to 31 March 2020, is set out below, and reflects the establishment of a single BSW Senior Management Team.

Dr Richard Sandford-Hill	Clinical Chair of the CCG
Tracey Cox	Chief Executive
Mark Harris	Chief Operating Officer (until October 2019)
Steve Perkins	Chief Financial Officer (until June 2019)
Caroline Gregory	BSW Chief Financial Officer (from June 2019)
Christine Reid, OBE	Vice Chair, Lay Member: Patient and Public Involvement (until 31 December 2019)
Peter Lucas	Lay Member: Audit and Governance
Julian Kirby	Lay Member
Dr Andrew Girdher	GP Chair, North and East Wiltshire
Dr Toby Davies	GP Chair, Sarum
Dr Catrinel Wright	GP Chair, West
Dr Mark Smithies	Secondary Care Doctor (until September 2019)
Dina McAlpine	Registered Nurse / Director of Nursing and Quality (until June 2019)
Gill May	Registered Nurse / BSW Executive Director of Nursing and Quality (from July 2019)

In attendance (no voting rights)	
Jo Cullen	Director of Primary Care and Urgent Care/ Group Director – West Wiltshire and Devizes (until October 2019) BSW Director of Primary Care (from October 2019)
Lucy Baker	Acting Director of Acute Commissioning (until October 2018) Acting Group Director – Sarum/ Acting Commissioning Director (Maternity, Children and Mental health) and Group Director – Sarum (until October 2019) BSW Director of Service Delivery (from October 2019)
Ted Wilson	Director of Community and Joint Specialist Commissioning/ Group Director – North and East Wiltshire (until October 2019?) Acting Wiltshire Chief Operating Officer (from October 2019)
Dr Helen Osborn	GP Medical Advisor, Safeguarding (Children) and Clinical Exceptions
Andrew Mintram / Richard Austin	Board Member, Healthwatch Wiltshire
Tracy Daszkiewicz	Director of Public Health and Public Protection
Sarah MacLennan	Associate Director of Communications and Engagement (until September 2019)
Tamsin May	BSW Deputy Director of Communications and Engagement (from October 2019)
Sharon Woolley	Board Administrator

There are several members of the Governing Body who were in post until March 2020 and have not transferred to the new BSW CCG and I formally give a vote of thanks for all their hard work during their time with the CCG.

Below are the names of the people who were previous members of the Wiltshire CCG Governing Body since its inception in 2013 and thanks go to them for their contributions over the years.

- Dr Steve Rowlands
- Dr Peter Jenkins
- Dr Simon Burrell
- Dr Helen Osborn
- Dr Toby Davies
- Dr Jonathan Rayner
- Dr Debbie Beale
- Dr Celia Grummitt
- Dr Mark Smithies
- Dr Anna Collings
- Dr Chet Sheth
- Dr Catrinel Wright
- Dr Muhammed Rehman
- Dr Richard Sandford-Hill
- Dr Lindsay Kinlin
- Dr Andrew Girdher
- Tracey Cox
- Linda Prosser
- Deborah Fielding
- Simon Truelove
- Mark Harris
- Peter Lucas
- Julian Kirby
- Mary Monnington
- Jill Crook
- Dina McAlpine
- Gill May
- Steve Perkins
- Christine Reid
- Caroline Gregory

Register of interests

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

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

Personal data related incidents

None occurred during the year.

Statement as to disclosure to auditors

Everyone who is a member of the CCG at the time the members' report was approved confirms:

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

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

Modern Slavery Act

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

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

The National Health Service Act 2006 (as amended) states that each CCG shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHSE). Tracey Cox is the Accountable Officer of NHS Wiltshire CCG, a role she also holds for Bath and North East Somerset and Swindon CCGs.

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

- The propriety and regularity of the public 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 CCG and enable them to ensure that the accounts comply with the requirements of the Accounts Direction)
- For safeguarding the CCG'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), NHSE has directed each CCG 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 CCG 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 NHSE, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts;
- Prepare the financial statements on a going concern basis; 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 Wiltshire CCG's auditors are aware of that information. So far as I am aware there is no relevant audit information of which the auditors are unaware.

Tracey Cox
Chief Executive

25 June 2020

Governance statement

Introduction and context

Wiltshire CCG was a corporate body established by NHSE on 1 April 2013 under the National Health Service Act 2006 (as amended).

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

As of 1 April 2019, the CCG is not subject to any directions from NHSE 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 CCG's policies, aims and objectives, while safeguarding the public funds and assets for which I am personally responsible for, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my CCG Accountable Officer Appointment Letter.

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

Governance arrangements and effectiveness

The main function of the Governing Body was to ensure that the CCG made appropriate arrangements for ensuring that it exercised its functions effectively, efficiently and economically and complied with such generally accepted principles of good governance which were relevant to it.

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

The Governing Body ensured the CCG had appropriate arrangements in place to exercise its functions effectively, efficiently and economically in accordance with the group's principles of good governance. Reporting to the CCG Governing Body, the following subgroups enabled it to discharge its responsibilities and manage its performance, quality and risk effectively:

Statutory Committees:

- Audit Committee
- Remuneration Committee
- Primary Care Commissioning Committee

Non-statutory Committees:

- Finance and Performance Committee (discharged 31 August 2019)
- BSW Finance Committee (from 1 September 2019)
- Quality and Clinical Governance Committee (discharged August 2019)
- BSW Quality and Performance Committee (from 1 September 2019)

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 were placed on the CCG's website in advance of the meetings and acted as a public record of the decisions taken and performance to date.

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

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

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

The Governing Body has been supported by the Wiltshire Integrated Care Alliance Board, the Health and Care Board and the Health and Wellbeing Board, which covers health and social care integration.

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

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

The Committee met seven times during the year, four of which (from September 2019 onwards) were meetings in common with the Audit Committees of BaNES and Swindon as part of the planned streamlined governance arrangements across BSW and moving towards a single CCG.

Highlights of work undertaken during the year have included considering, reviewing and approving, as appropriate:

- Internal and external audit plans for the year
- The CCG's Board Assurance Framework

- Counter Fraud and Security Management reports
- The CCG's Register of Gifts and Hospitality
- The CCG's Annual Report and Accounts 2019/20 and Letter of Representation
- BSW Model of IT Support Business Case
- Mental Health Investment Standards Review
- BSW policy merger arrangement
- Aligning Risk Management Systems and Processes across BSW

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

The Remuneration Committee was accountable to the CCG's Governing Body to make recommendations 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.

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

The Primary Care Commissioning Committee (PCCC) was established in accordance with the statutory requirements that come with the delegation of primary care commissioning functions, to enable the members to make collective decisions on the review, planning and procurement of primary care services in Wiltshire under delegated responsibility from NHSE, which reports to the Board and to NHSE. The PCCC oversees the work of the Primary Care Operational Group (PCOG), and the primary care work plans as established by the CCG as part of the Five Year Forward View and the General Practice Forward View Plan.

During 2019/20 the PCCC met three times, two of which (from October 2019 onwards) were meetings in common with the PCCC of BaNES and Swindon as part of the planned streamlined governance arrangements across BSW and moving towards a single CCG. Topics discussed at the meetings included quality and finance reporting, operational reports, the formation of the Primary Care Networks, extended access for primary care services, primary care engagement, system working across BaNES, Swindon and Wiltshire CCGs, and a review of risks. Membership details and attendance are reported below.

The Quality and Clinical Governance Committee: The committee has provided assurance to the CCG's Governing Body of the quality of services commissioned and promoted a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience. It oversaw the development and monitoring of the overall strategy for quality improvement, in partnership with patients, carers and the wider community and monitored performance against service delivery indicators. From September 2019, the committee met jointly with BaNES and Swindon CCGs as the BSW Quality Performance and Assurance Committee as part of the planned streamlined governance arrangements across BSW and moving towards a single CCG. Membership details and attendance are reported below.

The Finance and Performance 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. From September 2019, the committee met jointly with BaNES and Swindon CCGs as the BSW Finance Committee as part of the planned streamlined governance arrangements across BSW and moving towards a single CCG.

	Wiltshire CCG Governing Body and Committee Attendance 2019/20								
		Number of Meetings held in 2019/20							
Total number of meetings		11	7	7	3	2	5	2	4
Number of meetings in common		6	4	5	2	0	0	0	0
Name	Title	GB - public	Audit	Rem	PCCC - public	Finance and Performance	BSW Finance and Performance Committee (from September 2019)	Q&CG	BSW Quality, Performance and Assurance Committee (from September 2019)
Dr Richard Sandford-Hill	Clinical Chair of the CCG	8/11	-	3/7	3/3	2/2	-	2/2	3/4
Linda Prosser	Deputy Chief Executive (Wiltshire)	3/11	1/7	-	1/3	2/2	-	2/2	-
Tracey Cox	BSW Chief Executive	9/11	3/7	4/7	-	1/2	2/5	-	-
Steve Perkins	Chief Financial Officer (until June 2019) BSW Deputy Chief Financial Officer (until June 2019) BSW Director of Operational Finance Performance (until March 2020)	1/11	2/7	-	-	2/2	5/5	-	-
Caroline Gregory	BSW Chief Financial Officer (from June 2019)	10/11	5/7	1/7	3/3	1/2	5/5	-	-
Christine Reid, OBE	Lay Member Patient and Public Involvement and Vice Chair of the CCG (until December 2019)	8/11	5/7	5/7	2/3	2/2	-	2/2	1/4
Peter Lucas	Lay Member Audit and Governance	10/11	7/7	5/7	-	2/2	5/5	-	-
Julian Kirby	Lay Member	11/11	4/7	7/7	2/3	1/2	5/5	-	-
Dr Andrew Girdher	GP Chair, North and East Wiltshire (until 31 March 2020) BSW CCG Clinical Chair	8/11	-	3/7	3/3	1/2	1/5	2/2	-
Dr Toby	GP Chair,	10/11	-	-	2/3	2/2	3/5	-	-

Davies	Sarum								
Dr Catrinel Wright	GP Chair, West Wiltshire and Devizes	8/11	4/7	-	1/3	2/2	-	1/2	-
Dr Muhammed Rehman	GP Vice Chair, West Wiltshire and Devizes (until June 2019)	2/11	-	-	1/3	-	-	-	-
Dr Mark Smithies	Secondary Care Doctor (until September 2019)	3/11	3/7	1/7	1/3	2/2	-	2/2	-
Dina McAlpine	Registered Nurse / Director of Nursing and Quality (until June 2019)	1/11	-	-	-	-	-	1/2	-
Gill May	Registered Nurse / BSW Executive Director of Nursing and Quality (from July 2019)	8/11	-	-	2/3	-	-	1/2	4/4
Mark Harris	Chief Operating Officer / Director of Acute Commissioning (until October 2019) BSW Director of Commissioning	4/11	-	-	-	1/2	4/5	-	2/4
Nicki Millin	BSW Executive Director of Strategy and Transformation (Non-voting) (from 1 July 2019)	3/11	-	-	2/3	-	-	-	-
Sarah James	BSW Programme Director for Transition (October 2019)	2/11	-	-	-	-	-	-	-
Julie-Anne Wales	Head of Corporate Governance (until October 2019) BSW Director of Corporate Affairs	9/11	5/7	2/7	1/3	1/2	-	1/2	-
Ted Wilson	Wiltshire Chief Operating Officer (Acting) (from 1 July 2019 until 1 March 2020)	10/11	-	-	-	1/2	-	-	-
Elizabeth Disney	Wiltshire Chief Operating Officer (from 2 March 2020)	1/11	-	-	-	-	-	-	-
Sheridan	BSW Interim	3/11	-	1/7	-	-	-	-	-

Flavin	Executive Director for People and OD (from 2 September 2019 job share)								
Alison Kingscott	BSW Interim Executive Director for People and OD (from 2 September 2019 job share)	3/11	-	3/7	-	-	-	-	-
Corinne Edwards	BaNES Chief Operating Officer (from 1 July 2019)	3/11	-	-	-	-	-	-	-
David Freeman	Interim Swindon Chief Operating Officer (from 1 July 2020)	1/11	-	-	-	-	-	-	-
Dr Helen Osborn	Medical Advisor (Non-voting)	6/11	-	-	-	-	-	2/2	3/4
Tracy Daszkiewicz	Director of Public Health and Public Protection – Wiltshire Council (Non-voting)	4/11	-	-	-	-	-	1/2	-
Lucy Baker	Acting Commissioning Director (Maternity, Children and Mental Health) (until October 2019) BSW Director of Service Delivery	4/11	-	-		-	-	-	1/4
Jo Cullen	Director of Primary Care and Urgent Care (until October 2019) BSW Director of Primary Care	5/11	-	-	3/3	1/2	-	-	-
Andrew Mintram	Healthwatch	1/11	-	-	-	-	-	-	-
Richard Austin	Healthwatch	2/11	-	-	-	-	-	-	-
Sarah MacLennan	Associate Director of Communications and Engagement (until September 2019)	3/11	-	-	-	-	-	-	-
Tamsin May	BSW Deputy Director of Communications and Engagement	7/11			1/3				

Clare O'Farrell	Interim Director of Community and Joint Commissioning (from October 2019)	1/11	-	-	-	-	-	-	-

Relation with shareholders

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

The Governing Body/CCG understood its responsibility to listen and engage with its stakeholders and actively 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 has been clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of functions.

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

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

Risk management arrangements and effectiveness

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

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

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

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

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

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

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

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

Capacity to Handle Risk

The Governing Bodies of the BSW CCGs are responsible for the performance of the individual CCGs and as such need to be simultaneously entrepreneurial in driving the organisation forward while keeping it under prudent control. It needs to strike a balance between controls, assurance and strategy, risk-taking and delivery. A risk management audit for Wiltshire CCG was undertaken by KPMG in December 2019 with an overall assurance rating of 'Significant assurance with minor improvement opportunities'. Risk management audits were undertaken by KPMG and PWC respectively for BaNES CCG and Swindon CCG in December 2019. The audits found "Significant assurance with minor improvement opportunities" for both BaNES CCG and 'low risk' for Swindon CCG.

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

The BSW Risk Management Panel was established to: ensure that the three CCGs have adequate arrangements in place for risk management; to provide assurance on this to the Audit Committee in Common for BSW; to take action to effectively manage and co-ordinate risk management activity; and to establish a strategic approach to risk management across BSW, ensuring that the approach is pro-active. The Panel provides reports to the Audit Committee in Common on assurances relating to the effective operation of risk management systems and controls across BSW. In the event of a significant risk being identified, the risk will be reported to the BSW Panel immediately. The core members of the Panel include: the BSW Chief Executive Officer (Chair); the BSW Director of Strategy and Transformation (Vice-Chair); the BSW Chief Financial Officer; the BSW Director of Nursing and Quality; the BSW Director of Corporate Affairs; the BSW Director of Commissioning; and the Chief Operating Officers for the three CCGs.

The BSW Chief Executive Officer is accountable to each Governing Body and the Governing Bodies in Common for the safe management of risk within the organisations. This responsibility is delegated to the Director of Corporate Affairs on a day to day basis. The Director of Corporate Affairs 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 colleagues and contractors working for the CCG have a responsibility for following the approved risk management strategy and are required to report risks to their managers for assessment and subsequent risk scoring, using the approved risk matrix. If a risk is thought to be of corporate significance, the senior manager will apply for the risk to be entered onto the corporate risk register. If approved by the Risk Management Panel for entry, the risk is then subject to the management and escalation processes of corporate risks as shown in the Risk Management Strategy. A programme of Risk Management Training for colleagues is being developed and will be rolled out across the BSW patch.

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

Risk assessment

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

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

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

The Governing Bodies in Common and Audit Committees in Common regularly consider whether the sources of assurance that it has for managing and mitigating risks remain effective and sufficiently robust. The CCG has developed a risk matrix which is used for all risks within the organisation.

The BSW Risk Management Panel champions and promotes highly-effective risk management and ensures that the risk management process and culture are embedded throughout BSW. It seeks to satisfy itself, the Audit Committees in Common and the Governing Bodies in Common that the structures, processes and responsibilities for managing key risks to the organisation are adequate. The Risk Management Panel also monitors, evaluates and scrutinises all risks placed on the BSW Corporate Risk Register and escalates to the Audit Committees in Common and Governing Bodies in Common (as appropriate) any unresolved risks or those that pose a significant threat to the operations, resources or reputation of BSW.

Each risk includes:

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

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

Equality Impact Assessment processes are currently being reviewed in order to develop a BSW process post-merger.

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

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

The BAF lists the:

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

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

The BSW Corporate Risk Register and the BAF are reviewed bi-monthly by the Risk Management Panel, bi-monthly by the Audit Committees in Common and bi-monthly by the Governing Bodies in Common.

The CCGs actively deter risks through the adoption of robust counter fraud and security management methodology. All three CCGs have a contract with TIAA to provide counter fraud management. Wiltshire CCG rated itself as green against the national standards for counter fraud and security management in 2019/20.

The Audit Committees in Common 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. The Audit Committee undertook a self-assessment against areas of best practice during the year and was compliant in all areas that it must and should do.

The highest scoring BSW risks identified during 2019/20 related to:

1. Failure to achieve and maintain key NHS Constitutional Targets, such as the A&E 4-Hour standard which together with inter pressures could result in patients coming to harm.
2. Issues around Ambulance Performance, including call stacking, response delays and cost.
3. Increased demands on Primary Care / GP Practices.

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

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures used by the CCGs to ensure 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 2020, and up to the date of approval of the Annual Report and Accounts.

Wiltshire CCG has annually reviewed its performance against the NHSE Financial Control Environment. In May 2018, NHS E 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 except for some services provided by the CSU. In response, the CCG developed of a new service model for GP IT, which transferred services in house 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 2017) requires CCGs to undertake an annual internal audit of conflicts of interest management. To support CCGs to undertake this task, NHSE has published a template audit framework.

The CCGs internal auditors carried out an audit on managing conflicts of interest which was presented to the November 2019 BSW Audit Committees in Common meeting.

The audit found significant assurance with minor improvement opportunities. The following areas of good practice were noted:

- The procedures for acknowledging any interests declared within meetings are in accordance with the NHSE guidance, and considerations of the implications when interests are declared is also well documented and shows attention is given to the need for mitigation in some circumstances.
- A tracker system is in place to ensure that declaration of interest forms are kept up to date.
- Individuals receive automatic reminders prior to training refresher deadlines, which are sent up to three months in advance.

Conflicts of interest are overall managed in accordance with the statutory guidelines, including ensuring appropriate documentation as part of meeting minutes, the use of declaration forms and registers of interest and the provision of mandatory training. The review identified 2 medium and 4 low level recommendations to further improve control.

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 a Data Security and Protection toolkit and the annual submission process provides assurances to the individual CCGs, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

The CCG places high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. It has an Information Governance (IG) Management Framework and appropriate policies and procedures in place in line with the Data Security and Protection Toolkit and the General Data Protection Regulations 2016.

All CCG staff have been required to complete Data Security Awareness training and the CCG has met the national requirement of at least 95 per cent compliance. The CCG has Information Asset Owners in place that are responsible for the information within their areas and they are supported by Information Asset Administrators. All colleagues are aware of their IG responsibilities and Data Protection Impact Assessments are being undertaken for service developments.

To ensure that this is the case, the CCG has been audited by Internal Audit and carried out local auditing with the assistance of South Central and West Commissioning Support Unit (SCW CSU), with reports presented to the IG Steering Group. The CCGs continue to develop information risk assessment and management procedures to ensure a fully embedded information risk culture throughout the organisation. During 2019/20 the CCG had no incidents involving data loss or

confidentiality breaches that required reporting to the Information Governance Commissioner (ICO).

During 2019/20, Bath and North East Somerset (BaNES) CCG, Swindon CCG and Wiltshire CCG have been working together to strengthen and align information governance arrangements. Operating with a single Senior Information Risk Officer (SIRO), a single Caldicott Guardian and a single Data Protection Officer (DPO), information governance is being overseen by a single Information Governance Steering Group. This group has directed, planned and monitored IG activities to support compliance with the DSP Toolkit in each CCG. The Group will continue to lead on the IG agenda for 2020/21 and us undertaking work to align and design processes for the new merged CCG.

The status of health and care organisations' DSP Toolkits is shared with the Care Quality Commission, NHSEI. The DSP Toolkit Status is important evidence for the key line of enquiry on information in a CQC Well-Led inspection.

Wiltshire CCG has submitted a DSP Toolkit self-assessment for 2019/20 and has achieved the required standards.

Business Critical Models

The CCG had 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 has routinely contracted with third party providers to deliver healthcare services. These services were 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 has also used 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 NHSE and NHS Shared Business services. The CCG places reliance on NHSE to manage this contract and report back on any control issues identified.
- 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 Wiltshire Council. 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 2019/20, the CCG has formally reported one control issue to NHS England.

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 and 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 taxpayers and local people.*

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

Counter fraud arrangements

The CCG has had 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 2019/20, it has scored itself as ‘green’ which means in most of areas it is compliant.

Tracey Cox
Chief Executive

25 June 2020

Head of Internal Audit Opinion

Basis of opinion for the period 1 April 2019 to 31 March 2020

Our internal audit service has been performed in accordance with KPMG's internal audit methodology which conforms to Public Sector Internal Audit Standards (PSIAS). As a result, our work and deliverables are not designed or intended to comply with the International Auditing and Assurance Standards Board (IAASB), International Framework for Assurance Engagements (IFAE) or International Standard on Assurance Engagements (ISAE) 3000. PSIAS require that we comply with applicable ethical requirements, including independence requirements, and that we plan and perform our work to obtain sufficient, appropriate evidence on which to base our conclusion.

Roles and responsibilities

The Board is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system. The Annual Governance Statement (AGS) is an annual statement by the Accountable Officer, on behalf of the Board, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives;
- the purpose of the system of internal control as evidenced by a description of the risk management and review processes, including the Assurance Framework process; and
- the conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising.

The Assurance Framework should bring together all of the evidence required to support the AGS. The Head of Internal Audit (HoIA) is required to provide an annual opinion in accordance with PSIAS, based upon and limited to the work performed, on the overall adequacy and effectiveness of the CCG's risk management, control and governance processes (i.e. the system of internal control). This is achieved through a risk-based programme of work, agreed with Management and approved by the Audit Committee, which can provide assurance, subject to the inherent limitations described below.

The purpose of our HoIA Opinion is to contribute to the assurances available to the Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the system of internal control. This Opinion will in turn assist the Board in the completion of its AGS, and may also be taken into account by other regulators to inform their own conclusions.

The opinion does not imply that the HoIA has covered all risks and assurances relating to the CCG. The opinion is derived from the conduct of risk-based plans generated from a robust and Management-led Assurance Framework. As such it is one component that the Board takes into account in making its AGS.

Opinion

Our opinion is set out as follows:

- Basis for the opinion;
- Overall opinion; and
- Commentary.

Basis for the Opinion

The basis for forming our opinion is as follows:

- An assessment of the design and operation of the underpinning aspects of the risk and assurance framework and supporting processes; and
- An assessment of the range of individual assurances arising from our risk-based internal audit assignments that have been reported throughout the period. This assessment has taken account of the relative materiality of these areas.

Overall Opinion

Our overall opinion for the period 1 April 2019 to 31 March 2020 is that:

'Significant assurance with minor improvement required' can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

Commentary

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

Our opinion covers the period 1 April 2019 to 31 March 2020 inclusive, and is based on the eight audits that we completed in this period

The design and operation of the Assurance Framework and associated processes

The CCG's Assurance framework does reflect the CCG's key objectives and risks and is regularly reviewed by the Board. The Executive reviews the Assurance framework on a bi-monthly basis and the Audit Committee provides reviews whether the CCG's risk management procedures are operating effectively.

The range of individual opinions arising from risk-based audit assignments, contained within our risk-based plan that have been reported throughout the year

We did not issue any 'no assurance' ratings in respect of 2019/20 assignments. For the remaining reviews completed we issued three 'partial with improvements required' assurance ratings, relating to GDPR, DSP Toolkit and Personal Health Budgets, two 'significant' ratings and three 'significant assurance with minor improvement opportunities' ratings. We have raised one high priority recommendation as part of the Personal Health Budget review, relating to the need to define the overall structure and process in place for Personal Health Budgets as the CCG merges with other bodies. Work is ongoing to implement this recommendation. Therefore, this does not prevent us from issuing significant assurance with minor improvements required. We do not consider the ratings, and specifically, the detailed findings within these reviews, to impact on our overall audit opinion as the CCG has agreed plans and is in the process of implementing actions to mitigate the risks identified.

KPMG LLP
Chartered Accountants
Bristol
May 2020

Accountability report

Remuneration and staff report

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

Remuneration report

Remuneration and Nominations Committee

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

Membership of the committee can be read on page 62.

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:

- CCGs: 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	3 months
Chief Financial Officer	Permanent	3 months
Chief Operating Officer	Permanent	3 months

Remuneration of Very Senior Managers

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

Directors, senior officers and other staff members of the CCG are entitled to a base salary, but the CCG does not operate any bonus schemes or other arrangements that would constitute a benefit in kind.

Staff members are also entitled to join the NHS Pension Scheme. 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 exclude employer national insurance contributions.

Name and title	From[1]	To	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100 [8]	(e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
			£000	£	£000	£000
Dr Richard Sandford-Hill, Chair of the CCG (6)	01/04/2019	31/03/2020	65-70	0	0	65-70
Tracey Cox, Chief Officer (2)	01/04/2019	Present	55-60	0	0-2.5	55-60
Linda Prosser, Interim Deputy Chief Executive (3)	01/04/2020	03/10/2019	65-70	600	0	65-70
Dina McAlpine, Director of Nursing and Quality; Registered Nurse Member (5)	01/04/2019	08/07/2019	145-150	100	0-2.5	145-150
Gill May - Director of	01/07/2019	Present	30-35	100	25-27.5	60-65

Nursing and Quality, Registered Nurse Member (2)						
Steve Perkins, Chief Financial Officer (4)	01/04/2019	31/05/2019	15-20	0	25-27.5	45-50
Caroline Gregory, Chief Finance Officer (2)	01/06/2019	Present	35-40	200	27.5-30	65-70
Mark Harris, Interim Chief Operating Officer (4)	01/04/2019	30/09/2019	55-60	100	0	55-60
Jo Cullen, Director of Primary and Urgent Care (4)	01/04/2019	30/09/2019	50-55	100	17.5-20	70-75
Lucy Baker, Interim Director of Acute Commissioning (4)	01/04/2019	30/09/2019	45-50	100	62.5-65	110-115
Ted Wilson, Director of Community Services and Joint Commissioning (to 30/09/19), then Wiltshire Locality Director (4)	01/04/2019	29/02/2020	95-100	300	50-52.5	150-155
Elizabeth Disney, Wiltshire Locality Director	01/03/2020	Present	5-10	0	32.5-35	40-45
Alison Kingscott, Interim BSW Director for old people and OD (2)	01/09/2019	Present	10-15	0	7.5-10	20-25
Sheridan Flavin, Interim BSW Director for old people and OD (2)	01/09/2019	Present	10-15	0	7.5-10	20-25
Julie-Anne Wales, BSW Director of Corporate Affairs. (2)	01/10/2019	Present	20-25	0	22.5-25	45-50
Nikki Millin - Executive Director of Strategy and Transformation (2)	01/07/2019	Present	35-40	100	12.5-15	50-55
Dr Ruth Grabham, BSW Medical Director (2)	01/03/2020	Present	0-5	0	0-2.5	0-5
Dr Toby Davies, GP Governing Body member (6)	01/04/2019	31/03/2019	40-45	0	N/A	40-45
Dr Andrew Girdher, GP Governing Body member (6)	01/04/2019	31/03/2019	50-55	900	N/A	50-55
Dr Catrinel Wright, GP Governing Body member (6)	01/04/2019	31/03/2019	25-30	0	5-7.5	30-35

Dr Muhammed Rehman, GP Governing Body member (6)	01/04/2019	31/03/2019	0-5	0	0	0-5
Peter Lucas, Lay Member for Audit and Governance, and Vice-Chair	01/04/2019	31/03/2019	10-15	500	N/A	15-20
Christine Reid, Lay Member for Patient and Public Involvement	01/04/2019	31/12/2019	10-15	0	N/A	10-15
Julian Kirby, Lay Member	01/04/2019	31/03/2019	10-15	400	N/A	15-20
Dr Mark Smithies, Secondary Care Doctor	01/04/2019	30/09/2019	5-10	0	N/A	5-10

Notes:

1. Where senior managers were in post for part of the financial year, salaries and figures relating to all pension related benefits have been calculated on a pro-rata basis to reflect the length of time in post.

2. The salary figures shown for Senior managers shown above exclude recharges made to: (I) BSW Sustainability and Transformation Partnership (STP) ; and (iI) NHS BANES and NHS Swindon CCG's as part of the Banes, Swindon and Wiltshire (BSW) shared roles in 2019/20. The total salaries across all organisations for the period in which they served in these roles are as follows: Tracey Cox £140-145k, Ruth Grabham £85k-90k, Alison Kingscott £30k-35k, Sheridan Flavin £30-35k , Julie-Ann Wales £45-50k, Caroline Gregory £95-100k, Gill May £80-85k, Nikki Millin £95-100k

3. Linda Prosser was seconded to Wiltshire CCG from NHSE, and the salary and expense figures shown were fully recharged to the CCG by NHSE.

4. These senior managers had other roles within Wiltshire CCG for the rest of the financial year. Their total salaries were as follow: Steve Perkins £110-115k, Mark Harris £105-110k, Jo Cullen £105-110k, Ted Wilson £105-110k, Lucy Baker £95-100k

5. Dina McAlpine received a termination payment for loss of office of £118k.

6. The costs for Dr Andrew Girdher, Dr Toby Davies, Dr Catrinel Wright and Dr Muhammed Rehman include remuneration for work completed for the CCG other than board duties. Dr Richard Sandford-Hill, Dr Andrew Girdher and Dr Toby Davies are not members of the NHS Pension Scheme so no figures are recorded for pension benefits for them.

7. Lay Members are not eligible for membership of the NHS Pension Scheme so no figures are recorded for pension benefits for Christine Reid, Julian Kirby and Peter Lucas.

8. Taxable benefits refer to where senior managers are reimbursed for mileage at a rate above the 45p / mile tax free amount set by HMRC. This is in line with Agenda for Change guidance on mileage payments.

Remuneration of senior managers 2018-19 - AUDITED

Name and title	From[1]	To	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100 [6]	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
			£000	£	£000	£000	£000	£000
Dr Richard Sandford-Hill, Chair of the CCG	01/04/2018	31/03/2019	65-70	0	0	0	0	65-70
Tracey Cox, Chief Officer (2)	01/03/2019	31/03/2019	0-5	0	0	0	5-7.5	10-15
Linda Prosser, Interim Accountable Officer (to March 2019), then Interim Deputy Chief Executive (3)	01/04/2018	31/03/2019	125-130	8	0	0	22.5-25	150-155
Dina McAlpine, Director of Nursing & Quality; Registered Nurse Member	01/04/2018	31/03/2019	105-110	3	0	0	60-62.5	165-170
Steve Perkins, Chief Financial Officer	01/04/2018	31/03/2019	110-115	2	0	0	22.5-25	135-140
Mark Harris, Interim Chief Operating Officer and Director of Acute Commissioning	01/04/2018	31/03/2019	105-110	1	0	0	20-22.5	125-130
Jo Cullen, Director of Primary and Urgent Care	01/04/2018	31/03/2019	100-105	3	0	0	32.5-35	135-140
Lucy Baker, Interim Director of Acute Commissioning	01/04/2018	31/03/2019	90-95	2	0	0	22.5-25	115-120
Ted Wilson, Director of Community Services and JointCommissioning	01/04/2018	31/03/2019	100-105	2	0	0	5-7.5	105-110
Sue Shelbourn-Barrow, Director of Transformation and Integration.	01/04/2018	28/02/2019	90-95	1	0	0	40-42.5	130-135
Dr Toby Davies, GP Governing Body member	01/04/2018	31/03/2019	40-45	0	0	0	N/A	40-45
Dr Andrew Girdher, GP Governing Body member	01/04/2018	31/03/2019	40-45	0	0	0	N/A	40-45
Dr Chet Sheth, GP Governing Body member	01/04/2018	30/11/2018	20-25	0	0	0	7.5-10	30-35
Dr Catrinel Wright, GP Governing Body member	01/04/2018	31/03/2019	25-30	0	0	0	0-2.5	25-30
Dr Anna Collings, GP Governing Body member	01/04/2018	30/09/2018	15-20	0	0	0	0	15-20
Dr Simon Burrell, GP Governing Body member	01/12/2018	31/03/2019	5-10	0	0	0	0	5-10
Dr Muhammed Rehman, GP Governing Body member	01/09/2018	31/03/2019	5-10	0	0	0	0	5-10
Peter Lucas, Lay Member for Audit and Governance, and Vice-Chair	01/04/2018	31/03/2019	15-20	4	0	0	N/A	15-20
Christine Reid, Lay Member for Patient and Public Involvement	01/04/2018	31/03/2019	10-15	0	0	0	N/A	10-15
Julian Kirby, Lay Member	01/12/2018	31/03/2019	0-5	0	0	0	N/A	0-5
Dr Mark Smithies, Secondary Care Doctor	01/04/2018	31/03/2019	15-20	0	0	0	N/A	15-20

Notes:

1. Where senior managers were in post for part of the financial year, salaries and figures relating to all pension related benefits have been calculated on a pro-rata basis to reflect the length of time in post.

2. Tracey Cox was appointed Chief Executive of NHS BANES CCG, NHS Swindon CCG and NHS Wiltshire CCG from 1st March 2019. She is on the payroll of NHS BANES CCG, and her costs are shared across the 3 CCGs – this is Wiltshire CCG's share. The total salary across all organisations for the year was in the salary band of £120,000 - £125,000

3. Linda Prosser is a senior officer from NHS England. She was seconded to the CCG to fill the Accountable Officer post until the appointment of Tracey Cox as Chief Executive, when she took on the role of Interim Deputy Chief Executive. Her costs are recharged to the CCG in full by NHS England.

4. Taxable benefits refer to where senior managers are reimbursed for mileage at a rate above the 45p / mile tax free amount set by HMRC. This is in line with Agenda for Change guidance on mileage payments.

Pension benefits as at 31 March 2020 (subject to audit)

The 19/20 values for accrued pension, lump sum and CETV have been calculated by NHS Pensions with no allowance for a potential adjustment arising from a legal case known as the McCloud judgement. This case concerned potential age discrimination over the way in which UK public sector pension schemes introduced a Career Average Related Earnings benefit design in 2015 for all members excluding the oldest members who remained on a final salary design.

Name	Title	Real increase in pension at retirement age	Real increase in pension lump sum at pension age	Total accrued pension at retirement age at 31 March 2020	Lump sum at retirement age related to accrued pension at 31 March 2020	Cash equivalent transfer value at 31 March 2020	Cash equivalent transfer value at 31 March 2019	Real increase in cash equivalent transfer value
		(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	£000	£000	£000
Tracey Cox	Chief Executive	0-2.5	0	50-55	125-130	1004	950	26
Linda Prosser	Interim Deputy Chief Executive (to Sept 2019)	0	0	35-40	115-120	934	893	10
Steve Perkins	Chief Finance Officer (to May 2019)	0-2.5	0	25-30	45-50	352	318	10
Caroline Gregory	Chief Finance Officer (from June 2019)	2.5-5	5-7.5	40-45	95-100	815	699	99
Mark Harris	Interim Chief Operating Officer (to Sept 2019)	0	0	30-35	70-75	553	647	0
Jo Cullen	Director of Primary and Urgent Care (to Sept 2019)	0-2.5	0	30-35	85-90	716	664	16
Lucy Baker	Interim Director of Acute Commissioning (to Sept 2019)	2.5-5	5-7.5	30-35	65-70	485	413	48
Ted Wilson	Director of Community Services and Joint Commissioning (to 30/09/19), then Wiltshire Locality Director (to Feb 2020)	2.5-5	7.5-10	50-55	155-160	N/A	1180	N/A
Elizabeth Disney	Wiltshire Locality Director (from March 2020)	0-2.5	2.5-5	0-5	5-10	39	17	21
Dina McAlpine	Director of Nursing & Quality and Registered Nurse Member (to July 2019)	0-2.5	0	25-30	55-60	511	488	8
Gill May	Executive Director of Nursing and Quality; Registered Nurse Member (from July 2019)	2.5-5	12.5-15	50-55	155-160	1227	1063	138
Dr Catrinel Wright	GP Governing Body member	0-2.5	0	5-10	15-20	148	135	9
Dr Mohammed Rehman	GP Governing Body member	0	0	5-10	10-15	75	99	0
Alison Kingscott	Interim BSW Director for old people and OD	0-2.5	2.5-5	30-35	80-85	689	624	42
Sheridan Flavin	Interim BSW Director for old people and OD	0-2.5	0	10-15	0	177	142	30
Julie-Anne Wales	BSW Director of Corporate Affairs	2.5-5	10-12.5	30-35	95-100	776	647	110
Nicki Millin	Deputy Chief Executive (Swindon) / Executive Director of Strategy and Transformation	2.5-5	0-2.5	55-60	135-140	1,135	1,035	75
Dr Ruth Grabham	BSW Medical Director	0-2.5	0-2.5	20-25	65-70	529	491	11

- The GP members of the Governing Body are now remunerated via payroll, and are eligible to join the NHS Pension Scheme. The entries in the table above relate to their time working for the CCG, and do not
- Dr Richard Sandford-Hill, Dr Toby Davies and Dr Andrew Girdher have opted out of the NHS Pension Scheme, and the CCG does not make any contributions towards a pension. Therefore, there are no
- Christine Reid, Peter Lucas, Julian Kirby and Dr Mark Smithies do not receive pensionable remuneration.
- For Ted Wilson, there is no CETV showing as at 31 March 2020. This is because he has reached normal retirement age and a CETV is no longer applicable.
- There are a number of posts which are shared across NHS BANES CCG, NHS Swindon CCG and NHS Wiltshire CCG - Tracey Cox, Caroline Gregory, Gill May, Nikki Millin, Alison Kingscott, Sheridan Flavin, Julie-Anne Wales and Dr Ruth Grabham. The accrued pension, lump sum and CETV values at 31st March 2020 reflect the pension earned throughout 2019/20. It is not possible to identify the values that apply specifically to Wiltshire CCG.

Pension benefits as at 31 March 2019 (audited)

Name	Title	Real increase in pension at retirement age	Real increase in pension lump sum at pension age	Total accrued pension at retirement age at 31 March 2019	Lump sum at retirement age related to accrued pension at 31March 2019	Cash equivalent transfer value at 31 March2019	Cash equivalent transfer value at 31 March2018	Real increase in cash equivalent transfer value
		(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	£000	£000	£000
Tracey Cox	Chief Executive (from March2019)	0-2.5	0-2.5	50-55	125-130	950	671	9
Linda Prosser	Interim Accountable Officer (to Feb 2019), Interim Deputy Chief Executive (fromMarch2019)	0-2.5	5-7.5	35-40	110-115	893	755	116
Steve Perkins	Chief Finance Officer	0-2.5	0	20-25	45-50	318	245	66
Mark Harris	Interim Chief Operating Officer and Director of Acute Commissioning	0-2.5	0	35-40	85-90	647	533	98
Jo Cullen	Director of Primary and Urgent Care/ Group Director - West Wiltshire and Devizes	0-2.5	0-2.5	30-35	85-90	664	551	96
Lucy Baker	Acting Director of Acute Commissioning/ Acting Group Director – Sarum (to October 2018), Acting Commissioning Director (Maternity, Children and Mental Health) and Group Director – Sarum (from October 2018)	0-2.5	2.5-5	25-30	55-60	413	333	70
Ted Wilson	Director of Community Joint Specialist Commissioning/ Group Director – North and East Wiltshire	0-2.5	2.5-5	45-50	140-145	1180	1034	115
Sue Shelbourn-Barrow	Director of Transformation and Integration(to February	0-2.5	5-7.5	15-20	45-50	359	275	75
Dina McAlpine	Registered Nurse/ Director of Nursing and Quality	2.5-5	2.5-5	25-30	55-60	488	370	107
Dr Catrinel Wright	GP Vice Chair (WWYKD Group)	0-2.5	0	5-10	15-20	135	114	18
Dr Mohammed Rehman	Dr Muhammed Rehman, GP Vice Chair West Wiltshire Group (from September 2018)	0	0	5-10	15-20	99	114	0
Dr Chet Sheth	GP Vice Chair, Sarum Group (to November2018)	0-2.5	0-2.5	5-10	20-25	144	114	27

- The GP members of the Governing Body are now remunerated via payroll, and are eligible to join the NHS Pension Scheme. The entries in the table above relate to their time working for the CCG, and do not reflect their work as GPs in the Wiltshire community.
- Dr Richard Sandford-Hill, Dr Toby Davies, Dr Anna Collings, Dr Andrew Girdher and Dr Simon Burrell have opted out of then HS Pension Scheme, and the CCG does not make any contributions towards a pension. Therefore, there are no disclosures to be made.
- Christine Reid, Peter Lucas, Julian Kirby and Dr Mark Smithies do not receive pensionable remuneration.
- Where senior managers have been in post for only part of the year, the real increases reported in this table reflect the period of time they were in that role. For 2018-19, this applies to Tracey Cox and Sue Shelbourn-Barrow.
- For Tracey Cox, the accrued pension, lump sum and CETV values at 31st March 2019 reflect the pension earned throughout 2018/19. It is not possible to identify the values that apply specifically to Wiltshire CCG. The real increase values for accrued pension, lump sum and CETV reflect the period when Tracey Cox was the Chief Executive of Wiltshire CCG (i.e. for March 2019)

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.

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

Real increase in CETV

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

Compensation on early retirement or for loss of office

During 2019/20, in the lead-up to the merger with NHS Bath and North East Somerset CCG and NHS Swindon CCG, there was one compulsory redundancy. The cost of this redundancy was £118,512 – this is also shown In the Exit Packages disclosure on page 92.

Payments to past members

There have been no payments during 2019/20 to past members (2018/19: nil)

Pay multiples (this disclosure is subject to audit)

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

The banded remuneration of the highest paid director in the CCG in the financial year 2019/20 was £145,000 - £150,000 (2018/19: £140,000 - £145,000). 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. This was 3.8 times (2018/19: 3.7 times) the median remuneration of the workforce, which was in the salary band, £35,000 - £40,000 (2018-19; £35,000 - £40,000). The median has slightly increased due to the appointment of a medical director (shared with NHS BaNES CCG and NHS Swindon CCG). Please refer to note 4 'Employee benefits and staff numbers' in the Financial Statements for more details on staff movements and costs.

In 2019/20, no employees (2018/19: 1) received remuneration more than the highest-paid director. Remuneration ranged from bands £15,000 - £20,000 to £145,000 - £150,000 (2018/19: bands £15,000 - £20,000 to £140,000 - £145,000).

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 79.

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

Agenda for Change Band	Number of Senior Managers
Very Senior Manager	7
Band 9	14

The CCG also had one GP Clinical Chair, four GP Governing Body members and two other Governing Body members.

Staff numbers and costs

The disclosures on staff numbers and staff costs are subject to audit and are covered by the audit opinion issued on the CCG's financial statements.

Staff numbers

The average number of people employed by the CCG during 2019/20 on a Whole Time Equivalent basis was 148 (2018/19:111).

	Permanently employed	Other
	123	25
Analysed as:		
Administration	96	22
Medical	1	2
Nursing	15	1
Scientific and Technical	11	0

Staff costs

Staff costs	**Total**		**2019-20**
	Permanent Employees £'000	**Other £'000**	**Total £'000**
Employee Benefits			
Salaries and wages	5,353	1,561	6,914
Social security costs	551	0	551
Employer Contributions to NHS Pension scheme	1,005	0	1,005
Apprenticeship Levy	14	0	14
Termination benefits	73	0	73
Gross employee benefits expenditure	**6,996**	**1,561**	**8,557**

Total - Net admin employee benefits including capitalised costs	6,996	1,561	8,557
Less: Employee costs capitalised	-	-	-
Net employee benefits excluding capitalised costs	6,996	1,561	8,557

Staff composition

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

	Female Headcount	Male Headcount	Total
Governing Body Members*	10	4	14
All other CCG staff	153	37	190
Total	163	41	204

Sickness absence data

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

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

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

Staff sickness, absence and ill health retirements in 2019/20

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

Absence % (FTE)	Absence Days	Abs (FTE)	Avail (FTE)
2.18%	1223	1092.69	50,198.02

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.

Absence levels have varied significantly throughout the year and are heavily influenced by cases of long term sickness. Absence is currently running at an average of 2.18per cent, which is a slight decrease on the previous year.

Staff turnover (headcount) averaged 123.62 per cent for the year 1 April 2019 to 31 March 2020.

Sum of FTE Days Sick	Sum of FTE Days Available	Average Annual Sick Days per FTE	Occurrences (Months of Data)
1,214,44	49,586.09	8.94	223

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 2019/20 (2018/19: nil).

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

The CCG published 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.

Policies will 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.

Colleague Partnership Forum

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

Employee consultation and engagement

Consultation with all CCG staff took place from 6 January to 2 February 2020 in relation to staff transferring to a new, merged organisation. The consultation document had been previously reviewed by the BSW Joint Colleague Partnership Forum. The consultation was to engage with

colleagues collectively and individually on the process of transition and the implications for individuals, not whether the transfer would take place. One measure was introduced, to align and bring forward the pay date of all colleagues to a single date.

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

Pulse surveys

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

Pulse surveys were run for two weeks at a time in December and March and approximately a third of colleagues completed them.

The results were presented back to the executive leadership team, colleague partnership forum and shared with all colleagues. Quick win improvement actions were identified and implemented.

Colleague Wellbeing

Wiltshire CCG had a People's Group, made up of representatives from across the CCG and the Commissioning Support Unit. During the year the People's Group arranged and coordinated the following:

- April 2019 Stress Awareness Month: advertised a massage service and created a display
- May 2019: Health Trainers visited from Wiltshire Council offering – advice on stopping smoking, healthy eating, getting active, reducing alcohol intake, emotional wellbeing
- July 2019: Quiz raising money for BHF and Alzheimer's
- July 2019: promoted summer reading for relaxing from a book swap run in staff room, did a few mystery book choices with a wrapped book with clues
- September 2019 Holistic Health Coach Sage Wellbeing: lunchtime event on healthy eating and essential oils
- November 2019: Christmas quiz raising money for Dorothy House
- December 2019: office decorating competition
- February 2020: Heart Health display board

The group had a local Tai Chi teacher visit twice a week who took one beginners' class and one advanced class, and a massage therapist visited once a fortnight. Both were organised by the reps but staff using them paid for the sessions.

Organisational Development

An Organisational Development (OD) and HR plan was developed as part of the merger process and included the advice for recruitment and development of the Governing Body. It also included

all the engagement work on the merger for colleagues as well as the co-creation of values and behaviours of the new CCG.

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

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

Creating Change Together

In response to formal approval for the merger of BaNES, Swindon and Wiltshire CCGs to go ahead, we created an internal change campaign to support colleagues through the merger journey.

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

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

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

Trade Union Facility Time Reporting Requirements

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.

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

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

Percentage of time spent on facility time

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

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

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

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

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

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

Compensation on early retirement or for loss of office

There has been one compulsory redundancy during 2019-20 (2018-19, nil). Details can be found in the remuneration report.

Expenditure on consultancy

The CCG has spent £428,000 on consultancy during the year (2018/19, £584,000). This expenditure related to support for the two proposed capital building schemes within Wiltshire, benchmarking, and to help redesign internal CHC processes.

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:

Table 1: Off-payroll engagements longer than 6 months

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

	Number
Number of existing engagements as of 31 March 2019	9
Of which, the number that have existed:	
for less than one year at the time of reporting	8
for between one and two years at the time of reporting	1
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

Wiltshire CCG shared a Chief Executive (Tracey Cox), Chief Finance Officer (Caroline Gregory) and Director of Nursing and Quality (Gill May) during 2019-20 with NHS Bath and North East Somerset CCG and NHS Swindon CCG. From September 2019, directors were appointed to enable the CCG to prepare for merger (Sheridan Flavin, Alison Kingscott, Nicki Millin and Julie-Anne Wales). As these officers are not on the payroll of NHS Wiltshire CCG (employed by NHS BaNES CCG and NHS Swindon CCG), they are shown in this section as off-payroll engagements.

Table 2: New off-payroll engagements

For all new off-payroll engagements, or those that reached six months in duration, between 01 April 2019 and 31 March 2020, for more than £245 per day and that last longer than six months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	8
Of which:	
Number assessed as caught by IR35	0
Number assessed as not caught by IR35 (see note below)	8
Number engaged directly (via PSC) and are on the payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0

Number of engagements that saw a change to IR35 status following the consistency review	0

Six of the new engagements are those referred to Table 1 (excluding Tracey Cox).

Table 3: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 01 April 2019 and 31 March 2020.

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year (see note below)	7
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure should include both on payroll and off-payroll engagements.	20

The eight off-payroll engagements referred to above relate to the shared officers referred to under Table 1 of this section.

Exit packages, including special (non-contractual) payments

This disclosure is audited by the external auditors and is covered by the audit opinion issued on the CCG's financial statements.

The CCG has one exit package during 2019/20.

Exit package cost band (inc. any special payment element	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000	0	0	0	0	0	0	0	0
£10,000 - £25,000	0	0	0	0	0	0	0	0
£25,001 - £50,000	0	0	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0	0	0
£100,001 - £150,000	1	118,512	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
TOTALS	1	118,512	0	0	0	0	0	0

Redundancy and other departure cost have been paid in accordance with the provisions of Agenda for Change terms and conditions. Exit costs in this note are accounted for in full in the year of departure. Where Wiltshire CCG has agreed early retirements, the additional costs are met by the CCG and not by the NHS Pensions Scheme. There have been no early retirements during 2019/20. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table – there have been no ill-health retirements during 2019/20.

Part Three – Accountability and Audit Report

Audit Opinion

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

Report on the Audit of the Financial Statements

Opinion

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

In our opinion, the financial statements:

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

Basis for opinion

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

The impact of macro-economic uncertainties on our audit

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

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

Conclusions relating to going concern

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

- the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or

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

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

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

Emphasis of matter – Demise of the organisation

In forming our opinion on the financial statements, which is not modified, we draw attention to note 21 in the financial statements, which indicates that NHS Wiltshire Clinical Commissioning Group merged with NHS Bath & North East Somerset Clinical Commissioning Group, and NHS Swindon Clinical Commissioning Group, to become NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group with effect from 1 April 2020.

Other information

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

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

We have nothing to report in this regard.

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

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

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

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

financial statements are prepared is consistent with the financial statements.

Opinion on regularity required by the Code of Audit Practice

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

Matters on which we are required to report by exception

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

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

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

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

As explained more fully in the Statement of Accountable Officer's responsibilities set out on pages 58 to 59, the Accountable Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

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

Under the Code of Audit Practice, we are required to report to you if, in our opinion we have not been able to satisfy ourselves that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

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

Responsibilities of the Accountable Officer

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

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

We are required under Section 21(1)(c) and Schedule 13 paragraph 10(a) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

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

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

Report on other legal and regulatory requirements – Certificate

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

Use of our report

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

Julie Masci, Key Audit Partner

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

Bristol

25 June 2020

Primary statement and notes to the accounts

NHS WILTSHIRE CCG

ANNUAL ACCOUNTS

2019-20

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

	Note	2019-20 £'000	2018-19 £'000
Income from sale of goods and services	3	(2,312)	(2,380)
Other operating income	3	(29)	(163)
Total operating income		(2,341)	(2,543)
Staff costs	4	8,557	7,496
Purchase of goods and services	5	718,581	673,872
Depreciation and impairment charges	5	3	3
Provision expense	5	110	1,074
Other Operating Expenditure	5	395	597
Total operating expenditure		727,646	683,042
Net Operating Expenditure		725,305	680,499
Finance income		-	-
Finance expense		-	-
Net expenditure for the year		725,305	680,499
Net (Gain)/Loss on Transfer by Absorption		-	-
Total Net Expenditure for the Financial Year		725,305	680,499
Other Comprehensive Expenditure		-	-
Comprehensive Expenditure for the year		725,305	680,499

Statement of Financial Position as at 31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Non-current assets:			
Property, plant and equipment	8	-	-
Intangible assets	9	3	6
Total non-current assets		3	6
Current assets:			
Inventories		-	-
Trade and other receivables	10	9,562	8,340
Cash and cash equivalents	11	0	97
Total current assets		9,562	8,437
Total current assets		9,562	8,437
Total assets		9,565	8,443
Current liabilities			
Trade and other payables	12	(57,626)	(50,563)
Borrowings	13	(897)	-
Provisions	14	(2,084)	(2,094)
Total current liabilities		(60,607)	(52,657)
Non-Current Assets plus/less Net Current Assets/Liabilities		(51,042)	(44,214)
		(51,042)	(44,214)
Assets less Liabilities			
Financed by Taxpayers' Equity			
General fund		(51,042)	(44,214)
Total taxpayers' equity:		(51,042)	(44,214)

The notes on pages 6 to 26 form part of this statement

The financial statements on pages 2 to 5 were approved by the Governing Body on 25 June 2020 and signed on its behalf by:

Tracey Cox
Chief Executive

Caroline Gregory
Chief Financial Officer

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

	General fund	Revaluation reserve	Other reserves	Total reserves
	£'000	£'000	£'000	£'000
Changes in taxpayers' equity for 2019-20				
Balance at 01 April 2019	(44,214)	0	0	(44,214)
Transfer between reserves in respect of assets transferred from closed NHS bodies	0	0	0	0
Adjusted NHS Clinical Commissioning Group balance at 31 March 2019	(44,214)	0	0	(44,214)
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2019-20				
Net operating expenditure for the financial year	(725,305)			(725,305)
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	(725,305)	0	0	(725,305)
Net funding	718,475	0	0	718,475
Balance at 31 March 2020	(51,042)	0	0	(51,043)

	General fund	Revaluation reserve	Other reserves	Total reserves
	£'000	£'000	£'000	£'000
Changes in taxpayers' equity for 2018-19				
Balance at 01 April 2018	(38,630)	0	0	(38,630)
Transfer of assets and liabilities from closed NHS bodies	0	0	0	0
Adjusted NHS Clinical Commissioning Group balance at 31 March 2019	(38,630)	0	0	(38,630)
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2018-19				
Net operating costs for the financial year	(680,499)			(680,499)
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	(680,499)	0	0	(680,499)
Net funding	674,916	0	0	674,916
Balance at 31 March 2019	(44,214)	0	0	(44,214)

The notes on pages 6 to 26 form part of this statement

Statement of Cash Flows for the year ended
31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(725,305)	(680,499)
Depreciation and amortisation	9	3	3
(Increase)/decrease in trade & other receivables	10	(1,221)	(4,061)
(Increase)/decrease in other current assets		0	0
Increase/(decrease) in trade & other payables	12	7,063	8,652
Increase/(decrease) in other current liabilities		0	0
Provisions utilised	14	(119)	(17)
Increase/(decrease) in provisions	14	110	1,074
Net Cash Inflow (Outflow) from Operating Activities		(719,469)	(674,848)
Cash Flows from Investing Activities			
Net Cash Inflow (Outflow) from Investing Activities		0	0
Net Cash Inflow (Outflow) before Financing		(719,469)	(674,848)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		718,475	674,916
Net Cash Inflow (Outflow) from Financing Activities		718,475	674,916
Net Increase (Decrease) in Cash & Cash Equivalents	11	(994)	68
Cash & Cash Equivalents at the Beginning of the Financial Year		97	29
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		0	0
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		(897)	97

The notes on pages 6 to 26 form part of this statement

Notes to the financial statements

1 Accounting Policies

requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2019-20 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the CCG for the purpose of giving a true and fair view has been selected. The particular policies adopted by the CCG 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 CCG 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 Joint arrangements

Arrangements over which the CCG 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.

The CCG accounts for the Better Care Fund as a joint arrangement.

1.4 Pooled Budgets

The CCG has entered into a pooled budget arrangement with Wiltshire Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled to support the integration of health and social care, and to seek to achieve National Conditions and Local Objectives, as laid out in the Better Care Plan. This plan is based on the overriding principle of care closer to home with health care led by local GPs. Note 19 provides details of the income and expenditure.

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

1.5 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.

1.6 Revenue

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

- As per paragraph 121 of the Standard the CCG will not disclose information regarding the performance obligations part of a contract that has an original expected duration of one year or less,
- The CCG 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 CCG to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for Wiltshire CCG is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received. The other main source of revenue is contributions from other NHS organisations to support various services and to support innovation and change.

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. Significant terms include payment by the 15th of each month for regular contract income, and payment within 30 days of receiving a valid invoice.

Notes to the financial statements

1.7 Employee Benefits

1.7.1 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.

1.7.2 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 NHS Wiltshire CCG 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 CCG 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.

1.8 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.

1.9 Property, Plant & Equipment

1.9.1 NHS Wiltshire CCG holds no property, plant and equipment.

1.10 Intangible Assets

1.10.1 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.

1.10.2 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.

1.10.3 Depreciation, Amortisation & Impairments

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 CCG expects to obtain economic benefits or service potential from the asset. This is specific to the CCG and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life.

Notes to the financial statements

At each reporting period end, the CCG checks whether there is any indication that any of its 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.

1.11 Leases

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

The CCG does not hold any finance leases.

1.11.1 The CCG as Lessee

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.

1.12.1 Services Received

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

1.13 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 CCG's cash management.

1.14 Provisions

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

All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

• A nominal short-term rate of 0.51% (2018-19: 0.76%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.

• A nominal medium-term rate of 0.55% (2018-19:1.14%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.

• A nominal long-term rate of 1.99% (2018-19: 1.99%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.

• A nominal very long-term rate of 1.99% (2018-19: 1.99%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

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

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

1.15 Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the CCG 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 the CCG.

1.16 Non-clinical Risk Pooling

Notes to the financial statements

The CCG participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the CCG pays an annual contribution to 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.

1.17 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 CCG, 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 CCG. 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.

1.18 Financial Assets

Financial assets are recognised when the CCG 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.

1.18.1 Financial Assets at Amortised cost

The CCG only holds 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.

1.18.2 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 CCG recognises a loss allowance representing the expected credit losses on the financial asset.

The CCG 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.

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 CCG therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the CCG does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.19 Financial Liabilities

Financial liabilities are recognised on the statement of financial position when the CCG 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.

1.19.1 Other Financial Liabilities

The CCG only holds Financial Liabilities measured at Amortised Cost.

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.

1.20 Value Added Tax

Most of the activities of the CCG 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.

Notes to the financial statements

1.21 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).

1.22 Critical accounting judgements and key sources of estimation uncertainty

In the application of the clinical commissioning group's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.22.1 Critical accounting judgements in applying accounting policies

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

- The main critical judgement made by the CCG is that the Better Care Fund is a "jointly controlled operation". This is based on the fact that, although both the CCG and the Council manage schemes independently, each scheme is approved by the Fund's commissioning board (which is composed of both Council and CCG officers). The commissioning board also manages the day-to-day administration of the Fund. Based on these governance arrangements, the CCG has accounted for the Better Care Fund in accordance with accounting policy 1.4.

- The CCG is a member of the Bath and North East Somerset, Swindon and Wiltshire Sustainability and Transformation Partnership (BSW STP). This partnership includes all health and social care organisations within the Bath and North East Somerset, Swindon and Wiltshire local authority areas and looks to improve our local population's health and wellbeing, improve service quality and deliver financial stability. The STP is hosted by NHS Bath and North East Somerset CCG (BANES CCG) who administer the finances of the STP. The arrangements have been considered in line with IFRS 10, IFRS 11 and IFRS 15 and it is the CCG's judgement that BANES CCG is acting as the host of the STP under an agency type arrangement. As such the CCG's contributions to the STP are considered to be transactions with the host, while revenue from the STP should be accounted for as though it came from the ultimate counterparty.

1.22.2 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.

- the CCG accrues expenditure with the Prescription Pricing Division (PPD) of the NHS BSA at the year end, representing an estimate of prescribing costs for the year, still to be reimbursed. The accrual is based on the Prescribing Monitoring Document (PMD) issued by the PPD, which forecasts the likely spend to be incurred by the CCG, taking into account payments already made. The accrual is recorded in the Non NHS accruals.

- the CCG has provided for potential CHC costs related to patients who are appealing against their original assessment, and patients who are receiving Funded Nursing Care and may be eligible for CHC. This provision is subject to uncertainty about the periods of care that are eligible for funding, and the weekly rates to be charged.

- the CCG makes an estimate of non-contract activity (healthcare performed by NHS and private providers with which the CCG does not have a contract) which has not been billed by the year-end. This estimate is based on information received from providers during the period when the accounts are prepared, along with past activity data. The estimate could therefore be higher or lower than calculated once actual invoices are received from providers. The accrual is included within the payables balance on the SOFP.

- The CCG has included an estimate of the costs incurred by Wiltshire Council and the main healthcare providers in respect of the COVID-19 pandemic, for the period up to 31st March 2020. The costs have been covered by an additional allocation from NHS England. The estimated cost was £626k.

1.23 Accounting Standards That Have Been Issued But Have Not Yet Been Adopted

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

- IFRS 16 Leases – The Standard is effective 1 April 2021 as adapted and interpreted by the FReM.
- 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.

Notes to the financial statements

Of these, only the adoption of IFRS 16 will have an impact on the CCG's accounts.
At 31 March 2020, the CCG had concluded that the relationship with NHS Property Services Ltd in respect of the office at Southgate House, Devizes, met the IFRS 16 definition of a lease, and this would require recognition on the CCG's Statement of Financial Provision (SoFP), in line with the IFRS 16 requirements. In 2019-20, the rental of £164,175 is charged as an expense in the Statement of Comprehensive Net Expenditure (SoCNE). After the introduction of IFRS 16, the charge to the SoCNE will be a mix of depreciation and interest, plus a reduction in the lease liability on the SoFP.

Work on the introduction of IFRS 16 did not identify any new leases. However, it was concluded that the payments to NHS Property Services Ltd for void and sessional properties do not meet the IFRS 16 criteria of a lease. The rent payments of these properties are currently classified as operating leases - for 2019-20, this came to £378,000. The CCG will still be liable for these charges, but they will not be classified as lease expenditure in future financial periods.

2. Financial performance targets

NHS Wiltshire CCG has a number of financial duties under the NHS Act 2006 (as amended).
The performance against those duties was as follows:

	2019-20 Target £000	2019-20 Performance £000	2019-20 Variance £000	Target achieved Yes/No
Expenditure not to exceed income	727,651	727,646	(5)	YES
Capital resource use does not exceed the amount specified in Directions	-	-	-	n/a
Revenue resource use does not exceed the amount specified in Directions	725,310	725,305	(5)	YES
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	n/a
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	64,831	65,260	429	NO
Revenue administration resource use does not exceed the amount specified in Directions	10,911	10,059	(852)	YES

NHS England set the CCG a Revenue Resource Limit of £725,310,000 for 2019-20, and the CCG managed to achieve an underspend of £5,000 against this target. The CCG brought forward a surplus from previous years (held by NHS England) of £14.884m, meaning that a surplus of £14.889m is carried forward.

The CCG did not have a Capital Resource Limit in 2019-20.

The CCG has delegated responsibility for Primary Care and is required not to spend more than its allocation for this service. The allocation for 2019-20 was £64,831,000 and the CCG overspent by £429,000. The CCG's allocation was reduced by £1.9m, allocated to the establishment of a central GP indemnity scheme. This created a funding gap which was notified to NHS England at the 2019-20 planning stage. The shortfall was reduced by underspending in other delegated primary care areas, including the Role Reimbursement Scheme.
The target for administration costs was set at £10,911,000 for 2019-20 and the CCG achieved an underspend of £852,000.

Performance in 2018-19 was as follows:

	RESTATED 2018-19 Target £000	2018-19 Performance £000	RESTATED 2018-19 Variance £000	Target achieved Yes/No
Expenditure not to exceed income	684,740	683,042	(1,698)	YES
Capital resource use does not exceed the amount specified in Directions	-	-	-	n/a
Revenue resource use does not exceed the amount specified in Directions	682,197	680,499	(1,698)	YES
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	n/a
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	62,234	62,752	518	NO
Revenue administration resource use does not exceed the amount specified in Directions	10,666	8,944	(1,722)	YES

NHS England set the CCG a Revenue Resource Limit of £682,197,000 for 2018-19, and the CCG managed to achieve an underspend of £1,698,000 against this target. A surplus of £14.884m was carried forward into 2019-20.
The CCG did not have a Capital Resource Limit in 2018-19.

The CCG has delegated responsibility for Primary Care and is required not to spend more than its allocation for this service. The allocation for 2018-19 was £62,234,000 and the CCG overspent by £518,000. There was a national pay award agreed in July 2019 and paid in October 2019. However, no additional adjustments to published funding allocations were made to provide for this cost pressure.

The target for administration costs was set at £10,666,000 for 2018-19 and the CCG achieved an underspend of £1,722,000.

3.1 Other Operating Revenue

	2019-20 Total £'000	2018-19 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	335	291
Non-patient care services to other bodies	865	514
Other Contract income	1,112	1,536
Recoveries in respect of employee benefits	-	39
Total Income from sale of goods and services	2,312	2,380
Other operating income		
Other non contract revenue	29	163
Total Other operating income	29	163
Total Operating Income	2,341	2,543

3.2 Disaggregation of Income - Income from sale of goods and services (contracts)

2019-20

	Source of revenue		Timing of revenue	
	NHS	Non NHS	Point in time	Over time
	£'000	£000	£000	£000
Education, Training and Research	335	-	-	335
Non-patient care services to other bodies	317	548	-	865
Other Contract income	98	1,014	-	1,112
Total income from sale of goods and services	750	1,562	-	2,312

2018-19

	Source of revenue			hue
	NHS	Non NHS	Point in time	Ov time
	£'000	£000	£000	£000
Education, Training and Research	291	-	-	291
Non-patient care services to other bodies	192	322	-	514

Other Contract income	1,344	192	-	1,536
Recoveries in respect of employee benefits	39	-	-	39
Total income from sale of goods and services	1,866	514	-	2,380

4. Employee benefits and staff numbers

4.1.1 Employee benefits

Total 2019-20

Employee Benefits	Permanent Employees £'000	Other £'000	Total £'000
Salaries and wages	5,353	1,561	6,914
Social security costs	551	0	551
Employer Contributions to NHS Pension scheme	1,005	0	1,005
Apprenticeship Levy	14	0	14
Termination benefits	73	0	73
Gross employee benefits expenditure	6,996	1,561	8,557
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	-
Total - Net admin employee benefits including capitalised costs	6,996	1,561	8,557
Less: Employee costs capitalised	-	-	-
Net employee benefits excluding capitalised costs	6,996	1,561	8,557

The detail for 2018/19 is below:

Total 2018-19

Employee Benefits	Permanent Employees £'000	Other £'000	Total £'000
Salaries and wages	5,229	1,038	6,267
Social security costs	542	0	542
Employer Contributions to NHS Pension scheme	674	0	674
Other pension costs	0	0	0
Apprenticeship Levy	13	0	13
Other post-employment benefits	0	0	0
Other employment benefits	0	0	0
Termination benefits	0	0	0
Gross employee benefits expenditure	6,458	1,038	7,496
Less recoveries in respect of employee benefits (note 4.1.2)	-39	0	-39
Total - Net admin employee benefits including capitalised costs	6,419	1,038	7,457
Less: Employee costs capitalised	0	0	0
Net employee benefits excluding capitalised costs	6,419	1,038	7,457

4.1.2 Recoveries in respect of employee benefits

	Permanent Employees £'000	Other £'000	2019-20 Total £'000	2018-19 Total £'000
Employee Benefits - Revenue				
Salaries and wages				39
Total recoveries in respect of employee benefits				39

Further details on employee benefits can be found in the Accountability section of the Annual Report.

4.2 Average number of people employed

	2019-20 Permanently employed	2019-20 Other	2019-20 Total	2018-19 Permanently employed	2018-19 Other	2018-19 Total
	Number	Number	Number	Number	Number	Number
Total	123	25	148	110	32	142

None of the above are engaged on capital projects.

4.3 Exit packages agreed in the financial year

	2019-20 Compulsory redundancies		2019-20 Other agreed departures		2019-20 Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	-	-	-	-
£10,001 to £25,000	-	-	-	-	-	-
£25,001 to £50,000	-	-	-	-	-	-
£50,001 to £100,000	-	-	-	-	-	-
£100,001 to £150,000	1	118,512	-	-	1	118,512
£150,001 to £200,000	-	-	-	-	-	-
Over £200,001	-	-	-	-	-	-
Total	1	118,512	-	-	1	118,512

	2018-19 Compulsory redundancies		2018-19 Other agreed departures		2018-19 Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	2	4,484	2	4,484
£10,001 to £25,000	-	-	1	21,333	1	21,333
£25,001 to £50,000	-	-	-	-	-	-
£50,001 to £100,000	-	-	-	-	-	-
£100,001 to £150,000	-	-	-	-	-	-
£150,001 to £200,000	-	-	-	-	-	-
Over £200,001	-	-	-	-	-	-
Total	-	-	3	25,817	3	25,817

Analysis of Other Agreed Departures

	2019-20 Other agreed departures		2018-19 Other agreed departures	
	Number	£	Number	£
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	3	25,817
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval*	-	-	-	-
Total	-	-	3	25,817

* 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.

Redundancy and other departure costs have been paid in accordance with standard NHS terms and conditions.

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

There were no contractual payments 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. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

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

4.5.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 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 to 20.6%, and the Scheme Regulations were amended accordingly.

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

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

5. Operating expenses

	2019-20 Total £'000	2018-19 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	3,485	3,527
Services from foundation trusts	335,636	316,660
Services from other NHS trusts	54,270	50,630
Services from Other WGA bodies	47,646	44,381
Purchase of healthcare from non-NHS bodies	102,329	91,950
Purchase of social care	18,376	16,749
Prescribing costs	72,812	69,498
GPMS/APMS and PCTMS	73,092	69,960
Supplies and services – clinical	1,227	1,201
Supplies and services – general	914	949
Consultancy services	428	584
Establishment	1,700	1,026
Transport	3,274	2,849
Premises	2,252	2,888
Audit fees	60	60
Other non statutory audit expenditure		
· Internal audit services	-	-
· Other services	-	10
Other professional fees	830	610
Legal fees	107	155
Education, training and conferences	143	185
Total Purchase of goods and services	718,581	673,872
Depreciation and impairment charges		
Depreciation	-	-
Amortisation	3	3
Total Depreciation and impairment charges	3	3
Provision expense		
Change in discount rate	-	-
Provisions	110	1,074
Total Provision expense	110	1,074
Other Operating Expenditure		
Chair and Non Executive Members	332	384
Grants to Other bodies	114	350
Clinical negligence	1	1
Expected credit loss on receivables	(53)	(335)
Other expenditure	1	197
Total Other Operating Expenditure	395	597
Total operating expenditure	719,089	675,546

(a) In accordance with SI 2008 no.489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations, where a CCG contract with its auditors provides for a limitation of the auditor's liability, the principal terms of this limitation must be disclosed. The CCG's contract with its external auditors, Grant Thornton UK LLP, does contain a limitation of liability clause, with the absolute liability of both parties being capped at £2 million. This is in line with the standard Consultancy One (the procurement framework used to award the external audit contract) approach and the external auditor's standard terms and conditions.

The external audit fee for 2019-20 was £51k, plus £10k irrecoverable VAT (2018-19; £50k, plus £10k irrecoverable VAT)

(b) Other Professional fees expenditure includes £50k for the provision of Internal Audit services (2018-19; £50k).

6 Better Payment Practice Code

Measure of compliance	2019-20 Number	2019-20 £'000	2018-19 Number	2018-19 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	11,067	143,875	8,922	131,764
Total Non-NHS Trade Invoices paid within target	10,994	141,430	8,893	131,212
Percentage of Non-NHS Trade invoices paid within target	99.34%	98.30%	99.67%	99.58%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	3,948	391,124	3,989	373,855
Total NHS Trade Invoices Paid within target	3,937	389,686	3,981	373,778
Percentage of NHS Trade Invoices paid within target	99.72%	99.63%	99.80%	99.98%

7 Operating Leases

7.1 As lessee

NHS Wiltshire CCG occupies and pays rent on Southgate House, Devizes, a property which is owned by NHS Property Services Ltd.

There is no signed lease in place, even though the nature of the transactions undertaken conveys the right for the CCG to use the property.

Under paragraph 4 of IFRIC 4, these arrangements are a lease, and, as such, they are accounted for in accordance with IAS17.

The CCG is also responsible for paying rent on a number of vacant and partially used (on a sessional basis) properties. Although there are no lease agreements in place, the rental is shown as an operating lease expense.

Other lease costs relate to photocopiers.

7.1.1 Payments recognised as an Expense

	2019-20				2018-19			
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payments recognised as an expense								
Minimum lease payments	-	587	1	588	-	248	3	251
Contingent rents	-	-	-	-	-	-	-	-
Sub-lease payments	-	-	-	-	-	-	-	-
Total	-	587	1	588	-	248	3	251

Whilst our arrangements with NHS Property Services Limited fall within the definition of operating leases, rental charges for future years have not yet been agreed. Consequently this note does not include future minimum lease payments for these arrangements.

7.1.2 Future minimum lease payments

	2019-20				2018-19			
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payable:								
No later than one year	-	692	-	692	-	-	1	1
Between one and five years	-	-	-	-	-	-	2	2
After five years	-	-	-	-	-	-	-	-
Total	-	692	-	692	-	-	3	3

7.2 As lessor

The CCG has not acted as a lessor in either 2019-20 or 2018-19.

8 Property, plant and equipment.

The CCG held no property, plant and equipment during 2019-20 (2018-19, £nil).

9 Intangible non-current assets

2019-20	Computer Software: Purchased £'000	Total £'000
Cost or valuation at 01 April 2019	17	17
Cost / Valuation At 31 March 2020	17	17
Amortisation 01 April 2019	11	11
Charged during the year	3	3
Amortisation At 31 March 2020	14	14
Net Book Value at 31 March 2020	3	3
Purchased	3	3
Donated	-	-
Government Granted	-	-
Total at 31 March 2020	3	3

There is no balance on the Revaluation Reserve in respect of intangible assets.

9.1 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Computer software: purchased	1	1
Computer software: internally generated	0	0
Licences & trademarks	0	0
Patents	0	0
Development expenditure (internally generated)	0	0

9.2 Analysis of impairments and reversals

There has been no impairment of impairment reversal to intangible assets in either 2019-20 or 2018-19.

10.1 Trade and other receivables

	Current 2019-20 £'000	Current 2018-19 £'000
NHS receivables: Revenue	589	371
NHS receivables: Capital	-	-
NHS prepayments	1,566	1,288
NHS accrued income	161	1,464
NHS Contract Receivable not yet invoiced/non-invoice	-	428
NHS Non Contract trade receivable (i.e pass through funding)	-	-
NHS Contract Assets	-	-
Non-NHS and Other WGA receivables: Revenue	93	877
Non-NHS and Other WGA receivables: Capital	-	-
Non-NHS and Other WGA prepayments	922	633
Non-NHS and Other WGA accrued income	6,160	3,365
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	(5)	(195)
VAT	76	109
Other receivables and accruals	-	-
Total Trade & other receivables	9,562	8,340
Total current and non current	9,562	8,340

The CCG held no non-current receivables in either 2019-20 or 2018-19.

The majority of the CCG's income is from other NHS organisations and local authorities. As such, no credit scoring is considered to be necessary.

10.2 Receivables past their due date but not impaired

	2019-20 DHSC Group Bodies	2019-20 Non DHSC Group Bodies	2018-19 DHSC Group Bodies	2018-19 Non DHSC Group Bodies
	£'000	£'000	£'000	£'000
By up to three months	80	50	91	380
By three to six months	62	1	-	-
By more than six months	-	-	-	137
Total	142	51	91	517

10.3 Loss allowance on asset classes

	Trade and other receivables - Non DHSC Group Bodies	Other financial assets	Total
	£'000	£'000	£'000
Balance at 01 April 2019	(195)	-	(195)
Lifetime expected credit loss on credit impaired financial assets	-	-	-
Lifetime expected credit losses on trade and other receivables-Stage 2	53	-	53
Lifetime expected credit losses on trade and other receivables-Stage 3	-	-	-
Credit losses recognised on purchase originated credit impaired financial assets	-	-	-
Amounts written off	-	-	-
Financial assets that have been derecognised	137	-	137
Changes due to modifications that did not result in derecognition	-	-	-
Other changes	-	-	-
Total	(5)	-	(5)

11 Cash and cash equivalents

	2019-20 £'000	2018-19 £'000
Balance at 01 April 2019	97	29
Net change in year	(994)	68
Balance at 31 March 2020	(897)	97
Made up of:		
Cash with the Government Banking Service	-	97
Cash with Commercial banks	-	-
Cash in hand	-	-
Current investments	-	-
Cash and cash equivalents as in statement of financial position	-	97
Bank overdraft: Government Banking Service	(897)	-
Bank overdraft: Commercial banks	-	-
Total bank overdrafts	(897)	-
Balance at 31 March 2020	(897)	97

12 Trade and other payables

	Current 2019-20 £'000	Current 2018-19 £'000
Interest payable	-	-
NHS payables: Revenue	5,756	3,006
NHS payables: Capital	-	-
NHS accruals	5,916	6,098
NHS deferred income	-	-
NHS Contract Liabilities	-	-
Non-NHS and Other WGA payables: Revenue	4,276	4,798
Non-NHS and Other WGA payables: Capital	-	-
Non-NHS and Other WGA accruals	40,121	35,772
Non-NHS and Other WGA deferred income	683	-
Non-NHS Contract Liabilities	-	-
Social security costs	92	83
VAT	-	-
Tax	64	72
Payments received on account	-	-
Other payables and accruals	718	734
Total Trade & Other Payables	57,626	50,563
Total current and non-current	57,626	50,563

The CCG held no non-current payables in either 2019-20 or 2018-19.

Other payables include £643,000 of outstanding pension contributions at 31 March 2019 (31 Mar 2019: £653,000).

This comprises £109,000 relating to CCG officer pensions, and £534,000 relating to GP pensions.

13 Borrowings

	Current 2019-20 £'000	Current 2018-19 £'000
Bank overdrafts:		
· Government banking service	897	-
· Commercial banks	-	-
Total overdrafts	897	-
Total Borrowings	897	-
Total current and non-current	897	-

The CCG had no non-current borrowings in either 2019-20 or 2018-19.

The Government Banking Service bank overdraft relates to a BACS payment run which was transacted on 31st March 2020.

The total amount paid was £1.16m. The funds associated with this transaction will clear in the bank account NHS BANES, Swindon and Wiltshire CCG on 3rd April 2020.

Prior to this payment run, the CCG's bank account had a balance of £259k.

14 Provisions

	Current 2019-20 £'000	Current 2018-19 £'000
Continuing care	2,084	2,094
Total	2,084	2,094
Total current and non-current	2,084	2,094

The CCG had no non-current provisions at 31 Mar 2020 (31 Mar 2019; £nil).

Movement on Provision

	Continuing Care £'000
Balance at 01 April 2019	2,094
Arising during the year	1,253
Utilised during the year	(119)
Reversed unused	(1,144)
	2,084
Balance at 31 March 2020	
Expected timing of cash flows:	
Within one year	2,084
Between one and five years	-
After five years	-
Balance at 31 March 2020	2,084

Continuing Care.

There are two elements to this provision:

1. A balance of £812,000 relates to existing retrospective applications which have been assessed and declined and are now going through an appeal process. The claims may therefore be eligible for Continuing Healthcare (CHC) funding, but the appeal panels have not yet met to review the claims.

2. A balance of £1,272,000 relates to claimants who are receiving Funded Nursing Care and who may be eligible to convert to CHC funding. However, the applications have not yet been assessed.

Both liabilities have been estimated based on claims received, periods of care and estimated weekly costs.

Under the Accounts Direction by NHS England, issued on 12 February 2014, NHS England is responsible for accounting for liabilities relating to NHS CHC claims which relate to periods of care before Wiltshire CCG was established (1st April 2013).

These claims are accounted for by NHS England on behalf of Wiltshire CCG. The value at 31 March 2020 is £1,436,000 (31 Mar 2019; £3,493,000).

A provision for legal claims is calculated from the number of claims currently lodged with NHS Resolution (formerly NHS Litigation Authority), and the probabilities provided by them. There are currently no claims lodged with NHS Resolution, hence no provision is included in the accounts.

There is a requirement for NHS bodies to note the value of provisions carried in the books of NHS Resolution in regard to ELS (Existing Liabilities Scheme) and CNST (Clinical Negligence Scheme for Trusts) claims as at 31 March 2020.

The provision for ELS claims is £nil (31 March 2019; £nil), and for CNST claims is £15,500 (31 March 2019; £nil).

15 Contingencies

The CCG has no contingent assets or liabilities at 31 March 2020 (31 March 2019; £nil)
The CCG has not identified any remote contingent liabilities as at 31 March 2020 (31 March 2019, £nil)

16 Commitments

16.1 Capital commitments

The CCG had no capital commitments at 31 March 2020 (31 March 2019, £nil)

16.2 Other financial commitments

NHS Wiltshire CCG has entered into non-cancellable contracts (which are not leases, private finance initiative contracts or other service concession arrangements) which expire as follows:

	2019-20	RESTATED 2018-19
	£'000	£'000
In not more than one year	43,115	77,376
In more than one year but not more than five years	63,733	55,017
In more than five years	2,239	55
Total	109,087	132,448

17 Financial instruments

17.1 Financial risk management

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

Because NHS Wiltshire 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 CCG 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 CCG in undertaking its activities.

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

17.1.1 Currency risk

NHS Wiltshire 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 and therefore has low exposure to currency rate fluctuations.

17.1.2 Interest rate risk

When required, the CCG receives capital resource from NHS England to fund capital expenditure and has no powers to borrow. The CCG draws down cash to cover expenditure as the need arises, and does not need to borrow to finance its business. The CCG therefore has low exposure to interest rate fluctuations.

17.1.3 Credit risk

Because the majority of the CCG's revenue comes from parliamentary funding, NHS Wiltshire CCG has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

17.1.4 Liquidity risk

NHS Wiltshire 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, and is not, therefore, exposed to significant liquidity risks.

17.1.5 Financial Instruments

As the cash requirements of NHS Wiltshire CCG are met through the Estimate process via NHS England, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS Wiltshire CCG's expected purchase and usage requirements and the CCG is therefore exposed to little credit, liquidity or market risk.

17 Financial instruments cont'd

17.2 Financial assets

The CCG only holds Financial Assets measured at amortised cost	Financial Assets measured at amortised cost	Total	Financial Assets measured at amortised cost
	2019-20 £'000	2019-20 £'000	208-19 £'000
Trade and other receivables with NHSE bodies	507	507	657
Trade and other receivables with other DHSC group bodies	6,404	6,404	4,970
Trade and other receivables with external bodies	93	93	877
Other financial assets	-	-	-
Cash and cash equivalents	0	0	97
Total at 31 March 2020	7,004	7,004	6,601

17.3 Financial liabilities

The CCG only holds Financial Liabilities measured at amortised cos	Financial Liabilities measured at amortised cost	Total	Financial Liabilities measured at amortised cost
	2019-20 £'000	2019-20 £'000	2018-19 £'000
Trade and other payables with NHSE bodies	4,167	4,167	1,852
Trade and other payables with other DHSC group bodies	21,784	21,784	22,664
Trade and other payables with external bodies	30,836	30,836	25,159
Other financial liabilities	897	897	733
Private Finance Initiative and finance lease obligations	-	-	-
Total at 31 March 2020	57,684	57,684	50,408

18 Operating segments

The CCG only has one operating segment, Commissioning of Healthcare. Income, expenditure, assets and liabilities are reported in the Statement of Comprehensive Net Expenditure and the Statement of Financial Position.

19 Joint arrangements - interests in joint operations

Wiltshire CCG and Wiltshire Council have pooled budgets in the Better Care Fund, covered by a signed S75 agreement.

The Better Care Fund was established by the Government to provide funds to local areas to support the integration of health and social care and to seek to achieve National Conditions and Local Objectives, through the establishment of a Better Care Plan. The Plan is based on the overriding principle of care closer to home with healthcare led by local GPs. The Plan is based on four priorities:
"I will be supported to live healthily"
"I will be supported to live independently"
"I will be kept safe from avoidable harm"
"I will be listened to and involved".

The CCG and the Council have contributed funds into a pooled budget and have developed a number of schemes based on Plan priorities. The Better Care Fund pooled budget is a jointly controlled operation, as all spending decisions are approved by a Joint Commissioning Board, made up of representatives from the CCG and the Council - both parties have to agree on spending commitments.

The Better Care Fund is therefore accounted for as a jointly controlled operation, in line with the CCG's accounting policies, notes 1.3 and 1.4. The agreement between the Council and the CCG outlines how surpluses and deficits on the funds will be apportioned between the partners.

Wiltshire Council are the host of the Better Care Fund. This means that the Council holds all monies contributed to the Fund by the CCG and the Council. It appoints the Pool Manager, and is responsible for the administration of the pooled budget.

In 2019-20, Wiltshire CCG contributed £33,247,000 to the Better Care Fund (2018-19; £31,776,000). This included an additional in-year allocation from NHS England of £613,000. Wiltshire Council contributed £18,286,878 (2018-19; £18,570,000).

At 31st March 2019, Wiltshire CCG held liabilities of £451k relating to Better Care Fund schemes (2018-19; £156k)

19.2 Interests in entities not accounted for under IFRS 10 or IFRS 11

The CCG has no interests in entities not accounted for under IFRS 10 or IFRS 11.

20 Related party transactions

Details of related party transactions with individuals are as follows:

Name of related party	Nature of relationship	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
		£'000	£'000	£'000	£'000
Market Lavington Surgery	Dr Richard Sandford-Hill, Chair of the CCG, is a partner at Market Lavington Surgery.	1,644	0	4	0
NHS England	Linda Prosser, Interim Deputy Chief Executive was seconded to the CCG from NHS England.	170	2,777	1	506
The Castle Practice	Dr Toby Davies, GP Governing Body member during the year, is a partner at the Castle Practice.	1,980	0	62	0
Box Surgery	Dr Andrew Girdher, GP Governing Body member during the year, is a partner at Box Surgery.	1,130	0	0	0
Wiltshire GP Alliance	Both Dr Toby Davies and Dr Andrew Girdher are members of the Wiltshire GP Alliance.	37	0	0	0
Westbury Group Practice	Dr Mohammed Rehman, GP Governing Body member during the year, is a GP at Westbury Group Practice.	3,755	0	0	0
Lovemead Group Practice	Dr Catrinel Wright, GP Governing Body member during the year, is a partner at Lovemead Group Practice.	2,233	0	31	0
NHS Bath and North East Somerset CCG	A number of senior management roles are shared across NHS Bath and North East Somerset CCG, NHS Swindon CCG and NHS Wiltshire CCG. These are: Tracey Cox (Chief Executive), Caroline Gregory (Chief Finance Officer), Gill May (Registered Nurse Member and Director of Nursing & Quality), Nicki Millin (Executive Director of Strategy and Transformation), Sheridan Flavin (Interim BSW Director for Old People and OD), Alison Kingscott (Interim BSW Director for Old People and OD), Julie Anne Wales (BSW Director of Corporate Affairs) and Ruth Grabham (BSW Medical Director).	269	285	618	0
NHS Swindon CCG		492	125	142	0

As in previous years, the CCG pays certain GPs to take a lead role on clinical services. All such arrangements are in the ordinary course of business and follow the CCG's strict governance and accountability arrangements. Material transactions are disclosed appropriately in the accounts.

The Department of Health is considered to be a related party. During 2019-20, the CCG has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. These entities include:
- NHS England
- Salisbury NHS Foundation Trust
- Great Western Hospitals NHS Foundation Trust
- Royal United Hospitals Bath NHS Foundation Trust
- Avon and Wiltshire Mental Health Partnership NHS Trust
- South Western Ambulance Service NHS Foundation Trust"

In addition, the CCG has had a number of material transactions with other central government and local government bodies.
The majority of these transactions have been with Wiltshire Council.

The 2018-19 disclosure is as follows:

Name of related party	Nature of relationship	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
		£'000	£'000	£'000	£'000
Market Lavington Surgery	Dr Sandford-Hill, Chair of the CCG, is a partner at Market Lavington Surgery.	1,093	0	30	1
NHS England	Linda Prosser, Interim Accountable Officer, then Interim Deputy Chief Executive, is seconded to the CCG from NHS England.	726	3,813	170	621
NHS Bath and North East Somerset CCG	Tracey Cox is the appointed Chief Executive to NHS Wiltshire, NHS BANES and NHS Swindon.	464	580	25	4
NHS Swindon CCG		109	783	0	33
Dorothy House	Dr Simon Burrell, GP Governing Body member during the year, is a trustee for Dorothy House.	1,061	0	9	0
Porch Surgery	Dr Simon Burrell is a partner at the Porch Surgery.	883	0	47	0
The Castle Practice	Dr Toby Davies, GP Governing Body member during the year, is a partner at the Castle Practice.	787	0	43	34
Box Surgery	Dr Andrew Girdher, GP Governing Body member during the year, is a partner at Box Surgery	1,004	0	36	65
Wiltshire GP Alliance (established during 2018/19)	Both Dr Toby Davies and Dr Andrew Girdher are members of the Wiltshire GP Alliance.	84	0	0	0
Westbury Group Practice	Dr Muhammed Rehman, Governing Body member during the year, is a partner at Westbury Group Practice.	2,929	0	121	0
Wilcodoc Ltd	Dr Chetal Sheth, Governing Body member during the year, is a director of Wilcodoc Ltd. This company managed the Salisbury Walk-In Centre during the year.	1,263	0	0	0
Three Chequers Medical Practice	Dr Chetal Sheth is a partner of Three Chequers Medical Practice.	4,079	0	192	2
Lovemead Group Practice	Dr Catrinel Wright, Governing Body member during the year, is a partner at Lovemead Group Practice.	1,919	0	101	3
Kennet and Avon Medical Partnership	Dr Anna Collings, Governing Body member during the year, is a partner at Kennet and Avon Medical Partnership.	2,933	0	108	0
Age UK Wiltshire	Julian Kirby, Lay Member of the Governing Body during the year, is also Chief Executive of Age UK Wiltshire.	261	0	0	0
Wiltshire Council	Sue Shelbourn-Barrow, Director of Transformation and Integration, managed the Better Care Fund during 2018/19, which is a pooled budget with Wiltshire Council	29,348	8,459	1,128	727

GP practices within the area have joined other professionals in the CCG in order to plan, design and pay for services. Under these arrangements, some services are designed to be delivered in a primary care setting. This involves paying GP practices for the delivery of these services.

A GP is also paid by the CCG for taking a lead role on clinical services. All such arrangements are in the ordinary course of business and follow the CCG's strict governance and accountability arrangements. Material transactions are disclosed appropriately in the accounts.

The Department of Health is considered to be a related party. During 2018-19, the CCG had a significant number of material transactions with entities for which the Department is regarded as the parent Department. These entities include:

- NHS England
- Salisbury NHS Foundation Trust
- Great Western Hospitals NHS Foundation Trust
- Royal United Hospitals Bath NHS Foundation Trust
- Avon and Wiltshire Mental Health Partnership NHS Trust
- South Western Ambulance Service NHS Foundation Trust

In addition, the CCG has had a number of material transactions with other central government and local government bodies.
The majority of these transactions have been with Wiltshire Council.

21 Events after the end of the reporting period

On 1st April 2020, NHS Wiltshire CCG merged with NHS Bath and North East Somerset CCG and NHS Swindon CCG, to form NHS Bath and North East Somerset (BANES), Swindon and Wiltshire CCG.

All assets and liabilities of NHS Wiltshire CCG transferred on that date to the new organisation, and NHS Wiltshire CCG ceased to exist.

Analysis of balances transferred to successor organisation

Summarised Statement of Financial Position as at 31st March 2020

	Wiltshire CCG £'000	Amounts transferred to BSW CCG £'000
Non current assets	3	3
Current assets	9,562	9,562
Current liabilties	(60,607)	(60,607)
Non Current liabilities	0	0
Net assets/liabilities	(51,042)	(51,042)

The accounts were authorised for issue by Caroline Gregory, Chief Finance Officer, on 25 June 2020.

22 Losses and special payments

Losses and Special Payments are items of cost that Parliament would not have contemplated when it agreed funding for the NHS. By their nature, they are items that ideally should not arise.

Losses

CCGs are required to report the number and value of losses and write-offs in the financial statements.

During 2019-20, NHS Wiltshire CCG did not incur any losses (2018-19, £nil)

Special payments

CCGs are required to report the number and value of special payments in the financial statements.

	Total Number of Cases 2019-20 Number	Total Value of Cases 2019-20 £'000	Total Numberof Cases 2018-19 Number	Total Value of Cases 2018-19 £'000
Compensation payments	-	-	1	187
Ex Gratia Payments	1	1	2	10
Total	1	1	3	197