NHS
Barnsley
Clinical Commissioning Group

Annual Report and Accounts 2018/19

Putting Barnsley People First

Contents

Message from the Chief Officer

Welcome to the annual report and accounts for NHS Barnsley Clinical Commissioning Group (CCG) for the financial year 2018/19.

This is our sixth annual report and it highlights the things we have been doing over the past year, working with local people and our partners across the borough and the wider region to ensure that everyone across Barnsley receives the high-quality healthcare they deserve.

We came into this year with a rating of Outstanding from NHS England, reflecting in part improvements in health outcomes and waiting and treatment times in a range of local services.

Having worked with patients, carers, the public and our local services to redesign a number of services in 2017/18, we have seen progress in our ambitious plans. Waiting times for talking therapies have improved significantly and people are being assessed for back and muscle problems more quickly for example.

Putting mental health and wellbeing on an equal footing with physical health is very important for us. We know from talking to local communities and the services that serve them that children and young people's mental health and wellbeing is something we can all do more on. Following the success of the work to raise awareness of eating disorders within our primary schools and the eating disorder school counselling Service that has been piloted in a number of our secondary schools this year, we have commissioned this vital work to continue in 2019/20.

"Over 2600 people across Barnsley signed up to be a Cancer Champion this year – demystifying screening and raising awareness of signs and symptoms."

Getting an early diagnosis of cancer can make a huge difference to the success of your treatment. Attending screening appointments and going to your GP with signs and symptoms is vital – yet we aren't seeing people check things out early enough in Barnsley. This year I'm really pleased to see more than 2600 local people sign up to become 'Cancer Champions'. They are spreading the word, taking health messages to communities, demystifying screening and raising awareness of signs and symptoms. The

Be Cancer SAFE team have done a fantastic job in going into community centres, workplaces and shopping precincts amongst many other venues, to have these conversations that may otherwise never happen.

Towards the end of this year we saw the publication of the NHS Long Term Plan. As medicine advances, health needs change and society develops, the NHS has to continually move forward so that in 10 years time we continue to have a service fit for the future. We were pleased to see that, in line with the work we have been doing in Barnsley, the plan highlights the benefits of different teams and organisations working better together.

This is exactly what we have seen happen in the Dearne, where a whole community approach is being developed. NHS services, local authority teams, councillors, voluntary and community groups, schools and local residents have come together in way they haven't before. Through their strong leadership they have looked at the needs of their local community and are putting plans in place to address them together. We are looking forward to how this can work across the borough.

Finally, I'd like to note the work that has taken place this year to continue to build strong and sustainable GP services across the borough. General practice is at the heart of healthcare in the NHS and locally, GP practices are rising to the challenges faced across the country when it comes to seeing more people, ensuring they have the right workforce and having sufficient investment to develop services which really meet the needs of their local communities.

On behalf of our Membership Council, Governing Body and our Chair, Dr Nick Balac, I particularly want to record our thanks to our dedicated staff in the CCG and in our member GP practices, partner organisations and patient groups, for their incredibly hard work and contribution over this year.

We look forward to continuing our journey together over the coming year.

Lesley Smith

Chief Officer, NHS Barnsley Clinical Commissioning Group

Making a difference

Residents across Barnsley are rightly and justifiably very proud of their local NHS services. They tell us they like services that are high-quality, that are easy to use and easy to find. And they say to make things even better they want healthcare professionals to work together more across services or organisations and to work in partnership with patients and carers to meet their needs.

Below are highlights of some of the ways we have been doing that this year.

This year our focus has continued to be on ensuring we have services which have a good clinical outcome, make the most effective use of our resources and are provide seamless care designed around the people who use them, not the organisations who provide them.

We have seen some great results already and we have highlighted just a few of them in this report.

Mental health and wellbeing

Mental health and wellbeing, both in adults and children and young people, is one area we have focused particularly on this year. Giving mental health equal importance to physical health is something we want to see running through all the services we commission.

We commissioned a new talking therapies service for adults this year. We talked to people who had used the service in the past and those who might in the future, as well as to those people who work and refer into the service. There were clear messages which came back about the need for support which was flexible on the range of options open to people, the range of locations across the borough and the ability for people to get in touch with the service directly, rather than seeing a GP or other health care team to refer them.

This year the new service has improved significantly in terms of improving the time it takes to get an initial assessment and then the time it takes for people to start the talking therapies treatment that is right for them.

In addition, we have also targeted some of the talking therapies support this year to people living with a long term health condition, such as diabetes or heart disease– recognising that their mental health and wellbeing is equally as important as their physical wellbeing.

This year we have invested in developing something called Open Dialogue. This is a type of mental health care which involves an individual's family and people from their social network. All treatment is carried out in meetings with the individual and their chosen family and support network there.

All healthcare staff involved in Open Dialogue are trained in family therapy and related psychological skills. We are working in Barnsley to be a beacon for this type of therapy in the north of England.

Children and young people's mental health and wellbeing has continued to be on the national and local agenda this year. We have met with two of our local MPs, to share with

them the growing numbers of young people coming forward for help and to discuss how we are playing our part in Barnsley to ensure young people and their families are being supported.

As part of our Future in Mind programme, which provides funding and focus specifically to children and young people's mental wellbeing, we have seen another successful year for the services and projects tackling support for young people and their families, in schools and colleges.

As programmes such as MindSpace in schools and the work of the OASIS (Opening up awareness and support and influencing services) young mental health commissioners grows, the focus has been on offering tools and techniques for self-care as much as prevention and mental wellbeing promotion, reducing the need for specialist support in the future.

The OASIS group has been developing some fantastic resources, such as the Open Up directory of support services for young people. They have also been working with CAMHS (children and adolescent mental health services) and Barnsley Hospital to implement the Department of Health and Social Care's 'You're Welcome' standards. The standards create a framework for assessing how young-person-friendly health services are.

In the time that the OASIS members have been working with the hospital they say there has been a real shift in how the hospital think about things and they are really up for taking on board what OASIS say. The group found the evaluation of Barnsley Hospital women's department and services very interesting. They said one of the most empowering things about the experience was the ability to make recommendations about each of the services based on OASIS's young verifier's findings. OASIS has always been about having a voice for young people's mental health and the 'You're Welcome' evaluation has been exactly that.

We also commissioned South Yorkshire Eating Disorders Association (SYEDA) this year to provide specific learning sessions with primary schools. They have delivered education sessions on eating disorders and related topics to young people; given emotional resilience workshops to primary school children (year 6) as a complimentary addition to the Thrive programme; and run courses on 'Understanding Eating Disorders' to key professionals such as school nurses.

Developing primary care

GP services are at the heart of the NHS and we have continued our work this year to build and sustain vibrant primary care services, which are in the hub of local communities.

We have developed a home visiting service this year which complements a GP practice's existing home visits. The service enables GPs to have additional on-the-day appointment slots to offer their patients and ensure that anyone who is housebound or in a care home can have a speedy assessment at home.

This service supports more patients to remain at home with wrap around services contacted by the visiting clinician, where appropriate, without admission to hospital. Where a transfer to hospital is required, it is intended that, with the home visit happening within three hours of referral, there is more opportunity for tests or treatment to happen quickly within hospital allowing a return home instead of a stay in hospital.

We have continued the roll-out of our medicines ordering safety campaign this year, which puts the responsibility of ordering repeat prescriptions into the hands of the individual. This has seen a significant reduction in medicines not being ordered when not needed and we'll continue to roll this out during 2019/20.

A national consultation was carried out this year, asking people their views on 33 conditions which were suitable for self-care or where over-the-counter medicines were available. We asked the views of local people and partners, as part of our own conversation, to help us understand what this meant for people in Barnsley. Following the feedback, we have developed support for GPs and pharmacists to help them signpost patients to self-care. We have also planned in more time before the changes take place so people have enough time to understand what the changes mean for them.

Clinical pharmacists have continued to play a central role in the GP practice team and this year we have extended that programme to increase both the number of posts and the role they play in growing the local workforce.

Getting fit for surgery

It is one year since we introduced additional support for people who smoke or are overweight or obese, ahead of any potential surgery. Anyone with certain conditions, which may go on to need surgery, now has a conversation with their GP about the benefits of stopping smoking and reducing their weight as part of the management of their condition.

Advice or a referral to a stop smoking service or a weight management service is offered. These interventions can help reduce risk of complications during and after surgery as well as improve recovery. However, for many people who go on to lose weight, this has improved their quality of life and how they manage their condition so much that they choose not to go ahead with surgery. We will be evaluating this programme in 2019/20.

Diabetes

We have started to see the positive impact in the way the integrated diabetes service for adults has been working this past year after it was redesigned in 2017/18.

The service has set up joint clinics with GP practices to help improve patients' health outcomes. They have trained more practice staff on diabetes care and six community hubs have been set up right across the borough, designed specifically to offer appointments for people with complex needs, in their local area.

Giving people the tools and techniques to help them manage their condition is key and this year five groups of people with Type 1 diabetes have been on the internationally recognised DAFNE course and over 170 people with Type 2 diabetes have also taken part in structured education courses.

Working together

How well the NHS copes over winter is something that we have become used to seeing in the national news each year. This year we have seen more people than ever coming to the local accident and emergency department and yet Barnsley Hospital has been one of the

top performing hospitals in the country when it comes to seeing, treating, admitting or discharging people within four hours.

This is down to the tremendous work of the team in A&E, as well as other teams in the hospital and in the wider NHS and social care, where this year in particular, we have seen the impact of all the different interventions coming together.

The primary care team in the hospital, which sits directly next to A&E, is able to see people who need the in-house GP. The extended GP services which i-HEART Barnsley run for anyone registered at any Barnsley GP practice offers additional evening and weekend appointments and is now seeing around 3,300 people a month.

The role of community and mental health services has also had a positive impact this year and we also continue to have packages of care available for people in a timely way by social care, meaning people are not delayed waiting to be discharged from hospital. All this ensures the system as a whole flows better. There is still much to do and we will continue to review what works well and look to where we can do things differently.

At a neighbourhood level, our efforts have been focussed in the Dearne where we have been testing new ways of working together that we plan to extend across the rest of Barnsley in 2019/20.

The integrated team in the Dearne has chosen to focus first on emotional wellbeing of young people and adults who are using any of the NHS mental health services. The aim is to build resilience in the community which will improve healthy living and self-care. The Dearne experience has demonstrated great value from bringing colleagues together, sharing intelligence and developing common goals. The work has led to further engagement with the local community, improving access to services, management of complex cases and expansion of out-of-hospital care.

Putting Barnsley on the map

This year we were recognised in a number of national awards for the work that is taking place in Barnsley to improve health and wellbeing.

As a CCG we were finalists in two national Health Service Journal awards. The first recognised the work of our staff group, the radiators, and their commitment to and achievement in creating a positive staff culture and staff engagement. The second was for the work we lead on to bring partners together to transform intermediate care.

The Be Cancer SAFE programme in Barnsley and Rotherham was shortlisted at the inaugural NAVCA Awards, recognising the programme's innovative 'social movement' in the area over the last 12 months. The programme supports early diagnosis, creating a social movement in cancer prevention, awareness and support.

Here in Barnsley more than 2600 local people have signed up to become 'Cancer Champions' and are spreading the word, taking health messages to communities, demystify screening and raising awareness of signs and symptoms.

Barnsley's cancer champions are made up of small community groups, formal voluntary and community sector organisations, public sector partners, businesses big and small and

individuals from all walks of life who are committed to their own self-care and supporting others within their communities to take control of their own health.

We received a number of awards this year and it's really positive that they are often for joint work and we share them with partners. This not only puts Barnsley on the map but it recognises how well Barnsley teams can work better together.

Performance Report

Signature of the Performance Report by the Accountable Officer

Lesley Smith, Accountable Officer,
23 May 2019

Performance overview

Our role: As a clinically-led statutory NHS body, NHS Barnsley CCG is responsible for planning and commissioning health care services for our local area to achieve the best possible health outcomes for our local population of 250,000, and in doing so acting effectively, efficiently and economically. We do this by assessing local needs, agreeing priorities and strategies, and then buying services on behalf of our population from a range of providers whilst constantly responding and adapting to changing local circumstances.

NHS Barnsley CCG is led by local doctors and elected members; lay members; a specialist consultant; and a nurse, all of whom are close to patients and their needs. We believe that this enables us to improve the quality of care provided to all the people of Barnsley. We are supported by a very experienced team of NHS professionals.

Vision and values: We have set out our vision for Barnsley which is underpinned by our values and principles. This vision will guide and inform our work, along with the local population's health needs and experience of health care.

The vision for NHS Barnsley CCG is:

"We are a clinically led commissioning organisation that is accountable to the people of Barnsley. We are committed to ensuring high quality and sustainable health care by putting the people of Barnsley first."

Our values underpin everything we do as commissioners and an employing organisation. They are:

- Equity and fairness
- Services are designed to put people first
- They are needs led and resources are targeted according to needs
- Quality care delivered by vibrant primary and community care or in a safe and sustainable local hospital
- Excellent communication with patients.

Our strategy: We are now at the end of our five-year commissioning strategy *Putting the NHS Five Year View into Action* which set out our clear and credible plans for delivering our vision for health care services in partnership to meet the needs of the Barnsley population. It recognises the challenge in ensuring healthcare services are affordable and sustainable in the context of continuing demand for services and a reduction in funding for other public services. As an organisation we understand that we must deliver transformational change in order to achieve greater efficiency and effectiveness of spend on health services whilst continuously improving quality.

Our objectives are:

- To have the highest quality of governance and processes to support our business
- To commission high quality health care that meets the needs of individuals and groups
- Wherever it makes safe clinical sense to bring care closer to home
- To support safe and sustainable local hospital services, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley
- To develop services through real partnerships with mutual accountability and strong governance that improves health and health care and effectively use the Barnsley pound.

Our Constitution: Through our constitution, our 33 member practices delegate responsibility for running the organisation to our Governing Body, which in turn is supported by a range of strategic committees. Our Governing Body's role is to set the strategic direction of the organisation, seek assurance that the strategy is being delivered, and to set the culture of the organisation.

Our partnerships: We believe that we can achieve more when we work in partnership across the health and social care system, and across sectors within the system. We are active members of the Health and Wellbeing Board in Barnsley and play a key role, working with our partners in delivering the Health and Wellbeing Vision for Barnsley as set out in the recently refreshed Health and Wellbeing Strategy 2016-2020.

In 2014 organisations from all across the borough came together to look at the wide-ranging needs of Barnsley people including in housing, education, police, community, energy, transport and health and care. This resulted in the Barnsley Plan in 2016 which outlines how organisations will work together more closely:

> "Our vision is an integrated joined up health and care system in Barnsley. A system where the people of Barnsley don't see organisational boundaries. Instead, they experience continuity of care; they see familiar faces that are clearly connected to each other across services regardless of where they are seen, be that in hospital, in the community or at home. Patients and their families are supported and empowered by what feels like 'one team', each delivering their part without duplication. Our goal is to dismantle boundaries at the point of delivery of care."

Integration of services to deliver seamless care and support to the residents of Barnsley continues to be an over-riding priority for the CCG and our partners. To achieve this ambition we work collaboratively at three levels; system (South Yorkshire and Bassetlaw), place (Barnsley) and neighbourhood (e.g. Dearne).

At Barnsley place-level we have been working with the hospital, community and mental health provider, GP Federation, the local authority, Barnsley Hospice and the community and voluntary sector through Barnsley Integrated Care Partnership (ICP). The focus at this level has been on improving outcomes for cardiovascular disease and frailty and also overseeing a range of community services that are already delivered in partnership through an alliance agreement. The alliance agreement includes the intermediate tier of services that have been recognised nationally as providing high quality, integrated care.

At neighbourhood level our efforts have been focussed in the Dearne (council wards Dearne North and Dearne South) where in 2018/19 we have been testing new ways of working together that we plan to extend across the rest of Barnsley in 2019/20.

The integrated team in the Dearne has chosen to focus first on emotional wellbeing of young people and adults not known to mental health services. The aim is to build resilience in the community which will improve healthy living and self-care. The Dearne experience has demonstrated great value from bringing colleagues together, sharing intelligence and developing common goals. The work has led to further engagement with the local community, improving access to services, management of complex cases and expansion of out-of-hospital care.

Key issues and challenges

The following issues and challenges have been high on our agenda during the year 2018/19.

Urgent and emergency care: All local NHS and social care organisations have been working really hard throughout the year and particularly over the winter to provide safe, excellent care. It has been challenging due to the increased numbers of people attending A&E and requiring hospital admission when compared to previous years. We have however started to see improvements in waiting times at A&E towards the end of winter, as we started to see the plans put in place before and during winter working. This is despite a number of periods of very cold and wintry weather, right up to March.

More people are using the additional I HEART Barnsley GP services, freeing up appointments in GP practices for those people who may have more long term or complex needs.

The way the hospital teams work on the wards has developed too, using the latest information to assess people, and where appropriate getting them cared for by the excellent intermediate care and neighbourhood nursing services in the community and wherever possible in their own homes.

Support for people coming out of hospitals needing social care has worked well in Barnsley. In 2018/19 using Improved Better Care funding, we have been able to work with the local authority to ensure there is ongoing access to social care assessment seven days per week, to support patients who need it to access ongoing care following a period in hospital.

Access to psychological therapies (IAPT) or talking therapies:

The CCG has ambitious plans for IAPT services. Following a review of the service in 2017/18 to identify a new model, which would provide improved access and better outcomes for people, the new service was commissioned during 2018/19.

IAPT performance has significantly improved during 2018/19 with access, recovery and waiting time performance consistently in line with targets.

Performance summary

CCG Assurance Framework

During 2018/19 NHS England has continued to oversee the performance and development of the CCG through its continuous assurance process.

The CCG Improvement and Assessment Framework (CCG IAF) was introduced by NHS England in 2016/17 to replace the previous CCG assurance framework. The framework aligns with the NHS mandate, constitution and planning requirements and aims to support improvement in a number of areas, bringing together constitution, performance and finance metrics. The framework is the focal point for CCG assurance and is therefore a key area of focus for the CCG.

The framework covers a wide range of performance indicators across four domains. These being:

- Better Health – looking at how we are contributing towards improving the health and wellbeing of the local population.
- Better Care – focusing on care redesign, performance against constitutional standards, and outcomes including important clinical areas.
- Sustainability – looking at financial plans and performance and how we are securing good value for patients and the public from the money we spend.
- Leadership – assessing the quality of leadership, the quality of plans, our partnership working and our governance arrangements.

As part of the CCG performance management framework there is a focus upon the indicators included within the CCG IAF with most recent performance against each of the indicators included in our monthly performance reports to our Finance and Performance Committee and Governing Body. An overall rating of the CCG is expected to be made in July 2019 which will enable us to assess our overall performance assessment in comparison to the previous rating of 'Outstanding' under the 2017-18 CCG assurance framework. The 2018/19 year-end assessment for the CCG will be available on www.nhs.uk/service-search/Performance/Search from July 2019.

Financial Performance

NHS Barnsley CCG achieved all of its financial duties in 2018/19. This is demonstrated in the table on page 24 and within the Annual Accounts. In addition, the CCG ended the year with a surplus of £1 million, in line with NHS England expectations. This will facilitate the draw-down of £2million in 2019/20.

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

The financial landscape for 2019/20 and beyond is challenging. Nationally, CCG average growth allocations for 2019/20 are 5.65%. Barnsley will receive 5.77% as a result of changes in the national formula. Pressures nationally on CCG budgets are expected to continue due to increasing demands for Health Services. In order to manage within allocated resources for 2019/20, the CCG will need to deliver an efficiency programme of £13.1 million (2.9% of notified allocation).

Performance analysis

How we measure performance

NHS Constitution Rights and Pledges and NHS England's CCG Improvement and Assessment Framework	We monitor our performance against the NHS constitution measures domains within the NHS England CCG Improvement and Assessment framework on an ongoing basis, and we meet with NHS England to formally take stock of our performance against the domains. The outcomes from these meetings are formally reported to our Governing Body via our Chief Officer Report.
Financial performance	Our finance and contracting team monitors our financial performance on an ongoing basis. Our financial performance is overseen at the monthly Finance and Performance Committee and is reported to our Governing Body in the integrated performance report.
Provider performance including NHS Constitution standards	We measure the performance of providers using contractually agreed schedules of key performance indicators and quality indicators. The quality and completeness of the data received is continually assessed by our business intelligence team. Where performance is below the required standard for a single, or for multiple measures, the provider is asked for an explanation including actions and timeframes to bring the performance or quality of care back up to the required standard. Performance is reported and monitored monthly to the Finance and Performance Committee and to the Governing Body via the Integrated Performance report. Exceptions are highlighted in the coversheet to the report. The Committee is supported in the role by the Contract Management Executive Board, the forum in which senior managers from the CCG and its main providers discuss and monitor contract issues.
Better Care Fund	The Better Care Fund (BCF) is intended to transform local health and social care services so that they work together to provide improved and joined up care and support. It is a government initiative, bringing existing resources from the NHS and local authorities into a single pooled budget. Performance against the pooled budget is monitored with local authority colleagues, through a sub-committee of the Health and Wellbeing Board. The CCG's Finance and Performance Committee receives reports on operational and financial performance of the BCF as part of the Integrated Performance Report. The schemes supported by the BCF are an inherent part of the overall integrated performance report to Governing Body.

Progress on NHS Constitution Targets

The table below sets out the NHS Constitution measures and shows whether local services are meeting the target or standards from April 2018 to March 2019. These standards relate to any patients registered with a Barnsley GP, wherever they are treated.

Referral To Treatment waiting times for non-urgent consultant-led treatment	
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – target 92%	Achieved
Diagnostic test waiting times	
Patients waiting for a diagnostic test should have been waiting less than six weeks from referral – target 99%.	Achieved
A&E waits	
Patients should be admitted, transferred or discharged within four hours of their arrival at an A&E department – target 95% (94% of Barnsley patients were seen within 4 hours during 2018/19)	Not achieved
Cancer waits – 2 week wait	
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – target 93%	Achieved
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – target 93%	Achieved
Cancer waits – 31 days	
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – target 96%.	Achieved
Maximum 31-day wait for subsequent treatment where that treatment is surgery – target 94%.	Achieved
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – target 98%.	Achieved
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – target 94%.	Achieved
Cancer waits – 62 days	
Maximum two-month (62-day) wait from urgent GP referral to first definitive treatment for cancer – target 85%. 84% of patients were treated within 62 days of an urgent referral from their GP.	Not Achieved
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – target 90%. 89.5% of patients were treated within 62 days of referral from an NHS screening service.	Not Achieved

Ambulance response	
This information is only measured across Yorkshire and the Humber so does not reflect a position for just Barnsley patients. • Category 1 incidents (the most urgent) should be responded to within 7 minutes (mean response time). • Category 2 incidents should be responded to within 18 minutes (mean response time). Response times for category 1 calls were, on average, slightly above 7 minutes. For category 2 calls, the mean response time was 20 minutes. This reflects an improvement in performance from 2017/18.	Not achieved
Mental health waiting times	
Patients referred for Improving Access to Psychological Therapies (IAPT) services should receive their first treatment appointment within 6 weeks - target 75%.	Achieved
Patients referred for Improving Access to Psychological Therapies **(**IAPT) services should receive their first treatment appointment within 18 weeks – target 95%	Achieved

Development and performance in-year

Financial Performance

CCGs have a number of financial duties under the National Health Service Act 2006 (as amended). Full details of the CCG's financial performance are available in the Annual Accounts section. The CCG's performance against those duties in 2018/19 was as follows:

Duty	**Target** £'000s	**Actual Performance** £'000s	**Achievement**
Expenditure not to exceed income	423,895	422,895	Yes
Capital resource use does not exceed the amount specified in Directions	0	0	Yes
Revenue resource use does not exceed the amount specified in NHS Directions	423,650	422,650	Yes
Capital resource use on specified matter(s) does not exceed the amount specified in NHS Directions	0	0	Yes
Revenue resource use on specified matter(s) does not exceed the amount specified in NHS Directions	0	0	Yes
Revenue administration resource use does not exceed the amount specified in Directions– running costs	5,598	4,268	Yes

Provider Performance

This section provides an overview of the key performance issues of the main NHS healthcare providers for Barnsley patients.

Barnsley Hospital NHS Foundation Trust

Barnsley Hospital NHS Foundation Trust (BHNFT) key performance issues for this year have been as follows.

Overall 18 week waiting times targets for referral to treatment (RTT) have been achieved consistently and there have been no patients waiting over 52 weeks.

Against the challenges of increases in the number of people attending A&E and the number of emergency admissions to hospital, performance has been consistently good and recognised as one of the best in the country.

Whilst the 95% target for patients to be admitted, transferred or discharged within four hours of their arrival at an A&E department has not been achieved for the year overall, it has been achieved in seven months and over the whole year more than 94% of patients of patients were seen and treated within 4 hours.

The number of patients attending A&E at Barnsley Hospital during 2018/19 was 97,128 up significantly from 2017/18 when attendances were 85,587. 91,928 (77,458 2017/18) were seen within four hours.

The CCG has supported a number of initiatives during the year to reduce the number of attendances, improve the flow of patients through the hospital and improve discharge from hospital particularly over the winter.

Achievement of the waiting times targets for cancer treatment at Barnsley Hospital has been consistently good with performance targets against all cancer standards achieved in 2018/19.

South West Yorkshire Partnership NHS Foundation Trust

South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) provides both community and mental health services in Barnsley.

Performance of mental health services has been good overall however there are some with some particular highlights.

Access to a psychiatric liaison service is in place, ensuring early support for patients attending the acute trust. Over 95% of patients are screened or triaged by the psychiatric liaison service in less than four hours and services for children and young people have improved.

Waiting times for access to support for people experiencing a first episode of psychosis has been consistently above the 53% expectation, with over 90% of people receiving a NICE approved package of care within two weeks

Improvements have been seen in the access, waiting times and recovery rates for talking therapies, or IAPT, services with performance targets being achieved consistently though 2018/19.

Yorkshire Ambulance Service

In 2018/19, ambulance services moved to a new way of categorising and responding to 999 calls aimed at ensuring all those who contact the ambulance service receive an appropriate and timely clinical and transport response - the aim being to increase 'hear and treat' and 'see and treat' (treating people at the scene) and thereby reduce the number of people being taken to hospital.

Response times for both the most urgent and those deemed less urgent have not achieved the target throughout the year. However, they have significantly improved from 2017/18 and in March 2019 the standards for both categories were achieved.

Primary Care

Delivery of the GP Forward View during 2018/19 continued with making good progress in a number of areas as demonstrated below:

- Barnsley Healthcare Federation (BHF) delivers extended access for the population of Barnsley with 100% coverage across the borough.
- There are now 110 Care Navigators across GP practices with BHF delivering care navigation training to practice teams.
- Clinical correspondence training has meant that 80-90 per cent of letters sent to General Practice can be processed without the involvement of a GP, freeing up approximately 40 minutes per day per GP.

Better Care Fund Performance

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

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

The total value of the fund in 2018/19 is £31million. £2.7m of this is provided from grants made directly to the local authority for disabilities facilities and social care adaptations and £9.4m from the Improved Better Care Fund. The remaining £18.9m is provided from the CCG baseline allocation.

Note 15, page 22 of the financial statements details the contributions and services commissioned as per the pooled budget arrangement.

Quality, engagement, health inequality and strategy

We work to ensure that we comply with the statutory duties laid down in the *National Health Service Act 2006 (as amended).* In this section, we have reflected on our duties under:

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

Improvement in quality of services

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

Clinical Quality Boards

Clinical Quality Boards (CQB) have been in place since 2015 with each main NHS provider. The Clinical Quality Boards focus on the three domains of quality: patient experience, patient safety and clinical effectiveness. During 2018/19 the CQBs have continued their work to provide assurance to the CCG on the quality and safety of locally commissioned services.

Quality Assurance Visits

The purpose of the clinically led visits is to assist in gaining assurance about the quality and safety of healthcare services the CCG commissions. It provides an opportunity for commissioners to engage directly with patients, clinicians and management to hear what they feel works well, their ideas for improvement and for the CCG to recommend any areas for further development. The visits are developmental in nature with a supportive and enabling focus.

Feedback will be aimed at highlighting good practice and identifying ways in which safety, experience and effectiveness can be improved. This can be through actions by the provider and through collaboration with other partners.

In March 2019 a senior clinician from the CCG visited the Neonatal Unit and inpatient orthopaedics (elective surgery) at Barnsley Hospital NHS Foundation Trust. These visits

were undertaken with Trust staff as part of the Trust's programme of regular quality assurance visits.

Benchmarking against national reports

There is a high level of ambition for quality in Barnsley and we regularly review national reports with our providers to do a 'true for us' review to identify improvement opportunities. For example, this year we have undertaken an in-depth review of the level of serious incident reporting by South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) which included benchmarking against data from the National Reporting and Learning System.

Care Quality Commission (CQC) inspections in GP practices

Throughout 2018/19 the CQC have continued to undertake inspections of GP practices across Barnsley. The CCG's Quality and Patient Safety Committee receives regular updates on the outcome of these inspections and the progress of any remedial action via the CCG's Primary Care Quality Improvement Group.

CQC Inspections – Acute hospital, community and mental health service

Two of our main NHS providers were inspected by CQC. The CCG was actively involved in the submission of evidence to CQC as part of the inspection process. In July 2018, South West Yorkshire Partnership Foundation Trust was rated overall as 'requires improvement' but was rated as 'good' for the domains of effectiveness, caring and well-led.

Three services provided by Barnsley Healthcare Federation (extended hours, GP streaming, out of hours service) previously rated as 'inadequate' in 2017/18 have been re-inspected and are now rated as 'good'. The CCG maintained close oversight of the delivery of the CQC's action plan and provided direct support to enable and deliver improvements for patient safety and quality.

Serious Incidents

The CCG has a responsibility to hold providers to account for their responses to serious incidents. The CCG is informed of all serious incidents and near misses within any of its commissioned services, the key providers are BHNFT and SWYPFT. The CCG receives regular updates from these providers regarding serious incidents and provider assurance documents to demonstrate there is a continued focus on lessons learned which are shared with the Quality and Patient Safety Committee.

The Clinical Quality Boards provide high level communication at a senior level between provider and commissioner and we work together to identify and action potential or actual serious quality failures in the interests of patients.

The CCG is also informed about serious incidents within other NHS providers that involve Barnsley residents.

Patient Experience

Friends and Family Test (FFT) scores and patient opinions from the NHS website are assessed alongside local information in order to understand health services from a patient

experience. Themes and trends are analysed and taken into account alongside regional and national comparisons.

Complaints

The CCG welcomes all comments and feedback about the CCG and its role in commissioning services on behalf of the people of Barnsley. The CCG aims to provide a clear, simple and easy to understand process for managing patient experience feedback which is fair and impartial, widely publicised and accessible to all.

The CCG also has a role in signposting people to the appropriate providers of NHS care regarding complaints and ensuring people are aware of both the provider's advocacy systems and the local independent advocacy service DIAL.

The majority of contacts made to the CCG are signposted to other organisations, with only a minority referring specifically to the CCG. Generally, the contacts are queries about the CCG's commissioning policies.

During 2018 the quality team has updated the CCG complaints policy to incorporate all forms of patient experience feedback and changed its name to reflect that.

Compliments

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

The majority of compliments received by the CCG this year have been the result of the work of the Continuing Healthcare Team, in particular in relation to the care and compassion they have shown to those receiving end of life care.

Never Events

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

There have been two never events at Barnsley Hospital NHS Foundation Trust in 2018/19. Both never events related to medication delivered via the wrong route.

Safeguarding – Adults

As commissioners of care and partners in the Barnsley Safeguarding Adults Board the CCG has a key role in the safeguarding of adults including the prevention of abuse and neglect.

The CCG continues to be an active partner in the Barnsley Safeguarding Adults Board with regular attendance at meetings of the Board in addition to holding the position of Chair of one of the Board subgroups.

Collaborative working with key partners is imperative in the CCG successfully discharging its safeguarding adult responsibilities. The CCG is member of the Domestic Homicide Review and Safeguarding Adult Review Executive Panel supporting both the Safeguarding Adults Board and the Barnsley Community Safety Partnership in the commissioning of reviews to ensure that lessons are learned from the way in which local services and individuals work to safeguard adults. In addition, the CCG is a member of the Silver Prevent Board and attends the Channel Panel meetings to support the local authority in meeting the obligations of the Counter Terrorism and Security Act 2015.

Care homes continue to feature in adult safeguarding concerns raised by CCG staff. The CCG works in partnership with the local authority and provides professional advice to support contractual actions they may need to take in relation to the standards of care provided by care home services. In addition, safe and well checks are undertaken for any continuing healthcare patients in a home where there are concerns about standards of care. We have structured and proportionate approaches to identify and address concerns within care homes and where appropriate, the CCG will support the home in planning and implementing changes to enhance care through provision of expert advice such as that relating to care planning, medicines management and infection prevention and control measures.

The Quality and Patient Safety Committee has received regular targeted reports on adult safeguarding activity on behalf of the Governing Body and is fully sighted on current opportunities and challenges.

Safeguarding – Children

As with adult safeguarding, the CCG is a key partner in the multi-agency arrangements to safeguard children and promote their welfare, and is a committed and active member of the current Barnsley Safeguarding Children Board (BSCB) and its sub groups. Due to changes in national guidance (Working Together to Safeguard Children 2018) this year will see the BSCB transfer into the new arrangement of Safeguarding Partners (comprised of the CCG, Local Authority and Police). The CCG safeguarding lead (Chief Nurse) has played an active part in this consultation/development process.

As a CCG we work in partnership, with other relevant agencies and partners, to ensure that good governance arrangements are in place to safeguard children. Ensuring that staff in all agencies understand their role and responsibilities and are well supported by robust policies, training, supervision and support. The CCG supports the BSCB in delivering a comprehensive audit programme to ensure these objectives are being achieved.

In order to learn lessons and improve services, the BSCB (and in future arrangements the Safeguarding Partners) undertakes Serious Case Reviews (SCR) or Learning Lessons events following the death or serious harm to a child, where abuse/neglect is a factor. The CCG is a crucial partner in this process and is represented on the serious case review panel. The CCG is also actively engaged in the child death process and ensuring any potential learning is captured and acted upon.

The CCG continues to work with partner agencies to ensure we offer help to children and families at the earliest signs of support being required. Additionally, that we have a shared understanding of those children that may be more vulnerable and are taking proactive steps to jointly recognise and respond. Moreover, the CCG plays a key leadership role in ensuring that those working with children and young people keep abreast of the changing

nature of the threats posed to children's safety such as contextual safeguarding and criminal exploitation.

As with adults, our Quality and Patient Safety Committee receives regular reports on safeguarding children to ensure they are well informed regarding opportunities, challenges and the work being done to safeguard the children of Barnsley and improve their outcomes.

Engaging people and communities

In order to effectively commission the right services on behalf of our local community, we need to find out the views and experiences of members of the public, patients, and their carers, especially those people who are less likely to speak up for themselves.

As the people who use and pay for the local NHS, it is really important for us to hear comments, experiences, ideas and suggestions from local people from across Barnsley about the ways in which we can develop and improve services to benefit our local communities.

Our duty to involve

NHS England published the most recent statutory guidance for CCGs and NHS England commissioners in April 2017 on Patient and Public Participation in Commissioning Health and Care.

It sets out ten key actions and links to the Guide to annual reporting on the legal duty to involve patients and the public in commissioning.

Following the publication of the guidance, NHS England carried out its first assessment of CCG's approach to patient and community engagement for 2017/18, with Barnsley achieving an overall rating of 'Green'. This process has been revised for 2018/19 and the results of the assessment are expected during the summer 2019.

Our approach to involvement

During 2018/19, we refreshed our Patient and Public Involvement (PPI) Strategy which incorporates recent and emerging changes to structures, at both a Barnsley and South Yorkshire and Bassetlaw level in relation to the partnership work taking place to integrate heath and care across both Barnsley (place) and South Yorkshire and Bassetlaw (system).

Our PPI strategy which can be accessed here, outlines how we are committed to engaging, involving and consulting with a wide range of audiences, using the most appropriate tools and techniques. It also reaffirms publicly our commitment as an organisation to patient and public engagement and how we aim to deliver on this.

At the heart of our strategy is a set of guiding involvement principles which were developed in collaboration with the Barnsley Patient Council.

How we involve the public in our governance

Public and patient involvement is formally reported through to our Governing Body meetings in public. These take place every other month and move around the borough to improve access for people wishing to attend and observe or ask questions.

At the start of each Governing Body meeting in public we hear a patient story to ensure that the service user voice is at the heart of every meeting. We also film these patient

stories and publish them on our website so anyone can view them. We also use the films in staff training and development.

Our Equality and Engagement Committee is a sub-committee of our Governing Body. This committee oversees our engagement and equality work and is responsible for assuring the governing body that we are carrying out our statutory duties in relation to these two areas.

A Healthwatch Barnsley representative sits on the group which is chaired by our CCG Lay Member with the remit for patient and public involvement. Minutes and key actions feed into the Governing Body through a standing item on the agenda presented by the Lay Member.

There is also an involvement report at every Governing Body meeting which is presented by the Head of Communications and Engagement.

Meetings of both our Governing Body and Primary Care Commissioning Committee are held in public where members of the public are welcome to attend and an opportunity is provided for questions o be asked and answered.

Equality impact assessment (EIA) is an integral part of our commissioning processes. It involves looking at what steps could be taken to advance equality, eliminate discrimination and promote good relations.

In order to meet our statutory duties as a CCG, all policies, procedures, strategies, organisational change and services should be equality impact assessed. This is alongside being assessed in terms of their appropriate patient and public involvement requirements.

During 2018/19, a new EIA toolkit has been developed for use by staff across the CCG (which incorporates the patient and public participation assessment form).

How we involve you to make a difference

As well as holding formal consultations as and when required, we encourage people who want to work with us in the development of new and existing services to join our public membership database – OPEN (Our Public Engagement Network). Please contact us at barnccg.comms@nhs.net to join or find out more.

There are also a range of other ways people have got involved in local health services and sharing their views. These include but are not limited to: local GP Practice Patient Groups (PPGs); Barnsley Patient Council; and Barnsley Equality Forums. People have been involved in a range of activities from service developments, procurement panels, consultations through to the monitoring of services.

As a CCG, we continue to build upon the strong foundations of the existing partnerships and relationships in place across Barnsley with both our statutory partners working across health and social care and our local community and voluntary sector organisations.

Our involvement highlights

During 2018/19 we have talked to people about a range of issues and service areas.

Below is a brief summary of some of the key areas we have worked with members of the local community on to help shape over the past year and what has happened as a result of their involvement.

Area of Work	Summary of involvement and its impact
Young People's Mental Health and Wellbeing	Young people across Barnsley are coming together to help shape and influence local mental health and wellbeing services. The CCG commissions Chilypep (The Children and Young People's Empowerment Project) to support young people to influence services. They have worked with local young people to develop a group of 'young commissioners' known as OASIS which stands for Opening up Awareness & Support and Influencing Services. The group have received training in commissioning and how to influence change and in the Autumn of 2018, we held our most recent Future in Mind event and brought together all the partners working in this field to share the progress being made across Barnsley. As we near the end of our five-year-plan, we have now established young commissioners supported by Chilypep, a thriving early help offer, commenced whole school resilience training in primary schools, 4: Thought is now operational in secondary schools - all of which is focused on generating a legacy of emotional wellbeing and resilience in the next generation. Hearing how young people are acting as peer mentors and directly influencing core services was powerful and inspirational and bodes well for the future.
Supporting patient representatives to be involved in the procurement of an additional Primary Care Home Visiting Service	During November and December 2018, we invited applications from local patients/service and carers to be part of the panel team that oversees the process to evaluate the potential providers of the additional primary care home visiting service. The successful patient representatives who we recruited took an active part in the procurement process as members of the procurement panel. To support them in their role, we offer payment for travel and out of pocket expenses in line with our policy and delivered training in relation to their role and the overall procurement process including the scoring system used. After people take part in the panel, we asked them if there's anything we could have done differently to improve the experience for others who may take part in

	the future. *"I think being given a good explanation of the process at the training session was a very positive thing. I also think that being made to feel at ease at the moderation panel was very helpful and none intimidating."* *"I found the portal very easy to use; it was intuitive and easy to navigate. Support from all CCG staff I had contact with was excellent. An enjoyable experience."*
Detailing the health assessment process for children and young people entering care.	In 2018, our safeguarding children's nurse got in touch with our communications team to ask for some advice and support on a project with young people in Barnsley. The aim of the project was to develop something for children and young people who were entering care and would need a health assessment with a doctor. This is often a very upsetting time and everything is done by the different agencies involved to help make this journey as smooth as possible. A health assessment by a doctor can seem very daunting. So we worked with a group of young people in Barnsley who had experienced this themselves to write a script, record the voice overs and produce a short film, which could be played to anyone needing an assessment in the future. The film that was produced as a result of this collaboration can be accessed here
Rapid Access Clinic Services Review	We have recently reviewed the way in which a local service, known as the Rapid Access Clinic, is provided within the community and a key part of this work was for us to gain feedback from patients, staff and clinicians of their experiences of accessing, using and referring into the service, as well as views and comments on our proposals for the future of the service. We worked with the service to write to and gain views and feedback from patients who have used the services within the last six months and also visited clinics to talk to current patients and gain their views in relation to our proposal and to help shape We collated and analysed all of the feedback received and detailed what people have told us in this summary feedback report. We have compiled a 'You said -Our response' report which explains how feedback from patients, carers and clinicians has been used to inform decision making for future plans for these services.

Feedback and Evaluation

Providing feedback is an integral part of closing the loop on involvement. By providing information to the people who have taken the time to get involved and share their views to help shape the development of services locally, we can detail how their feedback has shaped our decision making process as well as demonstrating how much we value their input.

We also take time to review and evaluate our involvement activities with the people who have been involved in order to measure the effectiveness of this and to ensure that lessons can be learnt for the future.

Full reports highlighting what people told us and the impact they have had are available on the Get Involved section of our website or are available on request from the CCG.

Regional involvement activities across the South Yorkshire and Bassetlaw Integrated Care System (ICS)

The CCG is a partner in the South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (STP), which in June 2017 was named as one of the first Integrated Care Systems (ICS) in the country. The ICS is a group of partners involved in health and social care that have agreed to work in closer partnership to improve health and care. The ICS has made a commitment to involving patients and the public in health service developments.

The ICS has involved patients, the public, staff and stakeholders on the Hospital Services Review, NHS 111 procurement, over the counter medicines and ophthalmology services and transport and travel with regard to accessing services. The Citizens' Panel has continued to develop, with members offering feedback on engagement planning and direct involvement in working groups. The Get Involved page of the ICS website directs members of the public to opportunities to become involved in work being carried out by the organisation. Members of the public can keep abreast of ways in which they can contribute their thoughts, views and time via the ICS's social media channels as well as by signing up to an ICS mailing list. Detail about feedback received and how we put it to use is available.

Reducing health inequality

The joint strategic needs assessment (JSNA) for Barnsley, helps to inform where inequalities exist across the borough and within different groups of people and communities.

Health and wellbeing is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment. These 'broader determinants of health' are more important than health care services in ensuring a healthy population, and therefore this is where, together with partners on the Health and Wellbeing Board, we will focus our efforts.

There are marked inequalities in health which exist between Barnsley and England as a whole and within Barnsley itself, which is not acceptable. A gap also exists between people with severe mental illness, learning disabilities and autism, and the general

population. Our approach will therefore be to target our resources to achieve equality of outcomes for all.

This will mean:

- Children start life healthy and stay healthy
- People live happy, healthier and longer lives
- People have improved mental health and wellbeing
- People live in strong and resilient families and communities
- People contribute to a strong and prosperous economy

The Barnsley Plan priorities will all help to reduce health inequalities and include enhancing support for people who have dementia, preventing falls, minimising harm from alcohol, reducing prevalence of smoking, early help for people with low level mental health problems and enhancing health literacy and people's ability to self-care.

We continued our work with general practices this year through our practice delivery agreement (PDA). The PDA has been developed to have a targeted, consistent approach to the demographic health challenges on a Barnsley footprint and on a local practice basis. The PDA provides investment in the capacity needed to deliver a consistently high standard of General Practice across Barnsley, as referenced in the Primary Care Strategy and the GP Forward View, focusing on demand management, medicines optimisation, workforce, and the Health Inequalities Targeted Scheme (HITS).

As part of the PDA's Health Inequalities Targeted Scheme (HITS), our focus in 2018/19 has been on enhancing care for people with Cardiovascular Disease (CVD), Diabetes and Chronic Obstructive Pulmonary Disease (COPD). The HITS reflects the aims of the Barnsley's Health and Wellbeing Strategy and local priorities with a focus on the specific disease areas, self-care and the integration of services.

The CCG has been working closely with public health colleagues and service delivery partners to focus on primary prevention enabling early identification of risk factors for CVD such as lifestyle influences including smoking or obesity and other clinical risk factors. The diabetes scheme supported the increase in the number of patients with diabetes receiving all eight care processes and those already achieving their target for blood pressure, diabetes specific blood test - HbA1c and cholesterol. For COPD, the scheme reduced inequalities in respiratory health care and enhanced the quality of life for people living with chronic respiratory diseases, enabling them to lead as full and active life as possible.

The CCG has been working closely with public health colleagues and Barnsley Hospital to enhance the hospital's contribution to reducing health inequalities, with work currently focused on smoking, alcohol and reducing high consumption of sugar.

Nurses will work with primary care practices to reduce variations and improve care for patients in Barnsley.

The CCG is an active member of the local Stronger Communities Partnership, the Tobacco Alliance and will have representatives on the developing Alcohol Alliance.

This year we have implemented best practice clinical pathways as the standard for all our GP practices to follow. This provides clinical consistency and the highest standards of evidence-based care for all patients across the borough.

Health and wellbeing strategy

Barnsley's Health & Wellbeing Board aims to improve health and wellbeing for the residents of Barnsley and reduce inequalities in health outcomes. The Board approved the latest Joint Strategic Needs Assessment (JSNA) in 2016 as well as the Joint Health and Wellbeing Strategy 2016/20. It is the focal point for health and wellbeing decision making, and drives collaboration, integration and joint commissioning.

Last year we reviewed and refreshed the 'Feel Good Barnsley' Health and Wellbeing strategy also taking into account the new NHS Five Year Forward View. We also used this review as an opportunity to talk to local communities to help shape and develop the Barnsley Plan, setting out those areas that together, we think we can make the most difference to health and wellbeing.

The Health and Wellbeing Board strategy for Barnsley will be reviewed in 2019/20 in line with the new NHS Long Term Plan.

Sustainable Development

Sustainability has become increasingly important as the impact of peoples' lifestyles and business choices are changing the world in which we live. At Barnsley CCG we acknowledge our responsibility to our patients, local communities and the environment and are committed to work hard to minimise our carbon footprint.

The CCG has put in place a Sustainable Development Strategy and Management Plan, which was refreshed in 2018/19 with the support of our staff engagement group, the Radiators. The plan is available on our website. It describes our commitment to promoting environmental and social sustainability through our actions as a corporate body as well as a commissioner. Some of the key actions and achievements are described below:

Using our influence as a commissioner	• We work with our providers to ensure they are delivering their own stretching carbon reduction targets. • As described elsewhere in this report the overall direction of travel in our commissioning priorities is towards a reduction in secondary care admissions, with more services being delivered closer to home in primary or community settings, which should reduce costly journeys as well as being better for local people. • During 2018/19 the CCG has introduced an ambitious Medicines Ordering – Safety & Waste (MOSW) Programme which is successfully reducing medicines waste associated with third party ordering (TPO).
Travel & mobile working	• We encourage CCG staff to car share or engage in active travel (e.g. walking to meetings) where possible. • We provide staff with phones, tablets and laptops where appropriate and encourage their use to reduce the usage of paper and minimise unnecessary trips to and from the office.
Improving the efficiency of our facilities	• We encourage recycling and provide facilities for recycling paper and batteries at Hillder House. • We encourage black & white rather than colour printing wherever possible . • Where appropriate staff are provided with mobile devices and are expected to use these rather than paper in meetings. • New, more efficient printers have been installed in Hillder House in 2018/19

Our workforce	• We are passionate about supporting and developing the health & wellbeing of our staff. • We run regular 'health and wellbeing weeks' during which staff are encouraged to participate in a wide range of activities aimed at improving their physical and mental health. • The CCG has received external recognition for its efforts during 2018/19, including being shortlisted for the HSJ Staff Engagement Award 2018, and shortlisted in three categories for the Barnsley Healthy Workplace Awards 2018.
Buildings	• We work with NHS Property Services on all aspects of estates sustainability as a tenant. • Working with the Barnsley Strategic Estates Forum (SEF) we will seek to maximise the use of NHS Estate. • We will work with our member practices to review primary care estate as part of the primary care development programme.

NHS Property Services (NHSPS) owns Hillder House on Gawber Road, which is the head office for Barnsley CCG. We work closely with NHS Property Services to improve our building. For example modern electronic fittings have been renewed throughout the building, and low energy lighting installed, to reduce consumption. We will continue to work with NHSPS to better understand our energy usage and seek ways to utilise our facilities more efficiently.

Usage figures for 2018/19 are provided below:

Total NIA (m^2)	**18/19 Elec kWh**	**18/19 Elec Cost**	**18/19 Gas kWh**	**18/19 Gas Cost**	**18/19 Water m^3**	**18/19 Water Cost**
1,274	58,913	£10,356	107,011	£4,035	816	£4,547

Emergency Planning, Resilience & Response (EPRR) and Business Continuity

We have worked collaboratively with other South Yorkshire and Bassetlaw CCG's to ensure that we have robust EPRR and Business Continuity arrangements in place. We participated in the annual EPRR assurance process with NHS England, completing a self-assessment against applicable NHS England core standards and identifying actions to ensure full compliance. The Local Health Resilience Partnership (LHRP) has confirmed the CCG's self-assessment of 'substantial assurance.'

A range of activities have been undertaken this year to provide assurance that the CCG's arrangements are robust including:

- Establishing a process for undertaking a annual business impact analysis of all business continuity incidents during the year.
- Appointing a Senior Responsible Officer for the EU Exit process, providing assurance to NHS England of our preparedness.
- The database of emergency contact details for CCG staff has been updated and a procedure established to ensure it remains up to date.
- Cascade and desktop test exercises have been undertaken to assess the robustness of the CCG's arrangements.
- The Barnsley Business Continuity Contingency Plan has been updated.

During 2018/19 the CCG's arrangements for business continuity were tested as a result of a significant event which led to a period with no running water or toilet facilities at the CCG main offices at Hillder House. Business continuity plans were put in place, which enabled all CCG activities to continue to be delivered throughout this period. A full review was undertaken following the incident and learning captured and used to inform the review of the business continuity plan.

Accountability Report

Signature of the Accountability Report by the Accountable Officer

Lesley Smith, Accountable Officer
23 May 2019

Corporate Governance Report

Members' Report

Member Profiles

Profiles of the Governing Body members, details of conflicts of interest they have declared, and other relevant information can be found on the CCG's website www.barnsleyccg.nhs.uk/about-us/governing-body.htm

Member Practices

Clinical commissioning groups are member organisations and representatives from the 33 Barnsley GP practices form the NHS Barnsley CCG Membership Council. Details of all our practices are on our website http://www.barnsleyccg.nhs.uk/about-us/membership.htm

Composition of the Governing Body

As set out in the Health and Social Care Act 2012, each CCG must have a Governing Body. The Governing Body of the CCG provides oversight and assurance as well as giving strategic direction to the CCG's activities.

The Governing Body is made up of 17 people including nine members elected by the Membership Council; three Lay Members; a GP Practice Manager; a Secondary Care Clinician; a Chief Nurse; and two other senior executive officers.

The members of our Governing Body during 2018-19 are shown below:

Name	Position on the Governing Body	Appointment dates	Attendance record*
Dr Nick Balac	Elected Member & Chair of the CCG	1 April 2013, reappointed 1 April 2017	9/10
Dr Mehrban Ghani	Elected Member & Medical Director	1 April 2013, reappointed 1 April 2017, on secondment since May 2018 and resigned on 31 March 2019	2/2
Dr John Harban	Elected Member	1 April 2013, reappointed 1 April 2015, 1 April 2018	8/10
Dr Sudhagar Krishnasamy	Elected Member	1 April 2013, reappointed 1 April 2017	9/10
Dr Madhavi Guntamukkala	Elected Member	1 April 2015, reappointed 1 April 2018, on secondment since May 2018 and resigned on 31 March 2019	2/2
Dr Mark Smith	Elected Member	1 April 2015, reappointed 1 April 2018	7/10

Name	Position on the Governing Body	Appointment dates	Attendance record*
Dr Adebowale Adekunle	Elected Member	18 July 2016	7/10
Dr Jamie MacInnes	Elected Member	10 December 2018	2/2
Dr Mohammed Hussain Kadarsha	Elected Member	1 April 2017	6/10
Nigel Bell	Lay Member for Governance (Conflicts of Interest Guardian)	20 July 2017	10/10
Chris Millington	Lay Member Representative for Patient and Public Engagement and Primary Care Commissioning	1 April 2015, reappointed 1 April 2018	9/10
Sarah Tyler	Lay Member for Accountable Care	1 April 2017	10/10
Vacant	Practice Manager Member	Vacant	Vacant
Mike Simms	Secondary Care Clinician	1 September 2013, reappointed 1 April 2017	8/10
Brigid Reid	Chief Nurse	1 April 2013 – 31 July 2018	4/5
Martine Tune	Chief Nurse (Acting)	13 July 2018	4/5
Lesley Smith	Chief Officer (and Accountable Officer)	28 July 2014	9/10
Roxanna Naylor	Chief Finance Officer	19 June 2017	10/10

*In July 2018 the Governing Body approved a reduction in the scheduled frequency of Governing Body meetings from monthly to bi-monthly commencing September 2019. In 2018/19 there have been 8 Governing Body meetings, 1 extraordinary meeting, and the AGM.

Committees, including Audit Committee

During 2018/19 the following members of the Governing Body were members of the CCG's Audit Committee: Nigel Bell, Chris Millington, Dr Madhavi Guntamukkala (to May 2018), and Dr Adebowale Adekunle (from July 2018). There was a vacancy for a Member of the Membership Council to serve as a Member of the Audit Committee throughout 2018/19.

All CCG's are required by statute to have an Audit Committee and a Remuneration Committee (for details see remuneration report, page 72) In addition, although not stipulated in legislation, we have established a:

- Primary Care Commissioning Committee
- Quality & Patient Safety Committee

- Finance and Performance Committee
- Equality and Engagement Committee, and an
- Integrated Care Organisation Procurement Committee.

Details of the functions, membership, and attendance records of each of these Committees can be found in the Governance Statement.

Register of Interests

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role, is or could be impaired or otherwise influenced by his or her involvement in another role or relationship.

We require interests to be declared on appointment in writing, at meetings, on changing roles or responsibilities, on any other change of circumstances, and at specific points during the procurement process.

Profiles of the Governing Body members (http://www.barnsleyccg.nhs.uk/about-us/governing-body.htm), details of conflicts of interest they have declared (http://www.barnsleyccg.nhs.uk/about-us/), and other relevant information can be found on our website.

Personal data related incidents

We have had no Information Governance Serious Incidents Requiring Investigation (IG SIRI) reportable to the Information Commissioner in the past year.

Statement of Disclosure to Auditors

Each individual who is a member of the Governing Body 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 to make themselves aware of any relevant audit information and to establish that the CCG's auditor is aware of it.

Modern Slavery Act

NHS Barnsley 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 2019 is published on our website at http://www.barnsleyccg.nhs.uk/about-us/modern-slavery.htm

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

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

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

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; and,
- Prepare the financial statements on a going concern basis; and,
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgments required for determining that it is fair, balanced and understandable.

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

I also confirm that:

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

Lesley Smith, Accountable Officer

23 May 2019

Governance Statement

Introduction and context

NHS Barnsley Clinical Commissioning Group (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 2018, the CCG is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

The CCG has continued to develop and enhance its governance arrangements. Most notably the CCG has:

- Refreshed the Governing Body Assurance Framework at the beginning of the year to ensure the key objectives & deliverables continued to reflect the new planning guidance
- Undertaken a thorough review of the frequency and timing of Governing Body and Committee meetings, resulting in CCG managers and clinical leaders spending less time preparing for and attending meetings, thereby freeing up additional time for a greater focus on clinical leadership and service transformation whilst ensuring effective assurance and oversight remains in place
- Established a new ICO Procurement Committee, to facilitate effective oversight and robust management of any conflicts of interest related to a potential procurement of an integrated care organisation in Barnsley (currently on pause)
- Reviewed the new NHS Model Constitution and associated guidance and identified a small number of changes required to the CCG's governance arrangements, specifically to clarify that Membership Council representatives must be healthcare professionals, and that the Audit Committee Chair cannot chair the Remuneration Committee.

During 2018/19 NHS England has continued to oversee the performance and development of the CCG through its Improvement and Assessment Framework, which considers the CCG's performance in four domains (Better Health, Better Care, Sustainability, and Leadership). The 2018/19 year-end assessment for the CCG will be available on www.nhs.uk/service-search/Performance/Search when released by NHS England.

The Governing Body continues to oversee the CCG's performance through the engagement of its members in the work of the CCG and the performance & risk management arrangements described in this Statement.

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.

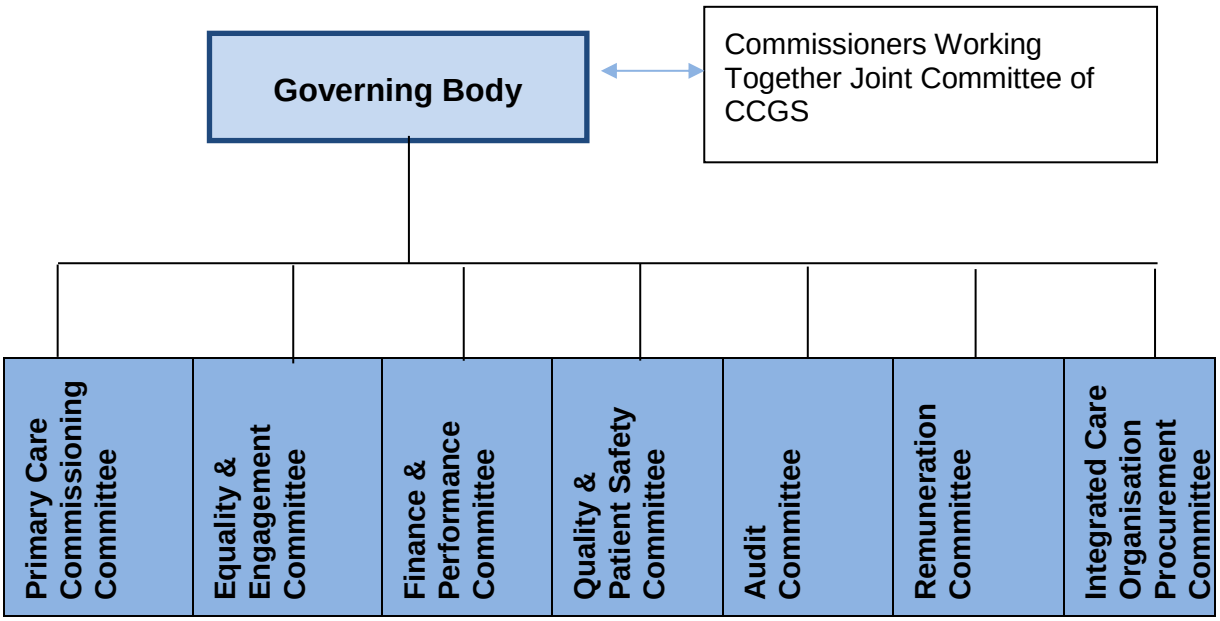
Governance Arrangements and Effectiveness

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. This section provides details of how this has been achieved.

Key features of the CCG's Constitution

CCGs are member organisations. The 33 Barnsley General Practitioner (GP) Practices each nominate one representative to the **Membership Council,** which elects nine Members to the Governing Body. The Membership Council has met six times during 2018/19. The functions reserved to the Membership Council are to agree the vision, values and overall strategic direction of the CCG; approval of the CCG's Annual Commissioning Plan and supporting Financial Plan; and approval of changes to the Constitution. Details of the CCG's member practices can be found on the CCG's website http://www.barnsleyccg.nhs.uk/about-us/membership.htm .

The Membership Council has delegated the responsibility for carrying out the remaining functions of the CCG to the Governing Body and its Committees:



Information about the Governing Body

The Governing Body has responsibility for leading the development of the vision and strategy, and for agreeing the Annual Commissioning Plan in collaboration with the Membership Council. It also retains overall responsibility for financial management, quality improvement, and monitoring and reporting performance against the plan. The 2018/19 Annual Report provides highlights of the Governing Body's work over the year (see Performance Report), details of the Governing Body members including their attendance records and declared interests (page 36-37), and the remuneration paid to senior managers (in the Remuneration Report, page 73).

Information about the Committees of the Governing Body

Some of the Governing Body's functions are exercised on its behalf by its Committees. Terms of Reference for all Committees are available via the CCG's website (http://www.barnsleyccg.nhs.uk/about-us/committees.htm). Minutes of all Committees are reported to the Governing Body, significant matters are escalated through the Risk Management Framework (described on page 55), and Governing Body Members sit on the Committees.

Each Committee produces and presents to the Governing Body an Annual Assurance Report setting out how it has discharged its responsibilities as set out in its Terms of Reference, its key achievements in the year, how it has assessed its own effectiveness, and the key risks it has been responsible for managing. In this way the Governing Body remains fully sighted on all key risks and activities across the CCG, as described in the tables on the next pages.

Audit Committee

Function
Provides assurance and advice to the Governing Body on the entirety of the CCG's control and integrated governance arrangements. This includes the proper stewardship of resources and assets, including value for money; financial reporting; the effectiveness of audit arrangements (internal and external); and risk management arrangements.

Assurance provided to the Governing Body
The Committee receives and reviews the Risk Register and Assurance Framework on a regular basis. It considers reports and opinions from internal audit, external audit, and the Local Counter Fraud Service. Reports on tender waivers, declarations of interest, gifts & hospitality are considered at every meeting. It reviews the annual accounts and annual governance statement and recommends these for approval to the Governing Body. This enables the Audit Committee to assure the Governing Body that the system of internal control set out in the constitution and corporate manual is being implemented effectively.

Membership and attendance

Role	*Name*	*Meetings attended*
Lay Member for Governance	Nigel Bell	6/6
Lay Member for PPE & Primary Care Commissioning	Chris Millington	6/6
Elected Governing Body Member (to May 2018)	Dr Madhavi Guntamukkala	1/2
Elected Governing Body Member (from July 2018 2018)	Dr Adebowale Adekunle	4/4
Practice Manager Governing Body Member (*this position was removed from membership from July 2018*)	Vacant	N/A
Member of the Membership Council (vacant since April 2017)	Vacant	N/A

Finance and Performance Committee

Function		
Advises and supports the Governing Body in scrutinising and tracking of key financial and service priorities, outcomes and targets.		
Assurance provided to the Governing Body		
An Integrated Performance Report is taken to every Governing Body meeting, providing assurance that the CCG is delivering its key performance targets and statutory financial duties and providing early warning where this is not the case.		
Membership and attendance		
Role	*Name*	*Meetings attended*
Chair of the Governing Body (Chair)	Dr Nick Balac	9/12
Governance Lay Member	Nigel Bell	8/12
Elected Governing Body Member	Dr John Harban	12/12
Elected Governing Body Member (Dec 2018 – Mar 2019)	Dr Jamie MacInnes	3/3
Elected Governing Body Member (secondment since May 2018)	Dr Madhavi Guntamukkala	2/3
Elected Governing Body Member (September 2018 – Mar 2019)	Dr Adebowale Adekunle	4/7
Member of the Membership Council	Dr Andy Mills	11/12
Chief Officer	Lesley Smith	8/12
Chief Finance Officer	Roxanna Naylor	11/12
Director of Strategic Planning and Performance	Jamie Wike	11/12

Quality & Patient Safety Committee

Function Advises the Governing Body with a view to ensuring that effective quality arrangements underpin all services commissioned on behalf of the CCG, regulatory requirements are met and safety is continually improved to deliver a better patient experience.		
Assurance provided to the Governing Body The Committee receives monthly Quality Metrics reports covering quality, patient safety, serious incident reviews, safeguarding, infection control, mortality rates, and other relevant issues. Quality Highlights reports are provided to the Governing Body after every meeting.		
Membership and attendance		
Role	*Name*	*Meetings attended*
Medical Director (until June 2018)	Dr Mehrban Ghani	1/2
Associate Medical Director (Chair)	Dr Sudhagar Krishnasamy	6/7
Chief Nurse (until June 2018)	Brigid Reid	2/2
Chief Nurse (Acting) as of July 2018) (Deputy Chair)	Martine Tune	6/7
Governing Body Secondary Care Clinician	Mike Simms	7/7
Governing Body Member	Dr Mark Smith	6/7
Lay Member for Patient and Public Engagement and Primary Care Commissioning	Chris Millington	7/7
Head of Medicines Optimisation	Chris Lawson	5/7
Head of Quality for Primary Care Commissioning (until June 2018)	Catherine Wormstone	2/2
Senior Primary Care Transformation Manager (from July 2018)	Julie Frampton	0/5*
Membership Council Rep**	Dr Ibrar Ali	6/7
Membership Council Rep	Dr Shahriar Sepehri	6/7

* Nominated a deputy to attend on her behalf

** From 10th October 2018 Dr Ali ceased to be a Membership Council Rep but was co-opted onto the Committee and continues to serve as a clinical advisor.

Equality & Engagement Committee

Function
Advises the Governing Body to ensure that effective systems are in place to manage and oversee the implementation of a strategic vision for equality, diversity and human rights across all services commissioned on behalf of the CCG. It also provides advice to the Governing Body on communication and patient, carers and public engagement, ensuring that Patient and Public Engagement is central to the business of the CCG.

Assurance provided to the Governing Body
This group establishes and monitors the CCG's action plan related to its equality duties. The group has ensured a process for equality impact assessments is in place, supported staff briefings, and leads on the approval and review of human resources policies. In addition the Committee develops and reviews the Patient & Public Engagement Strategy and Plan, and receives regular updates on all PPE related activities across the CCG to ensure these are aligned to the commissioning priorities.

Membership and attendance

Role	*Name*	*Meetings attended*
Lay Member for Public and Patient Engagement (Chair) and Primary Care Commissioning	Chris Millington	4/4
Chief Nurse (Deputy Chair) To July 2018	Brigid Reid	1/1
Chief Nurse (Acting) (Deputy Chair) from July 2018	Martine Tune	3/4
Governing Body Secondary Care Clinician To August 2018 (no longer a committee member from changes to terms of reference in August 2018)	Mike Simms	1/1
Practice Manager Governing Body Member (post was vacant and no longer a committee member from changes to terms of reference in August 2018)	Vacant	N/A
Member of the Membership Council	Dr I Saxena	3/4
Head of Communications and Engagement	Kirsty Waknell	4/4
Senior Primary Care Commissioning Manager (new members form August 2018) (deputies attended November 18 and February 2019 meetings respectively)	Julie Frampton Lynne Richards Louise Dodson	1/1 1/1 1/1
Elected Governing Body Member	Dr A Adekunle	3/4
Healthwatch Barnsley (Deputy attended November 2018)	Susan Womack Lorna Lewis	3/4
Equality and Diversity Lead	Colin Brotherston-Barnett	3/4
Head of Governance and Assurance	Richard Walker	4/4

Remuneration Committee

Function Advises the Governing Body on determinations about the appropriate remuneration, fees and other allowances; terms of service for employees and for people who provide services to the CCG; and provisions for other benefits and allowances under any pension scheme.		
Assurance provided to the Governing Body Drawing on benchmarking and expert HR advice, the Remuneration Committee has advised the Governing Body on appropriate remuneration and contractual arrangements for Governing Body members and others not covered by Agenda For Change terms and conditions.		
Membership and attendance		
Role	*Name*	*Meetings attended*
Lay Member for Governance (Chair) To December 2018	Nigel Bell	5/5
Lay Member for PPE and Primary Care Commissioning (Deputy Chair from April 2018 to December 2018, Chair from February 2019)	Chris Millington	5/5
Chair of the Governing Body	Dr Nick Balac	4/5
Elected Governing Body Member	Dr John Harban	4/5
Elected Governing Body Member (Dec 2018 – Mar 2019)	Dr Jamie MacInnes	1/1
Governing Body Secondary Care Clinician	Mike Simms	4/5

Primary Care Commissioning Committee

Function Makes collective decisions on the review, planning and procurement of primary care services in Barnsley, including functions under delegated authority from NHS England. The Committee manages the delegated allocation for commissioning of primary care services in Barnsley. In addition, where the Governing Body is unable to take a decision due to conflicts of interest, the matter will be delegated to the Primary Care Commissioning Committee for approval or consideration.		
Assurance provided to the Governing Body Provides assurance to the Governing Body that the functions delegated to the CCG have been appropriately discharged, with regard to outcomes for patients, the management of any conflicts of interest, primary care procurement and contract management, and the availability of services.		
Membership and attendance		
Voting Members	*Name*	*Meetings attended*
Lay Member for PPE and Primary Care Commissioning (Chair)	Chris Millington	10/10
Lay Member for Accountable Care (Vice Chair)	Sarah Tyler	8/10
Lay Member for Governance (from July 2017)	Nigel Bell	10/10
Chief Officer	Lesley Smith	7/10
Governing Body Secondary Care Clinician	Mike Simms	10/10
Head of Governance & Assurance	Richard Walker	9/10
Clinical Advisers	*Name*	
Chair of the Governing Body	Dr Nick Balac	6/9
Medical Director (April-May 2018)	Dr Mehrban Ghani	1/2
Elected Governing Body member (April-May 2018)	Dr Madhavi Guntamukkala	2/2
Associate Medical Director (from June 2018)	Dr Krishnasamy	6/7
Elected Governing Body member (from September 2018)	Dr Mark Smith	4/4

Integrated Care Organisation (ICO) Procurement Committee

Function The ICO Procurement Committee is responsible for oversight of the procurement process, providing assurance that appropriate governance is in place, and managing conflicts of interest related to the procurement.		
Assurance provided to the Governing Body Subsequent to the issue of the contract notice it will have delegated authority to take procurement decisions on behalf of the Governing Body, including: • Approval of the preferred bidder as recommended by the evaluation panel, and • Giving authority to award the contract.		
Membership and attendance		
Role	*Name*	*Meetings attended *See note below*
Lay Member for Patient & Public Engagement and Primary Care Commissioning	Chris Millington	
Lay Member for Governance	Nigel Bell	
Chief Officer	Lesley Smith	
Chief Finance Officer	Roxanna Naylor	
Director of Commissioning (non voting)	Jeremy Budd	
Independent Clinical Adviser		

*Whilst this Committee is established and now forms part of the CCG Constitution it has never formally met as any potential procurement of an ICO in Barnsley is currently on hold.

Information about the Health and Wellbeing Board

The CCG's Chair and Chief Officer are also members of the Barnsley Health & Wellbeing Board, a Committee of Barnsley Metropolitan Borough Council which was set up in April 2013 as a requirement of section 194 of the Health and Social Care Act 2012. The objective of the Health & Wellbeing Board is to promote integrated working across health and care services and to redesign health and wellbeing services across organisational boundaries so that services are joined up and health outcomes are improved for local people.

The Health and Wellbeing Board also has very senior representatives from a range of other stakeholders including Barnsley Metropolitan Borough Council, Barnsley Hospital NHS Foundation Trust, South West Yorkshire Partnership Foundation Trust, NHS England, Healthwatch Barnsley, and South Yorkshire Police. The Board produces and regularly updates a Joint Strategic Needs Assessment, which underpins the 'Feel Good Barnsley' Health and Wellbeing Strategy 2016-20 which was approved by the Board in

October 2016. The Health and Wellbeing Board also agreed the Barnsley Place Based Plan as part of the model for delivering the Borough's Health and Wellbeing Strategy. Barnsley CCG's Strategic Commissioning Plan is fully aligned with the Health & Wellbeing Strategy and Barnsley Plan.

Better Care Fund

The Better Care Fund (BCF) was established from 1 April 2015, in line with NHS England and Local Government Association directions. The aim of the BCF is to support transformation and integration of Health and Social Care in line with the Health and Wellbeing Strategy for Barnsley.

A governance structure and pooled budget arrangements for the BCF has been agreed with Barnsley MBC and formalised in a Section 75 agreement which provides for reporting on BCF indicators through the CCG's Committee structure to the Governing Body.

The Senior Strategic Development Group (SSDG), the executive group reporting to the Health & Wellbeing Board, oversees progress with the Better Care Fund and its role includes escalation of risks and issues to the Health and Wellbeing Board and the CCG's Governing Body through its membership. There is clear CCG senior management ownership and leadership of the BCF and clinical involvement through GP membership of the Governing Body and as Vice Chair of the Health and Wellbeing Board.

In December 2017 the CCG Governing Body received the final Barnsley *Health and Wellbeing Board Integration and Better Care Fund narrative plan 2017-2019* as agreed at Health & Wellbeing Board and approved by NHS England.

Information about South Yorkshire Commissioners and Providers Working Together

Joint Committee of Clinical Commissioning Group Committee

In 2015 the CCG became a member of the Working Together Joint Committee of CCGs (JCCC) and as part of this jointly consulted with the public on proposals to change the way Hyper Acute Stroke Services and some out of hours Children's Surgery and Anaesthesia are provided across South and Mid Yorkshire, Bassetlaw and North Derbyshire. The Committee made the decision to make the changes in 2017 and throughout 2018 received updates on the progress towards implementation. While the Committee currently has delegated authority to only make decisions on these two service areas, following a commissioning review in 2018 the JCCCG will discuss and agree its revised terms of reference in 2018/19.

South Yorkshire & Bassetlaw Integrated Care System / Sustainability & Transformation Plan

The CCG is also a partner in the South Yorkshire and Bassetlaw Integrated Care System (ICS), which in June 2017 was named as one of the first in the country. ICSs are systems in which NHS commissioners and providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they use their collective resources to improve quality of care and health outcomes. They are expected to make faster

progress than other health systems in transforming the way care is delivered, to the benefit of the population they serve.

The ICS does not replace any legal, or statutory, responsibilities of any of the partner organisations.

During 2018/19, the following groups continued to meet:

- The **ICS Oversight and Assurance Group** includes chairs from clinical commissioning groups, hospital trusts and health and wellbeing boards.

- The **ICS Collaborative Partnership Board** includes chief executives and accountable officers from acute and mental health hospitals, primary care, commissioning groups, local authorities, umbrella Voluntary Action organisations, Healthwatch organisations, NHS England and other arm's length bodies. Clinical chairs from clinical commissioning groups are also represented on the board.

- The **ICS Executive Steering Group** includes chief officers and chief executives, directors of strategy, transformation and delivery and directors of finance. There is also a range of programme boards responsible for delivering the workstreams. These are led by a chief executive and senior responsible officer (an accountable officer from a clinical commissioning group) and supported by a director of finance and a project manager/workstream lead.

The ICS has evolved from the establishment of a Sustainability and Transformation Partnership in January 2016, an Accountable Care System in April 2017, to then becoming one of the first and most advanced ICS systems in England and working arrangements have changed little over this time period. In September 2018 the Partnership supported a review of governance and ways of working and commissioned an independent expert to advise on matters and engage with system partners to develop a set of proposals for new partnership arrangements.

The ICS will continue to work with Local Authority partners to inform and shape how the system health and care partnership work including a revised Collaborative Partnership Board as set in the NHS Long Term Plan. The next step for this will be a series of workshops led by local authority CEOs. The Collaborative Partnership Board will continue to meet on a bi monthly basis which will be reviewed in due course the light of the work above.

Arrangements to support the Partnership from 1 April 2019 for one year while the ICS continues to develop and are:

- The *System Health Oversight Board* - is a joint forum between health providers, health commissioner, NHS England, NHS Improvement and other national arm's length bodies, to respond to the national policy direction for health and implementation of the NHS Long Term Plan.
- The *System Health Executive Group* - comprising Chief Executive and Accountable Officer members from each health statutory organisations across the ICS and other partner organisation across Yorkshire and the Humber to plan and deliver strategic health priorities which require collaborative working across the ICS footprint.

- An *Integrated Assurance Committee* - with non-executive and lay member representatives which brings together assurance across finance, operational delivery and quality matters.

Effectiveness of the Governing Body

The Governing Body has been proactive in improving its effectiveness during the year. For example:

- Following a review the frequency of Governing Body meetings was reduced to bi-monthly, freeing up Members' time for a greater focus on clinical leadership and service transformation whilst ensuring effective assurance and oversight remains in place
- Development sessions have been held at regular intervals through the year covering issues such as commissioning priorities, integrated care, equality & diversity, and improving parenting support
- Statutory and Mandatory training has been provided for Governing Body members in data security, counter fraud, equality and diversity, infection control, fire safety, health & safety, and safeguarding
- Individual personal development reviews (PDRs) have been undertaken with Governing Body members by the CCG Chair
- The Governing Body and its Committees all include a reflection on the conduct of the meeting at the end of every agenda
- A structured survey of Governing Body and Committee members gathering their views on their effectiveness is currently underway.

Compliance with the UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance. However, we have reported on our corporate governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the CCG and best practice.

We have self-assessed our arrangements against the UK Corporate Governance Code and are satisfied we are compliant with those aspects relevant to the CCG.

Discharge of Statutory Functions

During establishment, the arrangements put in place by the CCG and documented in the Constitution, Corporate Manual, and Prime Financial Policies were developed with extensive expert external input, to ensure compliance with all relevant legislation. That expert advice also informed the matters reserved for Membership Council and Governing Body decision and the Scheme of Delegation.

In light of recommendations of the 2013 Harris Review, the CCG 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.

Compliance with statutory functions is delivered through the CCG's management structure and monitored through the CCG's committee structure and work plans, as described on pages 43 to 54. These arrangements have been subject to external scrutiny through a range of processes, including the NHS England CCG Improvement and Assessment Framework, as highlighted on page 41.

Since 1 April 2015, the CCG has had delegated responsibility from NHS England for commissioning primary medical services under a signed Delegation Agreement. In 2018/19 NHS England introduced a mandatory requirement for CCGs to have internal audit review of the CCG's arrangements for discharging its delegated responsibilities. The internal audit focus for 2018/19 was on governance, as this underpins all aspects of primary medical care commissioning. The review provided significant assurance over the CCG's arrangements and raised just two low risk recommendations.
During 2018/19 the Constitution has been subject to further review and amendments have been made. Most significantly the CCG established a new ICO Procurement Committee, to facilitate effective oversight and robust management of any conflicts of interest related to a potential procurement of an integrated care organisation in Barnsley (currently on pause). All of the above changes were reviewed and approved by NHS England in October 2018.

Risk management arrangements and effectiveness

Overall risk and control arrangements

In accordance with its intention of achieving the highest standards of governance and accountability, since its authorisation on 1 April 2013 the CCG has worked hard to implement, embed, and enhance its risk and control arrangements.

Identifying, rating, and managing risks

The Integrated Risk Management Framework sets out the CCG's approach to scoring risks and the risk appetite. Any risks identified in the course of the CCG's business are scored using the National Patient Safety Agency's 5 by 5 matrix, which takes account of both the likelihood and consequence of a risk occurring.

This results in an overall risk rating of between 1 and 25. Risks are then included on the risk register and prioritised as follows (overleaf):

RAG	Score	Risk description	Managerial Action
	1 - 3	Low risk	Can be managed locally by routine controls.
	4 - 6	Moderate risk	Managed locally with individual risk treatment plans.
	8 - 12	High risk	Senior Management attention required. Detailed planning and controls.
	15 - 25	Extreme risk	Immediate action Chief Officer or nominated Deputy level management.

A Lead Officer (Risk Owner) for each risk is identified, and the Risk Register is shared with risk owners monthly for review and revision.

The Governing Body's risk tolerance is a score of 12 or below. These risks are managed by the appropriate Chief Officer or Manager and monitored at the CCG's Committees. Extreme risks (scores of 15 or higher) are considered to represent a threat to the delivery of the CCG's strategic objectives. These risks are:

- Subject to immediate Chief Officer action
- Considered and reviewed at every meeting of the Governing Body, and are
- Escalated to the Assurance Framework as gaps in control against the relevant corporate objective(s).

In addition, Committees receive and consider extracts of both the Assurance Framework and Risk Register, and escalate significant matters to the Governing Body. Red and amber risks are considered at every meeting, yellow and green risks twice a year. The Governing Body receives reports summarising the current position with respect to extreme risks on the Assurance Framework at every meeting, and reviews the entire document three times a year.

These arrangements have continued to evolve and become further embedded in 2018/19:

- Building on work undertaken in the previous year, the Governing Body Assurance Framework (GBAF) was refreshed early in 2018/19 in order to enhance its clarity and relevance by ensuring the risks were related directly to the key priorities and deliverables in the *Next Steps on the NHS Five Year Forward View* and associated planning guidance
- The key risks on the GBAF now cover Urgent & Emergency Care, Primary Care, Cancer, Mental Health, Integrated Care at both place and system, Efficiency Plans, Transforming Care, Maternity, and compliance with statutory and regulatory requirements
- The GBAF maps each of these priority areas onto the CCG's corporate objectives (highest quality governance, high quality health care, care closer to home, safe & sustainable local services, strong partnerships, effective use of £) in order to

provide assurance that, in delivering the Priority Areas, we will also be delivering the CCG's corporate objectives
- The updated GBAF was reviewed by internal audit as part of the Head of Internal Audit Opinion Stage 1 work with just one low risk recommendation made
- To support the Head of Internal Audit Opinion Stage 2 work 360 Assurance undertook a survey and benchmarking exercise of the Governing Body and found a very high degree of understanding of and engagement in the risk management process at Barnsley CCG in comparison with other organisations
- A 360 Assurance Internal Audit review of the CCG's Governance & Risk Management gave a significant assurance opinion and raised no significant issues for the CCG to address.

How risk management is embedded in the activity of the CCG

A range of systems and processes are in place to embed risk management more broadly in the CCG's activities. These arrangements are described briefly below.

- There is a well-established system of **incident reporting** which ensures that incidents are managed appropriately and that learning takes place and is shared across the organisation.
- The CCG is fully committed to **complying with the public sector equality duty set out in the Equality Act 2010**, both as an employer and a commissioner of health services for the people of Barnsley. Details of how the CCG complies are available on its website http://www.barnsleyccg.nhs.uk/about-us/public-sector-equality-duty.htm .
- The CCG has robust arrangements to ensure its **Health and Safety** responsibilities are effectively discharged. A Health and Safety and Business Continuity Group, reporting to the Audit Committee, is supported by experts from a local shared service hosted by Rotherham CCG. This group is also attended by staff side, and a GP Member of the Governing Body, as well as CCG employees, and meets four times a year. The Group reviews the annual fire and health and safety risk assessments, as well as any incidents reported, and ensures appropriate actions are being taken. It also maintains oversight of the CCG's corporate business continuity arrangements and the annual EPRR self-assessment process. The CCG's risk assessments indicated a low risk in respect of fire and health and safety. All CCG staff receive mandatory training in fire safety, health and safety, infection control and manual handling.

Involvement of public stakeholders

The CCG has taken steps through the year to develop and embed arrangements by which **public stakeholders** can influence the work of the CCG and therefore be involved in managing the risks which impact on them. For example:

- The CCG has a Governing Body Lay Member for Patient and Public Engagement and Primary Care Commissioning, and an Equality and Engagement Committee responsible for overseeing the CCG's arrangements in this area.
- Members of the public are able to attend meetings of the Governing Body and Primary Care Commissioning Committee.

- The Annual General Meeting, held in September 2018, was held at the Digital Media Centre in Barnsley and was attended by members of the public from a wide range of stakeholders.
- The Our Public Engagement Network (OPEN) is one way of enabling the CCG to gather views of carers, patients, and members of the public to inform key commissioning decisions.
- The CCG works closely with Healthwatch Barnsley, which has a standing invitation to attend the Equality & Engagement Committee and the Primary Care Commissioning Committee.
- Barnsley Patient Council has been established to act as an independent advisory panel. It is made up of Barnsley residents and PRG representatives who offer the views and expectations of members of the public and local communities served toward improving, delivering and maintaining health care services for Barnsley people.

Capacity to handle risk

The overall responsibility for the management of risk lies with the Chief Officer as Accountable Officer. The Governing Body collectively ensures that robust systems of internal control and management are in place. These arrangements, and the enhancements that have been made to them during 2018/19, are described in detail on pages 55 to 58 of this Statement.

The Integrated Risk Management Framework was originally approved by the Governing Body in October 2012, and subjected to regular review and revision thereafter. The framework sets out the CCG's commitment to the management of all risk using an integrated approach covering clinical, non-clinical and financial risk. Accountability arrangements for risk management are clearly set out and roles and responsibilities in terms of key committees and individuals are identified, as follows:

- The *Governing Body* on behalf of the Membership Council ensures that the organisation consistently follows the principles of good governance applicable to the NHS organisation.
- The *Audit Committee* oversees the risk management function and ensures that systems of internal control exist and are functioning correctly.
- The *Committees of the Governing Body* are responsible for identifying risks to the delivery of corporate objectives, and ensuring appropriate actions are in place to mitigate them (see Risk Register and Governing Body Assurance Framework below).
- The specific responsibilities of the *Chief Officer*, *Lay Members, other senior officers, and all other staff of the CCG* are clearly articulated.
- The *Risk Register* provides an ongoing identification and monitoring process for operational risks, as well as strategic risks that may adversely impact on the delivery of the Annual Commissioning Plan, and the CCG's strategic objectives.
- The *Governing Body Assurance Framework* is a high level report which enables the Governing Body to demonstrate how it has identified and met its assurance needs focused on the delivery of its objectives through the annual Commissioning Plan. The Assurance Framework identifies the key risks to the delivery of corporate objectives, and sets out the controls in place to mitigate those risks and the

assurances (both internal and external) available to give the Governing Body confidence that the risks are being managed.

Risk management capacity has been developed across the CCG in a number of ways during the year. The statutory and mandatory training programme includes numerous elements relevant to risk management, including information governance, health and safety, fire safety, safeguarding adults and children, infection control, and counter fraud.

A word and excel-based incident reporting system is now well established. Governing Body and Committee reporting arrangements prompt authors to confirm that all aspects of potential risk – financial, contractual, quality, equality and diversity, information governance, human resources, and sustainability – have been appropriately considered in the preparation of committee reports and business cases.

How do the control mechanisms work?

The CCG has a robust internal control mechanism to allow it to prevent, manage and mitigate risks. Pages 42-54 describe the governance structure of the CCG, while pages 54-59 describe the approach to risk management, and explain the key components of the internal control structure. Taken together these arrangements underpin the CCG's ability to control risk through a combination of:

- *Prevention* – the CCG's structures, governance arrangements, policies, procedures, and training minimise the likelihood of risks crystallising.
- *Deterrence* – staff are made aware that failure to comply with key policies and procedures, such as the Standards of Business Conduct Policy or the Fraud, Bribery and Corruption Policy, will be taken seriously by the CCG and could lead to disciplinary action, or dismissal.
- *Management of risk* – once risks are identified the arrangements for ongoing monitoring and reporting of progress through the Committee structure to the Governing Body ensure appropriate action is taken to manage risks.

Risk Assessment

The CCG's process for identifying, rating, and responding to risks was described in the sections above. The number and severity of the risks on the Corporate Risk Register during the year is summarised in the table below:

Date	Extreme (red)	High (Amber)	Moderate (Yellow)	Low (Green)
April 2018	8	16	5	3
Sept 2018	7	14	4	3
March 2019	6	17	4	3

In accordance with the CCG's Integrated Risk Management Framework any risk rated as extreme (red) is deemed to exceed the Governing Body's risk tolerance, since they are considered to threaten the delivery of the CCG's strategic objectives.

Such risks are escalated to the Governing Body as gaps in control against relevant objectives in the assurance framework. The table below sets out how the CCG's extreme risks have been (and where relevant continue to be) managed or mitigated:

Risk	How managed / mitigated	How assessed	Status at April 2018	Status at March 2019
If the 0-19 path- way re-procurement by Public Health leads to a reduction in service there is a risk of: negative impact on primary care workforce & capacity; service quality and safeguarding provided for the 0-19 population being adversely affected; reputational damage to the CCG.	Following thorough consideration of these risks by the Governing Body, it was recognised that as these are BMBC commissioned services it is not within the CCG's gift directly to resolve the issues identified. Governing Body felt that the solution lies in developing a genuinely collaborative approach to commissioning with BMBC, underpinned by a shared set of commissioning values and ambitions for the people of Barnsley. The route for achieving this is via SSDG and the Health and Wellbeing Board. As a result these risks were removed from the CCG's register and replaced by a single risk related to the development of such a collaborative commissioning approach (see below).	Review at Governing Body	**4x4=16**	**Removed from Risk register in July 2018**
Risk of negative consequences if BMBC commissioned Health Checks service experiences a decline in uptake among eligible Barnsley residents		Monitoring via PCCC and Governing Body	**4x4=16**	**Removed from Risk register in July 2018**
Risk that if the CCG and BMBC do not develop a collaborative commissioning approach underpinned by shared values there is a risk that BMBC commissioned services will not meet the requirements and aspirations of the CCG for the people of Barnsley leading to increased health inequalities and poorer health outcomes.	Escalation of CCG concerns to BMBC senior management, and via SSDG to Health & Wellbeing board Raised and discussed at H&W Board development session (August 2018). BMBC and the CCG have agreed to develop a proposal for a Joint Commissioning Board and to take that through their respective governance mechanisms for consideration	Oversight by Health & Wellbeing Board	**Added to Risk register in July 2018**	**4x4=16**
Risks arising if the Barnsley area is not able to attract & retain a suitable & sufficient Primary Care clinical workforce	The PDA enables practices to invest in the sustainability of their workforce. Additional capacity is available outside normal hours via the iHeart Barnsley Hubs. The CCG has funded 15 Clinical Pharmacists to provide support to all Practices in Barnsley. The CCG has also funded 14 Apprentices to provide additional capacity in Primary Care. GP Forward View includes a section on workforce, with additional funding being made available to support	A workforce baseline assessment will be monitored via the Primary Care Quality Improvement Tool to identify any capacity	**4x4=16**	**4x4=16**

Risk	How managed / mitigated	How assessed	Status at April 2018	Status at March 2019
	Primary Care sustainability.	issues or pressure points. Oversight at PCCC.		
Discharge medication risks related to poor or incomplete D1 discharge letters	Audit of discharge letters currently underway. Outcomes will be considered by Quality & Patient safety Committee.	Audit of discharge letters	**3x5 = 15**	**3x5 = 15**
YAS non achievement of response and turnaround time targets – quality impacts	Regular consideration of YAS incident reporting by QPSC and GB to understand the frequency and severity of incidents associated with ambulance response.	Ongoing assessment of impact of breaches on quality and patient safety	**3x5 = 15**	**3x5 = 15**
Accident and Emergency (A&E) 4 hour wait target not delivered by BHNFT	A range of actions under the oversight of the Barnsley Urgent & Emergency Care Delivery Board saw significant and sustained A&E performance, as a result of which this risk rating was reduced to amber.	Delivery of targets in the commissioning plan	**5x4 = 20**	**3x4=12**
Risk to achievement of targets and /or contractual over performance if the system cannot commission and deliver urgent care out of hospital services capable of avoiding hospital attendances or reducing non-elective admissions.	Barnsley U&EC Delivery Board in place with responsibility for the planning & operation of these services; investment in winter resilience arrangements; CCG commissioned Out of Contract and Performance Monitoring Hospital Services in place e.g. Intermediate Care & Rightcare Barnsley, Neighbourhood Nursing, BREATHE, IHEART	Contract and Performance Monitoring reported via F&PC	**N/A**	**4x4=16**
Barnsley Healthcare Federation – risk of inadequate response to CQC inspection report	A red risk was added after a CQC report deemed aspects of BHF's services to be inadequate. An action plan was put in place and support was provided by the CCG, resulting in BHF's rating being upgraded to good when the services were re-inspected. The risk was therefore removed.	Monitored via Q&PS Committee and PCCC	**N/A**	**Removed from risk register March 2019**

As well as being escalated to the Governing Body as gaps in control against relevant objectives in the assurance framework these risks have been allocated to the appropriate Committee and Chief Officer within the governance structure, with mitigating actions being monitored by the Committee on an ongoing basis. Risk and Assurance reports to the Governing Body will enable it to monitor the effectiveness of the mitigating actions in 201920 for those risks which remain open.

The Assurance Framework will be subject to a detailed review early in 2019/20 by the CCG's senior management to ensure it continues to focus on the key risks to the delivery

of the Five Year Forward View priority areas, the NHS Long Term Plan, and the CCG's objectives, going forward.

Any new risks will be reflected in the 2019/20 Governing Body Assurance Framework and Risk Register and appropriate mitigating actions will be put in place to address them.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the CCG to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.
The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The governance and risk management sections have already explained how important elements of the system of internal control work. Other key components of the internal control framework include:

- An overarching governance structure set out in the *Constitution, Standing Orders, Scheme of Reservation and Delegation, and Prime Financial Policies* (the Constitution and Corporate Manual have both been reviewed and updated during 2018/19)
- Beneath the Constitution and Corporate Manual, the CCG has a range of *Corporate Policies* in place to support the delivery of its statutory and other functions which have been communicated to staff, made easily available via the website, and supported by training and briefings as appropriate
- The *Standards of Business Conduct Policy*, setting out the CCG's policies and procedures for managing Conflicts of Interest, including maintaining and publishing registers of interests, gifts and hospitality
- The *Governing Body & Committee Structure*, underpinned by clear Terms of Reference and work plans (see page 43)
- The CCG's *management structure*, with responsibilities clearly allocated to teams and individuals
- The *Risk Management Framework* (see page 54)
- Robust arrangements to ensure *effective financial control* including budgetary control and contract monitoring
- Ongoing *monitoring of the delivery of key performance targets* and commissioning priorities by the Finance & Performance Committee and the Governing Body
- The Equality & Diversity Working Group, reporting to the Equality & Engagement Committee, oversees the CCG's *compliance with the requirements of the Equality Act 2010*
- The Equality & Engagement Committee also ensures appropriate *consultation and engagement* takes place with stakeholders including users of health services in Barnsley

- The CCG seeks continually to develop the *skills and competencies* of its employees through regular performance and development reviews, the statutory and mandatory training programme, organisational development activities including regular development sessions for the Governing Body and the 'Investment In Excellence' programme which has been provided to all CCG staff
- Objective *oversight of the internal control framework* by the Audit Committee, drawing on reports from internal and external auditors
- External *scrutiny by NHS England* through the Improvement and Assessment Framework.

Annual audit of conflicts of interest management

The CCG has robust arrangements for managing Conflicts of Interest. The CCG maintains a Register of Interests covering Membership Council, Governing Body Members, and all CCG staff. The Register is publicly available on the CCG's website http://www.barnsleyccg.nhs.uk/about-us/). It is also considered at the public session of the Governing Body twice a year. The Audit Committee receives and reviews the Register twice a year and updates on new or changed declarations are taken to every meeting.

The CCG's Conflicts of Interest Policy requires interests to be declared within 28 days. Declarations are recorded on a form which is returned to the Head of Governance & Assurance who enters the interest on the Register. Declarations of Interest are requested at the commencement of all meetings of the Governing Body and its Committees. On at least an annual basis all staff are requested to review and update their entries in the Register.

The CCG's Conflicts of Interest Policy, which sets out the approach to managing conflicts, is incorporated within the Standards of Business Conduct Policy which was reviewed, clarified and strengthened in January 2015 to address the requirements of new statutory guidance issued by NHS England in December 2014. Key enhancements included:

- The establishment of a Primary Care Commissioning Committee with a Lay and Executive majority to enable effective management of Conflicts of Interest arising in respect of the CCG's delegated responsibility for commissioning primary medical services
- The creation of a publicly available Register of Procurement Decisions setting out how any conflicts arising in the course of the CCG's procurement activity had been managed
- The use of a primary care procurement checklist provided by NHS England giving detail of how conflicts have been managed, and
- The extension of the CCG's Register of Interests to cover senior staff working in member Practices.

In June 2016 NHS England issued updated statutory guidance for CCGs on the management of conflicts of interest. In response to this guidance further enhancements were made to the CCG's arrangements, including:

- Adding the role of Lay Member for Accountable Care to the membership of the Governing Body, to provide additional capacity to manage conflicts of interest both at Governing Body and Primary Care Commissioning Committee

- Designating the Chair of the Audit Committee as the CCG's 'Conflicts of Interest Guardian'
- GP Members of the Primary Care Commissioning Committee remain as clinical advisers to the Committee but do not have the right to vote
- The format of the Registers and other documentation was reviewed and updated to comply with the guidance
- Training was provided to Committee Chairs and minute takers.

In June 2017 NHS England published further revised statutory guidance. The CCG again reviewed its *Standards of Business Conduct, Managing Conflicts of Interest, and the Acceptance of Gifts & Hospitality Policy* and made a number of further changes to ensure the Policy remained consistent with the revised guidance, most notably the rules around accepting gifts and hospitality were clarified. The *Standards of Business Conduct, Managing Conflicts of Interest, and the Acceptance of Gifts & Hospitality Policy* was also 'de-coupled' from the CCG's Constitution in order that the process for future updates is more streamlined.

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

The CCG's annual audit of conflicts of interest concluded in January 2019. The review provided significant assurance over the CCG's arrangements, and concluded that the CCG has a well-defined process in place for managing conflicts of interest. The report raised just two low risk recommendations, both of which were accepted and actioned, as follows:

Recommendation	**Response**
The CCG to ensure that the latest version of all registers is available on the CCG website.	Up to date versions uploaded here http://www.barnsleyccg.nhs.uk/about-us/
The CCG to ensure that the template Register of Gifts, Hospitality and Sponsorship is used to record all declarations as set out in the CCG's policy.	Templates updated to ensure consistency with the version included in the policy

Data Quality

Quality data is essential for commissioning effective, relevant and timely care, efficient administrative processes, management and strategic planning, establishing acceptable service agreements/contracts for healthcare provision, identification of local priorities and health needs assessments, ensuring that the organisation's expenditure is accurately calculated, providing reliable intelligence regarding local providers, and delivery of local and national priorities. Data therefore needs to be accurate, credible, reliable and secure.

The majority of the data used by the CCG for these purposes is derived from external sources, such as providers' systems and national IT systems, and much is processed by third parties. There are a wide range of sources of assurance available to the CCG to

monitor the quality of this data – national datasets, local audits, data quality targets, contractual requirements etc.

The CCG has a data quality policy which clarifies roles and responsibilities and makes provision for an annual data validation exercise to be undertaken on key data flows.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by a Data Security & Protection (DSP) Toolkit and the annual submission process provides assurances to the CCG, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

Barnsley CCG places high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and supporting processes and procedures in line with the Data Security & Protection (DSP) Toolkit. We require all staff to undertake annual data security awareness training to ensure they are aware of their information governance roles and responsibilities. There are processes in place for incident reporting and investigation.

Based on these arrangements the CCG was able to report full compliance across all standards in its Information Governance Toolkit submissions in each year of its existence.

Internal Audit undertook its annual review of the CCG's arrangements for ensuring compliance with a sample of the requirements of the Data Security & Protection (DSP) Toolkit in March 2019. The report provided significant assurance and concluded that all 22 assertions covered by the review were supported by sufficient and appropriate evidence at the time of the audit. The CCG submitted a fully compliant Data Security & Protection (DSP) Toolkit assessment for 2018/19 in advance of the 31st March 2019 deadline.

Business Critical Models

The CCG has no business critical models which meet the required threshold for reporting to the Department of Health (via NHS England) in line with the recommendations from the MacPherson report.

Commissioning Support

During 2018/19 the CCG has obtained commissioning support functions from a variety of sources (overleaf):

Scope of Service	Provider	Sources of Assurance
Business Intelligence IT / IG	eMBED Health Consortium	• Services provided under contract • Review of KPIs • Monthly contract review meetings • Annual assurance report
Financial Services	Rotherham CCG provides accounting processes (overall control and decision making remains within Barnsley CCG)	• 360 Assurance provides internal audit services for both CCGs • KPMG provides external audit services for both CCGs • It has been agreed to utilise the joint audit scope to allow Barnsley CCG transactions to be tested and assured across the boundary between the two organisations • The report from this testing provided *full assurance* over the CCG's controls
Human Resources	Joint service hosted by Sheffield CCG	• Memorandum of Understanding • Regular meetings with HR Service Lead • Annual assurance report • Internal Audit reviews on a cyclical basis
Health and Safety	Joint service hosted by Rotherham CCG	• Memorandum of Understanding • Regular meetings with H&S Lead • Oversight by CCG Health & Safety Group and SY&B Governance Leads • Annual assurance report
IFR	Joint service hosted by Sheffield CCG	• Memorandum of Understanding • Oversight by host organisation and by IFR Leads at each CCG • Internal Audit reviews on a cyclical basis
Procurement	Joint service hosted by Sheffield CCG	• Memorandum of Understanding • Regular meetings between CCG procurement lead and shared service manager • Oversight of all procurement activity by Finance & Performance Committee • Internal Audit reviews on a cyclical basis
Equality & Diversity	Shared resource with BHNFT	• Memorandum of Understanding • Oversight by the Equality & Diversity Working Group and the Equality & Engagement Committee

Third party assurances

Service Organisations (including CSUs) do not generally allow access to client auditors, as this is an inefficient approach to providing assurance, costly for clients commissioning the work and disruptive to the Service Organisation. Service Auditor Reports (SARs) are an internationally recognised method for Service Organisations to provide details of controls and their operation in a specified period to their clients.

A SAR typically includes a high level description of the governance and assurance arrangements in place at the Service Organisation, a high level description of the Service control environment, an assertion by the Service Organisation management regarding the design of internal controls over the process, and a low level description of the Service's control objectives and supporting key controls.

Service Auditor Reports that are of relevance to CCGS are:

Service Provider	Description of services	Expected date
NHS BSA	Pharmacy and Dental	Late April 2019
NHS Digital	GP Payments, CQRS, SUS, Optician Payments	Late April 2019
NHS SBS	Financial Accounting Services	Late April 2019
Capita Final Type 1	Primary Care Services	Early April 2019

The Chief Finance Officer has received and reviewed all relevant SARs, which were received during April and May 2019, and considered the implications of any deficiencies in control they highlight. None of the reports identified any relevant control issues, with the exception of the Capita – Type II report on Primary Care Services. The interim report, covering the period of 1st April 2018 to 30th September 2018, identified exceptions with 3 out of the 16 control objectives. For each exception the report identified the further steps being taken to address the control gap. The final report covered the whole of 2018/19 was received in May 2019. In summary, the report identified exceptions with 3 out of the 16 control objectives. Of the 3 exceptions noted, 2 only occurred in the first half of the financial year, the one remaining exception was noted in relation to the arrangements for managing user access to systems.

The report represents an improvement on the 7 control objective exceptions identified in 2017/2018, but does not provide the CCG with complete assurance over the controls within this system. However, the CCG takes assurance from its own internal control procedures that primary care co-commissioning expenditure has been correctly reflected in the financial statements. The CCG completes all journal adjustments each month. Expenditure is monitored against budgets on a monthly basis, and is reported to the Primary Care Commissioning Committee, Finance and Performance Committee and Governing Body. Internal audit has provided significant assurance on Budgetary Controls, Financial Reporting and Key Financial Systems for 2018/19. In addition, since control issues have been identified in the previous three years, KPMG included significant additional substantive testing and review in the external audit plan and which was undertaken as part of the external audit process. This provides assurance that the figures presented are a true and fair view of primary care co-Commissioning expenditure.

Control Issues

No significant control issues have arisen in 2018/19 which require disclosure in this report.

Review of Economy, Efficiency and Effectiveness of the Use of Resources

Throughout 2018/19 the Governing Body has built upon the experience of the first five years of operation with regard to making investment decisions and identifying efficiency programmes. The Governing Body has exercised control via Management Team for decisions to commit funding below £100k and reserved the right to decide on investments over this level to the Governing Body as a whole.

In order to ensure the efficient and effective use of the Barnsley pound, recurrent investments have been approved after consideration of alignment with strategic objectives and non-recurrent investment has been deployed to secure operational imperatives, such as winter resilience.

Stronger emphasis has been placed in the last year on delivering efficiencies, which will continue in 2019/20 and beyond. The CCG undertakes a monthly assessment and reporting of the in-year efficiency programme, and where delivery risks are identified, mitigating actions are recommended to the Finance and Performance Committee and Governing Body. This approach to early reporting of risks and shared ownership of the challenge and has delivered the efficiencies in line with planned levels to ensure delivery of financial duties and targets.

The scale of the efficiency programme for 2019/20 and beyond is significant: whilst financial plan submissions to NHS England demonstrate compliance with financial duties and targets, the CCG will need to deliver £13.1 millions of efficiency savings. Robust arrangements continue to be in place through a Project Management Office (PMO) approach including Clinical Forum which will support achievement of the CCG's statutory financial duties and continuous quality improvement. Plans are also in development to support the 2020/21 financial position to ensure the CCG continues effectively to transform services that deliver against the requirements of the NHS Long Term Plan and that the national requirement of a 20% reduction to CCG running costs can be achieved.

As part of NHS England's Improvement and Assessment Framework for 2018/19, the CCG has submitted a self-assessment for the Quality of Leadership Indicator. This set out the CCG's robust system of financial control and leadership and proposed the highest rating, 'green star'. The latest results for the CCG (quarter 3 2018/19) are 'green' and the year-end results for the Quality of Leadership Indicator will be available from at www.nhs.uk/service-search/performance/search when they are published by NHS England.

As part of budgetary control, the Finance and Performance Committee and Governing Body have received regular Integrated Performance Reports which highlight financial performance in the context of activity, projected year-end position and the identification and proposed management of key risks. The CCG contained expenditure within allocated resources, both for Programme and Running Costs and has ended the year with a surplus of £1 million, in line with NHS England expectations.

This in year surplus is as a result of the CCG improving its financial position as agreed with NHS England.

Third party assurance is provided by Internal Audit in relation to the effectiveness of the CCG's key financial systems and External Audit provide an opinion in relation to the CCG's use of resources in their Value for Money (VFM) conclusion.

Delegation of functions

Pages 51- 52 explained how the CCG is a member of the Working Together Joint Committee of CCGs (JCCC), with its own Terms of Reference and Scheme of Delegation. In addition to this arrangement the CCG is also a participant in the following arrangement:

- Collaborative commissioning arrangements for **999 and 111 services** across CCGs in the Yorkshire & Humber region. Assurance is provided via a Memorandum of Understanding and local representation at the Joint Strategic Commissioning Board.

Counter Fraud Arrangements

Overall executive responsibility for counter fraud arrangements rests with the Chief Finance Officer.

The **Local Counter Fraud Specialist (LCFS)** supports the CCG in mitigating the risks associated with fraud. Working to a risk-based annual plan approved by the Audit Committee, the LCFS undertakes a wide range of proactive work to promote and embed counter fraud arrangements across the CCG. This has included fraud awareness training for all staff, publicity, fraud alerts, reviews of policies and systems, ad hoc guidance, etc. The LCFS also undertakes proactive detection exercises, and investigations into potential frauds. The LCFS presents regular reports to the Audit Committee, and also prepares an Annual Report.

The LCFS supports the CCG to complete and submit a self-review of our level of compliance with NHS Counter Fraud Authority's *Standards For Commissioners*. In March 2017, March 2018 and again in March 2019 the CCG was judged to be at 'green,' which means it has appropriate arrangements in place and that evidence of their effectiveness is in place.

Head of Internal Audit Opinion

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

The Head of Internal Audit Opinion received in May 2019 concluded that:

'My opinion is provided primarily on the basis of work undertaken within the Internal Audit Plan for the 2018/19 financial year and is limited to the scope of work that has been agreed with the organisation's Executive Officers, shared with the Audit Committee prior to the commencement of work, and as detailed within our final report. Any opinion level provided must, therefore, be considered in terms of the agreed review scope only and no

inference may be assumed by the CCG or other users of my report that this opinion extends to the adequacy of controls and processes outside the scope agreed.

*I am providing an opinion of **significant assurance** that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied.'*

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

Audit Assignment	**Status**	**Assurance Level/*Comment***
Integrity of General Ledger & Key Financial Systems	Issued	Significant
GDPR Compliance	Issued	Significant
Governance & Risk Management	Issued	Significant
Conflicts of Interest	Issued	Significant
Data Quality - CHC Broadcare	Issued	Significant
Workforce Planning – Capacity & Delivery	Issued	Significant
Contract Management – Primary Care	Issued	Significant
Primary Care Delegated Functions	Issued	Significant
Data Security & Protection Toolkit	Issued	Significant

All audit reports from assurance reviews in the 2018/19 Internal Audit Plan that have been issued to management and the Audit Committee to date have reported Significant Assurance on systems and processes.

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

The Accountable Officer's review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the executive managers and clinical leads within the CCG who have responsibility for the development and maintenance of the internal control framework.

The Accountable Officer has drawn on performance information available to her. Her review is also informed by comments made by the external auditors in their management letter and other reports.

The Governing Body Assurance Framework provides the Accountable Officer with evidence that the effectiveness of controls that manage risks to the clinical commissioning group achieving its principal objectives have been reviewed.

The Accountable Officer has been advised on the implications of the result of her review of the effectiveness of the system of internal control by the Governing Body, the Audit Committee, and other Committees of the CCG. In carrying out her review the Accountable Officer has relied specifically upon:

- The outcomes from assurance checkpoint meetings with NHSE and the annual assessment of the CCG's performance under the Improvement and Assessment Framework

- The CCG's overall governance, risk management, and internal control arrangements outlined in this report
- Reviews undertaken by the CCG's internal auditors, 360 Assurance, on a range of significant financial and other systems
- Performance, equality, sustainability, and other information incorporated within the Annual Report and other performance information available to her
- Results of national staff and stakeholder surveys
- The statutory external audit undertaken by KPMG, who provide an opinion on the financial statements and form a conclusion on the CCG's arrangements for ensuring economy, efficiency, and effectiveness in its use of resources during 2018/19.

The 'Control Issues' section (page 66) confirms that no significant control issues were identified in the year.

Conclusion

As Accountable Officer and based on the review process outlined above, the CCG has identified and is taking action on the control issues arising in year which have been identified in detail in the body of the Governance Statement above.
My review confirms that NHS Barnsley CCG has a generally sound system of risk management and internal control that supports the achievement of its policies, aims and objectives.

Remuneration and staff report

Signature of the Remuneration and Staff Report by the Accountable Officer

Lesley Smith, Accountable Officer
23 May 2019

Remuneration Committee

The details of the remuneration committee can be found on page 48.

Policy on the Remuneration of Senior Managers

The CCG has not developed a specific remuneration policy but used the guidance outlined in the Department of Health July 2012 Pay Framework for Very Senior Managers (VSM) in Health Strategic and Special Health Authorities, Primary Care Trusts and Ambulance Trusts where appropriate in the absence of specific guidance for CCG's for some VSM roles. The CCG has utilised the CCG specific guidance in relation to Chief Officer and Chief Finance Officer remuneration.

The CCG has not implemented any performance related pay.

Remuneration of Very Senior Managers

The CCG has no Governing Body Members on Very Senior Manager contracts who have been paid more than £150,000 per annum. GPs and clinicians on the Governing Body are employed on a sessional basis and so their remuneration has not been grossed up on an annualised basis.

Senior manager remuneration (including salary and pension entitlements) [SUBJECT TO AUDIT]

Name and title	(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)	
	£0		£0		£0		£0		£0		£0	
	17/18	18/19	17/18	18/19	17/18	18/19	17/18	18/19	17/18	18/19	17/18	18/19
Governing Body Members:**												
Dr N Balac, Chairman ****	95-100	**95-100**	0	**0**	0	**0**	0	**0**	22.5-25	**7.5-10**	115-120	**105-110**
L J Smith, Chief Officer***	85-90	**55-60**	0	**0**	0	**0**	0	**0**	0	**0**	85-90	**55-60**
R Naylor, Chief Finance Officer (from 19.06.17)	75-80	**100-105**	0	**0**	0	**0**	0	**0**	195-197.5	**62.5-65**	270-275	**160-165**
Dr M Ghani, Medical Director (seconded from 27.05.19 to 31.03.19, resigned 31.03.19)*****	80-85	**10-15**	0	**0**	0	**0**	0	**0**	32.5-35	**2.5-5**	110-115	**15-20**
H Wells, Chief Finance Officer (to 02.07.17)	25-30	**0**	0	**0**	0	**0**	0	**0**	5-7.5	**0**	30-35	**0**
B Reid, Chief Nurse (to 31.07.18)	90-95	**30-35**	0	**0**	0	**0**	0	**0**	60-62.5	**0**	150-155	**30-35**
M Tune , Chief Nurse Acting (from 13.07.18)	0	**60-65**	0	**0**	0	**0**	0	**0**	0	**85-87.5**	0	**150-155**
Dr J Harban, Governing Body Member	25-30	**30-35**	0	**0**	0	**0**	0	**0**	0	**0**	25-30	**30-35**
M Hoyle, Governing Body Member (Practice Manager) (renew from 01.04.17 to 31.12.17)	10-15	**0**	0	**0**	0	**0**	0	**0**	0	**0**	10-15	**0**
Dr S Krishnasamy, Governing Body Member & Appointed Medical Director	45-50	**45-50**	0	**0**	0	**0**	0	**0**	22.5-25	**7.5-10**	65-70	**55-60**
Dr M Guntamukkala, Governing Body Member (seconded from 27.5.18 to 31.03.19, resigned 31.03.19)*****	25-30	**0-5**	0	**0**	0	**0**	0	**0**	0	**0**	25-30	**0-5**
Dr M Smith, Governing Body Member	25-30	**30-35**	0	**0**	0	**0**	0	**0**	0	**0**	25-30	**30-35**
Dr M Simms, Secondary Care Clinician, Governing Body Member	25-30	**30-35**	0	**0**	0	**0**	0	**0**	0	**0**	25-30	**30-35**
Dr Adebowale Adekunle, Governing Body Member	30-35	**30-35**	0	**0**	0	**0**	0	**0**	0	**0**	30-35	**30-35**
C Millington, Lay Member	10-15	**10-15**	0	**0**	0	**0**	0	**0**	0	**0**	10-15	**10-15**

Name and title	(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)	
	£0		£0		£0		£0		£0		£0	
	17/18	18/19	17/18	18/19	17/18	18/19	17/18	18/19	17/18	18/19	17/18	18/19
Governing Body Members:**												
Mr Brian Roebuck, Lay Member for Governance (from 18.07.16 to 05.04.17)	0-5	**0**	0	**0**	0	**0**	0	**0**	0	**0**	0-5	**0**
Dr M H Kadarsha, Governing Body Member	30-35	**30-35**	0	**0**	0	**0**	0	**0**	0	**0**	30-35	**30-35**
Dr J Holloway, Governing Body Member (from 01.04.17 to 04.03.18)	25-30	**0**	0	**0**	0	**0**	0	**0**	70-72.5	**0**	95-100	**0**
S Tyler, Lay Member for Accountable Care	5-10	**5-10**	0	**0**	0	**0**	0	**0**	0	**0**	5-10	**5-10**
N Bell, Lay Member for Governance (from 20.07.17)	5-10	**10-15**	0	**0**	0	**0**	0	**0**	0	**0**	5-10	**10-15**
J MacInnes, Governing Body Member (from 10.12.18)	0	**5-10**	0	**0**	0	**0**	0	**0**	0	**0**	0	**5-10**
Other Senior Staff:												
R Walker, Head of Governance & Assurance	55-60	**55-60**	0	**0**	0	**0**	0	**0**	22.5-25	**47.5-50**	80-85	**105-110**
J Wike, Director of Strategic Planning and Performance	60-65	**70-75**	0	**0**	0	**0**	0	**0**	50-52.5	**90-92.5**	110-115	**160-165**
J Holdich, Head of delivery (integrated primary and out of hospital care)	0	**85-90**	0	**0**	0	**0**	0	**0**	0	**45-47.5**	0	**130-135**
J Budd, Director of Commissioning	0	**105-110**	0	**0**	0	**0**	0	**0**	0	**22.5-25**	0	**130-135**

*All pension related benefits: For defined benefit schemes, the amount included here is the annual increase in pension entitlement determined in accordance with the HMRC method: Increase=((20xpension as at 31.3.19)+pension lump sum as at 31.3.19)-((20xpension as at 31.3.18 adjusted by inflation)+pension lump sum as at 31.3.18 adjusted by inflation. The employee pension contribution has been included in the 2017-18 amounts but have been deducted for 2018-19.
** Clinicians on the Governing Body are employed on a sessional basis. The Chair is employed for 3 days per week; the medical director was employed for 2.5 days per week prior to secondment; the associate medical director for 1.5 days per week; the secondary care clinician for 3 to 4 days per month; and other Governing Body member GPs for 1 day per week.
*** The Chief Officer's time is partly recharged 60% (2017-18 38%) to the South Yorkshire and Bassetlaw Integrated Care System so the salary band disclosed above in the senior management remuneration table relates only to the duties for the CCG.
**** NHS Pensions Authority have provided restated opening pension figures.
***** Governing Body members were seconded to Barnsley Healthcare Federation during the year.

Pension benefits as at 31 March 2019 [SUBJECT TO AUDIT]

Name and title	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
	Real Increase in pension at pension age (bands of £2,500)	**Real Increase in pension lump sum at pension age (bands of £2,500)**	**Total Accrued pension at pension age at 31 March 2019 (bands of £5,000)**	**Lump sum at pension age at 31 March 2019 (bands of £5,000)**	**Cash Equivalent transfer value at 01 April 2018**	**Real Increase in cash equivalent transfer value**	**Cash Equivalent transfer value at 31 March 2019**	**Employers contribution to stakeholder pension**
Governing Body Members:	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Dr N Balac, Chairman ****	0-2.5	2.5-5	15-20	55-60	353	47	425	0
L J Smith, Chief Officer **	0	0	0	0	0	0	0	0
R Naylor, Chief Finance Officer (from 19.06.17)****	2.5-5	0	25-30	0	239	71	331	0
H Wells, Chief Finance Officer (to 02.07.17)	0	0	0	0	357	0	0	0
Dr M Ghani, Medical Director (seconded from 27.05.19 to 31.03.19, resigned 31.03.19)	0-2.5	0-2.5	15-20	30-35	193	6	248	0
B Reid, Chief Nurse (to 31.07.18)	0	0	30-35	95-100	646	0	0	0
M Tune, Chief Nurse Acting (from 13.07.18)	2.5-5	12.5-15	30-35	90-95	472	118	662	0
Dr J Harban, Governing Body Member	0	0	0	0	0	0	0	1
Dr S Krishnasamy, Governing Body Member & Appointed Medical Director	0-2.5	0	10-15	20-25	120	21	151	0
Dr M Guntamukkala, Governing Body Member (seconded from 27.5.18 to 31.03.19, resigned 31.03.19)	0	0	0	0	0	0	0	0
Dr M Smith, Governing Body Member **	0	0	0	0	0	0	0	0
Dr M Simms, Governing Body Member **	0	0	0	0	0	0	0	0
Dr Adebowale Adekunle, Governing Body Member (from 18.07.16) ***	0	0	0	0	0	0	0	0
C Millington, Lay Member *	0	0	0	0	0	0	0	0
Dr M H Kadarsha, Governing Body Member ***	0	0	0	0	0	0	0	0

Name and title	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
	Real Increase in pension at pension age (bands of £2,500)	Real Increase in pension lump sum at pension age (bands of £2,500)	Total Accrued pension at pension age at 31 March 2019 (bands of £5,000)	Lump sum at pension age at 31 March 2019 (bands of £5,000)	Cash Equivalent transfer value at 01 April 2018	Real Increase in cash equivalent transfer value	Cash Equivalent transfer value at 31 March 2019	Employers contribution to stakeholder pension
Governing Body Members:	£000	£000	£000	£000	£000	£000	£000	£000
Dr J Holloway, Governing Body Member (from 01.04.17 to 04.03.18)	0	0	0	0	66	0	0	0
S Tyler, Lay Member for Accountable Care*	0	0	0	0	0	0	0	0
N Bell, Lay Member for Governance*	0	0	0	0	0	0	0	0
J MacInnes, Governing Body Member (from 10.12.18)	0-0.25	0	0-5	0	0	0	2	0
Other Senior Staff:								
R Walker, Head of Governance & Assurance ****	2.5-5	0	5-10	0	48	28	85	0
J Wike, Director of Strategic Planning and Performance	2.5-5	0	25-30	0	221	90	326	0
J Holdich, Head of Delivery (integrated primary & out of hospital care)	2.5-5	7.5-10	35-40	115-120	744	117	895	0
J Budd, Director of Commissioning	0-2.5	0	0-5	0	12	13	40	0

Notes: *Lay Members do not receive pensionable remuneration from the CCG; there are no entries in respect of pensions for those members. **Member has opted out of the NHS pension scheme.***Payment for this individual's work within the CCG is paid directly to them. The amount includes an element for employer's pension contribution and the CCG accounts for all pension contributions with payment made to NHS England.**** NHS Pensions Authority have provided restated opening pension figures.

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 effectively funded by the employer. It takes account of 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 or for loss of office [SUBJECT TO AUDIT]

No payments have been made in compensation for early retirement or for loss of office.

Payments to past members [SUBJECT TO AUDIT]

No payments were made to past members in 2018/19 (2017/18: No payments).

Pay multiples [SUBJECT TO AUDIT]

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

The banded remuneration of the highest paid member in NHS Barnsley CCG in the financial year 2018/19 was £140,000 - £145,000 (2017/18: £135,000 - £140,000). This was 3.9 times (2017/18: 3.9) the median remuneration of the workforce, which was £36,644 (2017/18: £35,577).

In 2018/19, no employees received remuneration in excess of the highest-paid member. Remuneration ranged from £9,295 to £140,468 (2017/18: £6,844 to £137,714).
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.

The highest paid member used to calculate the ratio of the median salary to the highest paid member is the Accountable Officer. The Accountable Officer's time is partly recharged to the South Yorkshire and Bassetlaw Integrated Care System so the salary band disclosed in the senior management remuneration table relates only to the duties for the CCG.

Staff Report

The table below shows the average number of whole time equivalent staff permanently employed in the CCG.

	2018-19			2017-18
	Total	Permanently employed	Other	Total
	Number	Number	Number	Number
Total (average Whole Time Equivalent WTE staff)	**103**	99	4	105
Of the above: Number of whole time equivalent people engaged on capital projects	**0**	0	0	0

Staff numbers and costs [SUBJECT TO AUDIT]

Employee benefits	2018-19			Admin			Programme		
	Total	Permanent Employees	Other	Total	Permanent Employees	Other	Total	Permanent Employees	Other
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Employee Benefits									
Salaries and wages	**4,094**	3,928	166	**1,958**	1,933	25	**2,136**	1,995	141
Social security costs	**411**	409	2	**210**	208	2	**201**	201	-
Employer Contributions to NHS Pension scheme	**541**	539	2	**258**	256	2	**283**	283	-
Other pension costs	-	-	-	-	-	-	-	-	-
Apprenticeship levy	**9**	9	-	9	9	-	-	-	-
Other post-employment benefits	-	-	-	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-	-	-	-
Termination benefits	-	0	-	-	-	-	-	-	-
Gross employee benefits expenditure	**5,055**	**4,885**	**170**	**2,435**	**2,406**	**29**	**2,620**	**2,479**	**141**
Less recoveries in respect of employee benefits (note 3.1.2)	(93)	(93)	-	(93)	(93)	-	-	-	-
Total - Net admin employee benefits including capitalised costs	**4,962**	**4,792**	**170**	**2,342**	**2,313**	**29**	**2,620**	**2,479**	**141**
Less: Employee costs capitalised	-	0	-	-	-	-	-	-	-
Net employee benefits excluding capitalised costs	**4,962**	**4,792**	**170**	**2,342**	**2,313**	**29**	**2,620**	**2,479**	**141**

Employee benefits	2017-18			Admin			Programme		
	Total	Permanent Employees	Other	Total	Permanent Employees	Other	Total	Permanent Employees	Other
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Employee Benefits									
Salaries and wages	4,602	4,308	294	2,375	2,335	40	2,227	1,973	254
Social security costs	462	456	6	260	256	4	202	200	2
Employer Contributions to NHS Pension scheme	566	559	7	300	295	5	266	264	2
Other pension costs	0	0	0	0	0	0	0	0	0
Apprenticeship levy	8	8	0	8	8	0	0	0	0
Other post-employment benefits	0	0	0	0	0	0	0	0	0
Other employment benefits	0	0	0	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0	0	0	0
Gross employee benefits expenditure	**5,638**	**5,332**	**307**	**2,943**	**2,894**	**49**	**2,695**	**2,437**	**258**
Less recoveries in respect of employee benefits (note 3.1.2)	(456)	(456)	0	(185)	(185)	0	(271)	(271)	0
Total - Net admin employee benefits including capitalised costs	**5,182**	**4,875**	**307**	**2,758**	**2,709**	**49**	**2,424**	**2,166**	**258**
Less: Employee costs capitalised	0	0	0	0	0	0	0	0	0
Net employee benefits excluding capitalised costs	**5,182**	**4,875**	**307**	**2,758**	**2,709**	**49**	**2,424**	**2,166**	**258**

Staff composition

As at 31 March 2019 the composition of the CCG's workforce was as follows:

The definition of senior managers was agreed at band 8A and above for the purposes of this data.

	Female	Male	**Total**
Governing Body	4	10	14
Very Senior Manager	0	1	1
GP	1	1	2
Band 8D	1	1	2
Band 8C	3	1	4
Band 8B	5	2	7
Band 8A	19	11	30
Other staff	60	6	66
Total	**93**	**33**	**126**

Sickness absence and ill health retirements data

As during 2018/19, the average annual sick days per whole time equivalent member of staff was 3.6 (2017/18: 5.6).

	2018-2019	2017-2018
Total days lost	399	592
Total staff years	110	106
Average working days lost	3.6	5.6

	2018-2019	2017-2018
Number of persons retired early on ill health grounds	0	0
	£'000	£'000
Total additional Pensions liabilities accrued in the year	0	0

Ill health retirement costs are met by the NHS Pension Scheme.

Staff policies

Consultation and engagement with employees is a fundamental principle of good employment practice. The CCG holds regular staff briefings open to all staff and heads of service hold individual team meetings with their teams. Staff are engaged through their meetings and open staff briefings on the strategic direction, delivery and performance of the CCG. In addition, there is a CCG-wide staff volunteer group, the Radiators, who meet on a monthly basis and where policies are discussed. Members of the Radiators then encourage colleagues in their teams to feedback any comments they may have.

The CCG actively welcomes suggestions and ideas from all staff on the ways the CCG can improve the overall performance of the organisation.

The CCG policies can be found at http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm

Disabled Employees

The CCG always aims to strive to be an inclusive organisation, which is fully committed to a culture and environment which actively promotes equality of access and treatment for all employees, visitors, contractors and members of the general public. The CCG has published its policies covering Equality, Diversity and Human rights. The policies are monitored and updated to ensure that best practice is incorporated with regards to all aspects of recruitment and selection including the fair treatment of disabled people.

The CCG has the “Two Ticks” Disability award which means the organisation has agreed to take action to meet the five commitments regarding the employment, retention, training and career development of disabled employees.

The CCG is fully committed to ensuring that all employees with a disability have equal access to opportunities to develop to their full potential. All career promotion opportunities are made widely available to all employees in line with best practice, whilst ensuring that any unfair bias and discrimination is eliminated. Monitoring is undertaken to ensure that the CCG remains compliant.

All employees are assessed for the training needs to ensure they are compliant with the job designation, these assessments will incorporate any reasonable adjustments required to ensure that learning and development is fully accessible for all employees.

Other employee matters

This year our staff volunteer group, the Radiators, has introduced a whole range of improvements and activities focused on staff wellbeing and improving performance. Through suggestions from across the organisation, Radiator members have carried out the following changes this year: hosted a monthly fundraising day; designed the staff conference; delivered two successful staff health and wellbeing weeks. They were finalists in this year’s Health Service Journal Awards for their work on staff engagement.

Trade Union (Facility Time Publication Requirements) regulations 2017

Under the Trade Union (Facility Time Publication Requirements) regulations 2017, the CCG has to disclose the relationship of Trade Union official's employment costs and time to the whole CCG.

The CCG does not employee any Trade Union officials. We do however have union representatives representing CCG staff from a shared service and the disclosure below reflects that arrangement. The relationship with them this year has continued to be positive. They have provided regular support to members either on site, via email or telephone.

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

Number of employees who were relevant union officials during the relevant period	*Full-time equivalent number*
1	0.17

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

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

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

	Figures
Provide the total cost of facility time	**£4,921**
Provide the total pay bill	**£3,928,000**
Provide the percentage of the total paybill spent on facility time, calculated as: (total cost of facility time ÷total pay bill) × 100	0.13%

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

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) × 100	11.54%

Expenditure on consultancy

Consultancy expenditure is the provision to management of objective advice and assistance relating to the CCG's strategy, structure, management or operations. Such assistance will be provided outside the "business as usual" environment when in-house skills are not available and will be of no essential consequence and time-limited. Services may include the identification of options with recommendations and/or assistance with (but not delivery of) the implementation of solutions.

No payments were made for consultancy in 2018-19 (2017-18 £0k).

Off-payroll engagements

It is the Treasury requirements for public sector bodies to report arrangements whereby individuals are paid through their own companies and so are responsible for their own tax and national insurance arrangements. Payments to GP practices for the services of employees and GP's are deemed to be 'off payroll' engagements and are therefore subject to these disclosure requirements.

Table 1: Off-payroll engagements longer than 6 months

For all off-payroll engagements as at 31 March 2019, for more than £245 per day and that last longer than six months:

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

All existing off-payroll engagements, outlined above, 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 (overleaf): New off-payroll engagements

There are no new off-payroll engagements in 2018-19, for more than £245 per day and that last longer than six months (2017/18: Nil).

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	0
Of which…	
No. assessed as caught by IR35	0
No. assessed as not caught by IR35	0
No. engaged directly (via PSC contracted to the entity) and are on the entity's payroll	0
No. of engagements reassessed for consistency / assurance purposes during the year	0
No. of engagements that saw a change to IR35 status following the consistency review.	0

Table 3: Off-payroll engagements / senior official engagements

Off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 01 April 2018 and 31 March 2019 are as follows:

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
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.	3

The Clinical Chair, Chief Officer (as Accountable Officer) and the Chief Finance Officer are the three members of the Governing Body deemed to have significant financial responsibility for the purposes of the table above. All three were paid through the payroll throughout 2018/19.

Exit packages, including special (non-contractual) payments [SUBJECT TO AUDIT]

Table 1: Exit Packages

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

Redundancy and other departure cost have been paid in accordance with the provisions of NHS terms and conditions of service (Agenda for Change). Exit costs in this note are accounted for in full in the year of departure. Where NHS Barnsley CCG has agreed early retirements, the additional costs are met by NHS Barnsley 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

	Agreements	Total Value of agreements
	Number	£000s
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice*	0	0
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HMT approval**	0	0
TOTAL	0	0

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 table 1 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 amounts relating to non-contractual payments in lieu of notice.

No non-contractual payments 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

NHS Barnsley 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 notes 2, 4, 11 and 20.

An audit certificate and report is also included in this Annual Report at the end of the Annual Report and Financial Statements.

Financial Statements & Notes

Foreword to the accounts

The Clinical Commissioning Group was licenced from the 1 April 2013 under provisions enacted in the Health and Social Act 2012, which amended the National Health Service Act 2006.

These accounts for the year ended 31 March 2019 have been prepared by NHS Barnsley Clinical Commissioning Group under c. 7, Schedule 2, S. 17 CCG Annual Report Directions (chapter A1 of part 2 of the National Health Service Act 2006 as amended by 14Z15 of the Health and Social Act 2012 Reports by Clinical Commissioning Groups) in the form which the Department of Health and Social Care has directed.

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Notes to the Accounts

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

	Note	2018-19 £'000	2017-18 £'000
Income from sale of goods and services	2	(243)	(489)
Other operating income	2	(2)	(210)
Total operating income		**(245)**	**(699)**
Staff costs	3	5,055	5,638
Purchase of goods and services	4	417,400	405,226
Depreciation and impairment charges	4	0	13
Provision expense	4	0	0
Other Operating Expenditure	4	440	503
Total operating expenditure		**422,895**	**411,380**
Net Operating Expenditure		**422,650**	**410,681**
Total Net Expenditure for the Financial Year		**422,650**	**410,681**
Other Comprehensive Expenditure		0	0
Comprehensive Expenditure for the year		**422,650**	**410,681**

The notes on pages 6 to 24 form part of this statement

Statement of Financial Position as at 31 March 2019

	Note	2018-19 £'000	2017-18 £'000
Non-current assets:			
Property, plant and equipment	7	0	0
Total non-current assets		**0**	**0**
Current assets:			
Trade and other receivables	8	3,015	3,484
Cash and cash equivalents	9	36	77
Total current assets		**3,051**	**3,561**
Total assets		**3,051**	**3,561**
Current liabilities			
Trade and other payables	10	(28,742)	(29,571)
Total current liabilities		**(28,742)**	**(29,571)**
Non-Current Assets plus/less Net Current Assets/Liabilities		**(25,691)**	**(26,010)**
Assets less Liabilities		**(25,691)**	**(26,010)**
Financed by Taxpayers' Equity			
General fund		(25,691)	(26,010)
Total taxpayers' equity:		**(25,691)**	**(26,010)**

The notes on pages 6 to 24 form part of this statement

The financial statements on pages 2 to 5 were approved by the Governing Body on 23 May 2019 and signed on its behalf by:

Lesley Smith
Accountable Officer
23 May 2019

31 March 2019

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2018-19		
Balance at 01 April 2018	(26,010)	(26,010)
Impact of applying IFRS 9 to Opening Balances	(5)	(5)
Impact of applying IFRS 15 to Opening Balances	0	0
Adjusted NHS Clinical Commissioning Group balance at 31 March 2018	**(26,015)**	**(26,015)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2018-19		
Net operating expenditure for the financial year	**(422,650)**	**(422,650)**
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(422,650)**	**(422,650)**
Net funding	422,974	422,974
Balance at 31 March 2019	**(25,691)**	**(25,691)**

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2017-18		
Balance at 01 April 2017	(22,726)	(22,726)
Transfer of assets and liabilities from closed NHS bodies as a result of the 1 April 2013 transition	0	0
Adjusted NHS Clinical Commissioning Group balance at 31 March 2018	**(22,726)**	**(22,726)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2017-18		
Net operating costs for the financial year	(410,681)	(410,681)
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(410,681)**	**(410,681)**
Net funding	407,397	407,397
Balance at 31 March 2018	**(26,010)**	**(26,010)**

The notes on pages 6 to 24 form part of this statement

Statement of Cash Flows for the year ended 31 March 2019

	Note	2018-19 £'000	2017-18 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		**(422,650)**	**(410,681)**
Depreciation and amortisation	4	0	13
Non-cash movements arising on application of new accounting standards		(5)	0
(Increase)/decrease in trade & other receivables	8	469	(742)
Increase/(decrease) in trade & other payables	10	(829)	4,042
Net Cash Inflow (Outflow) from Operating Activities		**(423,015)**	**(407,368)**
Cash Flows from Investing Activities		0	0
Net Cash Inflow (Outflow) before Financing		**(423,015)**	**(407,368)**
Cash Flows from Financing Activities			
Grant in Aid Funding Received		422,974	407,397
Net Cash Inflow (Outflow) from Financing Activities		**422,974**	**407,397**
Net Increase (Decrease) in Cash & Cash Equivalents	9	**(41)**	**29**
Cash & Cash Equivalents at the Beginning of the Financial Year		**77**	48
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**36**	**77**

The notes on pages 6 to 24 form part of this statement

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Group Accounting Manual (GAM) issued by the Department of Health and Social Care (DHSC) , which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DHSC Group Accounting Manual 2018-19, issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the DHSC Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group (the CCG) for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on the going concern basis

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

Where a clinical commissioning group ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis.

1.2 Accounting Convention

These accounts have been prepared under the historical cost convention, modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.3 Pooled Budgets

Barnsley Clinical Commissioning Group has entered into pooled budget arrangements under Section 75 of the National Health Service Act 2006 for activities relating to Children's Services and the Better Care Fund. A memorandum note to the accounts provides details of the joint income and expenditure (note 15, page 22).

The Children's Services pool is hosted by Barnsley Metropolitan Borough Council; the Better Care Fund operates on an aligned budget basis. The CCG makes contributions to the pools, which are then used to purchase healthcare services. The CCG accounts for its share of assets, liabilities, income and expenditure of the pools as determined by the pooled budget agreement.

1.4 Operating segments

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the CCG

1.5 Critical Accounting Judgements & Key Sources of Estimation Uncertainty

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

1.5.1 Critical Judgements in Applying Accounting Policies

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

Operating lease commitments - The CCG has in substance a property lease arrangement with NHS Property Services Ltd relating to the headquarters site. NHS England determined that the CCG has not obtained substantially all the risks and rewards of ownership of this property; the lease has been classified as an operating lease and accounted for accordingly.

Legacy balances in respect of assets and liabilities arising for transactions or delivery of care prior to 31st March 2013 are accounted for by NHS England. The CCG's arrangements in respect of settling NHS Continuing Healthcare claims are disclosed in Notes to these financial statements

1.5.2 Key Sources of Estimation Uncertainty

The following are the key estimations that management has made in the process of applying the CCG's accounting policies that have the most significant effect on the amounts recognised in the financial statements:

The CCG has included certain accruals within the financial statements which are estimates. The key accruals being healthcare contracts, continuing healthcare and prescribing for which the basis of the estimation of the accruals was approved by the Chief Finance Officer.

1.6 Revenue

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

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

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

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

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

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

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

Payment terms are standard reflecting cross government principles.

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

1.7 Employee Benefits

1.7.1 Short-term Employee Benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements on the basis of 2.5 days per whole time equivalent employee.

1.7.2 Retirement Benefit Costs

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

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

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

1.8 Other Expenses

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

1.9 Grants payable

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the CCG recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.10 Property, Plant & Equipment

1.10.1 Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the CCG;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control.

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

1.10.2 Measurement

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

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

1.10.3 Depreciation, Amortisation & Impairments

Depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, on a straight-line basis over their estimated useful lives. The estimated useful life of an asset is the period over which the CCG expects to obtain economic benefits or service potential from the asset. This is specific to the CCG and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

1.11 Leases

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

1.11.1 The CCG as Lessee

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

1.12 Cash & Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the CCG's cash management. Cash, bank and overdraft balances are recorded at current value.

1.13 Clinical Negligence Costs

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

1.14 Non-clinical Risk Pooling

The CCG participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the CCG pays an annual contribution to the NHS Litigation Authority and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.15 Financial Assets

Financial assets are recognised when the CCG becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or when the asset has been transferred and the CCG has transferred substantially all of the risk and rewards or ownership or has not retained control of the asset.
The only category of Financial asset applicable to the CCG is Loans and receivables.

1.15.1 Financial Assets at Amortised Cost

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

1.15.2 Impairment

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

1.16 Financial Liabilities

Financial liabilities are recognised when the CCG becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been extinguished – that is, the obligation has been discharged or cancelled or has expired.

1.16.1 Financial Liabilities at Amortised Cost

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

1.17 Value Added Tax

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

1.18 Losses & Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.
Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the CCG not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.19 Provisions

Provisions are recognised when the clinical commissioning group has a present legal or constructive obligation as a result of a past event, it is probable that the clinical commissioning group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

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

The Department of Health and Social Care Group Accounting Manual does not require the following IFRS Standards and Interpretations to be applied in 2018-19. These standards are still subject to HM Treasury Financial reporting manual adoption, with IFRS 16 being implemented in 2019-20, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16: Leases -Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted. The impact of IFRS 16 cannot be reasonably estimated at this time because it will be dependent upon the lease agreement to be agreed with NHS Property Services Ltd. Once the lease is agreed it will be assessed and accounted for under IFRS 16.
- IFRS 17: Insurance Contracts -Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 23: Uncertainty over Income Tax Treatments - Application required for accounting periods beginning on or after 1 January 2019.

The application of the Standards as revised would not have a material impact on the accounts for 2018-19, were they applied in that year.

2 Other Operating Revenue

	2018-19 Total £'000	2017-18 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	**76**	1
Non-patient care services to other bodies	**45**	32
Patient transport services	**-**	-
Prescription fees and charges	**-**	-
Dental fees and charges	**-**	-
Income generation	**-**	-
Other Contract income	**29**	-
Recoveries in respect of employee benefits	**93**	456
Total Income from sale of goods and services	**243**	**489**
Other operating income		
Rental revenue from finance leases	**-**	-
Rental revenue from operating leases	**-**	-
Charitable and other contributions to revenue expenditure: NHS	**-**	-
Charitable and other contributions to revenue expenditure: non-NHS	**-**	-
Receipt of donations (capital/cash)	**-**	-
Receipt of Government grants for capital acquisitions	**-**	-
Continuing Health Care risk pool contributions	**-**	-
Non cash apprenticeship training grants revenue	**2**	2
Other non contract revenue	**-**	208
Total Other operating income	**2**	**210**
Total Operating Income	**245**	**699**

Due to the introduction of IFRS 15, 2017-18 figures have been reclassified within note 2 and on the Statement of Comprehensive Net Expenditure.

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

	Education, training and research	Non-patient care services to other bodies	Other Contract income	Recoveries in respect of employee benefits
	£'000	£'000	£'000	£'000
Source of Revenue				
NHS	75	1	29	-
Non NHS	1	44	-	93
Total	**76**	**45**	**29**	**93**

	Education, training and research	Non-patient care services to other bodies	Other Contract income	Recoveries in respect of employee benefits
	£'000	£'000	£'000	£'000
Timing of Revenue				
Point in time	-	1	-	-
Over time	76	44	29	93
Total	**76**	**45**	**29**	**93**

2.2 Transaction price to remaining contract performance obligations

Contract revenue expected to be recognised in the future periods related to

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

3. Employee benefits and staff numbers

3.1.1 Employee benefits — Total — 2018-19

	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	3,928	166	4,094
Social security costs	409	2	411
Employer Contributions to NHS Pension scheme	539	2	541
Other pension costs	0	0	0
Apprenticeship Levy	9	0	9
Other post-employment benefits	0	0	0
Other employment benefits	0	0	0
Termination benefits	0	0	0
Gross employee benefits expenditure	**4,885**	**170**	**5,055**
Less recoveries in respect of employee benefits (note 3.1.2)	(93)	0	(93)
Total - Net admin employee benefits including capitalised costs	**4,792**	**170**	**4,962**
Less: Employee costs capitalised	0	0	0
Net employee benefits excluding capitalised costs	**4,792**	**170**	**4,962**

3.1.1 Employee benefits — Total — 2017-18

	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	4,308	294	4,602
Social security costs	456	6	462
Employer Contributions to NHS Pension scheme	559	7	566
Other pension costs	0	0	0
Apprenticeship Levy	8	0	8
Other post-employment benefits	0	0	0
Other employment benefits	0	0	0
Termination benefits	0	0	0
Gross employee benefits expenditure	**5,331**	**307**	**5,638**
Less recoveries in respect of employee benefits (note 3.1.2)	(456)	0	(456)
Total - Net admin employee benefits including capitalised costs	**4,875**	**307**	**5,182**
Less: Employee costs capitalised	0	0	0
Net employee benefits excluding capitalised costs	**4,875**	**307**	**5,182**

3.1.2 Recoveries in respect of employee benefits

	Permanent Employees £'000	Other £'000	2018-19 Total £'000	2017-18 Total £'000
Employee Benefits - Revenue				
Salaries and wages	(75)	0	(75)	(397)
Social security costs	(8)	0	(8)	(32)
Employer contributions to the NHS Pension Scheme	(10)	0	(10)	(27)
Other pension costs	0	0	0	0
Other post-employment benefits	0	0	0	0
Other employment benefits	0	0	0	0
Termination benefits	0	0	0	0
Total recoveries in respect of employee benefits	**(93)**	**0**	**(93)**	**(456)**

3.2 Average number of people employed

	2018-19			2017-18		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**99**	**4**	**103**	**101**	**4**	**105**
Of the above:						
Number of whole time equivalent people engaged on capital projects	**0**	**0**	**0**	**0**	**0**	**0**

3.3 Exit packages agreed in the financial year

The CCG has not paid any exit packages in 2018-19 (2017-18: Nil)

There has been no non-contractual payments were made to individuals where the payment value was more than 12 months' of their annual salary.

The Remuneration Report includes the disclosure of exit payments payable to individuals named in that report, where applicable.

Redundancy and other departure costs have been paid in accordance with the provisions of the agenda for change terms and conditions (section 16) and the CCG's organisation change policy.

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

3.4 PENSION COSTS

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

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

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

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

For 2018-19, employers' contributions of £640,284 (£558,615 excluding staffing recharges) (2017-18: £584,268) were payable to the NHS Pensions Scheme at the rate of 14.38% of pensionable pay.

4. Operating expenses

	2018-19 Total £'000	2017-18 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	585	27
Services from foundation trusts	258,331	251,419
Services from other NHS trusts	15,288	14,340
Services from Other WGA bodies	0	0
Purchase of healthcare from non-NHS bodies	36,343	33,529
Purchase of social care	14,897	10,568
Prescribing costs	44,240	46,797
Pharmaceutical services	574	548
General Ophthalmic services	284	200
GPMS/APMS and PCTMS	41,967	38,211
Supplies and services – clinical	0	0
Supplies and services – general	976	5,488
Consultancy services	0	0
Establishment	2,182	2,329
Transport	515	187
Premises	901	1,310
Audit fees	44	44
Other non statutory audit expenditure		
· Other services	12	0
Other professional fees	118	62
Legal fees	51	61
Education, training and conferences	92	104
Total Purchase of goods and services	**417,400**	**405,224**
Depreciation and impairment charges		
Depreciation	0	13
Total Depreciation and impairment charges	**0**	**13**
Other Operating Expenditure		
Chair and Non Executive Members	416	462
Research and development (excluding staff costs)	24	24
Expected credit loss on receivables	(2)	17
Non cash apprenticeship training grants	2	2
Other expenditure	0	0
Total Other Operating Expenditure	**440**	**505**
Total operating expenditure	**417,840**	**405,742**

Auditor Liability

The total aggregate liability of KPMG is limited per the contract to £2 Million for all defaults, claims, losses or damages where arising from breach of contract, misrepresentation, tort, breach of statutory duty or otherwise.

5. Better Payment Practice Code

Measure of compliance	2018-19 Number	2018-19 £'000	2017-18 Number	2017-18 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	17,791	101,339	14,702	86,019
Total Non-NHS Trade Invoices paid within target	17,768	101,253	14,669	85,878
Percentage of Non-NHS Trade invoices paid within target	**99.87%**	**99.92%**	**99.78%**	**99.84%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,571	273,681	2,555	270,734
Total NHS Trade Invoices Paid within target	2,569	273,661	2,550	270,698
Percentage of NHS Trade Invoices paid within target	**99.92%**	**99.99%**	**99.80%**	**99.99%**

The Better Payment Practice Code requires the CCG to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.
The target has been set at 95% for all of the above criteria, and which has been achieved by the CCG.
The CCG has not made any payments under the Late Payment of Commercial Debts (interest) Act 1998 during 2018-19 (2017-18: Nil)

6. Operating Leases

6.1 As lessee

6.1.1 Payments recognised as an Expense

	2018-19				2017-18			
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payments recognised as an expense								
Minimum lease payments	-	757	2	**759**	-	784	2	**786**
Contingent rents	-	-	-	**-**	-	-	-	**-**
Sub-lease payments	-	-	-	**-**	-	-	-	**-**
Total	**-**	**757**	**2**	**759**	**-**	**784**	**2**	**786**

The amount recognised above under Buildings has been paid to two organisations:
NHS Property Services Ltd £130K (2017-18: £196K)
Community Health Partnership Ltd £627K (2017-18: £588K)

Of the amount paid to NHS Property Services Ltd, £83K (2017-18: £83K) relates to the occupancy of Hilder House (CCG Headquarters) and £46K (2017-18: £113K) relates to void spaces for Health Centres that were transferred to the lessor on the abolition of the Primary Care Trust in 2013: this year the amounts charged represent market rents.

The £627K (2017-18: £588K) paid to Community Partnership Ltd relates to void, bookable and subsidiary cost in LIFT buildings that the CCG is held liable.

The costs recognised in Other, in 6.1.1 / 6.1.2 relate to photocopier leases held by the CCG.

6.1.2 Future minimum lease payments

	2018-19				2017-18			
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payable:								
No later than one year	-	-	3	**3**	-	-	-	**-**
Between one and five years	-	-	4	**4**	-	-	-	**-**
After five years	-	-	-	**-**	-	-	-	**-**
Total	**-**	**-**	**7**	**7**	**-**	**-**	**-**	**-**

Whilst the CCG arrangements with Community Health Partnership Limited and NHS Property Services Limited fall within the definition of operating leases, rental charge for future years has not yet been agreed . Consequently this note does not include future minimum lease payments for those arrangements.

7. Property, plant and equipment

2018-19	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 April 2018	642	237	879
Cost/Valuation at 31 March 2019	**642**	**237**	**879**
Depreciation 01 April 2018	642	237	879
Depreciation at 31 March 2019	**642**	**237**	**879**
Net Book Value at 31 March 2019	**-**	**-**	**-**
Purchased	-	-	-
Total at 31 March 2019	**-**	**-**	**-**
Asset financing:			
Owned	-	-	-
Total at 31 March 2019	**-**	**-**	**-**

7.1 Cost or valuation of fully depreciated assets

The cost or valuation of fully depreciated assets still in use was as follows:

	2018-19 £'000	2017-18 £'000
Information Technology	642	642
Furniture & fittings	237	237
Total	**879**	**879**

7.2 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Information technology	2	5
Furniture & fittings	5	10

8. Trade and other receivables

	Current 2018-19 £'000	Non-current 2018-19 £'000	Current 2017-18 £'000	Non-current 2017-18 £'000
NHS receivables: Revenue	29	0	1,682	0
NHS prepayments	1,458	0	1,160	0
NHS accrued income	1	0	0	0
NHS Contract Receivable not yet invoiced/non-invoice	794	0	0	0
NHS Non Contract trade receivable (i.e pass through funding)	119	0	0	0
Non-NHS and Other WGA receivables: Revenue	75	0	161	0
Non-NHS and Other WGA prepayments	28	0	320	0
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	207	0	0	0
Non-NHS and Other WGA Non Contract trade receivable (i.e pass through funding)	263	0	0	0
Expected credit loss allowance-receivables	(3)	0	0	0
VAT	43	0	159	0
Other receivables and accruals	1	0	2	0
Total Trade & other receivables	**3,015**	**0**	**3,484**	**0**
Total current and non current	**3,015**		**3,484**	
Included above:				
Prepaid pensions contributions	0		0	

The great majority of trade is with NHS organisations. As NHS organisations are funded by Government no credit score is necessary.

Due to the introduction this year of IFRS 15 Revenue from contracts with Customers, Trade and other receivables have been appropriately classified for 2018-19. 2017-18 figures have not been restated following the IFRS 15 transition arrangements adopted by the Department of Heath and Social Care.

8.1 Receivables past their due date but not impaired

	2018-19 DHSC Group Bodies £'000	2018-19 Non DHSC Group Bodies £'000	2017-18 DHSC Group Bodies £'000	2017-18 Non DHSC Group Bodies £'000
By up to three months	1	10	3	45
By three to six months	0	0	0	0
By more than six months	0	3	0	9
Total	**1**	**13**	**3**	**54**

£10K of the amount above has subsequently been recovered post the statement of financial position date.

The CCG does not hold any collateral against receivable outstanding at 31 March 2019. (2017-18: Nil)

8.2 Impact of Application of IFRS 9 on financial assets at 1 April 2018 (as per 1.15 / 1.15.1 / 1.15.2 notes to the financial statements)

	Cash and cash equivalents £000s	Trade and other receivables - NHSE bodies £000s	Trade and other receivables - other DHSC group bodies £000s	Trade and other receivables - external £000s	Total £000s
Classification under IAS 39 as at 31st March 2018					
Financial Assets held at Amortised cost	77	862	820	163	**1,922**
Total at 31st March 2018	**77**	**862**	**820**	**163**	**1,922**
Classification under IFRS 9 as at 1st April 2018					
Financial Assets measured at amortised cost	77	862	820	158	**1,917**
Total at 1st April 2018	77	862	820	158	**1,917**
Changes due to change in measurement attribute	0	0	0	5	**5**
Change in carrying amount	0	0	0	5	**5**

8.3. Movement in loss allowances due to application of IFRS 9

	Trade and other receivables - NHSE bodies £000s	Trade and other receivables - other DHSC group bodies £000s	Trade and other receivables - external £000s	Other financial assets £000s	Total £000s
Impairment and provisions allowances under IAS 39 as at 31st March 2018					
Financial Assets held at Amortised cost (ie the 1718 Closing Provision)	0	0	0	0	**0**
Total at 31st March 2018	**0**	**0**	**0**	**0**	**0**
Loss allowance under IFRS 9 as at 1st April 2018					
Financial Assets measured at amortised cost	0	0	(5)	0	**(5)**
Total at 1st April 2018	**0**	**0**	**(5)**	**0**	**(5)**
Change in loss allowance arising from application of IFRS 9	**0**	**0**	**(5)**	**0**	**(5)**

Due to the introduction this year of IFRS 9 Financial instruments, 2017-18 Non NHS Trade and other receivables have been assessed for amortisation, with the effect applied to brought forward reserves as shown in the Statement of Changes In Taxpayers Equity. 2017-18 figures have not been restated following the IFRS 9 transition arrangements adopted by the Department of Heath and Social Care.

9. Cash and cash equivalents

	2018-19 £'000	2017-18 £'000
Balance at 01 April 2018	77	48
Net change in year	(41)	29
Balance at 31 March 2019	**36**	**77**
Made up of:		
Cash with the Government Banking Service	36	77
Cash in hand	0	0
Cash and cash equivalents as in statement of financial position	**36**	**77**
Balance at 31 March 2019	**36**	**77**
Patients' money held by the clinical commissioning group, not included above	0	0

10. Trade and other payables	Current 2018-19 £'000	Non-current 2018-19 £'000	Current 2017-18 £'000	Non-current 2017-18 £'000
NHS payables: Revenue	1,172	-	727	-
NHS accruals	2,198	-	785	-
Non-NHS and Other WGA payables: Revenue	2,909	-	3,753	-
Non-NHS and Other WGA accruals	21,874	-	23,528	-
Social security costs	76	-	70	-
Tax	71	-	60	-
Other payables and accruals	442	-	648	-
Total Trade & Other Payables	**28,742**	**-**	**29,571**	**-**
Total current and non-current	**28,742**		**29,571**	

There are no liabilities due in future years under arrangements to buy out the liability for early retirement over 5 years (31 March 2018: Nil).

Other payables include £385K outstanding pension contributions at 31 March 2019 (31 March 2018: £488K)

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

	Trade and other payables - NHSE bodies	Trade and other payables - other DHSC group bodies	Trade and other payables - external	Other borrowings (including finance lease obligations)	Other financial liabilities	Total
	£000s	£000s	£000s	£000s	£000s	£000s
Classification under IAS 39 as at 31st March 2018						
Financial Liabilities held at Amortised cost	35	1,621	27,785	-	-	**29,441**
Total at 31st March 2018	**35**	**1,621**	**27,785**	**-**	**-**	**29,441**
Classification under IFRS 9 as at 1st April 2018						
Financial Liabilities measured at amortised cost	35	1,621	27,785	-	-	**29,441**
Total at 1st April 2018	35	1,621	27,785	-	-	**29,441**
Change in carrying amount	-	-	-	-	-	**-**

Due to the introduction this year of IFRS 9 Financial instruments, 2017-18 Non NHS Trade and other payables have been assessed for amortisation, no effects were reported in note 10.1. 2017-18 figures have not been restated following the IFRS 9 transition arrangements adopted by the Department of Heath and Social Care.

11. Provisions and Contingent liabilities

The CCG had no provisions or contingent liabilities as at 31 March 2019 (31 March 2018: Nil) However, under the Accounts Directions issued by NHS England on 12 February 2014, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before establishment of the CCG. However, the legal liability remains with the CCG.

The total value of legacy NHS Continuing Healthcare provisions accounted for by NHS England on behalf of this CCG as at 31 March 2019 is £192K (31 March 2018: Nil).

The total value of legacy NHS Continuing Healthcare contingent liabilities accounted for by NHS England on behalf of this CCG as at 31 March 2019 is £4,712K (31 March 2018: £4,106K).

12. Capital commitments

The CCG has no contracted capital commitments not otherwise included in these financial statements as at 31 March 2019 (31 March 2018: Nil)

13. Financial instruments

13.1 Financial risk management

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

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

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

13.1.1 Currency risk

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

13.1.2 Interest rate risk

The CCG borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The CCG therefore has low exposure to interest rate fluctuations.

13.1.3 Credit risk

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

13.1.4 Liquidity risk

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

13.1.5 Financial Instruments

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

13. Financial instruments cont'd

13.2 Financial assets

	Financial Assets measured at amortised cost 2018-19 £'000	Total 2018-19 £'000
Trade and other receivables with NHSE bodies	164	164
Trade and other receivables with other DHSC group bodies	854	854
Trade and other receivables with external bodies	467	467
Other financial assets	1	1
Cash and cash equivalents	36	36
Total at 31 March 2019	**1,522**	**1,522**

13.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2018-19 £'000	Total 2018-19 £'000
Trade and other payables with NHSE bodies	40	**40**
Trade and other payables with other DHSC group bodies	3,413	**3,413**
Trade and other payables with external bodies	24,700	**24,700**
Other financial liabilities	442	**442**
Total at 31 March 2019	**28,595**	**28,595**

14. Operating segments

The CCG considers that it has only one segment in terms of Operating segments: the commissioning of Healthcare services

	2018-19 £'000
Total Gross Expenditure (as per Statement of Comprehensive Net Expenditure)	422,895
Total Gross Income (as per note 2)	(245)
Total Net Expenditure as at 31 March 2019	**422,650**
Total Assets (as per Statement of Financial Position)	3,051
Total Liabilities (as per Statement of Financial Position)	(28,742)
Total Net Assets as at 31 March 2019	**(25,691)**

During the year the CCG spent £418,382,000 on the commissioning of Healthcare and other services (net programme expenditure), Gross programme Expenditure £418,531,000 less Gross programme Income £149,000 . This represents 99.0% of the CCG's net expenditure.

52.3% of the CCG's net programme expenditure was expensed with the two main local providers £158,420,000 (37.9%) to Barnsley Hospital NHS Foundation Trust and £60,395,000 (14.4%) to South West Yorkshire Partnership NHS Foundation Trust.

15. Pooled budgets

The CCG shares of the income and expenditure handled by the pooled budget in the financial year were:

Children and Young People's Trust

The CCG has entered into a pooled budget arrangement with Barnsley Metropolitan Borough Council (BMBC) under S75 of the Health Care Act 2006.

Both parties contribute funds to a pooled commissioning budget, which is hosted by BMBC. The pooled budget is managed by the Executive Commissioning Group.

This group allocates the funds to the Children and Young People's Trust to commission Childrens services.

Summary of the pooled budget is shown below;

	2018-19 £'000	2017-18 £'000
Contribution to pooled commissioning budget:		
Opening balance as at 1 April	0	0
Barnsley Clinical Commissioning Group	6,002	6,328
Barnsley Metropolitan Borough Council	31,570	30,128
	37,572	**36,456**
Services Commissioned from the pooled budget:		
Barnsley Metropolitan Borough Council	32,406	30,918
South West Yorkshire Partnership NHS Foundation Trust	3,943	4,017
Barnsley Clinical Commissioning Group	1,223	1,521
Over/ (under) spend	(138)	909
Transfer / Use of Balances	138	(909)
Total Commissioned services	**37,572**	**36,456**
Closing balance as at 31 March	**0**	**0**

The £138K surplus in the pool has been addressed by the relevant organisation at the year end under IAS 31 interests in joint ventures and is based upon each organisation taking its statutory obligations.

The CCG has recognised a surplus of £80K in its financial statements for 2018-19 this relates to the budgets the CCG has a statutory obligation for. BMBC has recognised a surplus of £58K.

Barnsley Better Care Fund

In line with the national announcement of the creation of a Better Care Fund (BCF) in December 2013, the CCG has entered into a pooled budget arrangement with Barnsley Metropolitan Borough Council (BMBC) with effect from 1 April 2015. The aims of the BCF are to improve outcomes for the population of Barnsley by improving integration of health and social care services. This was underpinned by a Section 75 agreement between commissioners. Governance arrangements are in place through the Barnsley Senior Strategic Development Group and the Barnsley Health and Wellbeing Board. The CCG hosted the arrangement during 2018-19 and 2017-18

A summary of the pooled budget is shown below;

	2018-19 £'000	2017-18 £'000
Contribution to pooled commissioning budget:		
Opening balance as at 1 April	2,776	0
Barnsley Clinical Commissioning Group	18,944	18,590
Barnsley Metropolitan Borough Council	12,153	9,348
	33,873	**27,938**
Services commissioned from the pooled budget:		
Barnsley Clinical Commissioning Group	8,846	8,676
Barnsley Metropolitan Borough Council	23,639	16,486
Total Commissioned services	**32,485**	**25,162**
Closing balance as at 31 March	**1,388**	**2,776**

The closing balance represents profile spend in future years of the Improved Better care Fund on non-recurrent Adult Social Care and is retained by the Barnsley Metropolitan Borough Council (BMBC).

16. Related party transactions

Details of related party transactions with individuals are as follows:

				Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
St Georges Medical centre	Dr Balac	Governing Body Chair	Practice Payments	1,196	5	160	1
White Rose Medical Centre	Dr Ghani	Medical Director	Practice Payments	1,420	1	204	0
Lundwood Medical Practice	Dr Harban	Governing Body Member	Practice Payments	931	3	111	0
Kakoty practice	Dr Harban	Governing Body Member	Practice Payments	917	0	152	0
Royston Group Practice	Dr Krishnasamy	Governing Body Member	Practice Payments	1,136	0	163	0
Victoria Medical Centre	Dr Smith	Governing Body Member	Practice Payments	1,474	6	206	0
Grove Medical Practice	Dr Guntamukkala	Governing Body Member	Practice Payments	727	0	107	0
Lakeside Surgery	Dr Guntamukkala	Governing Body Member	Practice Payments	320	0	51	0
Wombwell Chapelfields Medical Centre	Dr Adekunle	Governing Body Member	Practice Payments	1,629	2	232	0
Hollygreen Practice	Dr Kadarsha	Governing Body Member	Practice Payments	2,020	1	253	0
Apollo Court Medical practice	Dr Kadarsha / Dr Guntamukkala	Governing Body Member	Practice Payments	800	1	117	0
Dove Valley practice	Dr MacInnes	Governing Body Member	Practice Payments	1,762	1	251	1

The above payments to practices includes delegated Primary Care Co-commissioning arrangements which are contractual under General/Personal or Alternative Provider Medical service contracts. The figures represent all transactions with the related party for the financial year.

Dr Balac, Governing Body Chair for the CCG. St Georges Medical Centre is a member of Barnsley Healthcare Federation, a Community Interest Company (CIC) see note 17.1. Two of the partners of St Georges Medical Centre are also partners at Kingswell Surgery.

Dr Ghani, Medical Director for the CCG, who since July 2018 has been on secondment to Barnsley Healthcare Federation (CIC) holds a position with SAAG Ltd: no transactions have been recorded with the entity in 2018-19. White Rose Medical Centre is a member of Barnsley Healthcare Federation, a Community Interest Company (CIC) see note 17.1

Dr Harban, Governing Body Member for the CCG is a Director for Lundwood Surgical Services Ltd: no transactions have been recorded with the entity in 2018-19. Dr Harban & Partners is a member of Barnsley Healthcare Federation, a Community Interest Company (CIC) see note 17.1. Dr Harban is also a partner at Kakoty Practice which is a member of Barnsley Healthcare Federation, a Community Interest Company (CIC) see note 17.1

Dr Krishnasamy, Governing Body Member for the CCG is a Director for SKSJ Medicals Ltd: no transactions have been recorded with the entity in 2018-19. Royston Group Practice is a member of Barnsley Healthcare Federation, a Community Interest Company (CIC) see note 17.1

Dr Smith, Governing Body Member is a Director of Janark Medical Ltd: no transactions have been recorded with the entity in 2018-19. Senior Partner at Victoria Medical Centre.

Dr Guntamukkala, Governing Body Member for the CCG, who since July 2018 has been seconded to Barnsley Healthcare Federation (CIC). Grove Medical Practice is a member of Barnsley Healthcare Federation, a Community Interest Company (CIC) see note 17.1. Dr Guntamukkala, Husband is a Partner at Grove Medical Practice and Lakeside Surgery. From December 2018, Dr Guntamukkala became a partner at Apollo Court Medical practice.

Dr Adekunle, Governing Body Member for the CCG. Wombwell Chapelfields Medical Centre is a member of Barnsley Healthcare Federation, a Community Interest Company (CIC) see note 17.1. He also provides clinical services to Local Care Direct Wakefield, no transactions have been recorded in 2018-19.

Dr Kadarsha, Governing Body Member for the CCG is a Director for YAAOZ Ltd, Malkarsha Properties Ltd and All stars Medical Ltd: no transactions have been recorded with these entities in 2018-19. Hollygreen and Apollo Court Medical practice are members of Barnsley Healthcare Federation, a Community Interest Company (CIC) see note 17.1

Lesley Smith, The Chief officer for the CCG is also the deputy system lead for South Yorkshire and Bassetlaw Integrated care System

Dr MacInnes, Governing Body Member for the CCG is a partner at Dove Valley practice.

The Department of Health and Social Care is regarded as a related party. During the year the CCG has had a number of material transactions with entities from which the Department is regarded as the parent department. For example
- NHS England and other Clinical Commissioning Groups
- NHS Foundation Trusts
- NHS Trusts
- NHS Litigation Authority and
- NHS Business Services Authority

In addition the CCG had a number of material transactions with other government departments and other central and local government bodies.
The majority of these transactions have been with Barnsley Metropolitan Borough Council.

Note 17.1 Barnsley Healthcare Federation (Community Interest Company)
The Barnsley Healthcare Federation was setup in 2015-16 to provide NHS Primary care services to the population of Barnsley.
The organisation is made up of a significant number of Barnsley GP practices. The Governing Body members mentioned above are related to practices that are part of the Barnsley Healthcare Federation.
During 2018-19 the CCG recognised an income recharge with the Community Interest Company of £273,329.
The CCG also made expenditure transactions totalling £5,884,769 predominantly relating to contractual payments for the provision of primary medical services.

17. Events after the end of the reporting period

There are no events after the end of the reporting period which will have a material effect on the financial statements of the CCG. (2017-18: Nil)

18. Financial performance targets

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

NHS Act Section		2018-19 Target £'000	2018-19 Performance £'000	Duty Achieved	2017-18 Target £'000	2017-18 Performance £'000	Duty Achieved
223H (1)	Expenditure not to exceed income	423,895	422,895	Yes	413,762	411,380	Yes
223I (2)	Capital resource use does not exceed the amount specified in Directions	0	0	Yes	0	0	Yes
223I (3)	Revenue resource use does not exceed the amount specified in Directions	423,650	422,650	Yes	413,063	410,681	Yes
223J (1)	Capital resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	Yes	0	0	Yes
223J (2)	Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	Yes	0	0	Yes
223J (3)	Revenue administration resource use does not exceed the amount specified in Directions	5,598	4,268	Yes	5,637	5,052	Yes

For the purposes of 223(H); expenditure is defined as the aggregate of gross expenditure on revenue and capital in the financial year and income is defined as the aggregate of the notified maximum revenue resource, notified capital resource and all other amounts accounted as received in the financial year (whether under provisions of the Act or from other sources, and included here on a gross basis)

Financial performance targets for 2018-19 represent the in year position. The CCG's historic surplus brought forward from 2017-18 into 2018-19 was £14,132K. £600K of the historic surplus was drawndown and utilised within the year non-recurrently, leaving a historic surplus balance of £13,532K. The actual performance for 2018-19 was a surplus of £1,000K, which means that the carried forward surplus into 2019-20 is £14,532K.

19. Effect of application of IFRS 15 on current year closing balances

There is no detailed disclosure of the transitional impact of IFRS 15 Revenue from Contracts with Customers as the amounts are immaterial to the financial accounts.

20. Losses and special payments

Losses

The total number of NHS clinical commissioning group losses and special payments cases, and their total value, was as follows:

	Total Number of Cases 2018-19 Number	Total Value of Cases 2018-19 £'000	Total Number of Cases 2017-18 Number	Total Value of Cases 2017-18 £'000
Administrative write-offs	-	-	1	17
Fruitless payments	-	-	-	-
Store losses	-	-	-	-
Book Keeping Losses	-	-	-	-
Constructive loss	-	-	-	-
Cash losses	-	-	-	-
Claims abandoned	-	-	-	-
Total	**-**	**-**	**1**	**17**

The CCG had no cases individually over £300,000 (31 March 2018: Nil)

Special payments

	Total Number of Cases 2018-19 Number	Total Value of Cases 2018-19 £'000	Total Number of Cases 2017-18 Number	Total Value of Cases 2017-18 £'000
Compensation payments	-	-	-	-
Compensation payments Treasury Approved	-	-	-	-
Extra Contractual Payments	-	-	-	-
Extra Contractual Payments Treasury Approved	-	-	-	-
Ex Gratia Payments	-	-	-	-
Ex Gratia Payments Treasury Approved	-	-	-	-
Extra Statutory Extra Regulatory Payments	-	-	-	-
Extra Statutory Extra Regulatory Payments Treasury Approved	-	-	-	-
Special Severance Payments Treasury Approved	-	-	-	-
Total	**-**	**-**	**-**	**-**

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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE GOVERNING BODY OF NHS BARNSLEY CLINICAL COMMISSIONING GROUP

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of NHS Barnsley Clinical Commissioning Group ("the CCG") for the year ended 31 March 2019 which comprise the Statement of Comprehensive Net Expenditure, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the CCG's affairs as at 31 March 2019 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by the NHS Commissioning Board with the consent of the Secretary of State as being relevant to CCGs in England and included in the Department of Health and Social Care Group Accounting Manual 2018/19.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the CCG in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Accountable Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the CCG without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least a year from the date of approval of the financial statements. In our evaluation of the Accountable Officer's conclusions we considered the inherent risks to the CCG's operations, including the impact of Brexit, and analysed how these risks might affect the CCG's financial resources, or ability to continue its operations over the going concern period. We have nothing to report in these respects.

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

Other information in the Annual Report

The Accountable Officer is responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work

we have not identified material misstatements in the other information. In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement does not comply with guidance issued by the NHS Commissioning Board. We have nothing to report in this respect.

Remuneration and Staff Report

In our opinion the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2018/19.

Accountable Officer's responsibilities

As explained more fully in the statement of accountable officer's responsibilities, the Accountable Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the CCG's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the CCG without the transfer of its services to another public sector entity.

Auditor's responsibilities

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

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Opinion on regularity

We are required to report on the following matters under Section 25(1) of the Local Audit and Accountability Act 2014.

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

Report on the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice we are required to report to you if the CCG has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement of accountable officer's responsibilities, the Accountable Officer is responsible for ensuring that the CCG exercises its functions effectively, efficiently and economically. We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the CCG's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the CCG had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

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

We have nothing to report in these respects.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

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

CERTIFICATE OF COMPLETION OF THE AUDIT

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

Rashpal Khangura
for and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
Leeds
23 May 2019