Agenda item

Walsall Health and Wellbeing Board

10 April 2018

NHS Walsall Clinical Commissioning Group Annual Report

1. Purpose

1.1 In accordance with the NHS England guidance for annual reporting, all Clinical Commissioning Groups are required to consult the relevant Health and Wellbeing Board in preparing the review of their contribution to the delivery of the joint health and wellbeing strategy.

1.2 The purpose of this report is to provide members of the Health and Wellbeing Board with the opportunity to provide their feedback and comments on the NHS Walsall Clinical Commissioning Group Draft Annual Report.

2. Recommendations

2.1 Note the contents set out in the report;

2.2 Provide valuable feedback, in particular on the section which sets out the CCGs contribution to the delivery of the joint Walsall Health and Wellbeing Strategy.

2.3 Provide feedback on the overall report.

3. Report detail

3.1 NHS Walsall Clinical Commissioning Group is currently preparing its 2017/ 2018 Annual Report and Accounts for publication in June 2018

3.2 The report is in three sections: a Performance Report, an Accountability Report – the Financial Statement will follow post the end of the financial year.

3.3 Page 28 onwards outlines the progress and contribution of the CCG towards the Joint Walsall Health and Wellbeing Strategy.

4. Background papers

4.1 See attached the NHS Walsall Clinical Commissioning Group Draft Annual Report for 2017/ 2018.

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Improving Health and Wellbeing for Walsall

NHS Walsall Clinical Commissioning Group

Annual Report 2017/18

Improving health and wellbeing for the people of walsall

Contents

The annual report and accounts for the year ended 31 March 2018 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.

PERFORMANCE REPORT

PERFORMANCE OVERVIEW

Welcome to the 2017/18 annual report for Walsall Clinical Commissioning Group (CCG). This performance overview provides a summary of what Walsall CCG has achieved in the past 12 months, its challenges, as well as looking at some of its future priorities and how we've discharged our functions.

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.

CCGs put local GPs at the heart of deciding what health services local people need and receive. All of our GPs use their experience and knowledge to influence and shape the decisions the CCG makes, with some more heavily involved as representatives of the CCG Council of Members and Governing Body.

The CCG Chair is elected by the Governing Body members. Representatives include GPs, lay members, a secondary care consultant and CCG officers. It is the Governing Body that oversees the day to day running of the CCG, supported by a team of officers, who together undertake service development, contracting and performance management of local health services.

As a membership organisation the CCG represents local GPs who work at 59 local practices across Walsall. We have a budget of £423.9 million.

HEALTH OF THE BOROUGH

Walsall is one of approximately 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 which is available via this link http://www.walsallintelligence.org.uk/themedpages-walsall/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.

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

OUR OBJECTIVES

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

PERFORMANCE ANALYSIS

A key part of our work is to ensure the services we commission meet the needs of our residents and also national quality and safety standards. To provide assurance to our residents and regulator that these requirements are being achieved locally we monitor our performance against a range of measures published within the NHS constitution core rights and pledges.

This covers a number of pledges to residents on how long they need to wait to be seen and to receive treatment. We continue to work hard with our local providers to deliver these for our residents but have struggled to achieve some of these standards due to a range of factors which include increasing demand, increased patient acuity and financial pressures. The local challenges we face are also mirrored in decline the national decline seen across the NHS during 2017/18 and which has been subject to intense media scrutiny.

Our performance in 2017/18 against the requirements of the NHS Constitution is summarised in the table 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
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%	A
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

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	R
*This assessment is made on the December data available to the CCG		

Despite these difficult challenges we have performed well during 2017/18 and continue to achieve the majority of the standards including the delivery of all eight cancer wait measures and the 6 week diagnostics target. We recognise that where we have underachieved we need to do more to ensure our residents receive the highest quality of care possible and this will remain a key focus for us during 2018/19.

To secure the improvements required we will continue to work closely with local providers to ensure improvements are made where this currently is not the case. We are also very clear that whilst we are gaining assurance on improvement processes with our stakeholders to bring performance back on track patient care and safety remains paramount.

Notwithstanding this success, it is clear from the assessment there remains a number of ongoing challenges facing the CCG under the core NHS Constitution and support measures, 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)

The CCG continues to work with WHNHST to develop a robust and credible recovery plan and trajectory. We are hopeful to have an agreed plan and trajectory in place by the end of March allowing us to monitor their improvements during 2018/19.

In addition to this, the CCG continues to support the Trust through the introduction of a number of elective demand management initiatives. In the early part of the year we undertook a programme of practice-level peer review visits supported by the regular sharing of comparative referral information.

We have also implemented the national Clinical Peer Review initiative, through agreements with the GP Leadership Group (which represents our local Federations/Super-partnerships) and also the national MSK triage specification.

A&E Four Hour Wait

Achievement of this standard continues to be a challenge both locally and nationally which is highlighted by the fact that local performance of WHNHST has not exceeded 90% in any month during the year. There are a number of factors which continue to drive Walsall's 4 hour wait performance;

- Increased Type 1 attendance
- 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
- New hospital processes not delivering the improvements expected are therefore not working well for patients and require further work to improve patient flow

Walsall's Urgent & Emergency Care Improvement Board (UECIB) 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. The Boards improvement plan sets out priority actions to reduce the number of breaches seen in A&E by focusing work on the following 3 work streams;

i) Emergency & urgent care attendance,

(ii) Patient Flow in Hospital

(iii) Hospital discharge pathways and integrated intermediate care

Priority actions include increased referrals through the rapid response service and frailty pathway in the emergency department; seven day ambulatory pathway; listening into action for embedding SAFER bundle and "rhythm of the day" in bed bureau; reduce medically fit for discharge; increase capacity in social care market.

In addition the CCG has undertaken 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. .

Whilst UECIB 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 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. Bed capacity pressures continue 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 to 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 the UECIB 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	R
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

Improving Access to Psychological Therapies (IAPT)

Although CCG patients who enter the service receive prompt treatment and a high proportion are deemed to be 'moving to recovery' upon completion of their treatment, the overall number of patients receiving psychological therapies is currently lower than the national expectation.

The CCG is working closely with our lead mental health provider, Dudley & Walsall Mental Health Partnership Trust, to improve the access rate to achieve and sustain the standards set under the NHS Five Year Forward View. Most recently this has included WCCG match funding STP money to the Trust to increase IAPT access worker support during Q4.

SUSTAINABLE DEVELOPMENT

[Please refer to DH GAM Para 3.17. CCGs should follow the standard reporting format for NHS bodies produced by the Sustainable Development Unit. The template and associated guidance can be located on the SDU's at www.sduhealth.org.uk/delivery/measure/reporting. Note that sustainability reporting is expected to be integral to the main annual report].

IMPROVING QUALITY

Quality continues to be the highest core priority for Walsall CCG.

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

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

Working in a challenged system, with an acute provider CQC rated 'Requires Improvement' with 'Inadequate' maternity services means that increased oversight, scrutiny and challenge is required to drive improvement and gain assurance that commissioned services provide high quality, safe and effective care for the population of Walsall. The now established Quality & Safety Committee is one mechanism utilised to provide oversight. The committee analyses the quality and safety of commissioned services and identifies if appropriate action is in place to drive improvement and minimise risk. It aims to support the successful delivery of the CCG corporate objectives, ensure effective quality and safety assurance of the system, 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, Senior Nurse Representation, Public Health, General Practice and Quality Leads.

In addition the increased oversight means that Walsall is on increased surveillance at the local Quality and Surveillance Group, with regular reporting of progress being provided by the CCG to this group. The CCG is an active and regular member of the CQC oversight group at Walsall Healthcare NHS Trust.

As a result of the data analysis, correlation and analysis, areas of improvement are identified. NHS Walsall CCG is committed to driving improvement across the health care system, this includes:

- Working with providers to support them in improving areas of underperformance as identified through our monitoring arrangements
- Incentivising improvement through the contractual process in the use of CQUIN payments to target agreed areas
- Involving clinicians in service re-design work around Integrated models of care
- Facilitating opportunities for sharing investigations into patient safety incidents, including lessons learned.
- Implementation of an incident management system for primary care.
- Leading a Mental Health Transformation board
- Continuous Quality improvement across the Walsall Independent Nursing Home sector.
- Seeking opportunities for collaborative quality improvement across an STP footprint.

During 2017-18 Walsall CCG has continued to strengthen systems and processes in relation to quality assurance and quality improvement.

Key achievements in 2017/18 include the following:

- A CCG Quality Strategy has been developed to provide further clarity to our approach to quality and direction going forward and to help drive further improvements, in line with local and national priorities for the next 5 years
- The Quality Team has developed and maintained credible professional working relationships with regulators with evidence of impact
- Dashboard developed for acute, mental health and primary care to improve data analysis and identification of early warning triggers
- Evidence of how data analysis has driven quality improvement
- A range of evidence of where CCG have proactively challenged providers following data review and evidenced improvement

Internal Information Sharing Process

- Evidence of where contractual processes have effected quality improvement for patients. For example, Mixed Sex Accommodation Breaches.
- Quality contract reporting mechanism recognised and shared across neighbouring Black Country CCG's
- CQUINS used effectively to improve quality outcomes for patients

Partnership Working

- Safeguarding performance framework recognised as good practice and shared across Black Country CCG's
- Developed, led and delivered integrated revised intermediate care model for Walsall

- Reduced avoidable harm through the Safer Provision and Caring Excellence (SPACE) Quality Improvement initiative.
- CQC Peer review for Emotional Health and Wellbeing was recognised as having areas of good practice which was an improvement on previous reviews.
- MCA/DoLS project fully delivered against all objectives
- Requested on behalf of Black Country STP to lead quality work stream
- CQC information sharing meeting strengthened and membership of local stakeholders increased
- IRIS project implemented to drive a reduction in Domestic Violence.
- Revised assurance framework in place. Strengthened incident management and review. Processes implemented to share learning across the system
- GP Practice Nursing strategy launched and implemented based on the GP Practice Nursing ten point plan
- Local providers have demonstrated improvement against CQC ratings
- Led the implementation of the system wide mortality review group and strategy
- Led the implementation of system wide HCAI group with evidence of improvement with zero MRSA cases and improved C.difficile
- Improved CQC ratings with Primary care
- “Significant assurance” rating received from internal audit for quality assurance in primary care
- Spotlight sessions used effectively as part of quality and safety committee to provide assurance and drill down on areas of concern to identify actions for improvement
- The management and oversight of Serious Incidents has been strengthened through collaborative working with other CCGs.
- Escalated areas of concern with regards to a number of providers across primary, community and secondary care and care homes, and have continued to work positively with other commissioners, the CQC and professional bodies to address shortfalls in the quality of care, whilst maintaining our approach to strong leadership to providers through our challenge and support to them.
- Gained funding to initiate a new system of incident reporting across primary care. This will help to ensure lessons are learned across the system and will be implemented during 2017-18, in collaboration with learning from excellence. This further supports our ambition of sharing learning and supports our “lesson of the month” communication system to enable cross-organisational learning from incidents.
- The CCG Quality team has been further encouraging and facilitating cross-organisational learning, through chairing system wide incident investigation meetings. This enables shared learning with relevant organisations and actions to mitigate reoccurrence.
- The CCG quality team continue to facilitate Practice Nurses forums and have refined the Practice Nurse strategy in line with the General Practice Nurse 10 point plan.
- Developing the role of Designated Nurse for Adults & Children and strengthening the teams approach to working with all partners including Primary Care, across the
- locality to develop strong leadership and joined up approaches to the delivery of the Safeguarding Adult Board and Local Safeguarding Children Boards.

Objectives, in relation to quality for 2018/19 are as follows:

The key objectives for 2018/19, in relation to assuring quality within our internal processes and externally with our commissioned providers, are to:

- The CCG is currently working with some providers where quality of care is not strong and requires continued focus on risk and harm, clinical outcomes and patient experience. We aim to work with other commissioners to learn from any national experience of such circumstances and provide leadership and influence to drive up improvements in the quality of care. We will be undertaking work to specifically identify the quality affected by poor performance e.g. breaches to RTT targets.
- We aim to work across the Sustainable Transformation Partnership (STP) through the Quality Group or through other work streams to learn from and influence areas of care, services or provision where quality could be improved. We will do this by our involvement in Sustainable Transformation Partnership (STP) activity and ensuring a connection with quality arenas in West Midlands.
- We will be working with Primary Care during 2018/19 to improve incident reporting and Serious Incident reporting systems and processes to ensure that all stakeholders are assured of the processes, reporting, incident management and learning and sharing lessons.
- We will be working with colleagues and mortality leads from across primary, community and secondary care to agree a joint strategy for unexpected mortality including in-hospital deaths and out of hospital deaths. This will build upon joint work to review deaths within 30 days of hospital discharge.
- We need to further strengthen the approach by the CCG to quality monitoring of smaller providers to ensure that all commissioned services are able to demonstrate the delivery of quality services. Whilst we have made progress in some areas there is still more to do by working with commissioning leads and providers.
- To continue to improve cross-organisational learning from Serious Incidents and Incidents

WALSALL'S QUALITY IMPROVEMENT PROGRAMME FOR NURSING HOMES

Walsall CCG and Walsall Healthcare Trust are continuing with their 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.

Building on the success of the Enhanced Model of Care the next stage in building sustainable Quality Improvement (QI) for the Walsall Borough is underway.

In Dec 2016 Walsall commenced a large scale QI two year QI programme - 'SPACE '(Safer Provision and Care Excellence in Nursing Homes) The project has been funded by the West Midlands Patient Safety Collaborative and is being formally evaluated by CLARHC (Collaboration for Leadership in Applied Health Research).

The aim of the SPACE programme is to equip front line nursing home staff with simple QI tools and techniques skills in order to reduce avoidable harm and improve safety culture in Walsall nursing homes. Uptake and engagement from all staff in Nursing Homes has been excellent and there are a wide range of staff led QI projects underway which focus on reducing avoidable harm and improving safety culture.

The SPACE project has received national recognition at 2017 Patient Safety Conference and another conference is being held in March 2018 in the Borough to showcase the excellent interim findings from the Walsall SPACE programme.

SAFEGUARDING

Walsall Clinical Commissioning Group (CCG) have a responsibility, along with other NHS organisations and every healthcare professional to ensure that people in vulnerable circumstances are not only safe but also receive the highest possible standard of care.

The welfare of the people who come into contact with the services commissioned by NHS Walsall Clinical Commissioning Group (CCG) is paramount. The NHS Walsall CCG has a statutory responsibility for ensuring that the organisations from which they commission services provide a safe system that safeguards children, young people and adults at risk of abuse or neglect. There are statutory requirements to safeguard children and the same key principles apply in relation to arrangements to safeguard adults under the Care Act 2014. All staff have a responsibility to ensure that best practice is followed, including compliance with statutory requirements.

NHS Walsall CCG has a statutory duty to be members of Local Safeguarding Children Boards (LSCBs) / Safeguarding Adults Boards (SABs) and are fully engaged with working in partnership with local authorities and other agencies to fulfil their safeguarding responsibilities.

NHS Walsall CCG is fully engaged with Walsall Safeguarding Children's Board (WSCB) / Walsall Safeguarding Adults Board (WSAB) at a senior level within the organisation through the participation of the Chief Nurse, Designated Nurse for Children, Designated Doctor, Designated Nurse for Adult Safeguarding and Named Professionals ; working in partnership with the local authority to fulfil safeguarding responsibilities. This includes ensuring that robust processes are in place to learn lessons from cases where children or adults are seriously harmed or die and abuse or neglect is suspected. For example, by contributing to Serious Case Reviews (SCRs), Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs) which are commissioned by WSCB/WSAB/Walsall Safety Partnership (WSP) respectively. Also where appropriate, conducting individual management reviews and other learning processes with providers of NHS services.

Walsall CCG have supported the development of the Multi Agency Safeguarding Hub (MASH) in Walsall and ensured that health presence in this critical activity is developed and embedded to support a more integrated approach to addressing child safety. In addition the Walsall Child Death Overview Panel (CDOP) has been ably chaired by the Walsall Designated Nurse who has provided leadership and expertise to ensure CDOP arrangements are robust for Walsall families. The Quality and Performance Sub Groups of both boards are chaired by the CCG.

NHS Walsall CCG is fully involved in the Learning Disabilities Mortality Review (LeDeR) Programme which supports local areas in England to review the deaths of people with learning disabilities aged 4 years and over in order to improving the standard and quality of care for people, of all ages with learning disabilities.

In addition Walsall CCG has invested time and funds into the IRIS programme (Identification and referral to improve safety where domestic abuse features) which aims to identify victims of domestic abuse earlier and reduce reoccurrence through screening and referral into specialist services. Training is provided for all practice staff on domestic abuse awareness, and referrals are made to an Advocate Educator assigned to each practice

ENGAGING PEOPLE AND COMMUNITIES

NHS Walsall CCG recognises that engagement and involvement is a key part of how services are planned, commissioned, delivered and reviewed.

There is also a duty on CCGs to involve the public under section 14Z2 of the Health & Social Care Act 2012. 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 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 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.

Our engagement plans in 2018/19

Over the past year we have continued to build the foundations for integrating the patient voice in the CCG's on-going commissioning activity.

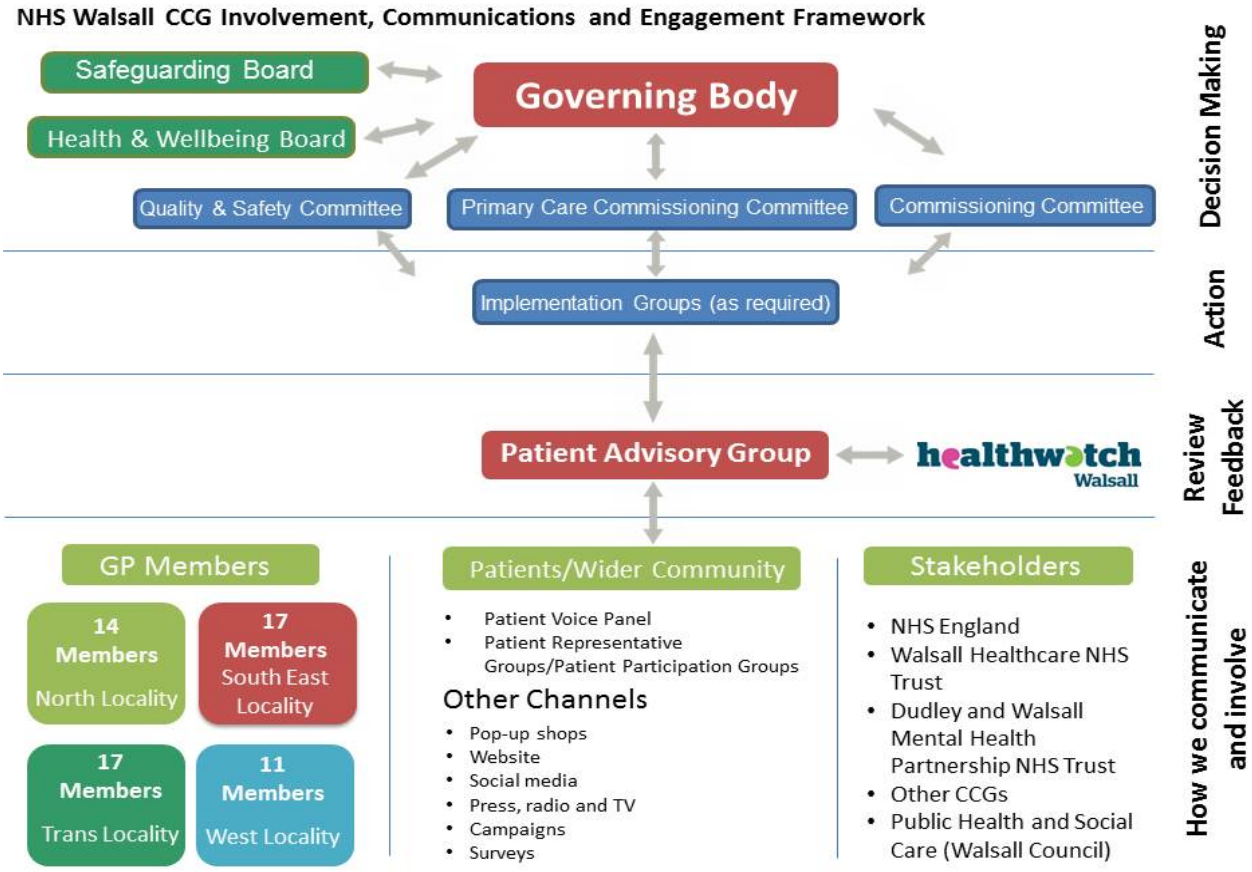
Patient and Public Engagement (PPE) will continue and expand. But there is an imperative to move beyond involvement and consultation. We are now working to increase the focus on outcomes, with clear lines of monitoring and accountability within the CCG for PPE and to begin evaluating the impact of PPE on service delivery. Walsall CCG has set out key

engagement objectives and priorities to complement the CCG's overall vision of transforming healthcare in the borough; enabling patients access to right care, in the right setting by the right person (most appropriately skilled clinician). Our key engagement priorities for 2018/19 include:

- To hold regular public forum meetings across different public venues in Walsall. The events will be open to all the public, PRGs and PPLG member, stakeholders from the voluntary and charity sector

- Further development and integration of the patient participation group network within the CCG's governance arrangements. We have reviewed all the CCG's patient groups and networks, including the PPGs in order to understand how we can maximise their effectiveness.

Figure 1: NHS Walsall CCG Engagement Framework updated October 2017



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:

PATIENT VOICE PANEL

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 to become involved. 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

PATIENT PARTICIPATION AND LIAISON GROUP (PPLG)

The Patient Participation and Liaison Group (PPLG) comprise representatives from the Patient Participation Groups (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.

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. All GP surgeries based in Walsall have established a Patient Participation Groups or Patient Representative Group, 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.

All CCGs in Walsall now have an active PPG/PRG but more work needs to be done to ensure it is more representative of Walsall and the four localities.

Patient Stories

We have promoted the involvement of patients, their carers and representatives in decisions that relate to their care in a variety of ways, including filmed 'patient stories' that focus on a specific patient's experience of using a health service in Walsall. The patient stories are shared at the beginning of each Governing Body meeting and provide a patient's in depth insight into a specific service while providing suggestions for improvement or the opportunity to share best practice and success stories both internally and externally. The patient stories are another way that the CCG ensures that patient's voices and opinions are not only heard but are given the platform to influence change wherever possible.

Website

Website Along with others in the CCG Collaborative, the CCG's website was updated and refreshed during 39 the year, to make it more user-friendly, give key information about our work and encourage people to have their say and get involved. We have also established our presence on Twitter and Facebook, and will combine these accounts with the other social media feeds. The CCG website has a 'Getting Involved' page which explains how to get involved and give feedback on what we do. Our website is now easier to navigate and we respond directly to feedback and queries submitted through our 'contact us' page

Social media

More and more of us are using social media sites like Twitter to communicate on a daily basis. Walsall CCG recognises the value of social media in connecting with and listening to the people of Walsall. To help us listen and learn, we have started using Twitter and our account now has almost a 6000 followers. We continue to use the channel as a friendly and informative voice about local health services, and to share key news stories, events and updates we feel would be of interest to our local population. Walsall CCG stakeholder newsletter We launched a quarterly stakeholder newsletter for patients, the public, GPs and staff. This is distributed through member practices' Patient Participation Groups, voluntary, community and faith sector organisations, MPs, Councillors and the newly compiled database of interested and registered patients. It is also posted on the CCG website to reach a wider audience. The content includes information about engagement opportunities, news, patient stories as well as being a valuable vehicle for delivering health messages and local updates.

Governing Body meetings

The CCG publish papers for the Governing Body on our website and hold the meetings in public. Here, local people come to talk to us on any area they wish to discuss. Our Governing Body has two lay members with responsibility for championing patient and public involvement.

A Communications and Public Engagement report is received by the Governing Body members on a six-monthly basis. This provides the Governing body members with an overview of all activity.

STAKEHOLDER ENGAGEMENT

Walsall CCG has an extensive list of stakeholders and takes a proactive approach to networking and communicating. We work closely with patient groups and networks around planned service redesign gathering feedback through: focus groups, surveys and patient involvement on steering groups. As a commissioner, we also contract providers to gather patient experience data through routine surveys that can be used to support service improvements. We also gather general feedback by attending a number of externally organised events.

We produce regular briefings for MPs and councillors and reports to Walsall's Overview and Scrutiny Committee, which examines the planning and delivery of health and social care services. We have fed into the Joint Health Overview and Scrutiny Committee that has examined our plans to improve quality and consistency across our patch

We also ask our stakeholders to participate in a 360 degree survey. We were delighted with our local stakeholder feedback in the national CCG 360 stakeholder survey.

In a recent audit of our Public and Patient Involvement strategy, undertaken by NHS England in Sept 2017, we were assessed as 'Good'. This assessment reflects the innovative approaches we have taken to meeting our statutory duty to involve patients in all that we do.

OTHER COMMUNICATIONS AND ENGAGEMENT ACTIVITY 2017/18

- In July 2017 the CCG launched its public consultation about possible changes to nine Walsall GPs. The CCG held four free consultation events at various locations around Walsall giving people more information.
- In July 2017 NHS England launched its public consultation into 'medicines which should not routinely be prescribed in primary care'. The CCG supported NHS England by promoting the consultation and encouraging Walsall patients to have their say. The CCG also held two free public consultation events.
- In July 2017 the CCG launched its listening exercise into Policy for Procedures of Limited Value.
- In August 2017 the CCG launched its public consultation into changes of Hyper Acute and Acute Stroke services in Walsall. The CCG held three free consultation events at various locations around Walsall giving people more information.
- In August 2017 the CCG launched its public consultation about closing the Town Centre's Urgent Care Centre. The CCG held three free consultation events at various locations around Walsall giving people more information.
- In October 2017 the CCG commissioned Arden & GEM CSU to run and organise its Stay Well Walsall campaign, which launched in the same month.
- In November 2017 the CCG launched its Schools Self-Care Champion competition where Walsall primary and secondary schools were asked to come up with way to promote self-care in their local communities.
- In December 2017 the CCG launched its Extended GP Access Programme, giving people the opportunity to see a GP outside of their surgeries normal opening hours. A robust communications plan was put together, with posters, flyers and press releases being issued.
- In December 2017, the CCG supported four Walsall GP practices with their consultation regarding their surgeries being relocation in a newly built healthcare centre in Walsall Town Centre.
- In January 2017 the CCG supported NHS England with its public consultation looking into medicines purchased over the counter. The CCG held a public consultation event for Walsall residents and also had a stand at Walsall Manor Hospital offering advice and information about how to complete the survey. A number of press releases were also sent out and social media was used to reach a wider audience.
- In March 2017 Walsall CCG, working in co-production with the Black Country STP held two free public Whose Shoes events looking into local maternity services and asking for the public's say in shaping them

Stay Well Walsall Communications Campaign

In October 2017 the CCG launched its Stay Well Walsall campaign, which was based on the national Stay Well This Winter campaign. The aim of the campaign was offer Walsall residents with health advice on how to stay well during the winter months.

Winter is traditionally a busy time and 2017/18 was no exception with the Beast from the East and Storm Dylan meaning there was a greater demand on local health services. The Stay Well Walsall campaign aimed to help educate people on the different health services available to them, so that they could receive the best treatment in the most appropriate place.

To help promote the campaign the CCG hired a Health Bus for six dates and visited different locations. The bus allowed the CCG to engage with residents and also offered them the chance to play the CCG's game show 'Play Your Care Right'.

The bus visited the following locations during November and December 2017:

- Walsall Town Centre
- Bloxwich Living Centre
- Walsall Arboretum's Bonfire Night

The team also spent time out and about in the community with five Outreach events where NHS staff were on hand to give members of the public the opportunity to have free health advice about staying well during the winter. The Outreach events toured the Borough and visited:

- Age UK
- Bloxwich Living Centre
- Walsall Manor Hospital's Urgent Care Centre
- Walsall Town Centre, Urgent Care Centre (x2)
-

During the events people were given merchandise, such as thermometers and mini first aid kits to take away. They were also given the chance to have a go at Play Your Care Right.

As well as going out and meeting the public regular press releases have been issued as part of the Black Country, giving people advice on looking after themselves. These releases have also been published in the local press, including the Express & Star.

Finally Walsall CCG has used social media as a way to promote the campaign, with regular Facebook posts and Tweets being published to reach an even wider audience. The hashtag #StayWellWalsall was also used in the posts help promote our messages even further.

More information about the campaign can be found on the CCG's website: www.walsallccg.nhs.uk/stay-well-walsall

REDUCING HEALTH INEQUALITY

The CCG is required to meet both the equality duty (show due regard) under the Equality Act 2010 and also the health inequalities duty (reducing health inequalities) under the National Health Services Act 2016 as amended by the Health and Social Care act 2012.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 for 2017/18. The Operational Plan takes full account of the requirements of national planning guidance published in September 2016.

During 2017/18 the CCG undertook formal public consultation in relation to proposed changes to stroke services and urgent care services and a number of public engagement exercises. In each case the CCG demonstrated that it had given due consideration to its duty to have regard to the need to reduce inequalities.

The Governing Body and members of the commissioning team have received training on the CCG's Equalities Duty, including its duty with regard to health inequalities, during 2017.

WALSALL HEALTH AND WELLBEING STRATEGY

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 principal priority for the Health and Wellbeing Board in 2017/18 – its "obsession" – has been to increase opportunities for, and take-up of, volunteering. The lead organisation for this work is One Walsall – Walsall's Council for Voluntary Service – which is supported by the CCG through grant funding.

The CCG has invited the Chief Executive of One Walsall to discuss volunteering at our Staff Council and we are developing a CCG volunteering policy. We have supported a bid for external funding, led by One Walsall, to develop a local model of social prescribing and have provided training to GP practice staff on the use of the community living directory, which is used to identify local voluntary groups that can provide support to patients.

The CCG has been leading work across the Black Country on the development of a Local Maternity System plan in line with national guidance. Through implementation of the Better Births guidance we are working to increase continuity of care and to reduce rates of stillbirths and neonatal and maternal deaths. This includes work, led by Public Health, targeted at the most disadvantaged groups who may not access routine services and for whom outcomes are often worse.

Another priority, for which the CCG is the lead organisation, is to enable those at risk of poor health to access appropriate health and care, with informed choice. Projects that have addressed this priority include:

DIABETES

Roll-out of the National Diabetes Prevention Programme for patients at risk of diabetes. This provides structured support for patients identified as being at high risk of developing diabetes. The CCG continues to work with all practices to ensure that patients who are diagnosed with diabetes have across Walsall are provided with consistent and high quality care and treatment. During 2017 we were successful, jointly with Walsall Healthcare Trust, in securing additional funding to improve access for patients with diabetes to multi-disciplinary foot care.

RESPIRATORY

We have been working with the respiratory team at Walsall Healthcare Trust and with general practice to increase the use of Care Plans for people with respiratory illness. This also addresses another priority, which is to enable and empower individuals to improve their physical and mental health.

BOWEL CANCER SCREENING

The CCG has undertaken a successful project to increase the uptake of bowel cancer screening, working with a group of 20 general practices where uptake was lower than average. All of these practices were in areas with high levels of social deprivation. Having demonstrated good outcomes from this initial project funding for a further two years has been secured, which will enable the initiative to be rolled-out across all Walsall practices.

Latent TB Initiative

The CCG is running a project to identify and treat patients at high risk of having latent TB. This has including TB Awareness raising for primary care and local community groups as well as the development and distribution of leaflets to all GP practices and pharmacies to raise awareness of TB and the increased risks of contracting TB if travelling to high incidence countries.

Children and young people.

An obsession has also been set by partners to ‘safely reduce the number of children that need to be in care’ (Children and Young People’s Partnership Board) and ‘if it doesn’t feel right then, act on it (Safeguarding Board). CCG Commissioners continue to work in close partnership with the Council to ensure aligned workstream plans, including the mental health transformation plan, across Corporate Parenting for Looked After Children and Special Educational Needs and Disabilities including transition to adult services and all commissioned children’s services.

In line with the ambition in the Health and Wellbeing Strategy we aspire to ensure that children are safe from harm, happy and learning well with self-belief aspiration and support to do their best. Findings from a recent CQC thematic review of Child and Adolescent Mental Health Services for children and young people, Autumn 2017, supports the achievement of this aspiration. The inspection outcome was positive with no safeguarding

concerns identified. There was recognition of an improvement in outcomes for children and young people and areas for development. The transformation plan, owned by all partners, both supports and reinforces joint working to meet emotional wellbeing and mental health needs for children and young people in Walsall.

ACCOUNTABILITY REPORT

XX May / June 2018

CORPORATE GOVERNANCE REPORT

Members Report

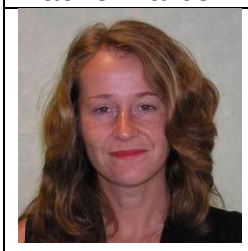
Walsall Clinical Commissioning Group (CCG) is a clinically led membership organisation made up of 59 practices. The practices are set out into four localities, each with a clinical lead which represents the locality practices at the Governing Body which is the Board of the CCG. The CCG has five main directorates each with a Clinical Executive and Executive Director who are members on the Governing Body, to deliver the operational functions of the CCG. This means that the Governing Body comprises its membership from nine 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.

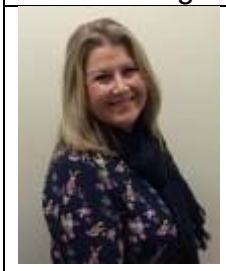
The governing body also has lay members (non-executives) who bring a level of impartiality and offer an informed perspective to bring challenge and gain assurance that the board are making the right decisions for the right reasons.

Member profiles

Dr Anand Rischie, Chair of Walsall CCG Governing Body	
	Since qualifying in 2007, Dr Rischie has been working as a full-time GP at Pleck Health Centre in Walsall. He was appointed as a GP Trainer by West Midlands Deanery in 2010 and continues to teach GP trainees and medical students. He is also a GP appraiser. In April 2012, in continuation of his role on the Professional Executive Committee, Dr Rischie joined the shadow Walsall CCG Board as the Deputy Chair for the Trans Walsall Locality. Since joining the Governing Body he has been involved in many patient and public participation events and provided clinical guidance as the Lead for Unscheduled Care. In April 2016 he was elected as Chair or Walsall CCG.
Paul Maubach, Accountable Officer	
	Paul has worked in the NHS for over 25 years and has been Chief Executive Officer at NHS Dudley Clinical Commissioning Group since its inception. He previously worked as Director of Commissioning Development for West Mercia Cluster.

Prof Simon Brake - Chief Officer	
	Simon has overall strategic and managerial responsibility for the operations, governance and public accountability of the CCG, deputising for Paul Maubach as Accountable Officer, and ensuring that the CCG meets its statutory obligations to commission the best quality services and provide the best value for money for the population of Walsall. Simon has also completed an MBA (Masters in Public Administration) at Warwick Business School, an ERASMUS year at the Sciences-Po Bordeaux, France, as well as post graduate studies in conflict resolution. His most recent roles have been as Chief Executive of Coventry and Rugby GP Federation, Director of Primary Care for Coventry & Rugby NHS and Assistant Director of Adult Social Services for Coventry City Council.
Mr Tony Gallagher, Chief Finance Officer	
	Tony Gallagher has worked at a senior level within the NHS for more than 20 years. His previous roles include Interim Director of Finance and Deputy Director of Finance at Walsall Primary Care Trust. Tony has been acting Chief Finance Officer for both Walsall CCG and Wolverhampton CCG since 1 June, 2017. He is keen to contribute to the establishment of Walsall CCG as a successful organisation commissioning high-quality healthcare across the health economy. As Chief Finance Officer, Tony is the Governing Body's professional expert on finance, ensuring the CCG meets all its statutory duties with regard to finance. He ensures that appropriate arrangements are in place to support, monitor and report on CCG finances. The role includes development of financial strategy and the implementation of robust financial systems to ensure compliance with accounting, auditing and information obligations.
Mr Mike Abel - Lay Member, Service Transformation and Redesign	
	As a lay member, Mike's role is to provide oversight and scrutiny, and to challenge as necessary the development and implementation of strategies and plans. He also has a place on the Governing Body and several committees. Mike was involved with the CCG as a patient/public representative for more than a year before it became a statutory body. He has a firm commitment to improving health and care services in Walsall, and hopes to see the CCG continue to gain the trust of patients and the public.

Gulfam Wali - Lay Member of Patient and Public Involvement	
	Gulfam's role is to ensure the views and experiences of Walsall people feature strongly in healthcare planning. He also ensures the CCG is open, well governed and financially adept, with strong NHS values and has a responsibility for quality and safety. He has been involved in patient representative groups over the last 7 years and has an education background in Pharmacology. Gulfam has been involved with local community health awareness programmes across Walsall.
Rachel Barber – Lay Member of Patient and Public Involvement	
	Rachel's role is to bring her knowledge and experience to ensure the CCG makes a difference to patient care, ensuring good governance standards are embedded and maintained with a focus to oversee key elements of patient and public involvement. She holds a place on the governing body and many committees. Rachel has held senior executive positions with a service delivery focus, linking strategic direction to insight, improving services, achieving high customer satisfaction and continuous improvement across a diverse base. She is passionate about listening to local views and incorporating these to deliver excellent care locally. She has lived and worked locally for over 20 years.
Robert Freeman - Secondary Care Consultant	
	Robert Freeman Secondary Care Consultant
Donna Macarthur - Director of Primary Care and Integration	
	Donna has worked for the NHS since graduating as a physiotherapist in 1987. Her early career was spent in London but she returned to her home in the West Midlands to take up a clinical role at Birmingham Children's Hospital Prior to this role, Donna was Head of Primary Care with NHS England - West Midlands, where she had responsibility for commissioning, GP , dental, optometry and community pharmacy services across the West Midlands. Donna Macarthur joined Walsall CCG as Director of Primary Care and Integration in February 2016 and is committed to transforming

	primary care services and delivering excellent care for patients across Walsall.
Paul Tulley – Director of Commissioning	
Matt Hartland – Strategic Finance Officer	
	
Paula Furnival - Director of Adult Social Care and Inclusion	
	Paula Furnival is the Executive Director of Adult Social Care for Walsall Council, and her experience has been gained in working within the NHS and councils who have social care responsibility. In 2010 she worked with a small team of colleagues to establish the largest provider of community health and social care services in England. She is especially committed to bringing mental and physical health services closer together for the benefit of local people.
Dr Barbara Watt - Director of Public Health	
	Dr Barbara Watt - Director of Public Health (Non-voting member)
Sarah Shingler - Chief Nursing Officer/Director of Quality	
	Sarah is the Chief Nursing Officer/Director of Quality for Walsall Clinical Commissioning Group. Sarah has a long career history in the NHS working as a Nurse Consultant in Emergency Care and has a track record of working collaboratively across many organisational boundaries to improve services for patients and families. Sarah has 10 years' experience of working in a variety of senior leadership roles in the NHS and Adult Social Care with expertise spanning Nursing and Quality, Operational Management, Transformation and System Change roles in both acute and community settings. Sarah is committed to still working as a Nurse Consultant and will continue to do this alongside her CCG role.

DR CARSTEN LESSHAFFT - CLINICAL EXECUTIVE FOR COMMISSIONING AND TRANSFORMATION	
	Dr Carsten Lesshafft - Clinical Executive for Commissioning and Transformation
Dr Nasir Asghar - Locality Lead (North)	
	Dr Asghar is a GP partner and CCG governing body member and Chair for the North locality. He currently also acts as the Lead Clinical Advisor for Urgent Care and Medicines Management for the CCG. Originally from Lancashire, he qualified from Birmingham University in 1998 and completed his GP training in the Black Country.
DR JOO TEOH - LOCALITY LEAD (SOUTH EAST)	
	Dr Teoh has been a GP in Walsall since 1998. She is also a GP Trainer and the Macmillan GP Facilitator for Walsall CCG. She is passionate about delivering high quality health care for patients. With her clinical experience and enthusiasm, she hopes to inspire member practices and to contribute towards improving the health and wellbeing of the people of Walsall.
Dr Ravi Sandhu - Locality Lead (West)	
	Dr Ravi Sandhu is a GP Principal at Kingfisher Practice, Modality Partnership since 2003. She has always been local to Walsall and graduated at Birmingham University in 1997. Dr Sandhu is actively involved in teaching undergraduate medical students and training Foundation year and GP trainee doctors. She is passionate about delivering a good quality and safe health service for our local patients.
Dr Sandeep Kaul - Locality Lead (Trans)	
	Dr Sandeep Kaul - Locality Lead (Trans)
Dr Hewa Vitarana - Clinical Executive (Finance and IT)	

	Since qualifying in 1986, Dr Vitarana has worked in a number of areas over the past two decades. Having continued his training in 1992, Dr Vitarana came to Walsall as a GP five years later. Working for Walsall Clinical Commissioning Group as a Clinical Executive (Finance and IT), Dr Vitarana has regularly expressed his strong belief in a good diet and regular exercise to his patients.
Dr Rajcholan Mohan - Clinical Executive (Medical Director)	
	Dr Mohan achieved membership of the Royal College of Physicians in 2000, and gained considerable experience working in hospital medicine. He went on to general practice, beginning a rotation in 2003, completted his MRCGP. In 2005 he became a partner at the Sina Health Centre in Willenhall.
Dr Harinder Baggri - Clinical Executive (Commissioning Transformation & Performance)	
	Dr Baggri is originally from Walsall and has been working locally in the area since 2012. He is also a GP Trainer and GP Partner and a governing body member. He is passionate about improving services for the local population in order to improve their healthcare. His role also is to improve primary care healthcare for patients and to improve GP access for the Walsall population
Mr Jim Oatridge – Lay Member, Audit and Governance,	
	

Member practices

Membership Practices forming the Membership Body of the CCG 2017 -2018	
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 Governing Body

Composition of the Governing Body from 1 April 2017 – 31 March 2018		
Name	Role	Voting
Dr Anand Rischie	Clinical Chair	Yes
Mr Paul Maubach	Accountable Officer	Yes
Prof Simon Brake	Chief Officer	Yes
Mr Tony Gallagher	Chief Finance Officer	Yes
Mrs Sally Roberts left Jan 18	Chief Nurse Director Quality Safety	Yes
Ms Sara Shingler started Feb 18	Chief Nurse	Yes
Mrs Donna Macarthur	Director of Primary Care & Integration	Yes
Mr Matthew Hartland*	Strategic Finance Lead	No
Mr Paul Tulley	Director of Commissioning	Yes
Dr 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 left May 17	West Locality Lead	Yes
Dr Ravinder Kaul started June 17	West Locality Lead	Yes
Dr Rajcholan Mohan	Medical Director	Yes
Dr Carsten Lesshafft	Clinical Executive Commissioning	No

Dr Hewa Vitarana	Clinical Executive Finance & IT	Yes
Mr John Duder until Nov 17	Lay Member Audit & Governance	Yes
Mr Mike Abel	Lay member Commissioning	Yes
Mr Gulfam Wali	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
Jim Oatridge started December 17	Lay Member Audit and Governance	Yes
Rachel Barber started Jan 18	Lay Member PPI`	Yes

Committee structure, membership and attendance

Walsall CCG reviewed its committee structure in May 2017 and extended the remuneration committee to include organisational development to strengthen the leadership work which was progressing in response to the legal directions. The full detail of the membership and attendance for the Governing Body and the committees to the Governing Body are included in the governance statement.

The Governing Body committees are:

- Safety and Quality Committee
- Finance and Performance Committee
- Audit and Governance Committee
- Remuneration and Organisational Development Committee
- Commissioning Committee
- Primary Care Commissioning Committee

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 2017 -18 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.

Health and Safety

NHS Walsall Clinical Commissioning Group is fully committed to providing a vibrant working environment that values wellbeing and diversity. The Organisation recognises wider legal and moral obligation to provide a safe and healthy working environment for its employees, visitors and members of the public that may be affected by its activities. This has been demonstrated through the organisations statement of intent, organisational structure and arrangements for the management of its legal duties in line with the requirements outlined in the Health and Safety at Work Act 1974.

The CCG has implemented a robust Health and Safety Management System based on the Health and Safety Executives publication HSG65 working in partnership with NHS Arden and GEM CSU. The work program undertaken by the Clinical Commissioning Group included the following:

•A full review of the organisations policy and procedures.

•A full review of the organisations risk assessment templates.

•Training of employees and individuals with roles and responsibilities as defined in the organisations Health and Safety policy arrangements.

This review has created a positive culture and pro-active stance on health and safety that aims to promote excellence and an accountable approach to manage statutory duties imposed on the Clinical Commissioning Group.

Effectiveness of Whistle Blowing Arrangements

To follow

Members Report

[Please draft in accordance with DH GAM Para 3.25, with reference to CCG Appendix 1: Additional Requirements for CCGs].

Member profiles

[As above]

Member practices

[As above]

Composition of Governing Body

[As above]

Committee(s), including Audit Committee

[As above]

Register of Interests

[Please refer to DH GAM Para 3.25. Note that a web link may be provided to the Register of Interests which CCGs are required to maintain on-line, instead of a detailed disclosure in the annual report. Statutory guidance on managing conflicts of Interest is available for CCGs at: https://www.england.nhs.uk/publication/managing-conflicts-of-interest-revised-statutory-guidance-for-ccgs-2017/

Personal data related incidents

[Please refer to DH GAM Para 3.25. Provide details of any Serious Untoward Incidents relating to data security breaches, including any that were reported to the Information Commissioner].

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

[Please refer to DH GAM Para 3.30 – 3.32 and select one of the following statements]

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

OR

[Name of 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 [or will be] published on our website at [insert web page] by [insert date].

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, and subject to the disclosures set out below (eg. directions issued, s30 letter issued by internal auditors), 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.

Disclosures:

-
-

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

Signature

Paul Maubach

Accountable Officer

NHS Walsall Clinical Commissioning Group

Date

GOVERNANCE STATEMENT

INTRODUCTION AND CONTEXT

[Insert name of 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 2017, the clinical commissioning group is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006 / is subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006 as follows:

- Provide full details and additional information as necessary to enable the reader to understand the context of your clinical commissioning group (e.g. a link to the directions on NHS England's website).]

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.

[Provide detail of how this has been achieved, including reference to:

- Key features of your CCG's constitution in relation to governance (including the split of responsibilities and decision making between your Membership Body and Governing Body).

- Information about your Membership Body and Governing Body, including key responsibilities, membership, attendance records and highlights of their work over the year.
- Information about any committees and sub-committees of the above, including key responsibilities, membership, attendance records, and highlights of their work over the year.
- The performance of the Membership Body and Governing Body, including their own assessment of their effectiveness.
- Membership of the CCG's Audit Committee (with reference to DH GAM Chapter 3 CCG Appendix 1: Additional Requirements for CCGs]

If you prefer to include any of the above information as part of the Member's Report, please ensure a cross-reference is given.

UK Corporate Governance Code

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

[CCGs may wish to report on their corporate governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code they consider to be relevant to the clinical commissioning group. The approach should be agreed in discussion with the CCG auditors].

Discharge of Statutory Functions

[Please confirm whether correct arrangements are in place for the discharge of statutory functions, that they have been checked for any irregularities, and that they are legally compliant, in line with the recommendations of the 1983 Harris Review.]

[Possible wording is as follows:

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.

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

[Please describe:

- key elements of your risk management strategy, including the way in which risk (or change in risk) is identified, evaluated, and controlled to:
    - Prevent risk;
    - Deter risks arising (e.g. fraud deterrents); and,
    - Manage current risks.
- how the control mechanisms work and risk appetite is determined.

- how risk management is embedded in the CCGs activity (e.g. how equality impact assessments are integrated into core business or how incident reporting is openly encouraged and handled.]
- How the CCG involves public stakeholders in managing risks which impact on them].

CAPACITY TO HANDLE RISK

[Describe the key ways in which:

- Leadership is given to the risk management process; including:
    - The effectiveness of governance structures,
    - The responsibilities of Directors and committees;
    - Reporting lines and accountabilities between the Governing Body, its committees and subcommittees and the executive team;
    - The submission of timely and accurate information to assess risks to compliance with the clinical commissioning group's statutory obligations; and,
    - The degree and rigour of oversight the Governing Body has over the clinical commissioning group's performance.
- Staff are trained or equipped to manage risk in a way appropriate to their authority and duties. Include comment on guidance provided to them and ways in which you seek to learn from good practice].

RISK ASSESSMENT

[Describe:

- how risk has been assessed during the reporting period, including the CCG's risk profile
- what the CCG's major risks to governance, risk management and internal control over the reporting period (including any risks to compliance with the CCG's licence) have been or continue to be. This should identify any risks that have been newly identified during the financial year.
- how the CCG has acted to manage these risks and how outcomes will be assessed.

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.

[Describe how the control mechanisms work].

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.]

Data Quality

[Provide information about the quality of the data used by the Membership Body and Governing Body and confirm that they find it acceptable and, if not, what is being done to remedy this.]

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. [Please comment on the level of compliance demonstrated by completion of the IG Toolkit, providing detail where unsatisfactory.]

[Describe how risks to data security are managed. Possible further wording is as follows:

We place 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.]

Business Critical Models

[In line with best practice recommendations of the 2013 MacPherson review into the quality assurance of analytical models, confirm that an appropriate framework and environment is in place to provide quality assurance of business critical models].

Third party assurances

[Where the CCG relies on third party providers, please comment on how assurance is received, the effectiveness of these arrangements and whether any improvements are planned into the future].

CONTROL ISSUES

Building on issues identified via the Month 9 Governance Statement return, please describe significant control issues currently facing the CCG, and what remedial action has been undertaken. The following should be considered in deciding if an issue is significant:

- Might the issue prejudice the achievement of priorities or undermine the integrity or reputation of the CCG and/or wider NHS?
- What advice or opinions have internal audit / external audit and Audit Committee given?
- Could delivery of the standards expected of the Accounting Officer be at risk?
- Has/might the issue made it harder to resist fraud or other misuse of resources, or could it divert resources from another significant aspect of the business?
- Could the issue have a material impact on the accounts?
- Might national security of data integrity be put at risk?

REVIEW OF ECONOMY, EFFICIENCY & EFFECTIVENESS OF THE USE OF RESOURCES

[Describe key processes that have been applied to ensure that resources are used economically, efficiently and effectively, including some comment on:

- The role of the governing body, internal audit and any other review or assurance mechanisms
- Ratings for the Quality of Leadership indicator of the CCG Improvement and Assessment Framework 2017/18
- Financial planning and in-year performance monitoring
- Central management costs
- Efficiency controls

Delegation of functions

[Where the CCG has delegated its functions (either internally or externally), please explain how feedback from delegation chains regarding business, use of resources and responses to risk and the extent to which in-year targets have been met has been assessed, and what issues have been identified as a result. Feedback might be received through:

- bottom-up information and assessments to generate a full appreciation of performance and risks as they are perceived from within the organisation
- end-to-end assessments of processes

- a high level overview of the organisation's business so that systemic risks can be considered;
- any evidence from internal control failures or poor risk management; and

potentially, information from whistleblowers.

Counter fraud arrangements

[Describe the key features of the counter fraud arrangements in place with reference to the NHS Protect Standards for Commissioners: Fraud, Bribery and Corruption].

[A summary of the key features of the arrangements should describe:

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

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:

[Include summary version Head of Internal Audit Opinion].

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

Area of Audit	**Level of Assurance Given**
[Name of Audit]	[e.g. Full Assurance, Reasonable Assurance, Limited Assurance, No Assurance]

[If any of the above audit reports identified governance, risk management and/or control issues which were significant to the organisation, please outline for each: issues leading to conclusion, action plans agreed, action to the date of signing the Annual Report and Accounts, follow up audit findings, etc.]

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

[Possible wording is as follows:

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.

The role and conclusions of each were…]

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

[Please refer to DH GAM Paras 3.33 – 3.57 before drafting the Remuneration and Staff Report].

REMUNERATION REPORT

REMUNERATION COMMITTEE

[Please detail membership of the CCG's Remuneration Committee (or provide a cross-reference if these details are provided via the Director's Report]

POLICY ON THE REMUNERATION OF SENIOR MANAGERS

[In accordance with DH GAM Para 3.41, disclose the policy on remuneration of directors (i.e. members of the CCG Governing Body) for the current and future years]

Remuneration of Very Senior Managers

[In accordance with DH GAM Para 3.42 – 3.43, where one of more senior managers of the CCG is paid more than £142,500 per annum, explain the steps taken the CCG has taken to satisfy itself that this remuneration in reasonable].

SENIOR MANAGER REMUNERATION (INCLUDING SALARY AND PENSION ENTITLEMENTS)

[These tables should be completed in accordance with DH GAM 2017/18 Para 3.44 – 3.48, providing explanatory footnotes as required].

Name and Title	2017/18					
	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
	£000	£	£000	£000	£000	£000

Name and Title	2016/17					
	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
	£000	£	£000	£000	£000	£000

Pension benefits as at 31 March 2018

[This table should be completed in accordance with DH GAM 2017/18 Para 3.44 – 3.48, with reference to CCG Appendix 2 – Pension Disclosures. Explanatory notes should be provided as required].

Name and Title	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2018 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2018 (bands of £5,000	(e) Cash Equivalent Transfer Value at 1 April 2017	(f) Real Increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2018	(h) Employers Contribution to partnership pension
	£000	£000	£000	£000	£000	£000	£000	£000

Cash equivalent transfer values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

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

Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation on early retirement of for loss of office

[Please disclose in accordance with DH GAM Para 3.49].

Payments to past members

[Please disclose in accordance with DH GAM Para 3.50].

Pay multiples

[CCGs should make fair pay disclosures in accordance with guidance set out in the DH GAM Para 3.51 – 3.56. The narrative should be introduced by the following text:]

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

The banded remuneration of the highest paid director/Member in [name of CCG] in the financial year 2017/18 was £X-X (2016/17: £X-X). This was X times (2016/17: X) the median remuneration of the workforce, which was £X (2016/17: £X).

In 2017/18, X employees received remuneration in excess of the highest-paid director/Member. Remuneration ranged from £X to £X (2016/17: £X to £X)

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

[Please explain the reasons for any variance in year-on-year multiples].

STAFF REPORT

[Please refer to DH GAM 2017/18 Para 3.57 before drafting the Staff Report].

NUMBER OF SENIOR MANAGERS

[To be completed in accordance with DH GAM 2017/18 Para 3.57 (a)].

STAFF NUMBERS AND COSTS

[To be completed in accordance with DH GAM 2017/18 Para 3.57 (b). Note that from 2016/17, the detailed staff note should be published as part of the Staff Report, with a summarised note included in the Financial Statements].

STAFF COMPOSITION

[To be completed in accordance with DH GAM 2017/18 Para 3.57 (c) and Chapter 2 CCG Appendix 1: Additional Requirements for CCGs (for gender analysis).

SICKNESS ABSENCE DATA

[To be completed in accordance with DH GAM 2017/18 Para 3.57 (d)].

STAFF POLICIES

[To be completed in accordance with DH GAM 2017/18 Para 3.57 (e)].

EXPENDITURE ON CONSULTANCY

[To be completed in accordance with DH GAM 2017/18 Para 3.57 (f)].

OFF-PAYROLL ENGAGEMENTS

[To be completed in accordance with DH GAM 2017/18 Para 3.57 (g), with reference to DH GAM Chapter 3, Annex 4].

Table 1: Off-payroll engagements longer than 6 months

For all off-payroll engagements as at 31 March 2018, for more than £220 per day and that last longer than six months:

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

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

Table 2: New off-payroll engagements

For all new off-payroll engagements between 01 April 2017 and 31 March 2018, for more than £220 per day and that last longer than six months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	
Number of new engagements which include contractual clauses giving [name of CCG] the right to request assurance in relation to income tax and National Insurance obligations	
Number for whom assurance has been requested	
Of which:	
assurance has been received	
assurance has not been received	
engagements terminated as a result of assurance not being received.	

Table 3: Off-payroll engagements / senior official engagements

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

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	

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

EXIT PACKAGES, INCLUDING SPECIAL (NON-CONTRACTUAL) PAYMENTS

Table 1: Exit Packages [To be completed in accordance with DH GAM 2017/18 Para 3.57 (h), with reference to Chapter 3 Annex 3 – Exit Packages and Severance Payments].

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

Redundancy and other departure cost have been paid in accordance with the provisions of [NHS Scheme name]. Exit costs in this note are accounted for in full in the year of departure. Where the [name of CCG] has agreed early retirements, the additional costs are met by the [name of CCG] and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

Table 2: Analysis of Other Departures

[To be completed in accordance with DH GAM 2017/18 Para 3.57 (h), with reference to Chapter 3 Annex 3 – Exit Packages and Severance Payments].

	Agreements	Total Value of agreements
	Number	£000s
Voluntary redundancies including early retirement contractual costs		
Mutually agreed resignations (MARS) contractual costs		
Early retirements in the efficiency of the service contractual costs		
Contractual payments in lieu of notice*		
Exit payments following Employment Tribunals or court orders		
Non-contractual payments requiring HMT approval**		
TOTAL		**A – agrees to total in table 1**

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

*any non-contractual payments in lieu of notice are disclosed under “non-contracted payments requiring HMT approval” below.

**includes any non-contractual severance payment made following judicial mediation, and X (list amounts) relating to non-contractual payments in lieu of notice.

X (number) non-contractual payments (£x,000) were made to individuals where the payment value was more than 12 months’ of their annual salary.

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

PARLIAMENTARY ACCOUNTABILITY AND AUDIT REPORT

[Please refer to Paras 3.58 – 3.62 of the DH GAM 2017/18 and select the appropriate statement below. Note that if opting to include disclosures within the Accountability Report, the equivalent disclosure notes should be omitted from the Financial Statements.]

[Name of CCG] is not required to produce a Parliamentary Accountability and Audit Report but has opted to include disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges in this Accountability Report at [insert page reference as required]. An audit certificate and report is also included in this Annual Report at [insert page reference].

OR

[Name of CCG] is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report at [insert cross-reference(s) as required]. An audit certificate and report is also included in this Annual Report at [insert page reference].

ANNUAL ACCOUNTS

To follow post 1 April 2018

TO FOLLOW

[To be completed in accordance with the DH Group Accounting Manual 2017/18 and NHS England SharePoint Finance Guidance Library]

[Name]

Accountable Officer

[x] May/June 2018