NHS Walsall Clinical Commissioning Group

NHS WALSALL CLINICAL COMMISSIONING GROUP

ANNUAL REPORT AND ANNUAL ACCOUNTS

2016 – 2017

DRAFT

Improving Health and Wellbeing for Walsall

Contents

Welcome

The annual report and accounts for the year ended 31 March 2017 have been prepared as directed by NHS England in accordance with section 232 (Schedule 15, Paragraph 3) of the National Health Service Act 2006. The directions issued by NHS England require clinical commissioning groups to comply with the requirements laid out in the Manual for Accounts issued by the Department of Health. The Manual for Accounts complies with the requirements of the Government Financial Reporting Manual, which the Department of Health Group Accounts are required to comply with.

WELCOME

On behalf of NHS Walsall's member GP practices, I am very pleased to present my first Annual Report and Accounts as Chair and Clinical Lead of NHS Walsall Clinical Commissioning Group (CCG).

This report provides an overview of the work of the CCG between 1 April 2016 and 31 March 2017. It provides a summary of our business, performance and projects over the past year, as well as a commentary on wider events which have shaped our work and priorities as an organisation.

The second part of the report is the financial accounts for the year 2016/17.

Our fourth year as a CCG has brought with it a number of significant challenges. In July 2016, Walsall CCG was placed into the 'special measures', which forms part of the CCG Assurance Framework. While this was disappointing, we have taken a number of steps to address each of the areas identified under special measures. With the support from our new interim Accountable Officer, turnaround Director and NHS England, improvements have already been made.

We have undertaken a great deal of work this year to strengthen our organisation; including developing our leadership as well as increasing our capacity and capability, to ensure that we are fit for purpose to meet the challenges ahead. We are determined to meet head on our main objective, which is to commission safe, high quality, sustainable health services for local people.

Patients are at the heart of what we do, and throughout 2016/17 we have worked hard to engage with the public, patients, service users and their families. We have held a range of events to talk to local people about some of our challenges and to get their views on local NHS services through 'The Big Conversation' public engagement programme. The interest and feedback we have received from the public, health professionals and staff and will be used to shape our commissioning plans for 2017/2018.

As with everything we do, the views of our local population are vital and we actively encourage local people to get involved. By joining our Patient Voice Panel local people can keep up to date, get more involved with our work and have their say on future developments in the health community. If you are Walsall resident and would like to join please visit our website to find out more www.walsallccg.nhs.uk

Finally I would like to thank all of our Governing Body, GP member practices, patient groups and our partner organisations for their continued support.

I am really proud of the commitment that our organisation and staff have shown over the past year, during challenging circumstances, and would like to thank them for their hard work and support over the last 12 months.

Dr Anand Rischie,
Chair and Clinical Lead

PERFORMANCE REPORT

PERFORMANCE SUMMARY

This annual report summarises the CCGs challenges, success stories and key milestones, as well as outlining how we have fulfilled our regulatory responsibilities and duties as a CCG.

There can be no doubt, 2016-17 was one of the most difficult years the NHS has faced on both a national and local level. Increasing admissions and attendances at A&E have seen hospitals under enormous strain, particularly during winter months. Rising demand, reduced funding and rising patient expectations, has also led to unprecedented pressures on primary care services.

It has been a challenging year both in terms of finance and performance for Walsall CCG. In July 2016 the CCG was placed in 'special measures' by NHS England. This came following a review of the CCG's capability, capacity and governance were carried out following a disappointing deterioration in the financial position.

A financial recovery plan was immediately put into place and working with NHS England, the CCG developed a medium term financial plan for 2016/2017 setting out how it will return to financial balance. However, the financial situation does still remain challenging and the CCG has a projected financial gap of approximately £22m this year. We are working hard with partners to continue to implement our finance recovery plan, however, this is not without needing to make some changes in the way we commission services in the future so that we make the right decisions about the services we commission. Involving local people, patients, and our partners in this process is a key priority for us during 2017/18.

Our performance against other important targets, such as our referral to treatment (RTT) and patients waiting more than four hours in A&E has not been acceptable, and this is something we need to address during 2017/18.

We are continuing to work with our main providers (Walsall Healthcare Trust and Dudley and Walsall Mental Health Trust) and closely monitoring their performance and improvement plans. An agreed recovery plan for the A&E hour target is in place and being closely monitored and work is also currently underway to develop a recovery plan for the referral to treatment time.

Despite the challenges, we have been busy developing and delivering ambitious plans to improve the efficiency, effectiveness and sustainability of the health services we commission.

A new Primary Care Strategy setting out a range of measures to support general practice across the key areas of the workforce; workload; infrastructure; and care design has been produced. The strategy sets out an overall vision and priorities for primary care, in line with NHS England's Five Year Forward View.

We recognise the need to embrace technology to offer a more modern, convenient and responsive service to our patients, their families and carers. All patients in Walsall can now book appointments, order repeat prescriptions and gain access to their medical records online. We have been working closely with GPs, the Local Medical Committee and Patient Participation Groups (PRGs) to raise public awareness and increase the uptake of patient online services in Walsall.

GP practices across parts of Walsall have also been trialling a new online service called eConsult. This new system gives adults medical advice via their GP practice's website and is already helping patients get support more quickly. E-consult online services are offered in addition to the traditional telephone and face-to-face means of interacting with a GP practice.

We have been successful in securing additional funding to offer individuals who are at risk of Type 2 diabetes. The CCG, along with Public health and NHS Wolverhampton CCG have partnered to launch the second wave of the NHS Diabetes Prevention Programme. The programme will look at how we can help and support individuals who are at risk of type 2 diabetes to reduce the likelihood of them developing the condition. Tackling type 2 diabetes is a big priority area for Walsall CCG. Like most areas of the country, we are seeing an increase in new diagnoses driven by a number of lifestyle factors and we recognise the need to do all we can to reverse this trend.

To ensure the services we commission provide the right care at the right time and in the most appropriate location, we have commenced a new programme of work involving three disease areas: respiratory, musculoskeletal and diseases of the circulatory system. The programme has involved working with GPs, consultants, community nurses, hospital managers, health professionals and patients to understand the patient journey and issues around the referral to first appointment pathway to jointly find sustainable solutions to improve the pathways.

The CCG is committed to ensuring that people with mental health issues get the right help and support they need. We are continuing to work with people who have experienced mental health issues, social care providers and voluntary services to meet a range of national targets for mental health services. We have commissioned a dedicated Children and Young People's Eating Disorders Service and the waiting times to access treatment from the point of referral for the Children and Adolescent Mental Health Service (a second/third appointment following assessments) has been reduced.

Mental health services for older people have also been transformed over the last year. A service working with care homes to improve dementia care and end of life have been the subject of two national case studies. You can read more about this on page XX of this document.

Walsall is a unique, dynamic and diverse borough and we want our health and social care services to reflect the needs of our community and to be of the highest possible quality. Over the last year, we have made significant progress working alongside patients, the public, and health and social care providers to gain a better understanding of what our community needs, and to develop services that best meet those needs.

Each health and care system in the country is being asked by NHS England to put together a sustainability and transformation plan (STP). The STP is designed to support health and care systems to deliver the NHS Five Year Forward View challenges system leaders to deliver sustainable change that can drive through the transformation of care.

We are continuing to engage with our partners across the Black Country and developing opportunities to work on a more sustainable planning footprint in order to address health and well-being, care and quality as well as finance and efficiency gaps. You can read a copy of the Black Country STP plan on our website: www.walsallccg.nhs.uk

We have got a strong base to build from as health, social care and voluntary sector organisations in Walsall have been working together for some time on the Walsall Together programme. Together we are working to deliver innovative, integrated, and person-centred care to everyone living in Walsall. This new way of working will ensure that people have their care coordinated around their needs and the full scope of statutory, community and voluntary sector resources are used effectively to match individual and population needs. It will also help more vulnerable patients receive care in their own

homes, limiting time spent in a hospital away from their family and friends, and giving people in Walsall more options when it comes to the care they receive.

Our CCG is committed to involving and actively seeking the views of patients, carers, and the wider public. Over the last year, we have undertaken a lot of work to strengthen our public and patient involvement framework. For example a new Patient and Stakeholder Advisory Group which includes representatives from the Governing Body, GP patient participation groups, the CCG Patient Voice Panel, voluntary and community sector and Healthwatch Walsall, has been established to ensure that we undertake meaningful engagement with patients and stakeholders when considering any changes to service provision.

In January we launched the 'Big Conversation' public engagement programme where we shared our key challenges with public and patients and asked for their views on the case for change to some local services. In particular, we focused on urgent care, stroke services, primary care and the Walsall Together programme. As part of the engagement activity, three public events were organised across Walsall. We also went out and about into the local community and talked to people in our 'Big Conversation Bus'. Some of the places we visited included schools, places of worship, libraries, supermarkets, leisure centres and markets. We worked closely with Healthwatch Walsall to ensure that we included people from across our diverse communities.

I would like to thank everyone that participated by attending one of the events or by completing a survey. All the feedback we received is now being collated and the findings will be used to form options for further public consultation in the coming months.

I want to end by thanking everyone who has helped the CCG prepare for what lies ahead. So I must say thank you to our staff, our member practices, our partners and above all our patients and the wider public. I am confident that with your on-going support we will continue to develop the best possible services while ensuring value for the public funds we are trusted with.

Paul Maubach,

Accountable Officer

NHS Walsall Clinical Commissioning Group

ABOUT US

NHS Walsall Clinical Commissioning Group (CCG) is responsible for commissioning community, hospital and mental health services for local people. In April 2016 the CCG also became responsible for commissioning primary care services (GP services) with NHS England.

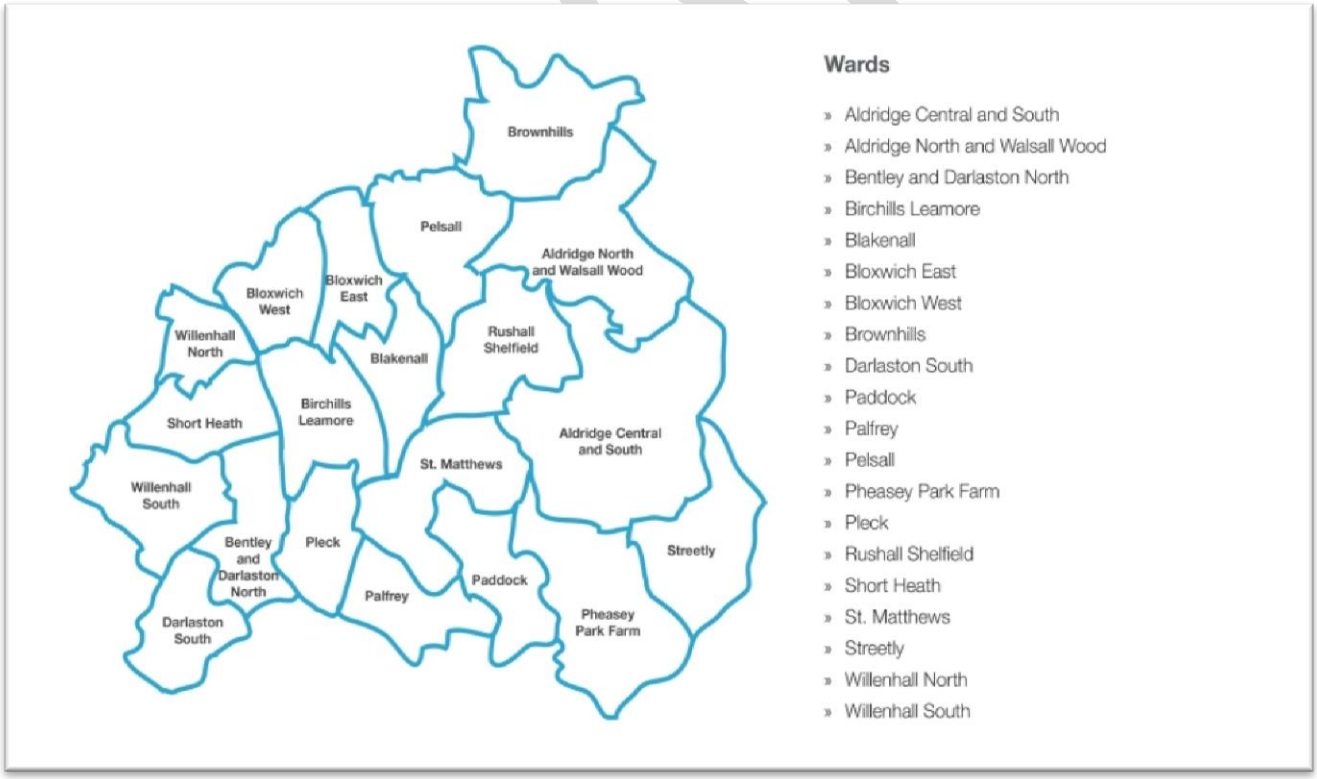
Commissioning looks at:

- Understanding the health needs of the population
- Designing and redesigning services
- Buying the services
- Measuring the impact of services

The CCG was formed on 1 April 2013 and is a clinically-led organisation which means that local GPs and lay representatives use their local knowledge and personal experiences to plan, buy and monitor the quality standards of local NHS services.

As a membership organisation the CCG represents local GPs who work at 59 local practices across Walsall.

We have a budget of over £346million.



HEALTH OF THE BOROUGH

Walsall is one of four towns in the Black Country, in the West Midlands Region. The population is 274,000 and we are coterminous with Walsall Council. Our town has great contrasts, with significant deprivation in the West of the Borough and relative affluence in the East. Differences in deprivation levels and lifestyles (smoking, excessive consumption of alcohol, etc.) lead to poorer health outcomes for our communities in the West. This leads to high levels of infant mortality and lower adult life expectancy. High levels of morbidity, from diseases such as coronary heart disease and diabetes, sit alongside relatively poor experiences of health services.

In line with our statutory duties we have contributed to the development of the Joint Strategic Needs Assessment (JSNA) with our partners from Walsall Council. The JSNA sets out a number of key messages about the nature of the population we serve and which informs our commissioning plans.

OUR VISION

It is within this context, and our understanding of the community we serve, that we present our vision: To improve the health and wellbeing of local people

We will do this by working in partnership with the public, people who use our services, carers, clinicians, our staff and health and social care providers, to design services which:

- Improve health and quality of life outcomes (measured against national and local targets)
- Reduce health inequalities across Walsall
- Target areas where there is greatest need
- Support people to take greater responsibility for living well, staying healthy and living independently.

We will focus on achieving the best health outcomes, regardless of organisational form across the system. This means that we will be advocates 'for the people', working in partnership with our providers, but using market shaping and every contractual lever available to us to achieve sustainable and high quality services.

As of the 31 March 2016 the CCG employed 79 staff to carry out its work. It also subcontracts some support services to Walsall Healthcare Trust, Midlands and Lancashire Commissioning Support Unit and Walsall Council.

The CCG is committed to improving the healthcare of residents by providing high-quality co-ordinated care that is based around patients' individual needs. The 59 member practices serve communities across the borough, covering a population of 274,000 with a budget of £346 million.

The CCG is based at Jubilee House, Bloxwich Lane, and Walsall. WS2 7JL

Our strategic plan, agreed in the course of 2016/17, describes how we will achieve our vision over the next five years. While everything we are planning will help in delivering our long term goals, we will be concentrating on a small number of priorities that will help to achieve our goals, some of which are nationally mandated and some locally determined.

Our Strategic Objectives	Our Priorities
Improve health outcomes and reduce health inequalities.	Reduce perinatal & infant mortality.
	Increase male life expectancy.
	Reduce the incidence of, and better manage LTCs.
	Improve mental health and well-being and ensure parity of esteem.
Provide the right care, in the right place, at the right time.	Improve mental health and well-being of children and young people.
	Reduce emergency admissions to hospital.
	Bring Care Closer to Home
	Improve integration of primary, community and social care.
Commission consistent, high quality, safe services across Walsall.	Enhance the public and patient experience.
	Eliminate recurring significant incidents.
	Improve service quality and performance.
Secure best value for the Walsall pound and deliver public value.	Deliver cost efficiency programmes (including QIPP)
	Ensure the delivery of provider cost improvement plans.
	Ensure that services are provided by the most capable providers.
	Providers deliver benefits to the Walsall community.

The CCG Corporate objectives are to:
Ensure robust financial management for in year and subsequent years
Implement QIPP as necessary to rectify the 2016/17 financial position
Direct performance improvements to ensure compliance with NHS constitution
Ensure effective quality and safety assurance of the system
Ensure effective contract management of Primary Care including QIPP contribution
Ensure active participation in formulating to the Black Country Sustainability and Transformation Plan
Ensure active participation in formulating Walsall Together
Involve patients and public in decision making
Ensure strong leadership and good governance

The CCG reviewed its corporate objectives following the legal directions to give some clear direction to the executive of the CCG and the committees on the main priorities for the year. This would ensure timely delivery of the objectives and effective reporting and assurance through to the governing body throughout the year. There was an immediate review of the governance structure which streamlined the reporting, accountability and risk management for the delivery of the corporate objectives.

The major risks arising from the legal directions have been managed through the Governing Body Committees and progress reported to each Governing Body meeting. This has been supported by an overarching PMO function which has monitored the overall progress against each area and identifying and managing risks throughout the process.

The major risks over the reporting period were as follows:

1. Legal directions
2. Governance review
3. Joint commissioning arrangements including Better Care Fund
4. Financial performance
5. Performance of A&E, RTT, Cancer and diagnostic targets

To mitigate for these risks the CCG increased its capacity at a senior level to enable it to deliver credible plans to turnaround the performance and finance issues and support the leadership and strengthen the organisational development. This included a revision of the sub committees to the governing body committees, detailed recovery plans, discussions with partners to clarify accountabilities which were signed off by NHS England. The progress of the requirements for the legal direction was managed through the programme management office which reported to the senior management team and used to inform the monthly NHSE finance and improvement plan meetings.

PERFORMANCE ANALYSIS

The decline seen in NHS performance nationally during 2016/17 has also been felt locally with underachievement in a number of national constitutional standards such as A&E, RTT & mixed sex accommodation although there is some noticeable improvement in some of these areas which needs to be sustained going forward.

Walsall CCG remains committed to meeting these requirements for all users of NHS services and will continue to work closely with local providers to ensure these standards are achieved and improvements made where this currently is not the case. We are also clear that whilst we are gaining assurance on processes with our stakeholders to bring performance back on track patient care and safety remains paramount.

Our performance in 2016/17 against the requirements of the NHS Constitution is summarised below.

Indicator Short Name	Year End Target	Annual Forecast*
NHS Constitution – Rights and Pledges		
18 weeks Referral to Treatment –Patients on incomplete or non-emergency pathways	≥92%	R R
Diagnostic tests waiting times	≤1%	G
A&E 4-hour waits (Walsall Healthcare NHS Trust only)	≥95%	R
Cancer 2-week waits – urgent referral	≥93%	G
Cancer 2-week waits – breast symptomatic	≥93%	G
Cancer 31-day waits – first treatment	≥96%	G
Cancer 31-day waits – surgery	≥94%	G
Cancer 31-day waits – drugs	≥98%	G
Cancer 31-day waits – radiotherapy	≥94%	G
Cancer 62-day waits – first treatment	≥85%	G
Cancer 62-day waits – screening service	≥90%	G
Ambulance Category A 'Red 1' response within 8 minutes (West Midlands Ambulance Service – WMAS)	≥75%	G
Ambulance Category A 'Red 2' response within 8 minutes (WMAS)	≥75%	G
Ambulance Category A response within 19 minutes (WMAS)	≥95%	G
NHS Constitution Support Measures		
Mixed Sex Accommodation Breaches	0	R
Cancelled Operations (not offered alternative date within 28 days)	0	R
Mental Health CPA 7-day follow up	≥95%	G

The number of Referral to Treatment incomplete pathways greater than 52 weeks	0	R R
Patients who have waited over 12 hours in A&E from decision to admit to admission	0	G
Urgent operations cancelled for non-clinical reasons for a second time	0	G
Ambulance handover delays of over 30 minutes (WHNHST)	0	R
Ambulance handover delays of over 60 minutes (WHNHST)	0	G
***This assessment is made on the December data available to the CCG**		

This year has witnessed real improvements under cancer waiting times and 2016/17 represents the first year since 2013/14 in which all cancer waits standards have been achieved for Walsall CCG patients. Notwithstanding this success, it is clear from the above assessment that whilst the CCG has been successful in maintaining performance at the required standard for the majority of the measures there remains a number of challenges facing the CCG under the core NHS Constitution and support measures, with difficulties in delivering the required standards particularly in; 18 weeks referral to treatment, A&E waiting times, mixed sex accommodation, and ambulance handover delays. Actions underway to address these issues are summarised below.

18 weeks Referral to Treatment (RTT)

WHNHST secured approval for resuming national reporting of its 18 weeks referral treatment performance data in November 2016. This followed an extended period during which the Trust was required to address a significant number of data quality issues in its Patient Tracking List (PTL). Approval to resume reporting was preceded by extensive testing and auditing of their PTL data by the National Intensive Support Team.

A RTT Improvement Plan was also approved in November which aimed to deliver 92% for CCG commissioned services and 89% for all commissioned services by March 2017. The CCG will continue to work alongside the Trust and our regulators, to gain assurance on processes to bring performance back on track and on the systems in place to monitor and address the risk of harm, in line with national best practice.

A&E Four Hour Wait

Achievement of this standard continues to be a challenge both locally and nationally and the deterioration in local performance from 91% in May to 79% in December highlights the scale of the challenge facing the health economy. There are a number of factors which continue to drive Walsall's 4 hour wait performance;

- Conversion of attendance to admission rate remains high with clinicians reporting high levels of patient acuity
- Increased ambulance conveyances to the hospital
- Sustained increases in emergency admissions to the hospital
- Hospital processes which are not working well for patients and require significant changes to improve patient flow
- Similarly current processes within community based beds resulting in delays, longer length of stay and reduced rates of patient flow

Walsall's A&E Delivery Board has undertaken a thorough review of all improvements actions underway to ensure they are complaint with the five nationally mandated initiatives and assigned accountability to each responsible organisation with clear milestones and specific actions for delivery. In addition the CCG is also undertaking a number of reviews which will impact positively on urgent care performance once fully realised. These include reviewing the future of urgent care services in the borough which is included as part of the 'Big Conversation' engagement program and the future configuration of stroke services in Walsall.

To accelerate local improvement Walsall is also receiving external support to provide specific focus and expertise to address four key areas which are considered fundamental to both securing and maintaining improvement in future. These four areas are

- Reducing pressure on admissions by considering alternative to admissions such as the Rapid Response Team, Frail elderly service and improved working between primary care, WMAS, 111 and Primecare.
- Improved patient Flow through the Hospital
- Improving the discharge management processes i.e. getting people to get home safely and quickly
- Working better across the system

Whilst the A&E Delivery Board has the strategic oversight of these actions an operational group has also been established to monitor delivery of all the planned actions and reporting back on any blockages or slippages to the A&E Delivery Board. Both groups have representatives from Walsall CCG, Walsall Healthcare Trust and Walsall Council and the Mental Health Trust.

Mixed Sex Accommodation Breaches

Achievement of this standard continues to be a significant challenge at Walsall Healthcare due to increased demand coupled with bed capacity constraints. This continues to impact on the timely step down of patients from the High Dependency Unit (HDU) where all breaches occur. This situation is further compounded by the current estates configuration of HDU as bed capacity issues mean there is currently no space area available for ringed fence step down beds.

The new Intensive Critical Care Unit construction which commenced in September 2016 and is anticipated to be completed in winter 2018 will provide single room accommodation and should therefore eliminate these breaches once operational.

In the meantime the CCG is working with the Walsall Healthcare to review and strengthen their operational policies to ensure breaches are eliminated or minimised as we know patients do not want to be routinely cared for in mixed sex accommodation units except for exceptional clinical circumstances. We are clear that maintaining the privacy and dignity of our patient at all times is of paramount importance and we make the patient experience as good as possible at all times.

Ambulance Handover Delays

Ambulance handover delay targets are frequently breached, both locally and nationally. This is again largely due to increased pressures on both the acute and ambulance services. Walsall is no different and has seen significant increases in demand through the year with increasing occurrences s when over 90 ambulances per day have arrived at Walsall Healthcare NHS Trust.

There have been significant actions taken to reduce handover delays which can impact adversely on patient safety and care. We will continue to work with Walsall Health Care and WMAS through our A&E Delivery Board to understand and respond to these operational pressures.

Additional Mental Health Measures

In addition to the NHS Constitution requirements, there are a number of priority mental health areas with national targets which all CCGs report against. Walsall CCG has worked closely with providers throughout the year to achieve high levels of service against these targets. Performance under these measures is summarised below.

Indicator Short Name	Year End Target	Annual Forecast*
NHS National Planning Round		
% dementia diagnosis rate	≥66.7%	G
Improving access to psychological therapies (IAPT) – access levels	≥3.75% per qtr	G
The proportion of people who complete IAPT treatment who are moving to recovery	≥50%	G
The proportion of people that wait 6 weeks or less to enter IAPT treatment	≥75%	G
The proportion of people that wait 18 weeks or less to enter IAPT treatment	≥95%	G

*This assessment is made on the January data available to the CCG

SUSTAINABLE DEVELOPMENT

Sustainability has become increasingly important as the impact of peoples' lifestyles and business choices is changing the world in which we live. NHS Blackpool CCG acknowledges this responsibility to our patients, local communities and the environment by working hard to minimise our footprint. The CCG is a tenant in offices at the Blackpool Football Club Stadium leased by NHS Property Services from the Football Club. For the purposes of this Annual Report, it is not possible for NHS Property Services to provide sustainability information in relation to these offices. However, we continue to recognise the importance of embedding sustainability within our business. We continue to develop sustainability initiatives in the following areas:

- Transport and travel – for example: increasing the use of technology to reduce the need for CCG employees to travel to and from meetings at other locations
- Commissioning, tendering and procurement processes including:
    - An assessment of environmental impacts
    - An assessment of social impacts
    - A consideration of suppliers' sustainability policies NHS

The CCG is committed to promoting sustainability to our employees, including waste minimisation and management, a reduction in paper use, and the reuse and recycling of redundant ICT equipment .The CCG now has a 'managed print contract' which replaced a number of older printers in our offices with a small number of brand new state-of-the-art printers. As a result our use of paper and print consumables has reduced.

IMPROVING QUALITY

Walsall NHS Clinical Commissioning Group (CCG) has discharged its duty to improve quality under section 14R of the Health & Social Care Act 2012 through ensuring that a robust quality framework is in place.

The quality framework sets out how Walsall CCG manages and sources the quality intelligence required to gain assurance in a systematic, organised manner to comply with its duty for quality improvement. The framework provides a formal structure that describes how the CCG manages quality improvement to:

- Bring greater clarity to quality and planned quality improvements
- Measure quality
- Publish performance about quality
- Recognise and reward quality; raising standards
- Safeguard quality
- Support and promoting innovation

In response to the publication of the annual assessment for CCGs under the CCG Assurance Framework, WCCG has reviewed its systems and processes related to patient safety and quality and have further strengthened its approach to quality assurance and quality improvement. Action taken includes:

- Governance and committee structures have been reviewed to ensure they remain supportive of the requirements of the CCG.
- The Assurance Framework has been reviewed to ensure a more rigorous oversight and targeted approach to Quality and Safety is in place.
- Reviewed terms of reference for its Quality Performance and Safety Committee, with a more intensified emphasis on Quality and Safety. Operational performance is now undertaken through a separate committee.
- Strengthened clinical leadership and capability within the Quality and Safety directorate including the appointment of a Medical Director, to work alongside the Executive lead for Quality and Safety.
- Review of job roles to support the role of an Assistant Director of Quality and Safety within the structure.
- Reviewed all main providers contracting quality schedules which has reinforced a wide range of quality metrics with increased emphasis on metrics for improvement, outcome based measures and stretch targets for areas of concern.
- A revised visit schedule has been developed to ensure that regular clinical quality visits take place to our providers. These regular announced and unannounced visits inform key lines of enquiry for follow up with providers at the appropriate level for example Clinical Quality Review Meetings and the intelligence gathered is used to triangulate submitted data from providers.
- The visit schedule is a “living” document with opportunities for system leaders to contribute to the quality agenda to target any areas of concern with a clinical quality visit.

The CCG's quality and safety arrangements are well embedded and demonstrate active engagement with main providers to obtain appropriate assurances, including assurances that services are meeting relevant standards. Where concerns are identified, they are highlighted and remedial actions agreed.

The now established Quality & Safety Committee ensures commissioned services are of good quality, deliver safe effective care and are performing well in line with its corporate objectives. It works around the successful delivery of the CCG corporate objectives and undertakes to oversee the delegated responsibilities from the Governing Body as set out in the scheme of delegation. The committee is chaired by the Medical Director (GP) and its core membership includes Lay Member representation, Public Health, General Practice and Quality Leads.

WALSALL'S ENHANCED CARE HOME MODEL LEADING THE WAY

A successful joint partnership that has reduced hospital admissions among residents in Walsall's care homes by more than 60 per cent was showcased at a national conference in December. The Walsall's Enhanced Healthcare Model for Care Homes, was hailed by The King's Fund as a best practice approach to reducing avoidable hospital admissions. Despite only being launched at the start of last year, the model has already started to have a positive impact, with a 67 per cent reduction in admissions being reported in Walsall between January and June 2015.

The CCG is committed to taking a collaborative approach to looking after the most elderly and vulnerable groups in Walsall, which involves enabling them to stay in their care home for as long as possible and providing them with the best possible care.

Sally Roberts, Director of Governance, Quality and Safety at NHS Walsall Clinical Commissioning Group (CCG), and Katie Welborn, Advanced Nurse Practitioner at Walsall Healthcare NHS Trust, were among the guest speakers at The King's Fund's Enhanced Health in Care Homes conference

PATIENT AND PUBLIC INVOLVEMENT

NHS Walsall CCG recognises that engagement and involvement is a key part of how services are planned, commissioned, delivered and reviewed. Throughout 2016/17 we have continued to develop robust methods of listening, engaging and involving patients and the public which have ensured that their insight and experiences have been acted upon at all stages of the commissioning cycle and has influenced our commissioning decisions. We have successfully engaged stakeholders, patients and the public in a range of activities to facilitate community involvement in how we design, deliver and improve local health services.

We have an ambitious vision for the future and the CCG Communications and Engagement Strategy sets this out how we will achieve this. The strategy is available to view on the CCG website: http://walsallccg.nhs.uk/publications/corporate/corporate-2/1425-walsall-ccg-communications-and-engagement-strategy-2016-19

We know that where services are designed around the needs of patients and carers, the outcomes for both the service and the individual are improved. Working together with patients, carers and communities will increase understanding of and confidence in the NHS, and help design and deliver services that meet local needs.

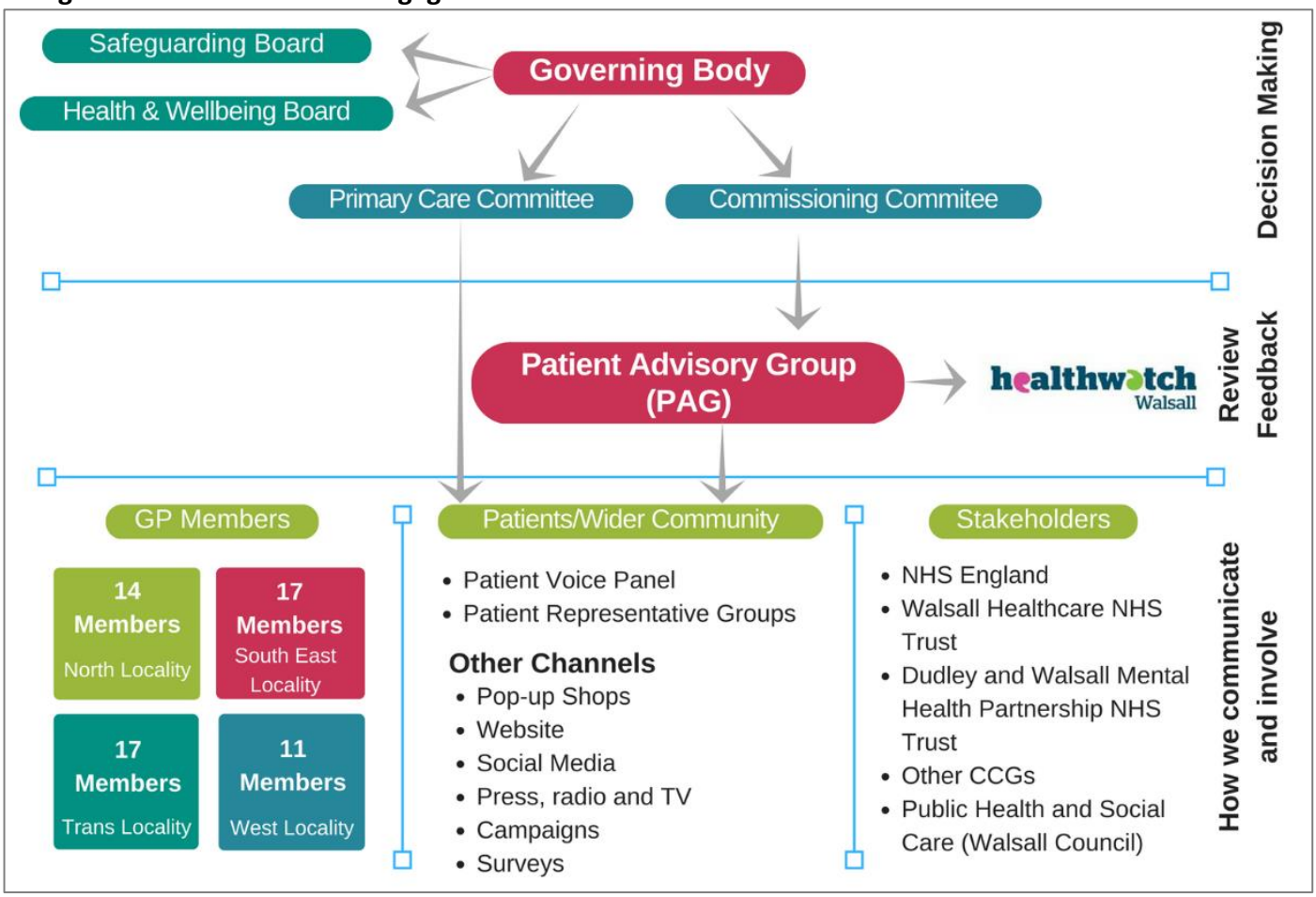
We have set values that will become the hallmarks of how we communicate and engage with people and organisations. We will ensure that we are always:

- Accessible and inclusive, to all people in our community.
- Clear and professional, demonstrating pride and credibility.
- Targeted, to ensure people are getting the information they need,
- Open, honest and transparent.
- Accurate, fair and balanced.
- Timely and relevant.
- Sustainable, to ensure on-going mutually beneficial relationships.
- Two-way, we won't just talk, we'll listen.
- Cost effective, always demonstrating value for money

We know that where services are designed around the needs of patients and carers, the outcomes for both the service and the individual are improved. Working together with patients, carers and communities will increase understanding of and confidence in the NHS, and help design and deliver services that meet local needs.

During the last year we have made excellent progress towards delivering our aim that patients, carers and the local community understand our commissioning plans, and both plans and services reflect the participation and priorities of local people.

Figure 1: NHS Walsall CCG Engagement Framework

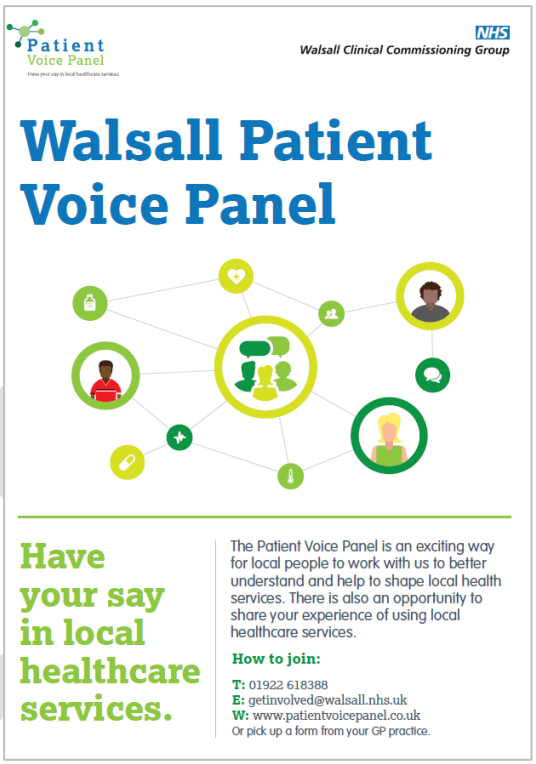


In 2016 the CCG launched a new mechanism for public engagement in the form of the Patient Voice panel. The panel is an exciting new way for local people to work with us to better understand and help to shape local health services. There is also an opportunity to share their experience of using local healthcare services. We want people of all ages and backgrounds.

The Patient Voice Panel gives people the opportunity to:

- Actively participating in surveys and other health-related activities
- Give ideas on how health services can be improved
- Being part of focus group discussions and workshops

Some of the things the Patient Voice Panel has been asked for their feedback on include the CCGs Commissioning Intentions and Operational Plan.



PATIENT AND STAKEHOLDER ADVISORY GROUP (PSAG)

The role of the NHS Walsall CCG Patient and Stakeholder Advisory Groups to ensure the Governing Body fulfils its duty to involve patients, public and carers in decisions that are made. It includes representatives from the Governing Body, PPGs, patient membership scheme, voluntary and community sector and Healthwatch Walsall. Some of the key programmes the group have been engaged on are as follows:

- Reconfiguration of stroke services
- Urgent Care Centre Commissioning Plans 2017/18
- Health and Social Care Integration – Walsall Together
- Mental Health Commissioning Plans 2017/18
- Operational Plan
- Primary Care Strategy
- Over the counter medicines prescribing

More information including the Terms of Reference for the group and notes from the meetings can be found on the CCG website.

PATIENT PARTICIPATION AND LIAISON GROUP (PPLG)

The PPLG comprises representatives from the PPG's across the borough. Over the past year, we have grown membership of the Network; there are currently representatives of 21 GP practice PPG's/forums. The Network is chaired by an independent chair, who also sits as the CCG's Lay Member for Patient and Public Participation on the Governing Body.

The CCG has provided the PPLG with support to facilitate meetings. This has included support to the administration side of meetings such as minute taking, arranging meeting rooms and venues as well as communication with members of the group. The CCG's three Lay Governing Body members also attend meetings of the PPLG. Meetings of the PPNG always include an update on the work of the CCG and any opportunities for members of the public to share their views on specific plans

Some of the discussions at the meetings include:

- Patient online services
- Urgent Care Centre Commissioning Plans 2017/18
- Procedures of low clinical value
- Using a local insight tool to profile populations
- NHS 111
- Missed GP appointments (DNAs)

PATIENT PARTICIPATION GROUPS (PPGS)

Walsall CCG promotes community involvement is through Patient Participation Groups (PPGs). We ensure that the local intelligence gained from these groups' links into the commissioning process.

Around forty GP surgery based Patient Participation Groups are so far established in Walsall, many of which we have supported over the last twelve months and continue to do so. We also have a strong and proactive Patient and Participation Liaison (PPLG) that consists of representatives from PPGs across Walsall and provides a forum for networking and sharing best practice.

The intention is that all active PPGs are represented on the group but more work needs to be done to ensure it is more representative of Walsall and the four localities.

OTHER EXAMPLES OF HOW WE HAVE MET OUR COLLECTIVE PARTICIPATION DUTY INCLUDE:

- In June 2016, the CCG held an arts competition to engage with local schools about the new Urgent Care Centre.
- In October 2016, the CCG established its Patient Voice Panel and has 120 members that have already joined.
- In September 2016, the CCG held its first Patient Advisory Group meeting. Terms of reference for the group have also been agreed. More information about this group is available on the CCG website.
- The CCG launched its 'Stay Well Walsall' Campaign in September 2016. Outreach work took place across the borough to inform and engage public and patients on using the most appropriate NHS service for their health needs.
- In October 2016, the CCG launched a Self-care campaign. Talks were delivered in local schools and Walsall college on how to self-care. The CCG produced a 'mannequin challenge' video in partnership with students at Walsall College.
- The CCG have commissioned Healthwatch Walsall were commissioned to undertake a communications survey for Hard to reach communities in Walsall.
- Training to inform and staff and Governing body members on the key principles of the CCG Communications and Engagement strategy, in particular, public Engagement and Consultation, has taken place during 2016/2017.

‘STAY WELL WALSALL’ COMMUNITY ROADSHOW

In October 2016 the CCG launched a health advice roadshow as part of the ‘Stay Well Walsall’ campaign.

Winter is traditionally a busy time for the NHS and social care services, meaning that there is a greater than usual demand on local services. This campaign aims to help people find out more about their local health services so that they can receive the best possible treatment in the most appropriate place.” Local communities were encouraged ‘Stay well’ by looking after themselves and having the flu vaccine. Health staff were on hand to answer queries as well as giving a range of information and advice on how to keep well this winter, how to spot the first signs of illness and who is most at risk of becoming ill.

Copies of a ‘Guide to local Health services’ were also distributed to raise awareness of the range of local NHS services that are available and helps people to choose the most appropriate service to use if they’re unwell or injured this winter.

People had the opportunity to test their flu knowledge and learn more about some of the myths surrounding the flu vaccine.

The two week roadshow was held at venues across Walsall. A questionnaire in the form of a scratch card was used to capture feedback and engage with people.

More information about the campaign can be found on the CCG website www.walsallccg.nhs.uk

WORKING WITH VOLUNTARY SECTOR

We are developing the relationship with Healthwatch Walsall to focus opportunities for joint collaboration where possible and with the potential for the CCG to commission small scale projects. They have also attended the Patient and Participation Liaison Group (PPLG) meeting and will be attending future meetings to support the CCG to engage with patient representatives.

We view Healthwatch as a key partner, and as such Healthwatch representatives attend strategic groups and other committees/projects within the CCG.

Healthwatch Walsall is an active member on the CCGs Primary Care Commissioning Committee. The role of the committee is to make decisions on the review, planning and procurement of primary care services in Walsall, under delegated authority from NHS England.

Walsall One (previously known as Walsall Voluntary Action) are also working closely with the CCG as part of the Walsall Together programme to better join up health and social care services in Walsall.

WORKING WITH DIVERSE AND DISADVANTAGED GROUPS

The CCG recognises that there are some groups and communities in our city who do not readily engage through our traditional processes for participation, and from whom we would rarely hear about their experiences of health services.

To ensure that their views are sought and captured appropriately, the CCG has commissioned Healthwatch Walsall to engage with some of these groups and communities, to provide feedback on preferred communications methods.

The report is available to see on the CCG website

WWW.WALSALL.NHS.UK

PUBLIC ENGAGEMENT

In January the CCG launched a public engagement exercise to involve local people in improving health services. As well as setting out the CCGs challenges, the main focus of the exercise was gather the view of local people on urgent care services, the new Primary Care Strategy, Stroke Services and the Walsall Together programme.

An engagement booklet, which included a questionnaire, was available in venues across Walsall as well as through a number of digital channels including social media.

Three public events were organised to take place across Walsall and a Big Conversation bus - along with staff from the CCG – went out into the community to engage with the more hard to reach groups who are often less likely to engage in the traditional way. Focus groups were also held in some local schools to ensure the views of younger people were captured.

Feedback from many of those who attended the launch event was also encouraging. Patients and the public said that they found the event “challenging”, “well organised”, “and engaging” and many commented that they appreciated the opportunity to come together with a range of different groups of people and share their views.

The CCG worked closely with Healthwatch Walsall who supported the CCG at the events and held focus groups to encourage people to continue to have their say and share their views and ideas.

There are a number of were a number of ways people could get involved to ensure the exercise was an inclusive as possible;

- Attend one of three events
- Complete the hardcopy or online survey www.walsallccg.nhs.uk
- Join the conversation on Twitter @WalsallCCG #bigconversation
- Email their views to ccgcomms@walsall.nhs.uk

The feedback is being collated and the findings will be used to out together options for further public consultation over the next few months.

REDUCING HEALTH INEQUALITY

The CCG has discharged its duty to reduce inequalities under Section 14T of the Health and Social Care Act 2012 through the development and approval of its Operational Plan 2016/17. The Operational Plan takes into full account the requirements of national planning guidance including the 5 Year Forward View and annual planning guidance published by NHS England. The CCG has through the plan developed plans to tackle the three aims of the 5 Year Forward View including addressing the health inequalities, affordability and quality gaps. In addition it has taken steps to address NHS constitutional targets to ensure that patients access services in a timely way that are of high quality and that are safe.

The Operational Plan provided the blue print for CCG transformation work during the 2015/17 year and actions that have been taken during the year in relation to commissioning and contracting continues to support the CCG strategic aim of reducing health inequalities in Walsall. The CCG is also an active member of the Health and Well Being Board (HWWB) and during the year worked in collaboration with other partners to deliver a system wide approach to reducing health inequalities in the Borough, recognising through its agreed strategy, that multiple approaches are needed to impact on key health inequality impact areas, including for example premature deaths and life expectancy. WMBC public health reports and intelligence have been routinely used by the HWWB to evidence the impact of the HWWB commissioning and contracting programmes in terms of securing improved health outcomes for the population.

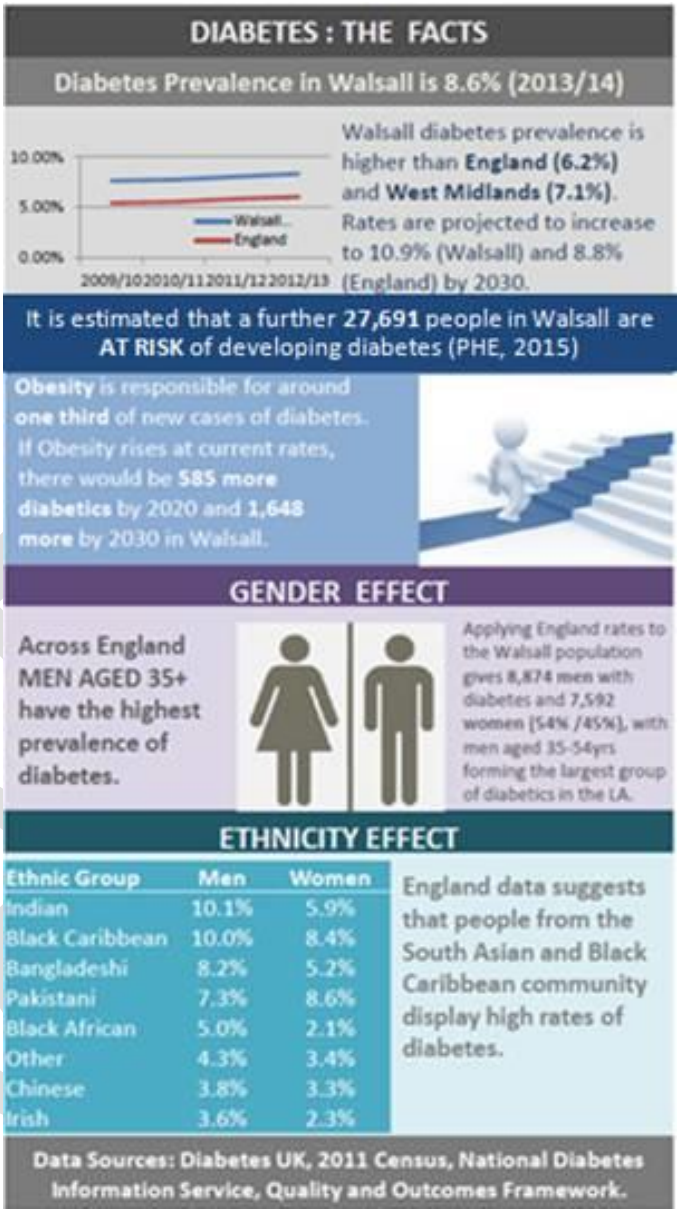
HEALTH AND WELLBEING

The CCG has contributed to the delivery of the Health and Wellbeing Strategy for the Borough in collaboration with its partners and other stakeholders. This is a joint duty under Section 116b (1) (b) of the Local Government and Public Involvement in Health Act 2007. The CCG has worked collaboratively with Public Health Medicine WMBC. In particular the CCG has contributed to the work required to develop the Health Wellbeing Board Strategy and in updating the Joint Strategic Needs Assessment (JSNA). The JSNA is an important document which maps the demographic and epidemiological needs of the population and on which the plans in the Health Wellbeing Board Strategy and CCG forward plans are based.

WALSALL DIABETES STRATEGY (2016 TO 2019)

The strategy aims to improve diabetes care in Walsall as well as early identification of those at risk of developing diabetes and providing those people with appropriate interventions. There is a focus on those at highest risk.

By educating and empowering patients to manage their own condition, the goals of the strategy are to a) reduce demand on hospital services, resulting in a reduction in elective and non-elective diabetes related admissions b) reduce differences in outcomes (mainly Cardiovascular disease) between those in areas of highest and lowest deprivation across the borough.



DIABETES LOCAL INCENTIVE SCHEME

Walsall CCG has worked with GP practices to support the delivery of high quality care to people with diabetes ensuring patients receive/offered the best care possible in line with NICE. In addition, GP practices have identified and carried out a preventative intervention on patients who are at high risk of developing diabetes: this work has underpinned the National Diabetes Prevention Programme for patients at risk of diabetes: Walsall CCG will roll out wave 2 of the programme from 1 April 2017.

BOWEL SCREENING PROJECT

Walsall CCG has worked with the public health team to target specific areas across the borough and specific groups of people where uptake of Bowel Cancer Screening has previously been low. The project is currently on-going, but the overall aim of the Programme is to detect bowel cancer at an early stage (in people with no symptoms), when treatment is more likely to be effective.

ACCOUNTABILITY REPORT

CORPORATE GOVERNANCE REPORT

DETAILS OF THE MEMBERSHIP BODY AND GOVERNING BODY

Walsall Clinical Commissioning Group is a clinically led membership organisation made up of 59 practices. The practices organise themselves into four localities, each with a clinical lead which represents the locality practices at the Governing Body which is the Board of the CCG. The CCG has four main directorates each with a Clinical Executive and Executive Director who are also members on the Governing body, who deliver the operational functions of the CCG. This means that the Governing Body mainly comprises its membership from Walsall GPs who are well placed to know what services are required for the people of Walsall. They help set the vision, values and corporate objectives to ensure high quality health care is available for the population of Walsall.

The member practices are listed below.

Membership Practices forming the Membership Body of the CCG	
Practice	**Address**
Sina HC	Sina Health Centre, 230 Coppice Farm Way, New Invention, Willenhall
St Peter's	St. Peters Surgery, 51 Leckie Rd, Walsall
Parkside	Parkside Medical Practice, Brownhills, Walsall
St Johns	St Johns Medical Centre, High St, Walsall Wood, Walsall
Little London	Little London Surgery, Little London, Caldmore, Walsall
Streets Corner	The Surgery, 79-81 Lichfield Rd, Walsall Wood, Walsall
Anchor - Portland	Portland Medical Practice, Anchor Meadow, Aldridge, Walsall
The Limes	The Limes Medical Centre, 5 Birmingham Road, Walsall
Willenhall - Lockfield	Willenhall Medical Centre, Croft Street, Willenhall
Brace St - De	Brace Street Health Centre, Brace Street, Caldmore, Walsall
Lichfield St	19 Lichfield Street, Walsall
New Invention	66 Cannock Road, New Invention, Willenhall
Anchor - Northgate	Northgate Practice, Anchor Meadow, Aldridge, Walsall
The Saddlers	133 Hatherton Street, Walsall
Rushall	Rushall Medical Centre, 107 Lichfield Rd, Rushall, Walsall
Sycamore	Sycamore House, 111 Birmingham Road, Walsall
Lockstown	Lockstown Practice, Willenhall Health Centre, Croft Street, Willenhall, Walsall & Fisher St. Surgery,65 Fisher Street, Willenhall
Harden - Rodrigues Phoenix Group	Harden Health Centre, Harden Rd, Bloxwich, Walsall
Chapel St	The Surgery, 1 Chapel St, Pelsall, Walsall
Darlaston HC - Saha	Darlaston Health Centre, Pinfold Street, Darlaston, Walsall
Darlaston HC - Khan & Merali	Darlaston Family Practice, Darlaston Health Centre, Pinfold Street, Darlaston, Walsall
Bentley - Berkley Modality Group	Berkley Practice, Bentley Medical Centre, Churchill Road, Bentley, Walsall
Mossley and Dudley Fields	Mossley and Dudley Fields Medical Practice, 3 Fisher Street, Mossley, Walsall
Collingwood Phoenix Group	The Collingwood Centre, Collingwood Drive, Great Barr, Birmingham
Willenhall MC - Croft	Willenhall Medical Centre, Croft Street, Willenhall
Pinfold - Bloxwich	Bloxwich Medical Practice, Pinfold Health Centre, Field Rd, Bloxwich, Walsall
Harden - Kaul	Harden H/C, Harden Road, Bloxwich,Walsall
Pinfold - Khan	Pinfold Health Centre, Field Rd, Bloxwich, Walsall
Pinfold - Field	Field Road Surgery, Pinfold Health Centre, Field Rd, Bloxwich, Walsall
New Rd	New Road M/C, Parkview Centre, Chester Road North, Brownhills

Beechdale	Beechdale Health Centre, Edison Rd, Beechdale Estate, Walsall
Pinfold - St Mary's	St Mary's Surgery, Pinfold Health Centre, Field Rd, Bloxwich, Walsall
Sai MC - Singh	Sai Medical Centre, 1 Forrester St , Walsall
Bentley - Stroud	Stroud Surgery Bentley Medical Centre Churchill Road, Bentley Walsall
Pleck HC	Pleck Health Centre, 16 Oxford Streeet, Pleck, Walsall
Broadway	The Broadway Medical Centre, 213 Broadway, Walsall
Palfrey	Palfrey Health Centre, 151 Wednesbury Road, Walsall
Lower Farm	Lower Farm Health Centre, Lower Farm, Bloxwich, Walsall
Moxley	Moxley Medical Centre, 10 Queen Street, Moxley, Walsall
The Manor Medical Practice	Sai Medical Centre, Forrester St Precinct, Walsall
Holland	Holland Park surgeryPark View Centre, Chester Road North, Brownhills, Walsall
Brace St - Kumar	Brace Street Health Centre, Brace Street, Caldmore, Walsall
Birchills	The Surgery, Birchills Health Centre, 23-37 Old Birchills, Walsall
Blackwood	Blackwood Health Centre, Blackwood Rd, Streetly, Walsall
Lichfield Rd	77 Lichfield Rd, Walsall Wood, Walsall
Rough Hay	44B Rough Hay Rd, Darlaston, Walsall
Birmingham St	The Surgery, Birmingham Street, Darlaston, Walsall
Kingfisher Modality Group	Kingfisher Practice, Bentley Medical Centre, Churchill Road, Bentley, Walsall
Pinfold - St Luke's	St Lukes Surgery, Pinfold Health Centre, Field Rd, Bloxwich, Walsall
Pinfold - All Saints	All Saints Surgery, Pinfold Health Centre, Field Rd, Bloxwich, Walsall
Pelsall Village	Pelsall Village H/C, High St, Pelsall, Walsall
Coalpool Phoenix Group	Coalpool Surgery, Harden Health Centre, Harden Rd, Bloxwich, Walsall
Brace St - Mahbub	Brace Street Health Centre, Brace Street, Caldmore, Walsall
Darlaston HC - Vaid Modality Group	Darlaston Health Centre, Pinfold Street, Darlaston, Walsall
Ambar	Ambar Medical Centre Milton House, 151 Wednesbury Road Walsall
Darlaston HC - Khan's	Khan's Medical Centre, Darlaston Health Centre, Pinfold St, Darlaston,Walsall
The Wharf Phoenix Group	The Wharf Family Practice, 145a Pleck Road, Walsall, West Midlands
Keys Phoenix Group	Keys Medical Centre, Willenhall Medical Centre, Field Street, Willenhall
Blakenall Phoenix Group	Blakenall Family Practice, Thames Road, Blakenall, Walsall

Composition of the Governing Body from 1 April 2016 – 31 March 2017		
Name	Role	Voting
Dr Anand Rischie	Clinical Chair	Yes
Ms Salma Ali April - July 16 Mr Paul Maubach* July – March 17	Accountable Officer	Yes
Mr Tony Gallagher	Chief Finance Officer	Yes
Mrs Sally Roberts	Director Quality Safety & Governance	Yes
Mrs Donna Macarthur	Director of Primary care & Integration	Yes
Mrs Sarah Laing April - Sept 16	Director of Commissioning Transformation & Performance	Yes
Mr Matthew Hartland* July – March 17	Strategic Finance Lead	No
Ms Noreen Dowd* July – March 17	Turn Around Director & Chief Operating Officer	No
Mr Paul Tulley* Oct 16 – March 17	Programme Director	No
Mrs Joo E Teoh	South East Locality Lead	Yes
Mr Sandeep Kaul	Trans Locality Lead	Yes
Dr Nasir Asghar	North Locality Lead	Yes
Dr Rajcholan Mandal	West Locality Lead	Yes
Dr Rajcholan Mohan	Medical Director	Yes
Dr Shadia Abdalla April - Dec 16	Clinical Executive Commissioning	Yes
Dr Carsten Lesshafft	Assistant Clinical Executive Commissioning	No
Dr Hewa Vitarana	Clinical Executive Finance & IT	Yes

Mr John Duder	Lay Member Audit & Governance	Yes
Mr Mike Abel	Lay member Commissioning	Yes
Mr Gulfam Wali Sept – March 17	Lay Member PPI	Yes
Mr Robert Freeman	Secondary Care Consultant	Yes
Ms Paula Furnival	Executive Director Adult Social Care	Yes
Dr Barbara Watts	Director of Public Health Walsall Council	No

*interim positions

Membership of the Audit & Governance Committee from 1 April 2016 – 31 March 2017	
Mr John Duder	Chair
Mr Mike Abel	Lay member
Mr Gulfam Wali	Lay member
In attendance	
Ms Salma Ali Mr Paul Maubach	Accountable Officer
Mr Tony Gallagher	Chief Finance Officer
Dr Anand Rischie	Clinical Chair
Ms Noreen Dowd	Turn Around Director Chief Operating Officer
Mrs Sally Roberts	Director Quality Safety Governance
Mrs Sara Saville	Head of Corporate Governance
Mr Mark Surridge Mr Steve Clark	Grant Thornton UK LLP (External Audit)
Mr Paul Westwood/Mr Richard Loydall	Local Counter Fraud Specialist
Mr Shaun Grayson	Local Security Management Specilaist
Mrs Tracey Barnard-Ghaut Mr Paul Dudfield	Internal Audit CW Audit Services
Mrs Maggie Lever	Committee Secretary

Membership of the Remuneration Committee from 1 April 2016 – 31 March 2017	
Mr Gulfam Wali	Lay member for Quality and Patient Engagement
Mr Mike Abel	Lay member for Commissioning
Mr John Duder	Lay member for Audit and Governance
In attendance	
Ms Salma Ali Mr Paul Maubach	Accountable Officer
Mr Tony Gallagher	Chief Finance Officer
Mr Anand Rischie	Clinical Chair
Mrs Sara Saville	Head of Corporate Governance
Mrs Preet Sond	Head of HR & OD

The Governing Body has the following additional committees:

1. Safety and Quality Committee
2. Finance and Performance Committee
3. Commissioning Committee
4. Primary Care Commissioning Committee

The details of the membership of the remaining Governing Body committees can be found in the Governance Statement.

Register of Interests

Walsall CCG maintains a register of interests for its members, staff and committee members on its website.

http://walsallccg.nhs.uk/about-us/govbody/declaration-of-interests

Personal data related incidents

During 2016 -17 Walsall CCG had no personal data related incidents that required formal reporting to the Information Commissioners Office.

Statement of Disclosure to Auditors

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

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

Modern Slavery Act

Walsall CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the financial year ending 31 March 2017 is published on our website

STATEMENT OF ACCOUNTABLE OFFICER'S RESPONSIBILITIES

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

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

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

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

In preparing the financial statements, the Accountable Officer is required to comply with the requirements of the Group Accounting Manual issued by the Department of Health and in particular to:

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

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

I also confirm that:

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

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

GOVERNANCE STATEMENT

INTRODUCTION AND CONTEXT

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

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

As at 1 April 2016, the clinical commissioning group was rated as inadequate and is subject to directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006 as follows:

- **to produce a financial recovery plan**
- **to carry out a capability and capacity review**
- **to carry out a governance review**
- **to produce a performance recovery plan to include but not limited to referral to treatment time , A&E, and 62 day cancer and diagnostics national standards**

The full detail of the legal directions is on the NHS England website

Walsall CCG Legal Directions

The Governing Body has overall responsibility for the governance and management of the CCG and therefore the areas of deterioration identified in the legal directions. The Governing Body took a number of decisions to address the areas which were failing within the organisation.

THE FINANCIAL RECOVERY PLAN

The CCG commenced the 2016/17 financial year with unmitigated risks of £6.1m which presented a significant risk to the achievement of both the planned cumulative surplus of £3.8m and the in-year deficit of £1.2m. The CCG have produced a financial recovery plan which has been approved by NHS England which outlines the scale of the financial challenge facing the CCG and the requirement to identify a Quality, Innovation, Productivity and Prevention (QIPP) programme to deliver recurrent savings required to return to recurrent surplus. The financial recovery plan showed how savings of £22.8m were to be developed. The CCG strengthened its governance processes and increased its capacity to support QIPP delivery, including the appointment of a Chief Operating Officer, establishment of a Financial Recovery group, reconstitution of the Finance and Performance Committee and commissioning of external support and scrutiny with an interim Strategic Finance Officer. The plan has been reviewed and revised throughout the year and now meets all the key financial requirements. It is expected that the 16/17 surplus will be achieved. The financial plan for 17/18 remains very challenging so the CCG will continue to use financial recovery techniques to support the delivery of the plan. The continued focus on the finances at the Governing Body has improved the members understanding which is demonstrated through the improved scrutiny and shared responsibility overall for the finances of the CCG.

THE CAPABILITY AND CAPACITY REVIEW

This review covered four main areas:

1. A financial review
2. A due diligence review of the CCG's Joint Commissioning Arrangements
3. A Governing Body capability review and development plan including assessment of key senior individuals
4. A review on the future commissioning options for Walsall CCG

The improvements made on each of the areas covered by the directions now put the CCG in a position where the senior leadership and governance structure is substantially improved. The CCG has clear plans for collaboration with the other CCGs within the Black Country STP area and with Walsall MBC. The joint commissioning arrangements with the Local Authority are being refreshed to give greater transparency, robust governance and oversight which will be to the benefit of both parties.

The CCG has a detailed actin plan to address the recommendations from the Good Governance Institute which will be monitored by the Audit and Governance committee and progress reports to the Governing Body. This includes individual development plans for governing body members.

The CCG is now in a much stronger position and can evidence that it has the capacity and capability to govern the organisation effectively.

THE GOVERNING BODY CAPABILITY REVIEW

There were a number of changes to the senior leadership team at the beginning of the year which included the appointment of a new chair and interim accountable officer as well as an interim turnaround director and Strategic Finance Officer.

Two key actions were then taken to firstly review the JDs, roles, responsibilities and capabilities of the clinical and managerial members of the governing body and secondly implement a programme of work to improve the capability and effectiveness of the governing body members both as a group and for all of its constituent members.

As a result the CCG refined it executive leadership team and support infrastructure and has established clear objectives aligned to the strategic plan. The process for establishing individual personal development plans is strengthened aligned to an overarching governing body development plan.

XX

The CCG has made significant progress this year against the areas under directions and is now well positioned for the future commissioning arrangements along with the other CCGs in the Black Country and West Birmingham.

The increased access to urgent care is putting pressure on the services at Walsall Hospitals Trust. The collaborative approach with the MBC through the development of the Walsall Together which is designed to better influence the health and social care services to jointly respond to the rising demand and co-ordinate elective care services.

The CCG is now in the position to take the opportunity through the Walsall Together programme to use new national contracts to commission services on population based measures which should lead to improved services and use of resources for the Walsall population.

The CCG recognises that the public are an integral part of the solution to the challenges that we face. To ensure that the public are involved in their own care and the development of that care the CCG has started a 'Big Conversation' which is a series of engagement events to share the key pressures and let the publics views on the issues.

This set out the direction of travel for the CCG next year and the 'Big Conversation' will lead to a public consultation on urgent care

The CCG has developed a Primary Care Strategy which is at the heart of what Walsall together is about to enable practices to collaborate more closely and co-ordinate care closer to home.

SCOPE OF RESPONSIBILITY

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

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

GOVERNANCE ARRANGEMENTS AND EFFECTIVENESS

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

Good governance is a critical tool to help organisations achieve success. In accordance with 14L(2)(b) of the 2006 Act[1] the CCG will at all times observe such generally accepted principles of good governance in the way it conducts its business. Reference will be made to the seven key principles of the NHS Constitution[2], the Good Governance Standard for Public Services[3] and the Equality Act 2010[4]. The CCG will expect the highest standards of propriety involving, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business

Walsall CCG Governing Body shall be responsible for and shall be delegated by its Member Practices the power to conduct the overall management and strategic direction of Walsall CCG and the achievement or furtherance of the functions.

The Governing Body has detailed in the Scheme of Reservation and Delegation, the committees and their delegated responsibilities and accountabilities. Each terms of reference for these committees details the frequency and communication of activity with the Governing Body. Each Governing Body Committee has a Clinical Executive and Executive Director from the Governing Body within the committee membership. Each member practice is part of a locality group which has a Locality Lead representing their group at the Governing Body. Decisions are taken by Governing Body consensus and if this is not possible a vote is taken.

Walsall CCG has the following values which govern our wider approach to commissioning; these values are part of our strategies.

I. **Respect and value people** – individuals are at the core of what we do

II. **Listen to local people** – We are committed to involving patients, clinicians and communities in the design and improvement of their services

III. **Clinical leadership** - We recognise and embrace the need for clinical leadership in service planning and redesign to ensure highest levels of quality, safety and efficiency

[1] Inserted by section 25 of the 2012 Act
[2] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961
[3] http://www.jrf.org.uk/sites/files/jrf/1898531862.pdf
[4] http://www.legislation.gov.uk/ukpga/2010/15/contents

IV. **Clear accountability and transparency** – We value feedback and a clear sense of personal accountability and responsibility

V. **Innovation** – We will make best use of all new technology, particularly striving to be at the forefront of innovation in exploitation of information technology

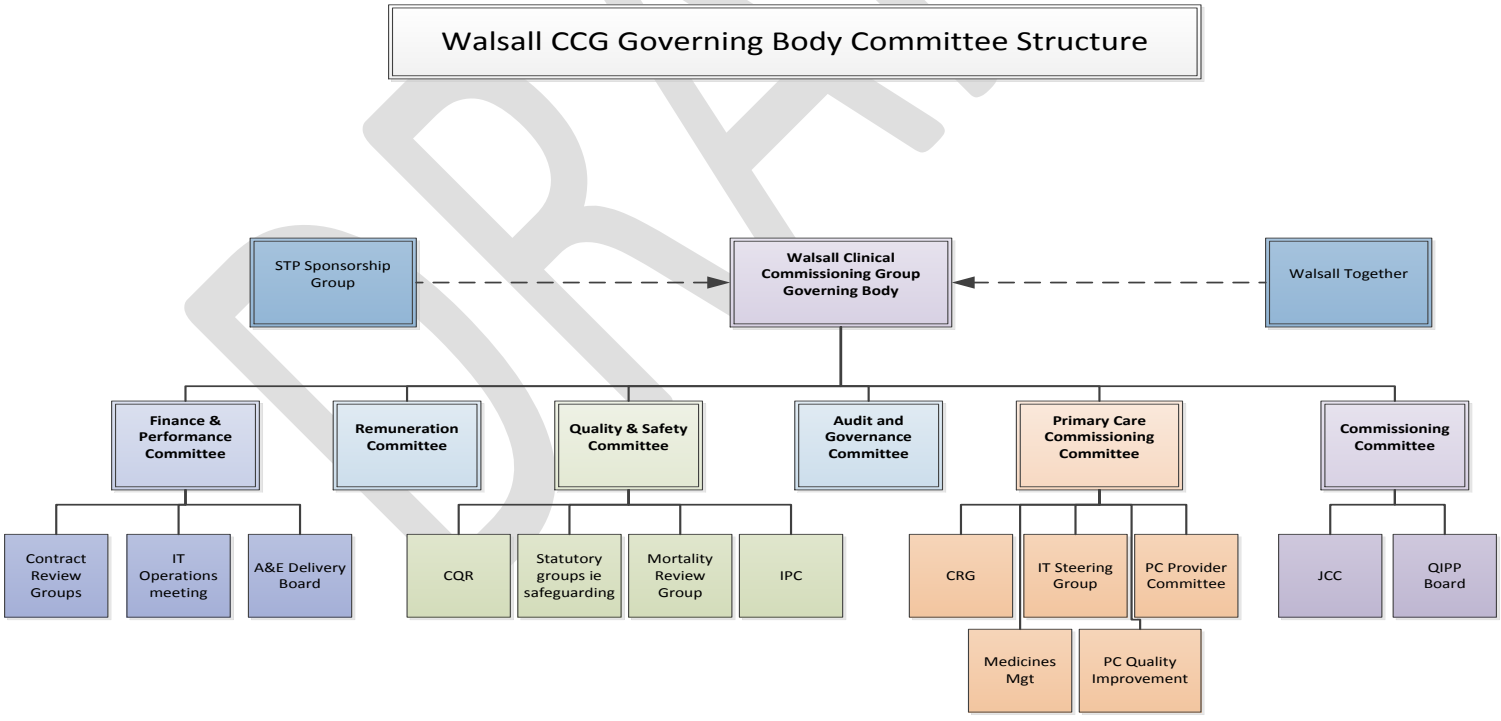
VI. **Prevention** – We will prevent poor health starting early with families, children and young people

VII. **Partnership** – We will work closely with our partners in health, local authority and voluntary sectors to ensure a holistic approach to promoting health and equality in the community.

VIII. **'Public Value'** - through our commissioning and procurements arrangements we will promote the creation of public value as measured by the social, economic and environmental impact on the community

In July 2016 the CCG reviewed its governance arrangements in response to the legal directions. This gave further clarity to the executive, the Governing Body and its committees on the priorities for the year to ensure timely delivery of the objectives and effective reporting and assurance against the expectations for the areas of improvement.

The committee structure was simplified to strengthen accountability, decision making, planning and risk management to give the additional focus and pace to make the improvements indicated in the legal directions.



The corporate objectives were refreshed and each one allocated to a director for progress to be monitored through the Governing Body committee structure and assurance to the Governing Body. The Board Assurance Framework was revised to include the new corporate objectives and identify the risks against delivery of them.

The revised corporate objectives were as follows:

1. Ensure robust financial management for in-year and subsequent years

2. Identify and Implement QIPP
3. Direct performance improvements to ensure compliance with NHS constitution
4. Ensure effective quality and safety assurance of the system
5. Ensure effective contract management of Primary Care including QIPP contribution
6. Active participation in formulating the Black Country STP
7. Active participation in formulating Walsall Together
8. Improving CCG Governance and Capability

Membership and Attendance at the Governing Body and its Committees

The table below and the subsequent tables provide information about the Membership Body and Governing Body's committee and sub-committee structure, established by the clinical commissioning group constitution.

Governing Body Meetings = 6 meetings (TOR = minimum of 6)

Governing Body Member	Attendance	Number of Meetings	Apologies	Part Attendance	DNA
Dr Anand Rischie	100%	6/6	0	0	0
Dr Shadia Abdalla	50%	2/4	50%	0	0
Salma Ali	100%	1/1	0	0	0
Paul Maubach	100%	5/5	0	0	0
Mike Abel	100%	6/6	0	0	0
Dr Nasir Asghar	100%	6/6	0	0	0
Dr Joo Teoh	100%	6/6	0	0	0
Gulfam Wali	75%	3/4	25%	0	0
Tony Gallagher	100%	6/6	0	0	0
Dr Raj Mandal	50%	3/6	17%	17%	33%
Dr Barbara Watt	67%	4/6	33%	33%	0
Dr Rajcholan Mohan	100%	6/6	0	33%	0
Sarah Laing	100%	3/3	0	0	0
Dr Sandeep Kaul	83%	5/6	17%	17%	0
Sally Roberts	100%	6/6	0	17%	0
Donna Macarthur	83%	5/6	17%	0	0
Paula Furnival	40%	2/5	60%	0	0
Dr Carsten Lesshafft	67%	4/6	33%	0	0
Robert Freeman	100%	6/6	0	17%	0

Average Attendance = 88%

During 2016/17 there were six Governing Body meetings held in public. These calculations do not include the Governing Body meeting in sessions held as development meetings.

I. Dr Abdalla's membership ceased January 2017, Dr Abdalla attended two out of four meetings
II. Salma Ali left WCCG July 2016, and attended one meeting
III. Paul Maubach came into post July 2016, and attended all five meetings
IV. Gulfam Wali's membership started September 2016. Gulfam attended three out of four meetings

V. Sarah Laing's membership ceased November 2016, Sarah attended all three meetings
VI. Paula Furnival's membership ceased March 2017, Paula attended two out of five meetings

Committees to the Governing Body

The following tables provide individual attendance by core members at committees to the Governing Body.

Audit Committee = 7 meetings held (TOR minimum = 4)

Audit Member	Attendance	Number of Meetings	Apologies	Part Attendance	DNA
John Duder	100%	7/7	0	0	0
Mike Abel	100%	7/7	0	0	0

Average attendance = 100%

Organisational Development Committee = 2 meetings (TOR bi-monthly) This committee was disbanded in July 2016

OD Member	Attendance	Number of Meetings	Apologies	Part Attendance	DNA
Dr Anand Rischie	100%	2/2	0	0	0
Salma Ali	100%	1/1	0	0	0
Mike Abel	100%	2/2	0	0	0
Donna Macarthur	100%	2/2	0	0	0
Hardeep Dhillon	100%	2/2	0	0	0
Preet Sond	0	0/2	100%	0	0
Dr Nasir Asghar	100%	2/2	0	0	0

Average attendance = 86%

I. Salma Ali left WCCG July 2016, and attended one meeting

Quality and Safety Committee = 12 meetings (TOR = monthly)

Q&S Member	Attendance	Number of Meetings	Apologies	Part Attendance	DNA
Dr Rajcholan Mohan	75%	9/12	25%	18%	0
John Duder	89%	8/9	11%	0	0
Gulfam Wali	20%	1/5	80%	0	0
Sally Roberts	92%	11/12	8%	0	0
Sarah Laing	67%	4/6	17%	17%	17%
Donna Macarthur	58%	7/12	33%	0	8%
Dr Julie Harrison	50%	4/8	13%	0	38%
Dr Uma Viswanathan	92%	11/12	8%	0	0

Average attendance = 68%

I. John Duder's membership ceased December 2016, John attended eight out of nine meetings
II. Gulfam Wali's membership started November 2016, Gulfam attended one out of five meetings
III. Sarah Laing's membership ceased December 2016, Sarah attended four out of six meetings

IV. Dr Julie Harrison's membership ceased December 2016, Dr Harrison attended four out of eight meetings

Finance and Performance Committee = 11 meetings (TOR minimum = ten)

Finance & Performance Member	Attendance	Number of Meetings	Apologies	Part Attendance	DNA
Dr Nasir Asghar	100%	2/2	0	0	0
Dr Hewa Vitarana	90%	9/10	10%	0	0
Mike Abel	100%	11/11	0	0	0
Sarah Laing	60%	6/10	40%	9%	9%
Kam Mavi	71%	5/7	29%	0	0
Sally Roberts	50%	2/4	25%	0	25%
Kelvin Edge	25%	1/4	50%	0	25%
Lee Dukes	71%	5/7	29%	0	0

Average attendance = 71%

I. Dr Asghar's membership ceased June 2016, Dr Asghar attended both meetings
II. Dr Vitarana' s membership started May 2016, Dr Vitarana attended nine out of ten meetings
III. Sarah Laing's membership ceased March 2017, Sarah attended six out of 10 meetings
IV. Kam Mavi's membership started August 2016, Kam attended five out of seven meetings
V. Sally Robert's Membership started December 2016, Sally attended two out of four meetings
VI. Kelvin Edge's membership ceased August 2016, Kelvin attended one out of four meetings
VII. Lee Duke's membership started August 2016, Lee attended five out of seven meetings

Commissioning Committee = 12 meetings (TOR = monthly)

Commissioning Committee Member	Attendance	Number of Meetings	Apologies	Part Attendance	DNA
Dr Shadia Abdalla	56%	5/9	44%	0	0
Mike Abel	100%	12/12	0	0	0
Noreen Dowd	100%	8/8	0	0	0
Sarah Laing	100%	6/6	0	0	0
Tony Gallagher	100%	12/12	0	0	0
Dr Paulette Myers	83%	10/12	17%	0	0
Dr Nasir Asghar	83%	10/12	17%	0	0
Dr Joo Teoh	75%	9/12	25%	0	0
Dr Sandeep Kaul	100%	3/3	0	0	0
Dr Raj Mandal	50%	1/2	50%	0	0
Robert Freeman	75%	9/12	25%	0	0
Sally Roberts	83%	10/12	17%	0	0
Lee Dukes	100%	8/8	0	0	0

Average attendance = 79%

I. Dr Shadia Abdalla's membership ceased January 2017, Dr Abdalla attended five out of nine meetings
II. Noreen Dowd's membership started August 2016, Noreen attended all eight meetings
III. Sarah Laing's membership ceased October 2016, Sarah attended all six meetings
IV. Tony Gallagher attended three meetings, a deputy attend the nine remaining meetings
V. Dr Sandeep Kaul's membership ceased July 2016, Dr Kaul attended all three meetings
VI. Dr Raj Mandal membership started February 2017, Dr Mandal attended one out of the two meetings
VII. Lee Dukes' membership started August 2016, Lee attended all eight meetings

Primary Care Commissioning Committee = 11 meetings (TOR minimum = 6)

PCCC Member	Attendance	Number of Meetings	Apologies	Part Attendance	DNA
Donna Macarthur	82%	9/11	18%	0	0
Sally Roberts	18%	2/11	82%	9%	0
Tony Gallagher	91%	10/11	0	18%	9%
John Duder	100%	11/11	0	9%	0
Mike Abel	100%	11/11	0	0	0
Dr Barbara Watt	45%	5/11	36%	9%	18%

Average Attendance = 73%

Remuneration Committee = 4 meetings (TOR = 4 meetings)

Remuneration Committee Member	Attendance	Number of Meetings	Apologies	Part Attendance	DNA
Mike Abel	100%	4/4	0	0	0
John Duder	100%	4/4	0	0	0
Gulfam Wali	100%	2/2	0	0	0

Average Attendance = 100%

I. Gulfam Wali's membership started October 2016, Gulfam attended both meetings

Committee	Highlights
Safety and Quality	• Reviewed terms of reference for Quality Performance and Safety Committee-intensified emphasis on quality and safety. Operational performance now undertaken through a separate committee. • Continued emphasis and focus on driving improvements across the system within Maternity services • Deep dive into readmissions of people with learning disabilities discharged from hospital undertaken and clear actions for improvement identified • Increased focus on primary care quality and safety and successful funding for a quality improvement champion to drive improvements in safety culture within Nursing Homes
Finance and Performance	• Contractual timetable plan • Successful agreement of 2017-18 contracts • Financial recovery plan • Finance report and challenge thereof • A&E & RTT trajectories and performance • Review of membership and TOR
Audit and Governance	• Received the 2015-16 external audit report and approved the accounts and annual report • Received internal audit reports giving assurance on systems and processes • Highlighted moderate assurance on mental health commissioning arrangement and the Better Care Fund (2015-16 audit) to the Governing Body • Received the action plan on the Good Governance Institute report on the CCGs governance arrangements which will be monitored and progress reported to the Governing Body • Identified to the Governing Body the need for management of conflict of interest and consciously manage governance arrangements and risk
Commissioning Committee	Chased deadline 24th March
Primary Care Commissioning Committee	• Reviewed TOR to incorporate revised conflicts of interest guidance • Received draft internal audit report which provides significant assurance on the arrangements and controls in place for the committee • Established the primary care operational group to support the primary committee with a remit for primary care quality and contracting issues • approved the five year primary care strategy • oversaw the production of the CCGs response to the GP forward view • developed a process for GP contact monitoring including a process to monitor the outcomes achieved under the quality and outcomes framework
Remuneration Committee	• Reviewed TOR to include ratification of HR policy • Started to present the assurance report to the Governing Body • Approved the VSM objectives • Agreed the bonus payment for VSM posts • Approved the interim positions to support the CCG in addressing the legal directions • Started a review of the lay member sessions

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

We have however reported on our Corporate Governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the CCG and best practice.

Walsall CCG has a constitution compliant with the requirements set out in schedule 1A of the Health and Social Care Act 2012. There is both an accountable Officer and Chair which prevents one individual having all the final powers of decision making. The chair is responsible for the leadership of the Governing Body and has met with each Governing Body member to clarify the roles and set objectives for the year. The Governing Body has three lay member roles which cover audit and governance, commissioning and patient and public involvement.

The legal directions did set out a requirement for a review of the CCG governance arrangements. The CCG commissioned the Good Governance Institute which carried out a review of the internal governance arrangements including the effectiveness of the governing body, the decision making processes, assurance frameworks, behaviours, quality and risk management. This was carried out using a maturity matrix methodology which the GGI have evaluated and developed over a number of years. The CCG also recognised the benefits of strengthening the role of the chair for the Governing Body and all of its committees. An expert on developing chairing skills supported a programme of work for the all the governing body chairs. Both exercises generated a number of recommendations which the CCG have started to implement resulting in a stronger, sustainable organisation with improved leadership and clearer governance structure.

DISCHARGE OF STATUTORY FUNCTIONS

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

The CCG meets with NHS England on a regular basis to ensure that we continue to comply with the regulations and performance management framework that is set nationally for all CCGs. The CCG has complied with the requirements set out in the legal directions and as a result are now confident that they have the arrangements in place to meet all of the statutory 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 of the clinical commissioning group's statutory duties.

RISK MANAGEMENT ARRANGEMENTS AND EFFECTIVENESS

Walsall CCG recognises that systematically identifying risks and successfully managing these risks within its governance framework will provide invaluable opportunities to improve commissioning and thereby improve the quality and safety of patient care for the residents of Walsall.

Robust risk management processes must be in place for the Governing Body to be assured that the organisation is delivering on the corporate objectives in a safe and effective manner. The audit committee regularly reviews the risk registers and compliance with the risk management plan. The outcomes of the audit committee are reported to the governing body for assurance and escalation of any gaps in control or unmitigated risks.

The Risk Management Strategy and Plan applies to all employees of Walsall CCG and staff employed on their behalf and to all areas where employees and third party contractors deliver services.

Managing risk is part of every decision made and as such is a responsibility of managers at all levels and ultimately all staff. The Risk Strategy ensures that risk is managed more effectively throughout the organisation; however it does not mean that its implementation will result in the avoidance of all risks (some risks are only evident after the event), only that risk is managed to the best of our ability.

Walsall CCG recognises the need, and its responsibility, to reduce all identifiable negative risk to the lowest practicable level and to embrace and develop any opportunities that are identified.

The key elements for the way in which public stakeholders are involved in managing risks which impact on them, is set out in the engagement and consultation plan to support our five year commissioning strategy. This gives the public a voice where there are changes to services which impact on them. The 'big conversation' engagement event is the latest example of this in practice.

COMMUNICATION AND LEARNING

Good communication and learning is essential to the risk management process and needs to take place at every stage with the appropriate internal and or external stakeholders.

Communication is an interactive process where the exchange of information and opinions is possible. Transparency in risk communication is vital if the richness of engagement is to be fully achieved. It is important to ensure everyone understands the risk strategy and their role in it. There is a need to ensure that each level of management and the Governing Body actively seeks and receives appropriate and regular assurance about the management of risk within their span of control.

IDENTIFICATION

Walsall CCG adopts a committee led approach to the identification of risk which incorporates the programme management office (PMO) via the relevant governing body committees.

All commissioning business cases will include a Quality Equality Impact Assessments which is carried out in the proposal stage of the process. Any risk identified at this stage is managed through the process and if warranted be included on the committee risk register for active management.

The operational lead and chair of the committee ensure that any reports presented to the committee or discussions held in committee that identify a risk are recorded on the appropriate committee risk register. This is a continual process and the risk registers will be reviewed by the committee each time that they meet where additional risks are added, previous risks are updated or closed.

EVALUATION

It is important to have an objective method for assessing risks so that the minor acceptable risks can be separated from the risks that need to be managed.

The scores for likelihood and consequence are put into the risk matrix and that indicates the risk rating. (Table 3)

The risks ratings are used on the risk register and are an indication of how a risk is reduced when controls are put into place.

Control Table 3

Date of review	Risk Description 3 Cs	Inherent risk LXC	Actions	Residual Risk LXC	Risk Appetite	Risk Owner/ Escalated to
	Describe the **consequence** if the risk were to materialise. Describe the **causal** factors that could make the risk materialise Include the **context** of the risk e.g. define the risk target and the nature of the risk	The risk rating arising from a specific risk before any action has been taken to manage it	Identify the additional control measures to reduce the risk	The anticipated remaining risk once the control measures have been put in place and are effective	The degree of risk that the organisation is willing to take if the risk is realised	If the residual risk is greater than the risk appetite then the risk must be escalated to the next level

Appetite

Any residual risks that are outside of the risk appetite must be escalated to the relevant director for additional management.

Table 4

Risk Appetite	**Low** **1-3**	**Moderate** **4-6**	**High** **8 -12**	**Extreme** **15 – 25**
	Not willing to accept any risk under any circumstances	Willing to accept some risk under some circumstances	Willing to accept risks that may result in identified impact	Accepts risks that are likely to results in identified impact

EMBEDDING RISK MANAGEMENT INTO CORE ACTIVITY OF THE CCG

The committee based approach to risk management ensures that risk management is continual and the registers are live documents. The assurance reports from the Governing Body Committees include an update on the risk management activity of the committee which strengthens the reporting processes.

Where the CCG has established joint committees the risk management arrangements are detailed in the terms of reference. The partnership governance arrangements are used to ensure that partner organisations are aware of joint risks and agreed actions are documented in the minutes. Management of identified risks that affect stakeholders must be communicated with them to give assurance that the organisation will deliver in the way which they expect. There is a need to ensure that transferable lessons are learned and communicated to those who can benefit from them.

CAPACITY TO HANDLE RISK

The risk management process is dependent on a robust governance and management structure to ensure that the appropriate information is communicated throughout the organisation and received at the right level enabling action to be taken when required.

The Governing Body is responsible for ensuring the organisation consistently follows the principles of good governance applicable to NHS organisations. This includes the development of systems and processes for internal control, financial control, organisational control, corporate governance and risk management.

The Governing Body has the overall responsibility for reviewing and testing the effectiveness of internal controls for Walsall CCG. The key document for this is the Assurance Framework

All staff must participate in the implementation of the risk strategy. Walsall CCG staff have a duty to:

1. Report incidents/accidents and near misses using the appropriate channels including the 'Whistle blowing policy'. This includes any information security breaches or loss of personally identifiable information.
2. Be aware that they have a duty under legislation to take reasonable care for their own safety and the safety of all others who may be affected by the organisation's business.
3. Comply with the Risk Management Strategy and Plan and all Walsall CCG policies, regulations and instructions.

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the executive managers and clinical leads within the Clinical Commissioning Group who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me.

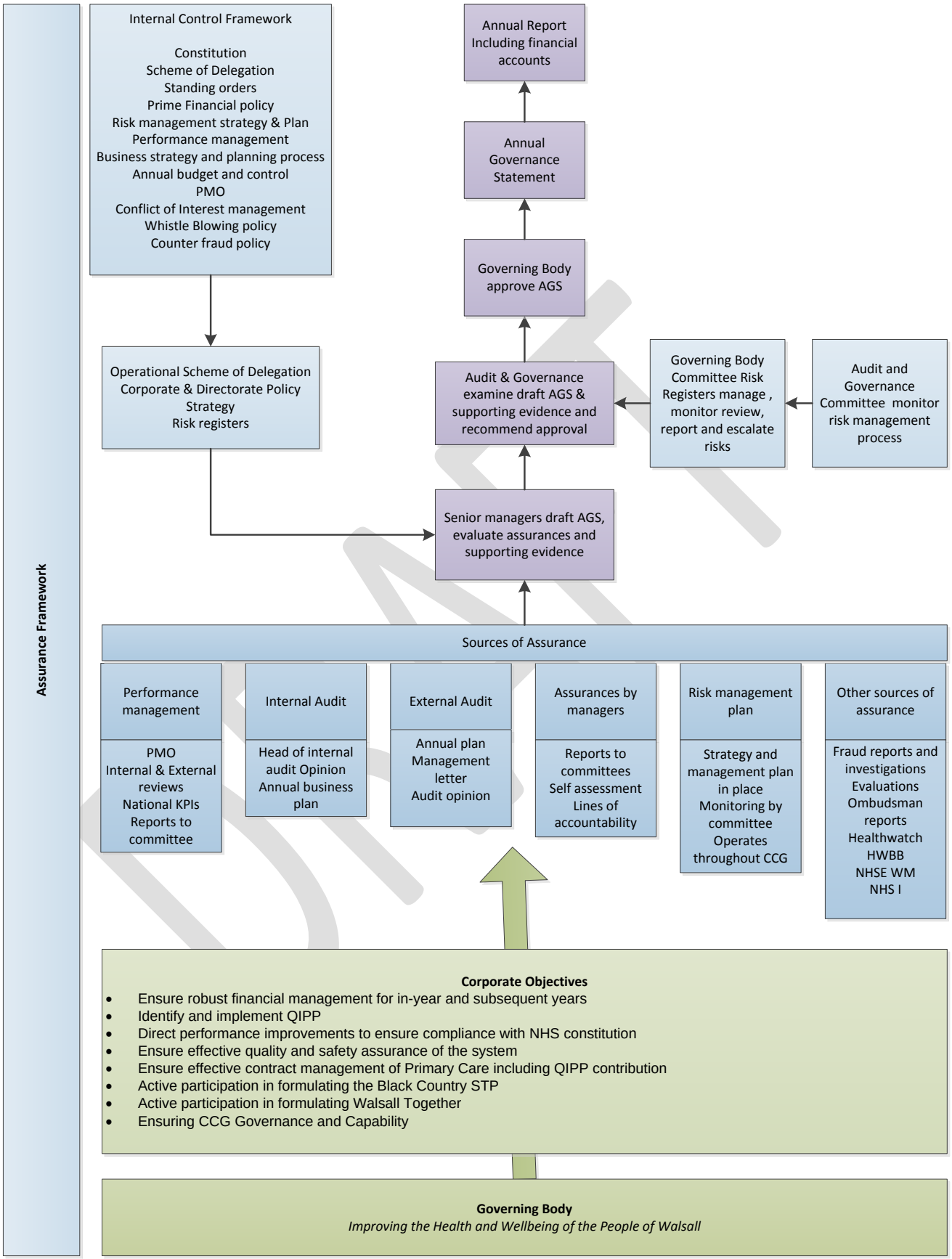
My review is also informed by comments made by the external auditors in their management letter and other reports.

The *Assurance Framework* itself provides me with evidence that the effectiveness of controls that manage risks to the Clinical Commissioning Group achieving its principles objectives have been reviewed.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Governing Body, the Audit Committee and the Safety, Quality and Performance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The framework to support the system of internal control is detailed in figure **. The framework outlines the roles that the audit committee, management, audit and policy has in implementing an effective system of internal control to ensure that risk to the delivery of the corporate objectives is managed and appropriate levels of assurance is obtained. The CCG has maintained the Assurance framework during 2015/16 which contains all of the required components, corporate objectives, key risks, key controls, assurance, gaps in controls and assurance and actions required. The Governing Body view the assurance framework as the key overarching document that considers all risks which may affect the achievement of corporate objectives being managed. The Governing Body members attended a development session where the corporate risk register and assurance framework were revised to include risk appetite and assurance levels and form the basis of the assurance framework. The audit committee has monitored the assurance framework and corporate risk register throughout the year and the Audit chair reports process reports to the Governing Body to highlight any key risk areas as necessary.

The key controls to mitigate risks have been identified, evaluated and recorded against each risk identified. Any gaps in control/assurance are recorded on the assurance framework as an action with a risk owner, rating and timescales.


Assurance Framework
Internal Control Framework
Constitution
Scheme of Delegation
Standing orders
Prime Financial policy
Risk management strategy & Plan
Performance management
Business strategy and planning process
Annual budget and control
PMO
Conflict of Interest management
Whistle Blowing policy
Counter fraud policy
Annual Report Including financial accounts
Annual Governance Statement
Governing Body approve AGS
Operational Scheme of Delegation
Corporate & Directorate Policy Strategy
Risk registers
Audit & Governance examine draft AGS & supporting evidence and recommend approval
Governing Body Committee Risk Registers manage , monitor review, report and escalate risks
Audit and Governance Committee monitor risk management process
Senior managers draft AGS, evaluate assurances and supporting evidence
Sources of Assurance
Performance management
PMO
Internal & External reviews
National KPIs
Reports to committee
Internal Audit
Head of internal audit Opinion
Annual business plan
External Audit
Annual plan
Management letter
Audit opinion
Assurances by managers
Reports to committees
Self assessment
Lines of accountability
Risk management plan
Strategy and management plan in place
Monitoring by committee
Operates throughout CCG
Other sources of assurance
Fraud reports and investigations
Evaluations
Ombudsman reports
Healthwatch
HWBB
NHSE WM
NHS I
Corporate Objectives
Ensure robust financial management for in-year and subsequent years
Identify and implement QIPP
Direct performance improvements to ensure compliance with NHS constitution
Ensure effective quality and safety assurance of the system
Ensure effective contract management of Primary Care including QIPP contribution
Active participation in formulating the Black Country STP
Active participation in formulating Walsall Together
Ensuring CCG Governance and Capability
Governing Body
Improving the Health and Wellbeing of the People of Walsall

RISK ASSESSMENT

The legal directions set out the main risks to the organisation in relation to the authorisation status. The main risks from the legal directions are failure to :

- to produce a financial recovery plan
- to carry out a capability and capacity review
- to carry out a governance review
- to produce a performance recovery plan to include but not limited to referral to treatment time , A&E, and 62 day cancer and diagnostics national standards

The risks identified below provide a summary of the CCGs main risks to the corporate objectives.

	CO ID	Risk identified	Inherent risk LXC	Residual risk LXC	Risk Appetite	Risk Mgt	Leads & cmt
Ensure robust financial management for in-year and subsequent years	CO 01a	Failure to develop a credible financial recovery plan for robust financial management in-year and subsequent years including scenario planning assumptions to identify the full scale and scope of QIPP in 2016/17 may result in long term consequences for the CCG	4x5=20	3x5=15	Moderate	⇧ Treat	Tony Gallagher Hewa Vitarana F&P
	CO 01b New	Failure to complete contract negotiations and contract management arrangements to support the financial recovery plan and QIPP programme for 2017/18 & 2018/19 by Dec 2016 whilst avoiding going to arbitration will impact on the likelihood of the directions being lifted	4x5=20	3x5=15	Moderate	⇔ Treat	Tony Gallagher Hewa Vitarana F&P
Identify and implement QIPP	CO 02a	There is a risk of failure to identify and implement QIPP as necessary to rectify the 2016/17 financial position including possible decommissioning of services to enable financial balance	5x5=25	4x5=20	Moderate	⇔ Treat	Tony Gallagher Shadia Abdalla CC
	CO 02b New	Failure to achieve the management of all individual placements (in mental health, LD, CHC) under the direct control of the CCG to enable a consistent policy and management approach.	4x5=20	3x5=15	Moderate	⇔ Treat	Sally Roberts Shadia Abdalla CC
	CO 02c New	Failure to attribute and manage the QIPP opportunities in line with the Walsall Together model of care will impact on the benefits realisation anticipated from implementing the model	4x4=16	3x4=12	Moderate	⇔ Treat	Paul Tulley Shadia Abdalla CC
	CO 02d Previously CO	Failure to engage and involve patients and the public appropriately and effectively when making difficult commissioning decisions including decommissioning of services which may deny the public an opportunity to engage and lead to legal challenge or commissioning services that do not meet local needs.	4x4=16	3x4=12	Moderate	⇔ Treat	Sally Roberts Anand Rischie CC
Direct performance improvements to ensure compliance with NHS constitution	CO 03a	Failure to improve performance of NHS constitutional targets with appropriate allocation of resources may result in NHSE not being able to remove the 'inadequate' rating resulting in the CCG losing its statutory body status and poor quality patient services.	4x4=16	3x4=12	Moderate	⇔ Treat	Noreen Dowd Shadia Abdalla F&P

Ensure effective quality and safety assurance of the system	CO 04a	Failure to maintain and monitor an effective quality improvement and assurance framework across all commissioned services may result in a deterioration of the quality of care delivered by the providers	4x4=16	2x4=8	Moderate	⇔ Treat	Sally Roberts Raj Mohan Q&S
Ensure effective contract mgt of Primary Care (incl QIPP contribution)	CO 05a	Failure to develop Primary Care Quality Improvement systems and implement effective contract management to address unwarranted or avoidable variations in primary care may result in further negative quality and or financial impact on the health system	4x4=16	3x4=12	Moderate	⇔ Treat	Donna Macarthur Carsten Lesshafft PCCC
Active participation in formulating the Black Country STP	CO 06a Revised	There is a risk that if the STP sponsorship group does not have delegated authority from the CCG to make decisions then there could be an impact on the effectiveness and timeliness of the group resulting in not achieving the intended outcomes	4x4=16	3x4=12	Moderate	⇔ Treat	Paul Maubach Anand Rischie GB
Active participation in formulating Walsall Together	CO 07a	If the CCG fails to continue to participate in the Walsall Together programme there is a risk that the local placed based integration strategy will not develop in a manner that supports the longer term vision for the CCG.	4x4=16	2x4=8	Moderate	⇔ Treat	Paul Tulley Shadia Adballa GB
Improving CCG Governance and Capability	CO 08a Previously CO	Failure to conduct a capability and capacity review of the CCG to include appropriate development of the Governing Body and OD plan for the staff, external review of financial management arrangements including JC and a review of the future structure of commissioning taking into account the STP and FYFV, may result in poor leadership and inability to create a sustainable, resilient organisation for the future	4x4=16	2x4=8	Moderate	⇔ Treat	Paul Maubach Anand Rischie GB
	CO 08b Previously	Failure to ensure timely compliance with the NHSE directions will require NHS E to take further performance improvement measures to ensure quality value for money services for Walsall which would result in Walsall CCG in its current form not being viable.	4x5=20	3x4=12	Moderate	⇩ Treat	Paul Maubach Anand Rischie GB

Each risk to the corporate objective is managed through a governing body committee. Progress on the management of the risk is reported through to the governing body as part of the assurance report.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the clinical commissioning group 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.

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The CCG's Assurance Framework details the CCG's strategic objectives, the principal risks have been mapped to the strategic corporate objectives. The key controls to mitigate risks have been identified, evaluated and recorded against each risk identified. Any gaps in control/assurance are recorded on the Assurance Framework as an action.

The Assurance Framework report the principal risk with cause and effect, the strategic lead (risk owner), risk rating, key controls, assurances on controls, positive assurances, and gaps in control/assurance, residual risk, action plan and timescales.

The Assurance Framework report provides the sources of assurance to mitigate risks. The sources of assurance have been identified by the Strategic Lead (Risk Owner), Audit Committee, and Safety, Quality and Performance Committee.

The assurances are categorised into Assurance on Controls (Management, Independent) and Outcomes from Assurances. Where there are gaps in control/ assurances these are also recorded, and an entry made in the "Actions required". Assurances given in the Assurance Framework are supported by appropriate evidence reflecting governance arrangements and management.

Annual audit of conflicts of interest management

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

[Please confirm that the CCG has carried out their annual internal audit of conflicts of interest and summarise the outcome of the audit, including the scope areas which the audit found to be partially compliant or non-compliant, and/or requiring improvement.] This is in the schedule for Q4 although work has started no recommendations received to date

Data Quality

The Committee effectiveness survey contains a section on the quality of reports and information received at committee. This and discussion at committee has led to the revision of the Safety and Quality report to include greater detail on the monitoring arrangements, action and assurance in the executive summary and a dashboard section in the finance report to the Governing Body . The report template has been changed to include guidance on conflict of interest, clinical engagement, implications, plain English and discussion at previous committees or circulation.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the clinical commissioning group, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

The CCG places high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and are developing / have developed information governance processes and procedures in line with the information governance toolkit. We have ensured all staff undertake annual information governance training and have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities.

There are processes in place for incident reporting and investigation of serious incidents. We are developing information risk assessment and management procedures and a programme will be established to fully embed an information risk culture throughout the organisation against identified risks.

The CCG received full assurance following a review on our procedures by Internal Audit and have achieved an overall score of 100% for the Information Governance Toolkit. There have been no serious information governance incidents reported by the CCG.

Business Critical Models

There is an appropriate framework and environment in place to provide quality assurance of business critical models, in line with the recommendations in the Macpherson report.

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

Two key business critical models are the finance model and finance activity plans which have been submitted to the Department of Health as part of the overall planning submission. These have been subject to external scrutiny as part of our assurance framework.

Third party assurances

The main third party providers are the Arden and GEM and Midland and Lancashire Commissioning Service Units. Assurance on these arrangements is taken from the type 2 service auditors reports received by the CCG and included in the head of internal audit opinion. The other key third party provider arrangements are through service level agreements for information technology services, Occupational Health and ESR from Walsall Healthcare Trust. Assurances are received through contract management review meetings and key performance indicators. In the future the CCG is working with the other Black Country CCGs to scope the back office functions that could be delivered at scale across the Black Country and West Birmingham to support the future commissioning arrangements.

Control Issues

The table below details the issues identified in month 9 governance statement return along with the mitigation and outcome.

Control issue	Mitigation	Outcome
Legal directions	CCG developed an improvement plan which was approved by NHS England and monitoring arrangements put in place.	The improvement plan has been implemented and excellent progress made in all areas.
Governance review	The good governance institute has carried out a comprehensive review of the governance arrangements Work has been commissioned to provide an external assessment of the arrangements	Action plan has been developed and implementation monitored via Audit and Governance Committee
Joint commissioning arrangements including	The CCG commissioned Deloittes to undertake an independent	CCG has a clear plan for joint commissioning arrangements with

BCF	assessment on the joint commissioning arrangements with recommendations for improvements.	the Local Authority which will be mutually beneficial to both parties
The CCG is required to demonstrate an improvement in its financial performance	A finance recovery plan has been produced and approached by NHSE.	Good progress has been made against the plan and although finances are still challenging it is expected that the CCG will achieve balance as the end of year position
Performance A&E 4 hour target	A&E Delivery Board and operational group A&EDB action plan to cover demand management, NHS 111 & WMAS, and discharge pathways	Action plan overseen by A&E delivery board and reported to the Finance and Performance Committee
Performance RTT 18 weeks	An RTT recovery plan has been agreed with monitoring arrangements and representation from regulatory bodies.	CCG working with WHT agree trajectory against competing demands
Performance 62 day cancer target	Recovery plan and monitoring arrangements has been agreed	Standard is being achieved and CCG is confident of its sustainability
Performance 6 week diagnostic target	Recovery plan and monitoring arrangements has been agreed	

The proposed end of year assurance from internal audit is significant overall. They have given significant assurance for continuing healthcare, provider contracts management and assurance, financial and performance reporting 15/16, quality assurance and financial systems. They have given moderate assurance and raised concerns for the commissioning arrangements for Mental Health and the Better Care Fund 2015/16. need to include outcome from audits The CCG commissioned an independent review of the Joint Commissioning Unit which covered each of these functions.

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

The Governing Body has overarching responsibility for ensuring that the CCG has appropriate arrangements in place in exercising its functions economically, efficiently, effectively and efficiently in the use of its resources and in line with its values, corporate objectives and statutory responsibilities. The Governing Body ensures that it has robust financial controls including policy and processes in place to manage risk. The Scheme of Delegation sets out the arrangements within the CCG so that it can discharge its responsibilities accordingly. The Chief Finance Officer has delegated responsibility to determine the detailed financial policies that under pin the CCGs prime financial policies.

The Governing Body approves the financial plan for the year which identifies budgets for commissioning programmes and running costs. The Chief Finance Officer produces a monthly finance report which is reviewed by the Finance and Performance Committee which has lay representation as part of the membership. The Audit and Governance Committee receives opinion from internal and external auditors who are available to give advice to the Governing Body on the assurances available with regards to economic, efficient and effective use of resources by the CCG. In addition the CCG

meets with NHSE West Midlands assurance team to ensure that it is meeting tis financial responsibilities in accordance with NHSE's Regulations. The annual report and final accounts are audited by external auditors who report to the Audit and Governance Committee on behalf of the Governing Body.

The CCG performance ratings for well led on My NHS include five sections set out below

Staff engagement index	Progress against workforce race equality standard	Effectiveness of working relationships in the local system	Quality of CCG leadership	Conflict of interest - Probity and Corporate governance
3.71 1 – 5 scale (5 is good)	0.24 A higher score indicates higher differences, 0 equals equality	68% The score is based on a 62% response rate	Red rating There are four ratings, green start, green, amber, red which is the lowest	Fully compliant

More detail can be found at https://www.nhs.uk/service-search/scorecard/results/1175?metricGroupId=623&location=walsall&radiusInMile=25

Delegation of functions

The CCG has a number of functions which are provided through commissioning support units and other providers. For each key function there is a named lead within the CCG who is accountable for the sound delivery of the function. Each function would report into one of the Governing Body Committees as detailed in the committee's terms of reference. Each Governing Body committee provides the Governing Body with an assurance report which would include any risks to delivery by exception. The internal audit programme is agreed at the Audit and Governance Committee and is based on the areas where additional assurance is identified from the Board Assurance Framework. This will gives additional independent assurance on the arrangements for delegated services and functions within the CCG.

The Scheme of Delegation sets out the CCGs delegation arrangements

The CCG has commissioned Deloittes to undertake an independent review of the joint commissioning arrangements for the Better Care Fund and Continuing Healthcare arrangements and has carried out an internal review of its QIPP processes. A number of areas were identified as weak including the lack of strategy, robust governance arrangements and rational for funding posts. The CCG has taken a

number of measures following the recommendations and significant progress has been made against each area.

The CCG carried out an internal review of the governance arrangements for the QIPP process and this led to greater accountability, revised documentation and strengthened arrangements for impact assessments.

The risk management is taken through the committee structure risk registers which feed directly to the Governing Body as part of the assurance report and Board Assurance Framework.

Counter fraud arrangements

The CCG contracts with CW Audit Services to obtain Anti-Fraud Specialist (AFS) support. The AFS considers fraud risks both within and against the CCG, and agrees an annual work plan with the CCG's Chief Finance Officer based on both the level of risk identified locally and NHS Protect's anti-fraud standards for commissioners. The work plan covers activities across the range of work expected by NHS Protect, including raising awareness among staff about fraud issues and routes for reporting concerns; ensuring that appropriate measures are in place to prevent and detect possible fraud; and investigating any issues that may be identified.

The CCG's Chief Finance Officer has day to day responsibility for anti-fraud work within the CCG, and is the day to day point of contact for the AFS. The AFS also provides a progress report at intervals to the Audit Committee, outlining recent anti-fraud activity and highlighting any issues that the CCG needs to be aware of. In addition, the AFS provided an annual report of anti-fraud work to the CCG, reporting activity against NHS Protect's standards.

There have been no fraud related matters that have needed to be formally investigated in 2016-17, but the AFS has worked in particular with the CCG's Medicines Management team in connection with prescription-related issues such as lost and stolen prescriptions, and concerns around patients who may be seeking drugs inappropriately.

NHS Protect have a programme of quality assurance work linked to anti-fraud provision within all NHS bodies. The CCG has not been the subject of an inspection recently, but any recommendations from NHS Protect would be implemented as appropriate.

HEAD OF INTERNAL AUDIT OPINION

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

The purpose of my annual Head of Internal Audit Opinion (HOIA) is to contribute to the assurances available to the Accountable Officer and the Governing Body which underpin the Governing Body's own assessment of the effectiveness of the organisation's system of internal control. This HOIA informs the Governing Body in the completion of its Annual Governance Statement.

Significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls put the achievement of particular objectives at risk.

Following the legal directions placed on the CCG from 1st September 2016, the CCG has developed an Improvement Plan to address the directions. Close monitoring of progress is critical to ensuring delivery across the key milestones within the plan.

The on-going financial and QIPP delivery challenge remains a significant risk to the CCG. The CCG set a financial recovery plan during the year which was recognised to be challenging, and required significantly increased QIPP savings to achieve a balanced budget. The CCG must continue to maintain a robust focus on its financial management, QIPP and disinvestment arrangements to secure financial resilience going forward.

We provided moderate assurance levels for the following two reviews:

- Commissioning arrangements for Mental Health: Governance arrangements for Mental Health need to be clarified to support more effective reporting and decision making and the Mental Health Strategy should be revised in the light of a Joint Strategic Needs Assessment for Adult Mental Health which has now been completed by Public Health.
- Better Care Fund (BCF) 2015/16: programme management resources were stretched during the year, the BCF programme management processes and governance arrangements need to be improved, the risk management process had not been documented and there was no formal process for updating the BCF risk register.

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

Area of Audit	Level of Assurance Given
Continuing Healthcare	Significant
Provider contracts management and assurance	Significant
Financial and performance reporting for 2015/16	Significant
Quality assurance	Significant
Financial systems	Significant
Better Care Fund 2015/16	Moderate
Commissioning arrangements for Mental Health	Moderate

The summary details where moderate assurance has been given are set out below:

Commissioning arrangements for Mental Health: the governance arrangements for Mental Health need to be clarified to support more effective reporting and decision making and the Mental Health Strategy should be revised in the light of a Joint strategic Needs Assessment for Adult Mental Health which has now been completed by Public Health.

The Better Care Fund 2015/16: the programme management resources were stretched during the year, the BCF programme management processes and governance arrangements need to be improved, the risk management process had not been documented and there was no formal process for updating the BCF risk register.

There were no critical actions identified. Of all the remaining action there are none outstanding as they are all either closed or in progress.

REVIEW OF THE EFFECTIVENESS OF GOVERNANCE, RISK MANAGEMENT AND INTERNAL CONTROL

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

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

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

- The board
- The audit committee
- If relevant, the risk / clinical governance / quality committee
- Internal audit
- Other explicit review/assurance mechanisms.

Conclusion

[State either that no significant internal control issues have been identified or refer back to significant internal control issues identified above. Summarise the actions taken - or proposed - to deal with these issues and/or other gaps in control, as applicable, and the plan going forwards to address weaknesses and/or ensure continuous improvement of the system is in place].

REMUNERATION AND STAFF REPORT

STAFF POLICIES

We consult and engage with our staff on policy development. Each policy is developed in draft and then shared with staff for consideration at Staff Council. Policies are then ratified and signed off by our Remuneration Committee before being circulated to staff and the senior management.

Walsall CCG has an Equality and Diversity Policy and also has a Recruitment and Selection policy to ensure compliance with the Equality Act and offers an interview to disabled candidates who meet the minimum person specification for a job. Walsall CCG also offers support to disabled staff to keep them in employment by making reasonable adjustments to workstations, patterns of working or other adaptions as necessary.

All employees of the CCG have an annual performance development review in line with the CCG policy that was launched in 2016 in which training is agreed and career development is discussed.

79 Employees plus 22 Governing Body/Lay Members = Total 101

Staff grouping	% by participation	
	Full-time	Part-time
Governing Body	0.00%	100.00%
Other Senior Management (Band 8C+)	100.00%	0.00%
All other employees	75.00%	25.00%
Grand total	**61.39%**	**38.61%**

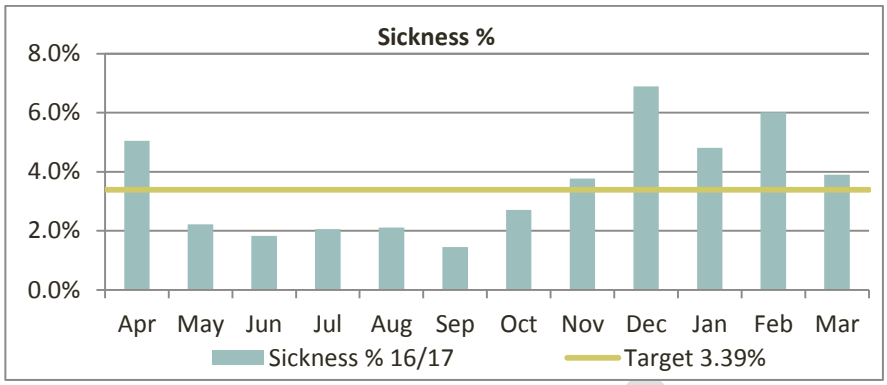
STAFF COMPOSITION BY GENDER AND AGE

Staff Grouping	Female	Male	Totals
Governing Body	6	16	**22**
Other Senior Management (Band 8C+)	7	4	**11**
All other employees	54	14	**68**
Grand Total	**67**	**34**	**101**

% by Gender	
Female	Male
27.27%	72.73%
63.63%	36.37%
81.16%	18.84%
79.42%	**20.58%**

Age Group	Count	Percentage
18 - 30	10	**9.90%**
31 - 40	15	**14.85 %**
41 - 50	37	**36.63 %**
51 - 60	33	**32.67 %**
61 - 70	6	**5.94%**

SICKNESS ABSENCE



Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-16	Feb-16	Mar-16
5.05%	2.22%	1.83%	2.06%	2.11%	1.45%	2.71%	3.77%	6.89%	4.81%	5.99%	3.90%

EQUALITY AND DIVERSITY WITHIN OUR WORKFORCE

Figures show that:

- We employ more women (67) than men (34), a trend which is reflected across the NHS
- Over 33.66% of our workforce are from black and minority ethnic groups. – 0.99% has not declared their ethnicity.
- Black and minority ethnic groups within our Governing Body members is high (77.27%) and low within our senior management (27.27%)
- Almost half of our staff do not wish to disclose their religious belief (69.30%) or sexual orientation (69.30%)
- We employ very few people with a disability (2.97%), although some of our staff (20.79%) decided not to disclose or define their status

ANNUAL ACCOUNTS 2016/02017

To follow

For more information about NHS Walsall Clinical Commissioning Group visit www.walsall.nhs.uk

Please contact 01922 603077 or email ccgcomms@walsall.nhs.uk to request this document in a different language or format.